



Editorial Comment

First Person Singular — Me Thinks Thou Protests Not Enough

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I frequently receive comments from readers concerning opinions they have viewed in this section of the journal. Recently, thanks to the power of the internet, I have also received comments from non-physicians who monitor the articles. One such recent letter pointed out that the articles, though business-focused, still continue to reference patient care — a fact that was found laudable by the reader.

Reflecting on such statements from the vantage point of a physician, my first impression is to say — of course the articles mention patient care! However, it is easy to see how this fact could be overlooked given the recent media dialog and the numerous health care consultants focusing almost exclusively on the economic identity of the physician.

As someone who has the privilege of working with premedical and medical students through-

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out the country, I am frequently challenged by older colleagues as to the commitment and understanding of young people as they look forward to a career in medicine. Indeed, it was for this very reason I was attracted to the paper written by Dr. Cynthia Geppert, entitled "The Last Physician? The Parable of the Last Physician".¹ Dr. Geppert is a member of the class of 1997 at the University of Texas Medical School at San Antonio. The paper was awarded honorable mention in the 1996 Alpha Omega Alpha student essay competition. I have taken the liberty of printing the paper in its entirety in this issue. I reproduced the article because I feel it exemplifies a growing understanding, even among our youngest colleagues, as to the potential dangers facing the integrity of the medical profession in our current environment.²

In the polarized debate over the merits of a particular financing or payment mechanism, the center of attention is too often on the economic identity of medical professionals. One is falsely lead to believe that professional behavior putting patients as a priority is an impossibility unless financial incentives are "aligned".

What is at stake in these debates is the concept

of professionalism. In fact, it is less than a subtle attack on the issue of professional trust. Perception becomes reality and to the extent that conversations continue to focus strictly on economics, this serves to undermine the tenets of professional behavior. Additionally, there are a significant number of people who would like to commoditize health care delivery and ration physician-patient relationships in quantum of time or measures of efficiency. The goal in these ideals being predominately financial. Unquestionably, some of these efforts are well founded and will eventually lead to elimination of waste and unnecessary variation in our use of resources, and I am not naive enough to think that there has not been abuse of the system. However, can we take comfort in allowing pure market forces to be the sole director of the infrastructure upon which we lay the foundation for our health care system?

Many feel that even if personal professional ethics erode, the quality of the physician-patient relationship will be guarded and policed by the quality of care indicators built into the system. I hope so, but I share the many doubts of others that we may not be anywhere near quality indicators that are sophisticated enough to measure appropriately the nuance of the physician-patient relationship. Time will tell. Questions abound: What are the values that will serve as the building blocks and underpinnings upon which we will craft the future of the medical profession? Will the "good physician" be the well-trained market savvy individual who will wrestle with the benefits of putting themselves or their enterprise before the well being and welfare of those entrusted to them for care? What should we teach? Upon what traditions and identities should we focus? How will we reconcile the inevitable tension and fundamental confusion that exists in a system that emphasizes financial incentives at the expense of the other traditional medical professional identities? What will become of the compassionate legacy of our profession as we move to the next century of evidenced-based medicine? How will we decide to quantify compassion? These are questions for our leadership — young and old — the time is now to speak out and participate in defining the future.

"This is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning."

—Winston S. Churchill

REFERENCES

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2. Kassirer J. Our endangered integrity — It can only get worse. *N Engl J Med* 1997;336:1667.