RAPE OF THE PROFESSION

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The unexpectedly large number of congratulatory telephone calls, letters and personal comments made to this writer after the recent appearance of "Private Practice, Public Waste" (Detroit Medical News, April 5, 1982) suggests that the ideas expressed there are shared by many whose voice is not commonly heard. Many commented with approval on the criticism of physicians who are full-time employees of hospitals, medical schools, and other public institutions and whose loyalties and judgments were claimed to be basically different than those in private practice. Their time, it was claimed in the previous article, is often spent in the politics of institutional survival and advancement rather than in direct patient care, and they often share the vested interests of bureaucrats. Those who essentially are concerned with obtaining funds to run self-aggrandizing departments and programs cannot and do not share the perspectives and aspirations 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, in order to preserve their freedom of judgment and their exclusive responsibility and accountability to patients. No third-party meddling was permitted. Hospitals served only as institutions in which independent physicians could obtain around-the-clock assistance to help them care for patients in extreme health difficulties. Hospitals existed to assist and serve physicians, not to direct them how to do so. Hospital administrators were hired by, and responsible to, physicians. Full-time department heads did not look over anyone's shoulders, 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. Once graduated, physicians in general werre regarded as responsible individuals who would attend to their duties seriously as a holy trust.

The restoration of the integrity of the profession may well require that we return to the traditional code of ethics. By-laws of county, state, and national medical societies ought to be amended to conform with it. Physician-employees would no longer be allowed to be affiliated with our organizations, and having specialized in seeking political influence, such physicians will surely organize themselves into competing medical organizations. That is as it ought to be. Having different philosophic, economic and political positions than the rest of Medicine, they would no longer interfere with the effective pursuit of the interests of the rest of us. The total influence of Medicine as a profession will not necessarily be weakened by such a development, since two clear voices are infinitely better than a single garbled and confused one. "Organized" Medicine today is both for and against more governmental involvement, depending on whose interests are represented. How can we demand that government stay out of private practice at the same time that we push for more money for various medical purposes? We can't have it both ways.

Full-time employee-physicians have always demanded support from public coffers for causes that sound good to the public such as more or better medical education and care. Objections to such expenditures as wasteful are easily branded as anti-humanitarian and as evidence of insensitivity and uncaring. But those who are so branded are the same ones who pay taxes and get no grants and who, before the age of third-parties, used to see needy patients at lowered or no fee, as some still do.

The suggestion to split the medical profession and to expel from its ranks all those who are not earning their living as self-employed from direct patient care will probably be met with tremendous anxiety, even if special provisions are made to include those working for their own professional corporations. It is also likely to meet with much hostility not only from the full-time hospital and medical school bureaucracies but also by the full-time paid leadership of the A.M.A. This, however, should not deter us from facing this 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 can find time (paid-for by third-party funds) to fight any attempt to dislodge them. They will continue to make idealistic (and therefore by definition unrealistic) proposals, as long as someone else pays for their implementation. They have infiltrated most positions of influence within Medicine and have corrupted our common will. The time to stop the rape is now.

The issue is not local in nature, and it has profound implications. Medicine as a form of human endeavor will continue to exist as long as illness will trouble Man, but it may disappear as a profession of independent practitioners, capable and willing to make difficult life and death decisions that often require that the patient's welfare supercede the physician's comfort. Deans and professors of medical schools, full-time hospital department heads, medical 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 patients will clearly lose in the process, but by the time the public awakens it may be too late.

Readers of this editorial are urged to express in writing, even if very briefly, their reactions to these suggestions. Please address your comments to the Editorial Board. Basic changes are only implemented if they have support, which is probably greater than suspected. The silent majority must finally speak up and be heard. Our County Medical Society has an opportunity to lead the way and be an example to others in this attempt to save our profession.