



## Voices of Medicine

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By Del Meyer, MD

**The danger of treating employees, portraying medical examiners on TV, drawbacks of death certificates, coroner novelty items for sale, and a growing population of Pentacostal patients.**

### Employee Patients, Employee Plaintiffs

I once had an employee request that I examine her, including a pelvic exam, as she said her previous physician employer had done. I told her I couldn't conceive of it, and she couldn't understand why not. A recent guest article in the *Kern County Medical Society Bulletin* by Daniel K. Klingenberg, an attorney in labor and employment law, itemizes the reasons:

- Whether the motivation is altruistic or financial, well-meaning or selfish, the inherent exposure to liability is compounded when the patient is an employee. The increased liability arises from many sources.
- A physical evaluation or procedure or any act that involves the employee disrobing in any way may include claims of sexually harassment, assault or battery, invasion of privacy and failure to diagnose.
- The risk is virtually the same no matter the gender of the physician or the employee.
- The physician-employer is not protected by having a witness or assistant in the room. In fact, one employee observing a co-employee compounds the problem.
- Trusted employees have the greatest access to other patient complaints and prior claims.
- Injuries arising in the course and scope of employment are generally covered by the workers' compensation insurance which creates another layer of concern: serious and willful claims are generally not covered by insurance.
- State and federal law prohibit employers from making medical inquiries, except under narrow circumstances. These restrictions are incompatible with a physician's role to make every medical inquiry and run tests.
- Keeping employee medical records separate from other patient medical records and from other employees creates another layer of liability.

Remember you always have your employer hat on, even when you're wearing the white coat. Always keep the roles separate.

### Corpses & Cleavage - Media & Medicine

Benjamin Pezzillo, in *Southern California Physician*, describes misconceptions of

forensic pathology as engendered by actresses portraying medical examiners at a crime scene. During interviews and tours through the coroner's office, Pezilla found no consensus as to how this role might be dramatized. However, one medical examiner contended that the coroner's office is one of the most misunderstood of all government organizations.

It seems that "doctors are the worst audience," writing letters concerning technical inaccuracies. Meanwhile, the media business "goes back to the sponsors and the fact that they need viewers to sell their products. And to get viewers, you need to entertain folks. It is this very necessity that probably leads to our most egregious examples of medical falsehoods."

The author concludes that perhaps the physician's role in helping Hollywood with its portrayal of the medical profession is to offer constructive opinions whenever possible.

### **Autopsy Turvey**

In the same issue of *Southern California Physician*, staff writer Dina Burwell discusses how "Physicians and medical examiners butt heads on death certificates." A physician who lost a patient to breast cancer faced a quandary: If he cited cancer as the cause of death, the medical examiner could reject his findings. The temptation is to insert something safe, such as heart disease, to avoid interference from the ME.

Kenneth V. Iserson, MD, an emergency physician and director of the bioethics program at the University of Arizona College of Medicine and author of *Death to Dust: What Happens to Dead Bodies?* alleges that 15 to 20 percent of US death rates are inaccurate. "We are basing our public-health policy and research dollars — hundreds of millions of dollars — on what we think is happening to Americans," he says.

"But in many cases, we don't know. We can't autopsy everybody. In fact, the number of autopsies being performed is dropping dramatically because pathologists aren't being reimbursed.... We need to go back to the old way of requiring hospitals to perform autopsies and reimbursing the pathologist for the costs."

Not addressed in this article was citing parallel diseases, when the certificate only requests the sequential cause of death. For instance, consider my patients with lifelong cigarette abuse and progressive COPD for 30 years, cor pulmonale for 10 years and respiratory failure for 5 years, who die of a cerebral stroke or myocardial infarction. The sequence of terminal heart or brain disease occupies several lines, including lines for time frames. There is only one short line for all other significant illnesses, with no room for time correlations. The form should be revised to reflect the primary disease that impacted the patient's life. This would have equal or even greater public health and scientific research importance as the terminal event.

### **Dying for Your Business**

Dina Burwell has another article concerning Skeletons in the Closet — the popular gift shop housed within the Los Angeles County Coroner's Office — which sells a variety of to-die-for novelties for the discriminating (or slightly warped) consumer. "We offer everything from body bags to toe-tag key chains," says store manager Salene Limon.

Founded by Marilyn Lewis, Skeletons has lived a healthy life for almost a decade, initially selling employee T-shirts out of a closet. When employees, their relatives and friends began asking for more coroner-related items, Lewis added skeletons and more than 50 products: scrub tops with the coroner's seal (\$18), undertaker boxer shorts (\$15), toe-tag key chains with "This could be you....Please don't drink and drive" (\$5), a skull business card holder (\$12).

Skeletons now attracts lots of warm bodies, especially tourists who hear about it through the Discovery and Travel Channels. Proceeds go to the Youthful Drunk Driver Visitation Program through which convicted 16 to 20-year-old drunk drivers visit the morgue for an

up-close-and-personal-look at roadway remains. The program, which has raised nearly \$2 million, boasts an excellent success rate, with few repeat offenders.

### **Christianity, with a Twist**

In another issue of *Southern California Physician*, writer Nicole Seymour states that urban physicians should understand the beliefs of their Pentecostal patients. Samuel Solivan was plagued with brain tumors that impaired his vision, hearing and cognition. Physicians and psychologists told his parents he was mentally retarded and would never approach the intelligence level of his peers. After multiple surgeries and a year of electroconvulsive therapy, physicians ultimately gave up on him.

Although Solivan does not say his doctors were wrong about him, he attributes his spiritual encounters with Pentecostals for taking him from a nearly illiterate 8th grader to service in the US Air Force, college, obtaining a PhD, becoming a professor and authoring a book on theology.

Pentecostalism and glossolalia, the ecstatic utterances in tongues, is found in Tibetan Buddhist chants and American Indian prayer songs. It occurred rarely in the Christian church from the second to the nineteenth century. Its renaissance came at the start of the 20th Century, when a Bible study group in Topeka, Kansas, began to speak in tongues after reading the story of the Pentecost.

Pentecostalism has had a strong Latino following since 1906, when African-American preacher William J. Seymour was inspired by a vision to lead a revival in Los Angeles' Azusa Street neighborhood. Pentecostalism's attraction to Latinos has varied explanations, economics looming large among them.

As a healing-centered faith, it is an attractive alternative to those who cannot afford health insurance or access to health care. In an article in the *Journal of Religion and Society* last year, Hector Avalos, a professor of religious studies at Iowa State University, explains "faith healing, even if it does not always produce desired effects, at least does not cost as much as a conventional system that may be equally ineffective."

Seymour concludes that Pentecostals are growing at the rate of 55,000 a day worldwide. If you are engaged in health care work, you're going to quickly run into Pentecostals.

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