

Letters to the editor

“Fall from grace”

In his interesting essay, “Fall from grace” in the Winter 2014 issue (pp. 8–13), J. Joseph Marr, MD, mentioned how modern technology defined the standard of medical care and how because of its accuracy and effectiveness physicians were beguiled into favoring the technological shortcut it gave them over their clinical judgment and skills.

But I was surprised that he didn’t emphasize the role that defensive medicine played in driving doctors to use or overuse technology. In fact, defensive medicine is so ingrained in our professional minds that to not practice defensive medicine is considered foolish.

Physicians are obliged to use almost every new diagnostic or therapeutic advance because if they don’t and a bad outcome occurs, there is a chance that they could be sued for not using it. This Catch-22 is the great dilemma of modern medicine.

My point is that most physicians shudder at the thought of being sued for malpractice. And for those that have been sued their inclination to practice defensive medicine is very great.

It is important when discussing the overuse and overdependence on technology to emphasize the role of defensive medicine.

Clearly, it is imperative that better ways of dealing with malpractice be found. Specifically, the adversarial attitude that dominates the malpractice system and which often prolongs the tensions and hinders the resolution of conflict between defendant and plaintiff must be eliminated.

Special health courts presided over by judges with special training in medical malpractice have been suggested as an alternative.

Edward Volpintesta, MD
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Dr. Marr responds to Dr. Volpintesta

I am in complete agreement with Dr. Volpintesta’s comments regarding the overuse of technology as a defense against frivolous malpractice suits. The malpractice industry, as with so many things, began as a legitimate attempt to help patients who had been wronged as a result of negligence; yet, it has become a terrible scourge in the practice of medicine due to its lucrative returns to attorneys, whether a suit be legitimate or frivolous. I considered putting something about this in the article. However, I did not because this defensive use of technology actually is tangential to the thesis—the inevitable dilution of the clinician’s role in diagnosis due to increasingly precise diagnostic technology. That is a different, and larger, issue. Although defensive medicine is a significant contributor to health care costs, due to the total costs of the tests and the loss of time that could be used elsewhere, and is worth an article of its own, I do not believe it is relevant here.

J. Joseph Marr, MD
(ΑΩΑ, *John Hopkins University, 1964*)
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Although offered by “a retired academic physician and business executive,” Dr. Marr offers an excellent review of the progress of Medicine and particularly of the voyage of physicians during the last sixty years. I can also address this course, as a privately practicing clinician for the last fifty-seven years . . . and counting.

My comments will be of little value unless the reader has studied Dr. Marr’s article, which I recommend particularly for younger physicians—since older doctors have lived it and are continuing to live it. I disagree with the author’s conclusion, beginning with the title of the article.

1. We have not fallen from grace: we are being pushed. But we will have a soft landing if only we can survive the

next few years.

2. The subject matter brings to mind the title of three songs: “9 to 5,” “I Surrender, Dear,” and “[I Did It] My Way.”

3. “From shaman to skilled labor.” Wrong.

4. Dr. Marr rightly indicates that many physicians have been “complicit” in the changes that now challenge physicians. But he wrongly attributes this to “hubris.” The real error in physicians’ approach has been their understandable desire to protect their patients from the adverse effects of those changes, rather than allowing them to feel their own pain—and to thus be motivated and politicized to resist.

5. The nexus of physician/nurse/patient, with the legitimate addition of physician extenders, survives as the indispensable core of medical care, with the physician as the diagnostician and coordinator of that care. That the physician can now supervise and guide the work of several nonphysicians enhances rather than diminishes the physician’s central role in the process.

6. “Patient visits per unit time”: a corrosive idea. We learned in medical school that, of the three attributes that a physician can offer his patient—ability, affability, and availability—the most important is availability.

7. Yes, younger physicians are different, as are their entire generations. It remains to be seen whether these younger MDs, the 9-to-5-ers, will have the foundation, the grit, and the joy of practicing medicine for the many decades that their older colleagues embrace—despite the recent “troubles.” Or will they succumb, not as much to burnout, as to ennui.

