The Words of Hippocrates!

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Many years ago, at my graduation from medical school in South Africa, I spoke these profound words of Hippocrates:

—“I do solemnly declare”:
“...That I will exercise my profession to the best of my knowledge and ability for the safety and welfare of all persons entrusted to my care ....”

—“That I will not knowingly or intentionally do anything or administer anything to them to their hurt or prejudice....”

An impressionable young woman, enveloped by the power embodied in these words, I felt breathless with pride at the prospect of dedicating my working life to the fulfillment of this oath. Many times, over the ensuing thirty years of medical practice, I have pondered over the fact that multitudes of people have entrusted you and me with their life and health, and have allowed us into the most private sanctum of their existence. As a profession, we have brought health care into an unbelievable realm of technological capability and for the most part, we have zealously upheld “Hippocrates.”

Instead of offering praise, society has criticized the rising costs of medical care, has focused on perceived over-utilization and abuse, and has responded by relinquishing control of health care into the hands of administrators and marketing specialists.\(^3\) It is unclear whether it was ever the consumer at large who was dissatisfied with our prior health care system. Maybe, it was merely an entrepreneurial justification to turn the health care industry into the multi-billion-dollar business that it is today.

Effects of Managed Care

Now, it is a daily struggle to honor the pledge embodied in the Hippocratic Oath. Today, the power to look out for the safety and welfare of those who entrust themselves to our care, is in the hands of the “non-professional” and the “profit motivated,” and we, the doctors, are allowing them to orchestrate the practice of medicine. Hippocrates shudders! Recent attempts in Hawaii to restrict health care coverage to insurer determined “medically necessary” services, pierces a sword into the very heart of our Hippocratic Oath. The ethical issues raised by the divergent philosophies of “managed care” and “Hippocrates” create irreconcilable conflicts for physicians.

If managed care were able to eradicate abuses within the health care industry or provide the forty million uninsured with insurance coverage, we could justify what is happening by a promise of improved public health. But, these have not been among the successes.\(^3\) Instead, insurance CEO’s are becoming some of the country’s highest paid and costs are moving from provision of medical services to marketing, administration and data compilation.

More than Hippocrates

Economically enforced restrictions on insurance coverage for medical services, which are at variance with physicians’ beliefs, de-moralize and de-professionalize physicians and lead to loss of our self respect and self esteem. We become torn between the need to comply with standards which are set by insurers and our professional loyalties to our patients. We are so intimidated into compliance, in order to maintain economic survival, that we even lose sight of the fact that it is we who have the license to practice medicine. We have forgotten that the only two essential parties to a successful health care transaction are the doctor and the patient. Have we ever heard someone in distress call out for a health insurer?

There are startling similarities between the process of de-professionalization of the medical profession which is taking place in Hawaii and the psychodynamic of abuse, as we have come to understand it. We, the victims, have been gradually indoctrinated to believe that we are no longer capable of thriving or surviving without the insurer and we are repeatedly subjected to abusive devices to further strip us of our power and enforce compliance. Examples of these devices include unduly intrusive credentialing, adhesionary contracting, threats of exclusion from segments of the market and “at will” termination. We walk on “eggshells” for fear of retribution.

There is Hope

Physicians and patients are becoming natural allies against health insurers who elect to use predatory conduct to restrict payment for valuable modalities of medical treatment. While cost-containment and economic efficiency are valid ambitions, withholding care from seriously ill people is not an acceptable means of fulfillment. Free market action can be a formidable force to encourage alternatives which meet consumer needs more effectively. In addition, the American legal system embodies well-settled legal analyses to approach dispute resolution through negotiation, mediation, legislation, and litigation, some of which have not yet been contemplated by our profession. As a second year law student at the University of Hawaii School of Law, I am introduced, almost on a daily basis, to legal theories and remedies which are definitely applicable to the problems of managed care. However, we must reach out to assert and protect our rights. The adverse party is unlikely to make concessions without convincing evidence of its necessity to do so.

The Hawaii Coalition for Health

In order to further these purposes, Hawaii Coalition for Health has been conceived and will be in operation in January 1997. We will be a non-profit corporation which will become a vehicle through which patients, medical providers and public advocacy groups may assert their rights to health. It will choose a high priority issue each year - for 1997, the “standard medical practice”? “medical necessity” problem has been chosen. In addition, the Coalition will be a resource for the public to substantiate information about their

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American Medical Association, Principles of Medical Ethics, Report of the Council on Ethical and Judicial Affairs of the American Medical Association, June 1990, also subscribes to a body of ethical statements developed primarily for the benefit of the patient. 1. A physician shall be dedicated to providing competent medical service with compassion and respect for human dignity.

2. Consumer Reports, October 1996, Health Care. Special report, Part 2. “Managed care has become a highly competitive, multi-billion-dollar business. But what’s good for HMO’s may not be good for consumers. In 1992, [the] traditional indemnity insurance and fee-for-service medicine was in need of change. (...) wasteful and costly, and left too many people without coverage. Then, 37 million people had no insurance; today, 40 million people have none.” (p.26) "Today, HMO’s generally spend about 17% of premiums on marketing, general and administrative expenses. (...) Health Net spends $40-million plus (...) to project a glowing image of itself. (...) Kaiser of Southern California, which never found it necessary to advertise before, added some $20-million in advertising expenses to its budget in 1995." (p 31-32)