



Voices of Medicine



By Del Meyer, MD

Opinions on Ads by Physicians, Patient Contact by Anesthesiologists, and Best Doctor lists.

Lamenting Physician Ads

Dr. Emily Dalton does not like physician advertising, as she makes clear in "Physician Advertising: Compromising Ethical Standards in Surrender to the Relentless Capitalistic Model of Corporate America." The article is in The Bulletin of May 2006, a monthly publication of the Humboldt-Del Norte County Medical Society.

"Is medicine a profession? A business? A calling? All three? What is it that distinguishes a profession from a simple trade? Most experts agree that the difference lies in a code of ethics. When professionals are required to adhere to a strict ethical code, that profession, in return, receives a special trust from the public. In medicine, everything we do depends on trust. Imagine a patient encounter fraught with mistrust: they don't go very well. A medical professional is perceived as being bound by ethical rules that prevent exploitation of his/her special skills and knowledge, and this creates trust. Advertising undermines that safe haven of trust.

"There is a difference between the doctor-patient relationship and other types of business transactions. Physicians have a moral obligation to provide the best and most appropriate medical care possible, regardless of financial profitability. Patients need health care; their lives depend on it.

"Patients are not in a position to able to shop around - they lack the financial resources to flit from office to office to compare doctors, and they lack the medical knowledge to know good medical practices from bad ones. In fact, businesses that help physicians advertise their healthcare practices recognize this well and do not hesitate to take advantage of it. Healthcare Success Strategies is one such business that comes up easily on Google. They note that: "The practical reality of clinical care is that most patients cannot judge the quality of clinical care unless it's really bad and/or painful. Patients generally assume most providers to be of roughly equal quality or you wouldn't have a license to practice.... Truth be told, the public has a hard time distinguishing your quality of care from anyone else. Fortunately you can now borrow the best techniques from corporate America...(to better market your practice)."

The entire article can be found at
www.humboldt1.com/~medsoc/images/bulletins/MAY%202006%20BULLETIN%20for%20web.pdf

Brief but Crucial Contact

J. Antonio Aldrete, MD, MS, writes about "Quality vs. Quantity of Patient Contact" in the Winter 2006 bulletin of the California Society of Anesthesiologists.

"While interviewing numerous medical students contemplating anesthesiology as their future specialty, one definite concern frequently surfaces. In their abstract idealism they expressed, in one way or another, a genuine pre-occupation for the amount of patient contact afforded by anesthesiologists in their daily practice. Though the acute care and prompt problem solving of our specialty attracted them, what they have seen and/or heard in their experience at medical school regarding anesthesiologists being in contact only with sleeping patients caused them alarm. That image hangs on us, justifiably or not, but it does and must be changed.

"In reality, our contact with patients, though perhaps shorter in duration when compared to other specialties, occurs at a time crucial for our patients, at a moment when major events in their lives are about to happen. When we first see them in the preanesthetic interview, they are concerned about a number of unknowns. Do they have cancer? Are they going to be able to walk? Is their sexual activity going to change? Are they going to be left without a breast, a leg, a hand, et cetera? How much longer are they going to live? Will they survive the operation? [This is] only to mention a few of the more frequent worries that surgical patients may have the day before their operation.

"Our visit must provide assurance and confidence and not produce more worries. This is indeed a precious time when we may alleviate some of the patient's concerns about their operative and anesthetic experiences. What better time to explain our role in watching over their vital functions, to explain the careful administration of potent medications used during anesthesia, to warn over possible complications, to emphasize how our technique may ameliorate immediate postoperative pain, et cetera?

"It may be a short contact, but if properly conducted, that interview may play not only a valuable support of the patient's emotional status but also an informational activity of what we do and how we do it, at a moment when the patient's attention is all ours. This can be extended during our encounter with them in the operating room; there, we have from five to 30 minutes, depending on the preparation for the operative procedure. While performing our functions we can literally 'chat' with them, explaining what we do and why we do it and then they will be more willing to accept the pain of a needle stick, the removal of a gown, the discomfort of lying on a hard operation table.... Finally, let's make the post-anesthetic visit more than a 'hi' meeting; let's make it a real visit...

"So, there is my answer to the inquiring potential resident candidates; the contact with our patients may be brief (as measured by units of time), but it is in crucial moments of the patient's life, dealing with life and death matters; thus, we can make it one for them to remember and appreciate, if we just take the time.

"The preanesthetic interview, the O.R. encounter and the postanesthetic visit(s) are what we make of them, as short or as lengthy as we wish; as important or as irrelevant as we want to think they are."

The entire article may be viewed at www.csaq.org/pdf/bulletin/issue_11/Quality054.pdf

A Few Good Doctors: Don't look for them on a magazine top-10 list.

Kent Sepkowitz, a physician in New York City who writes about medicine, has some choice words about magazine "best doctor" lists.

"About this time every year, doctors across New York City begin to cast a wary eye at local newsstands. When the bundle of New York magazine's 'Best Doctors' issue drops onto the pavement, torture commences for the city's prim and laconic physician class. (Other cities get their chance at other times of year.) It's high school all over again, a life lived at the mercy of cruel arbiters of who is up and who is down. To their credit, I suppose, the compilers of the Best Doctors list define worthiness with more objectivity: They poll local doctors and ask whom they would refer a family member to. With this quasi-statistical information in hand, they go behind closed doors and construct the dreaded list.

"To my expert eye, every year the New York survey gets it about half right: Half of the selections are first-rate doctors, no doubt about it. Another 25 percent are people whom I don't know well (though I have my doubts), and 25 percent are certifiable duds - doctors who (hopefully) haven't seen a patient in years but have risen to the lofty realm of high society and semi-celebrityhood.

"Of course, the list isn't really about accuracy or quality. It's about sales - not only of doctors' services but also of fancy plaques, directories, and pen-and-pencil sets fitted into paper weights..." To see the entire article, go to www.slate.com/id/2143506/

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