8. And that brings up the future. Demography is destiny. Patients will increase in number, age, and debility. Physicians will decrease in number and commitment. But those who remain will be highly valued and appreciated

for their knowledge and for their devotion to their patients. They will be sought out.

9. And so I end with a quote from Dr. Marr's fine review, and with my reaction: "The physician will become—has become—decreasingly the guide and guardian of the system and more and more of a supervisor in the mosaic of provision of care." *Wrong*.

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I read with great interest the very fine article, "Fall from grace."

Dr. Marr's analysis of what has happened during the past 100 years or so is penetrating. He may have omitted something of importance, however. He and most physicians appear to assume that the basic purpose for being a physician is to help other people, and that the medical profession considers that a physician's purpose is to "help the sick." It is worth considering whether this is, in fact, correct. Is not the basic, primary purpose for most physicians usually the same as the basic, primary purpose for almost everybody else? Specifically, is not the major, primary, and basic purpose for any man or woman to support himself or herself and his or her family? Is not that the primary reason why the overwhelming majority of physicians practice, teach, or perform the other roles that physicians play? Of course, physicians act on the basis of motivations for which they receive no reimbursement, such as the desire to help, the passion for teaching, or hope of leaving a legacy about which they can be proud. But where physicians act that way they usually rely on their paying jobs in the clinic, the laboratory, the academic office, or other source of income to pay their bills.

It seems unlikely that physicians have had as their primary purpose helping patients learn how to take care of themselves in order to keep themselves healthy or to improve their

health. One need not look further than the Hippocratic Oath, which enjoins physicians to be sure they do not share their knowledge "with other than their brethren." Teaching patients to take care of themselves is actually contrary to the first paragraph of the Hippocratic Oath.

Medicine has always been a business. Doctors sell services. They are really no different from street vendors selling bananas or bracelets. Physicians have all been reimbursed in various ways. They are all involved in a business.

There have, of course, been models of self-sacrificial physicians, such as Arrowsmith, the protagonist in the novel of the same name by Sinclair Lewis. Indeed, the idealized physician has often been put forward as a person whose life is dedicated to the well being of others. It is not surprising, though, that such self-sacrificial physicians often die young, and so cease being able to help people, as they could have continued to do had they not been so self-sacrificial.

Being a physician, in truth, is a wonderful way to earn an income. Perhaps it is a noble way, perhaps nobler than some other ways. But still, at its base, is the idea that being a physician will allow one to make a living while at the same time being of use to society.

I love being a physician. I get paid for what I love to do. But I get paid. As much as I love being a physician, it is not likely that I would continue to work as one if all I had was overhead and no income (though, actually, I've had months like that). It is hard to believe that the primal instinct to survive is not just as strong in physicians as it is in beggars or kings.

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Dr. Marr responds to Dr. Sprecace and Dr. Spaeth

The reader response to "Fall from Grace" has been gratifying. I have received more than fifty letters directly—not for publication—and essentially all have been very empathetic. The observations and conclusions seem to be shared widely by physicians—or the older ones at least.

Several asked about some specific issues and whether they should have been included—defensive medicine was mentioned more than once—but the intent of the piece was to paint the mural rather than focus too sharply.

With respect to Dr. Sprecace's letter, it appears that we are seeing and living the same events but are reaching sometimes similar and sometimes different conclusions. I cannot comment further on that, but do agree with what I understand as his underlying theme: that quality and dedication are important and may correct some of the abuses over time. The letter from Dr. Spaeth raises interesting questions. Physicians enter into medicine for the best of reasons (*Arrowsmith* was one of my formative books many years ago) and over time succumb to varying degrees to the vagaries of life. Physicians should be paid appropriately, without question, and the survival instinct certainly is there. I believe we are seeing that in motion now, as physicians do what economics requires and, as a result, are increasingly driven by business practices rather than medical practices. That was one of my points. However, in saving ourselves we have been forced to sacrifice many of the original reasons we entered into this so many years ago. Stated another way, we are now too busy keeping the machine running to remember why we turned it on in the first place. Time, changes in our technology and society, and consequent economic mandates have undone us, as they have in so many others in other walks of life.

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