Medicine as a Mercantile Industry

TO THE EDITOR: Your editorial optimism in the March issue about medicine's resistance to commercialism is unrealistic.[1] It is not physicians who are in charge of this trend but business administrators. Therefore, to say "The concept of helping others runs deep in the medical profession . . . (and) . . . all of medicine and all of the profession come together in addressing the health care . . . of whole patients. . . ." is laudatory but off target. The ethics of voluntary humanism are not shared by the new bosses of medicine. These bosses are not of the learned profession, and if medicine is turned into a mercantile industry, such rosy editorials will become archaic curiosities—like the unicorn.

If medicine is to be ruled by the so-called ethics of the free market, the consumer will enjoy greater freedom of choice. Supposedly, this will guarantee the high quality of the product. But when the transformation of beef is out of the farmer's hands, the choice between a Big Mac or a Whopper doesn't really matter.

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REFERENCE

1. Watts MSM: Will commercialism destroy the medical profession? (Editorial). West J Med 1986 Mar; 144:353

Just Looking for a Chance to Sue

TO THE EDITOR: Until recently, legal liability problems were thought of as the doctors' dilemma, a burden that was ours to bear. For too many years the public seemed unconcerned about the "malpractice crisis." Now, at long last, there are signs of a change in that attitude. It is becoming evident that those litigious agonies are no longer solely ours.

The citizens of Odessa, Washington, are in deep mourning. They have learned that because they won't be able to get liability insurance they'll not be entering their float in Spokane's Annual Lilac Festival Parade. For the past seven years this has been a happy tradition for the community-spirited people of Odessa.

Their insurance agent, when asked why he had to refuse coverage for this parade event, sadly commented, "There's ten or maybe a hundred people out there along that parade route just looking for a chance to sue."

Yesterday Janet Johnson, a mother of three, heatedly berated G. D. Searle for discontinuing the sale of their intrauterine devices. "Here I am," she said, "a woman who cannot take the Pill and who doesn't want to and can't afford to have a permanent sterilization, and they are taking away the IUD that has been the perfect solution for me. It isn't fair."

This action by Searle, I tried to tell her, seemed necessary because of the legal climate in the United States. I also took the opportunity to remind her that this same, eager-to-sue tendency was going to increase the cost of her childrens' immunization program because only one pharmaceutical company has had the courage, and the liability coverage needed, to allow them to continue producing the vaccines.

To top it all off, my good friend, Father Timothy, told me at our service club luncheon that he was amazed and affronted when he learned that he had better search out an insurance company that could supply him with some good liability coverage. Father Tim, who is known for his sensitive and capable counseling of troubled parishioners, wondered out loud how long he could continue to depend upon the Lord to protect him from that someone who was "just looking for a chance to sue."

Our mayor, Ray Granite, chimed in on that conversation with the comment that the city has had great difficulty in obtaining liability insurance but was finally able to get a policy at about twice the cost of the previous annual premium.

For a dozen years or more we physicians, along with our professional organizations, have been hammering at the doors of our legislatures, asking for tort reform. Too often the response was, "You fellows have gotta clean up your act—get rid of all those bad apples. Anyhow, you can afford those premiums, they are just a part of doing business." Unfortunately, for physicians in private practice it is no longer "business as usual."

But now, quite suddenly, after all those years of frustrating attempts at persuasion, legislators are making an about-face. Tort relief is in sight. The California legislature has voted for tort reforms, and these changes in the legal code have been upheld by the courts. The Washington legislature has followed suit. Even the staunchly conservative legislators here in Idaho are searching for ways to relieve the liability insurance headache.

How has this come about? We physicians can take some of the credit because we planted the seed. But let's give credit where credit is due. Once the people of Odessa were denied the right to be in the parade, and once the multiparous Janet Johnsons let it be known they wanted no more babies, and once the clergy and the mayors began to feel the pinch of their liability "crisis," then we heard a public outcry. Now the citizens are letting the lawmakers know that the time for tort reform has not only come but is long overdue.

The public has joined our crusade. Now the townspeople, the housewives and the mothers, the clergy and the city fathers are carrying the ball. They are telling everyone, especially the legislators, that it is not only un-American and immoral, but unfair and unacceptable for anyone to be out there "just looking for a chance to sue."

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The Psychological Impact of AIDS on Primary Care Physicians

TO THE EDITOR: We were interested in determining the effect of working with patients with the acquired immunodeficiency syndrome (AIDS) on practitioners and what factors may relate to this effect. Of 150 San Francisco Bay Area physicians sampled who engaged in AIDS-related professional activity, 82 (55%) returned our August 1985 survey of attitudes toward HTLV-III testing and psychological reactions to working with AIDS patients. A total of 40 also consented to be interviewed. Of the 82 physicians, 11 were not currently working with AIDS patients and were excluded from data analysis.

The average age of these physicians was 42 years; 77 were male, 5 female. 33% identified themselves as heterosexual, one respondent was bisexual and 63% indicated that they were gay or homosexual. Two physicians refrained from identifying their sexual orientation. 29% were internists,