

EDITORIAL

OBJECTIVE ANALYSIS OF DISGRACEFUL INCIDENTS

STABLE and consistent forward progress is being made in the establishment of anesthesiology as a specialty in the practice of medicine. This advance has been possible through the efforts of many people who are sincerely interested. These people include anesthesiologists, surgeons, hospital administrators, educators, and many others in and out of the practice of medicine. They have supported not only the scientific advance but also the changes in the economic aspects of the development of the specialty.

Numerous obstructions have been encountered, particularly in relation to the establishment of the practice of anesthesiology on the same economic basis as other branches of medicine. In the process of overcoming these temporary obstructions, a number of competent anesthesiologists have felt it necessary to change locations of practice and in so doing have lost income, deranged their family life, and increased their costs of living.

It is regrettable that the attainment of higher standards of medical care requires this approach on occasion to overcome temporary obstructions which have been established by custom. It is most unfortunate that associated with these disruptions there is often an emotional reaction among all involved with words spoken and actions taken that are out of proportion to the incident.

Punitive or retaliative measures dictated by emotion can result only in increased misunderstanding, in unnecessary recrimination of people and institutions and in temporary delay of the constantly growing rapport between anesthesiologists, surgeons and hospital administrators. There is an unfortunate tendency for generalization under the circumstances to the extent that it is erroneously reported that individual emotional responses to tense situations of this nature represent national policies. It can be emphatically stated that spontaneous measures taken either by individuals or institutions under the stress of an emotional reaction to an unfavorable situation do not represent national policy of any organization of which we are aware.

The House of Delegates of the American Medical Association has performed a magnificent service in clearly delineating the "Guides for Conduct of Physicians in Relationships with Institutions." (J.A.M.A. 147:1685, December 22, 1951.) They are as follows:

1. A physician should not dispose of his professional attainments or services to any hospital, corporation or lay body by whatever name

called or however organized under terms or conditions which permit the sale of the services of that physician by such agency for a fee.

2. Where a hospital is not selling the services of a physician, the financial arrangement if any between the hospital and the physician properly may be placed on any mutually satisfactory basis. This refers to the remuneration of a physician for teaching or research or charitable services or the like. Corporations or other lay bodies properly may provide such services and employ or otherwise engage doctors for those purposes.

3. The practice of anesthesiology, pathology, physical medicine and radiology are an integral part of the practice of medicine in the same category as the practice of surgery, internal medicine or any other designated field of medicine.

If physicians and institutions would objectively analyze their problems in the light of the above "Guides" it should not be difficult to determine what course to pursue in order to assure service that is in the best interests of the individual patient and the continued elevation of medical standards.

It can be expected that unemotional communication among anesthesiologists and between anesthesiologists, surgeons and hospital administrators will lead to satisfactory solution of mutual problems.