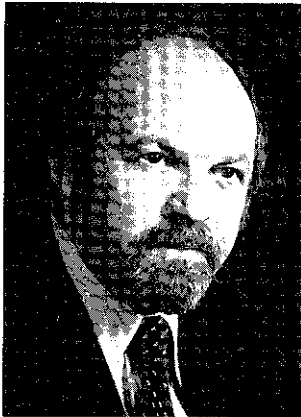

proposed editorial



How to Save Private Practice

by Reuven Bar-Levav, MD

A silent majority exists within Medicine whose voice must finally be heard. Physicians who are full-time employees of hospitals, medical schools and other public institutions often speak for the majority of physicians, even though their loyalties and judgments are basically different than those in private practice. The main concerns of fully employed physicians often are politics of institutional survival and personal advancement, rather than issues relating to direct patient care, and they often share the aspirations and interests of bureaucrats everywhere, not those of self-employed physicians.

It is perhaps time to suggest openly and clearly what many have previously said only in private and hesitatingly: A basic restructuring of our medical organizations may be in order.

The old medical Code of Ethics forbade physicians to become employees of others, to preserve their freedom of judgment and their exclusive responsibility and accountability to patients. No third-party meddling was permitted. Hospitals were merely institutions in which independent physicians could obtain around-the-clock assistance in the care of patients with extreme health difficulties. Hospitals existed to assist and serve physicians, not to direct them, and their administrators were hired by, and responsible to, physicians. Since it was assumed that in the long and tedious years of becoming a physician, sufficient weeding-out of unethical or incompetent persons had occurred, no full-time depart-

ment heads existed to direct and supervise others. Physicians were regarded by others as they generally regarded themselves: as responsible and self-respecting adults who would naturally treat their patients conscientiously and their tasks as a holy trust.

The restoration of the integrity of the profession may well require that we return to the traditional code of ethics and that we amend by-laws of county, state and national medical societies to reflect it. Physician-employees would then no longer be allowed to affiliate with our organizations, and having specialized in seeking political influence, they will surely organize themselves into competing medical organizations.

That is as it ought to be. Having different philosophic, economic and political positions, they would no longer interfere with the effective pursuit of the interests of the rest of Medicine. The total influence of our profession will not necessarily be weakened by such a development, since two clear voices are infinitely better than a single garbled one. In some areas the two voices will join with each other to speak more loudly than ever, and even when they oppose each other, their respective messages will both be clear and coherent.

"Organized" Medicine today sounds confused and confusing. It is both for and against more governmental involvement, "we" proclaim our commitment to protect private practice even as "we" demand more public money for various worthy medical purposes. We can't have it

both ways, as any intelligent observer knows. The political effectiveness of Medicine as a whole is less than it should and could be, since our positions are always muted and the compromised result of internal dissent.

The suggestion to precipitate a split in the medical profession and to exclude those not earning their living as self-employed from direct patient care will probably be met with much anxiety, even if special provisions are made to include those working for their own professional corporations. Not only full-time hospital and medical school bureaucrats but also many in private practice might react instinctively as if such a drastic change is necessarily dangerous. Such fear of separation has its roots deep in our individual psyches, and it should not deter us from facing our real, if painful, dilemma.

The "do-gooders" among us are rapidly increasing in number, and since many of them have lighter schedules than those in private practice they find the time (paid for by third-parties) to fight any attempts to dislodge them. If we allow it, they will continue to make idealistic (and therefore by definition unrealistic) policies for us all. A large part of *their* political power is derived from *our* numbers. They occupy by now most positions of influence within the profession, including medical schools, and they thus multiply quickly, interfering ever more with the will and the real interests of the private practitioners. The time to stop this process is now.

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Medicine as a form of human endeavor will continue to exist as long as illness will trouble Man, but unless we act now it may disappear as a profession of independent practitioners, capable and willing to make difficult life and death decisions in which the patient's welfare supercedes the physician's comfort. The danger is simple and stark: Deans and professors of medical schools, hospital boards and their full-time MD agents who head departments, Washington bureaucrats, and insurance company executives may eventually direct an army of competent medical technicians and nurses to carry out procedures that are best in their judgment, replacing the independent judgments and expertise of mature physicians. The patient will clearly be the loser in the process, but by the time the public awakens it may be too late.

Readers of this editorial are urged to express their reactions to these ideas in writing, even if very briefly. Please address comments to the Editorial Board. Basic changes are only implemented if they have strong support. The silent majority must finally speak up and be heard. Our County Medical Society has an opportunity to be an example to others in this attempt to save the most economic, most efficient and most humane system of administering to the sick.

—by Reuven Bar-Levav, MD

letters

Dear Dr. Adelman:

This is the first time I am writing a letter to the editor of the *Medical News*. I do so since I believe that to remain silent in response to your article "E Pluribus Unum" (January 3, 1983) would be grossly unfair to the truth. You state that "The medical society's heterogeneity is actually beneficial, continually forcing one group of members to persuade the others, in an open forum, of the validity of their arguments on any given point," but the forum is not open. You know, as most readers do not, that your editorial was written in response to an editorial of mine ("How to Save Private Practice") which the Editorial Board later decided not to publish. This decision was reached not because the article was poorly written, nor because it was irrelevant to the affairs of our Society, but for reasons best expressed by one of the associate editors at the board meeting: "It is dangerous because it is so persuasive and well written. It may split our ranks."

I have accepted that decision, although with a heavy heart, because no society can exist for long, nor can it flourish, without the right of its members to speak out on all issues freely, without censorship or repression. The First Amendment is being adhered to so strictly because of a natural and understandable tendency

to suppress what we strongly object to. Those members of the Editorial Board, including you, who thought it unwise to publish my editorial and voted not to, obviously had the right to do so. I abide by the will of the majority, but I must continue to question the wisdom of that decision. Many times in the history of the US Supreme Court, an outvoted minority had proven itself right in the long run. This may prove true also in this case.

I do not know of anyone who ever suggested that "any member not speaking for private practice not be allowed to speak," and the opposite has actually happened in practice. Worst of all, your statement "All physicians should feel free to express their views, and all physicians who are not standing to speak ought to be quiet and listen respectfully" is, under the circumstances, patently untrue and grossly misleading. It is also unacceptably condescending.

You write, "The WCMS, MSMS and the AMA represent all physicians, and all physicians should join and feel welcome." The trend is in the opposite direction. Many members in private practice have become disenchanted and distant from our Society because its policies have too often not represented their true interests. As the President-Elect I hope that you will consider the issues and help change the course before it is too late.

Reuven Bar-Levav, MD
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