# EDITORIAL

RECENT months have seen an increased interest on the part of physicians in the Principles of Medical Ethics. How much of this interest was a motivating factor in the recent adoption of the Guides for Conduct of Physicians in Relationships with Institutions (formerly known as the Hess Report) by the House of Delegates of the A.M.A. or the result of its adoption would be difficult to say.

One portion of this report condemns arrangements between physicians and organizations, such as hospitals, which permit the organization to sell the services of the physician for a fee. The Principles of Medical Ethics of the A.M.A. is just as firm in its condemnation of arrangements whereby a physician disposes of his services to an organization under conditions which permit exploitation of his services for the financial profit of the organization. That this is two ways of saying the same thing and that nothing new has been introduced into the question of hospital-professional relationship by the Guides for Conduct of Physicians in Relationships with Institutions seems obvious. Hence it follows that criticism of this portion of the Guides for Conduct of Physicians in Relationships with Institutions implies criticism of the Principles of Medical Ethics of the A.M.A.

The endorsement of the principles enunciated in the Guides for Conduct of Physicians in Relationships with Institutions by the House of Delegates of the A.M.A. on four different occasions would seem to leave little doubt that this democratically constituted body representing organized medicine in this country takes seriously that portion of its Principles of Ethics dealing with exploitation. Although the Guides for Conduct of Physicians in Relationships with Institutions since its adoption has been under almost constant barrage from outside sources, criticism from within the profession seems to center around the fact that many physicians with the highest personal standards of medical practice may be violating the Principles of Medical Ethics. The stark reality of this is not altered by the knowledge that most of these physicians are doing a splendid job and rendering a real service to the public. In fact, some of the outstanding medical teachers of the country will be found in this group. The Guides for Conduct of Physicians in Relationships with Institutions did not create this situation; it has merely focused attention on it.

It is said by some that it is unrealistic to attempt to implement a code of ethics which declares unethical so many whose personal standards of practice are irreproachable and whose devotion to the welfare of their patients is beyond question. Those who take this position contend that quality of medical care bears no relationship to whether or not a hos-

pital is making a profit on the physician's services and that the method of his remuneration has nothing to do with the personal responsibility of a physician for the care of his patient. Superficially, both of these arguments appear to be quite logical and sufficient reason for condemning the stand taken by the A.M.A. However, by following this same logic, one can defend the practice of splitting fees between physicians, a practice universally condemned. It is unquestionably true that the method whereby the physician receives his remuneration in any particular instance and whether the hospital is making a profit on him or not in no way affects the quality of that service. This is just as true of fee splitting between physicians. The potential for lowering the quality of medical care by the splitting of fees between physicians does not lie in what happens in a particular instance or even in many instances. It lies in the danger that criteria other than professional attainment will be used in the selection of consultants. Likewise, the danger that the quality of medical care will be lowered when physicians permit hospitals to offer their services for a fee is not that any particular physician will render poorer service because of this fact. The danger lies in the fact that a third person, the hospital, is interposed between the physician and his patient, with the inevitable division of responsibility. It has been pointed out on numerous occasions that the primary duty and responsibility of a corporate trustee or administrator is to the corporation and that the primary duty of the physician is to his patient. If a physician has given a corporation the right to sell his services he has undertaken responsibilities and obligations which may at times be irreconcilable and not in the best interest of the patient. In hospitals where physicians' services are offered for a fee there is an increasing tendency to rely upon profit from these medical services to help carry the entire financial burden of the hospital. However well intentioned the administrator or trustee of the hospital may be, if conditions are such that a profit can be made on the services of physicians, a potential exists whereby any one or some combination of the following conditions can maintain: (1) the patient is being charged too much; (2) the physician is being paid too little; (3) there are not enough physicians and (4) the quality of the physicians is mediocre.

The analogy with the splitting of fees between physicians also seems applicable to the contention that any arrangement which is mutually satisfactory to the hospital and to the physician whose services are being offered should not be condemned. The absence of complaint by either party involved in the splitting of fees does not automatically lend a mantle of ethical probity to the practice.

Neither the Principles of Medical Ethics of the A.M.A. nor the Guides For Conduct of Physicians In Relationships With Institutions implies that in every instance where a hospital offers the services of a physician for a fee, there is, of necessity, exploitation. In the drafting

of these principles the word "permit" was wisely included; otherwise an impossible task would have been posed when an attempt was made to implement the principles enunciated. Principles must be for the guidance of all; hence in their establishment, no attempt should be made to deal with or make exceptions for particular situations. The Principles of Medical Ethics of the A.M.A. have been crystallized over a period of many years and are not just a set of rules dashed off overnight. That certain individuals will be found in violation of these principles is not surprising.

When the American Society of Anesthesiologists drafted its "Statement of Policy" concerning hospital-professional relations to conform with the stand taken by the A.M.A., it recognized the fact that many physicians were practicing and had been doing so for many years in violation of the policy. It was realized that many of these arrangements had grown up over the years before the profession became so acutely aware of their implications. The potential danger of such arrangements has in recent years been brought sharply into focus by the tremendous increase in the number of subscribers to Blue Cross plans and the tendency of these plans to include medical services in their contracts. The American Society of Anesthesiologists was careful to state that "no stigma should be attached to any physician because of his financial arrangements existing at the time of the adoption of this policy provided an honest effort is being made by the physician to change his existing commitment to comply with this statement of policy."

Does the fact that many physicians whose personal ethical standards are above reproach are not practicing in accord with the principles enunciated in the Guides for Conduct of Physicians in Relationships with Institutions leave us no alternative but to revoke the report or so drastically change it as to destroy its effectiveness? If we take this course we must do so with the knowledge that it is impossible to disavow this report without at the same time repudiating an important part of the Principles of Medical Ethics of the A.M.A. It seems that a more realistic attitude would be to remain firm in upholding what is unquestionably thought to be right by a vast majority of the physicians of this country. This should not be merely a static and stand-pat attitude. Organized medicine must be ever vigilant to prevent further spread of conditions inimical to medical freedom and in the long run not in the public interest. This dynamic approach calls for a serious effort to be made to assist those physicians who are practicing in violation of these principles to effect changes bringing their conditions of practice more in accord with the stand taken by both the A.M.A. and the American Society of Anesthesiologists. This is a real challange not only to those physicians and institutions directly concerned but to the entire profession as well.

We must ever be mindful of the fact that freedom can just as surely be lost by default as by frontal attack.