



Voices of Medicine



By Del Meyer, MD

A Del Norte pediatrician's encounter with the Medical Board, the gap between medicine and "alternative medicine," and the waste of money in the War on Drugs.

Tell Us Your Story

The *Bulletin of the Humboldt-Del Norte Country Medical Society* has a column in which physicians report their bad experiences with the Medical Board of California (MBC).

Dr. John Schafer, a pediatrician covering for another physician, was called by a five-year-old's father to prescribe an antibiotic for an eye infection. Because the child had previously experienced a similar infection, the father asked for cephalexin, the antibiotic previously prescribed by their personal physician.

About a year later, Dr. Schafer received a letter from the MBC requesting information concerning this treatment. He responded that he prescribed this antibiotic while covering for the patient's doctor. The MBC issued a citation for two violations: prescribing a dangerous drug without an exam and failing to maintain proper records. Dr. Schafer was fined \$850 and told the citation would appear on the MBC web site for five years without recourse. He then contacted the patient's father and found that the complaint was made by the ex-wife.

The CMA advised Dr. Schafer to appeal the decision. He received a letter from the child's father describing the excellent care his son received. The father also stated that his former wife, who had been diagnosed with a character disorder, was out to discredit him and anyone with whom he dealt.

This additional information helped Dr. Schafer feel optimistic that the MBC would dismiss the case. However, MBC staff were determined to take action against him. They maintained the statute that allows prescribing without an examination when covering cases did not apply. They offered to remove the complaint if he would take a "useless" course in prescribing — which was held 500 miles away, lasted three days and cost \$1800. His attorney warned that an appeal could triple his legal costs because administrative law judges usually uphold the MBC. The CMA and the California Academy of Family Physicians (CAFP) wrote a jointly signed letter to the Executive Director of the MBC urging that the citation be withdrawn based on the statute. Two months later, the citation and fine were withdrawn without explanation.

Schafer's liability insurance covered the \$10,000 in attorney fees, after a \$1000 deductible.

Medicine's Chasm

Stephanie Stapleton writes in *Southern California Physician* about Complementary and Alternative Medicine (CAM) and the popularity it has engendered in the last 30 years. It

is estimated that 43 million Americans have spent as much as \$40 billion on CAM.

There is a lot of ambiguity in CAM because of the difficulty in defining terms. In general, it has evolved into a catch-all phrase that refers to a range of healing practices — from commonly known therapies, such as acupuncture, meditation and herbal supplements, to more exotic approaches, such as chelation therapy.

However, Robert S. Baratz, MD, PhD, an internist in Braintree, MA, and President of the National Council Against Health Care Fraud, a nonprofit organization that promotes reliable health information, contends that CAM tries to combine two distinct concepts.

First are the truly complementary or adjunctive therapies used to make people feel better, including massage therapy, physical therapy and even prayer. "These are not news. We've been doing these things for years," Dr. Baratz says. "They do not belong to the CAM movement. But CAM advocates are trying to co-opt them and mix them in with a bunch of other things."

Secondly, he says, "There is no alternative medicine." "Alternative" suggests there is a viable treatment to use in lieu of standard medical practice. "To get to work," Dr. Baratz says, "a person may be able to take the subway or the bus, drive a car or ride a bike....But you can't ride a magic carpet. It will get you nowhere."

Not everyone embraces this characterization, however. The polarity is so intense that the two sides seem to speak past each other. Stephen E. Straus, MD, director of the National Institutes of Health's National Center for Complementary and Alternative Medicine, says, "There are avid skeptics who remain convinced that no CAM practices work. At the opposite extreme, some advocates of alternative medicine continue to feel there is no benefit to subjecting CAM to scientific scrutiny because the methodology is inadequate and the investigators are too biased to conclude what has already been long known. There is very little common ground on which these diverse opinions can meet."

Wallace Sampson, MD, a retired hematologist and oncologist, edits the *Scientific Review of Alternative Medicine*. He maintains that the debate is not polarized among rational people. But good or bad, proven or unproven, CAM is part of the health care reality. Dr. Joseph J. Fins concludes, "One of the major issues that needs to be recognized is that patients are utilizing these approaches. In our patients' interest, we need to foster a dialogue."

Stop Wasting Money on Failed Programs

In a recent issue of *San Francisco Medicine*, Robert J. Lull, MD, President of the San Francisco Medical Society, makes a plea to not waste money on failed programs. He contends that considerable moneys are wasted on programs that simply do not accomplish their goals; many also create added health care needs.

The current San Francisco approach to homelessness is a prime example of such a failed program — a lot of money spent with no measurable decrease in homelessness. However, Lull feels the homeless problem is small potatoes compared to the most pervasive and pernicious of all failed programs — the War on Drugs!

This program needs radical change. but that will be difficult because it has become so deeply rooted at all levels of government. Politicians with great leadership, vision and courage are needed to reverse an abject failure to decrease drug abuse in this country that has wasted billions of dollars every year. Lull contends this money could be better used to fund healthcare-oriented solutions to the very real drug problem.

He cites Judge James P. Gray, a former federal prosecutor and Superior Court Judge in Orange County, who describes, in his recent book, the large annual expenditures to create our Prison Industrial Complex which depends on drug-related incarcerations for its size and political power. The Department of Corrections is the fastest growing state agency in California. In the last 15 years, California has built 20 new prisons, each requiring an

annual budget of \$23 million to operate. The California Correctional Peace Officers Association is the most powerful lobby in Sacramento, slated for pay raises despite the severe state budget crises.

He contends that the War on Drugs has failed just as Prohibition did in the 1920s. Nobel economist Milton Friedman suggests that treating drugs as a medical issue, like we do with alcohol and tobacco, would eliminate the profit and associated evils of the drug trade.

Lull encourages organized medicine to join other citizen groups to bring an end to the War on Drugs and move toward solutions that recognize drug abuse as a medical issue.

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