Voices of Medicine

By Del Meyer, MD

A Critical Response Team of Physicians, and Re-evaluating the Role of Doctors.

We are Human, We Make Mistakes.

George Ingraham, MD, calls his article "A Missed Opportunity," in the August 2006 issue of *The Bulletin*, published by the Humboldt-Del Norte County Medical Society.

"On April 27 of this year Cheri Lynne Moore, a 48 year old woman suffering from a bipolar disorder, ran out of medication and decompensated. She began playing her stereo at high volume, yelling insults at the people walking along G Street outside her apartment, and threatening them. At some point she displayed a weapon ("brandished" is the term used by law enforcement), which brought her to the attention of the Eureka Police, who evaluated the situation from a law enforcement perspective and brought the Critical Incident Response Team into the picture. After making attempts to end the situation by negotiation, the team forced entry into the apartment upon being told that Moore had appeared at her window and appeared at that moment to be unarmed. Unfortunately, she did, in fact, have her weapon in her hand and the CIRT opened fire.

"We can fault Moore for letting herself run out of medication; but we've all done that, and we've all forgotten to take our meds, or left them home when we went on a trip. Human beings, doing their level best, can make mistakes.

"We can fault the police. In a perfect world, the response team entering the apartment would calmly evaluate the situation, perceive that the weapon was a flare pistol, probably not dangerous, and would not touch their triggers. In a perfect world. Last April, on G Street, young men, their adrenalin and steroid levels pegging the meter, waited for the go signal while wondering what it would feel like if a bullet hit them in the next few minutes: maybe the last thing they would ever feel in this life. Suddenly they saw in front of them a wild eyed crazy person with a gun in her hand. They looked death in the eye. Their training kicked in. They killed her. Human beings, doing their level best, can make mistakes. There were... there always are... opportunities to prevent the death of Cheri Lynne Moore. She called public health asking for more meds. A friend offered to try to talk her down, but the police judged the possible risk not acceptable. Perhaps the CIRT could have waited a little longer or tried a different negotiation strategy. We are all Monday morning quarterbacks. It makes no sense to try deciding who is at fault: we can't help Cheri Moore. But we can perhaps help someone in the future if we decide to fix the problem instead of the blame.

"Even given that these things don't happen often… we could still give a thought to "next time." Perhaps the Medical Society could give some thought to a Critical Incident Response Team of its own: a panel of physicians and mid level practitioners with expertise in psychiatric crisis, triage, critical injury management in the field and so on;

who would volunteer to make themselves available to drop what they were doing and be available on the scene of situations like this if the first responders or authorities on site needed them. These folks would need to do some familiarizing work, maybe participating in training drills and classes with police, sheriff, and fire departments so as to be familiar with the way these folks work and communicate, and to be on greeting terms with the people they'd be working with. Of course, we could have thought of this a long time ago. But we didn't. Perhaps we made a mistake. Human beings do that."

This and other August issue articles are at www.humboldt1.com/~medsoc/images/bulletins/August%202006%20Bulletin%20for%20web.pdf

Reevaluating the Physician

In the Bulletin of the California Society of Anesthesiologists, Donald J. Priolo, MD, wrote on "Hippocrates Upended: A Cause for Revaluation of the American Physician."

"What the earthquake of 1906 did to the Bay Area, World War II in 1941 and the advent of Medicare in 1965 did to the American physician. Let us look at the parallels. Before Hippocrates, physicians could be hired as assassins to do in an enemy or facilitate the premature demise of a parent for early inheritance. Now physicians are paid to perform according to the bureaucratic formulas and edicts of the federal government, business groups, insurance companies, HMOs and IPAs. Lost in this third-party deluge of financial forces is the primacy, prestige and freedom of a properly educated and licensed physician to act and advocate entirely for the patient, as well as the patient's freedom to choose a physician and to expect that physician to honor a sacred bond of trust. American medicine has been reduced to considerations of what percent of gross domestic product can be spent on healthcare, how many forms can reasonably be completed before a third party will pay, whether an insurer will allow an assistant at surgery, and how fast a patient can be rushed through an examination or discharged from the hospital.

"The impact of these exactions on the value of both the patient and the physician is enormous. Our contemporary ethos is to devalue patients, their physicians, and their bond of trust in order to legitimize payer coercion. The patient becomes a pawn, the doctor becomes a wage slave, and both lose their freedom to aspire to and achieve their highest hopes and calling.

"If the dignity and stature of physicians are not universally idealized societal values, then patients cannot be healed. A sick, fragile human, ravaged by physical and/or emotional illness, surrenders himself or herself to the mercy and unmitigated loyalty of a physician. This experience is not analogous to standing in line awaiting service from a bank teller or a grocery clerk. This profound act of self-exposure and trust by a patient to the skills and mercy of a physician is a difference in kind from all other human interactions, not a difference in degree.

"Societies do not grant this privilege casually: Consider the rigorous and prolonged educational process, national board examinations, licensure, specialty training, specialty board certification, and maintenance of certification and recertification. Paradoxically, the federal government and its echoing chorus of commercial business and payers now expect the physicians to behave as drones, groveling annually to the Congress for their share of a diminishing handout. The fact is that it is only collectively through our professional associations that we can respond in an effective manner. It has been stated, 'Medicine is, at its center, a moral enterprise grounded in a covenant of trust.

'This covenant obliges physicians to be competent and to use their competence in the patient's interests. Today, this covenant of trust is significantly threatened. By its traditions and very nature, medicine is a special kind of human activity-one that cannot be pursued effectively without the virtues of humility, honesty, intellectual integrity, compassion and effacement of excessive self-interest. Our first obligation must be to serve the good of those persons who seek our help and trust us to provide it." 'Ask not what organized medicine can do for you; ask what we can do for our patients.' The

strangulating grip of third-party influence destroying health care over financing issues must be broken.

"Let us insist on *revaluation* of the American physician as the cornerstone critical to the healing power of physicians.

"Let us pledge *eternal warfare* against influences and health systems that violate our calling.

"*Let us renew our commitment to the 2,400-year-old Oath of Hippocrates*, immortalizing the patient-physician covenant."

To read the original and its references, click on Hippocrates at www.csahq.org/pageserver.cgi?tpl=internal.tpl§ion=publications&name=bulletin_view&idx=14

Dr. Priolo is a neurosurgeon practicing in San Jose, California. He is the past president of the California Association of Neurologic Surgeons and the president of the Santa Clara County Medical Association. He also serves on the Executive Committee of the Specialty Delegation to the California Medical Association.

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