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## Private Interest, Ethics, and Sincere Medical Practice

*Yousuf Sayeed*

Why do people go to healthcare professionals? Generally speaking, the experience is costly, can be extremely intrusive, and professionals are often difficult to get a hold of. That being said, people still find the justification to look past these flaws and cancel all of their plans, leave their country, give up any sense of privacy, and go into massive debt all in order to receive the services of these professionals.

Individuals endure these sacrifices because they believe their intentions are shared by the healthcare provider, a provider that has the knowledge to actively work towards a common goal – to fulfill the medical desires of the patient. In an ideal world, these individuals would always be right. Unfortunately, this is not always the case and neither intentions nor the goals are always shared.

For as long as I can remember, I have understood that healthcare providers can work for their own benefit. They have just as much of a right to pursue their own interests as anyone else. The true gravity of this understanding, however, did not become as apparent until lately. After a recent visit to an optometrist for a spare set of glasses, I found my experience to be quite “eye-opening,” to say the least.

The first thing I noticed was the way in which the optometric technician offered an optional eye test. “For just fifteen dollars more, we can test you to check for signs of diabetes and other health problems,” she said. Although it seemed like a harmless question and I aloofly agreed to get the exam, in hindsight, it felt more like I was hearing a sales pitch rather than any sort of medical recommendation.

After that exam, my sight was further evaluated by the optometrist. The doctor suggested that I should look into having my lenses compressed so they look less bulky. This is a process in which the lenses are made thinner and lighter. She had not stated any sort of medical benefit the procedure would provide, yet she emphasized the aesthetic aspect of compressed lenses. When I politely told her that I had no preference for how the glasses looked because I was going to be using them as a spare set, she appeared to take it personally, as if I was indirectly disappointing her.

Later, as another technician was charging me for their services, he insisted that I have my lenses compressed. At one point, he even claimed that they would not be able to fit my lenses in the frame I chose if they were not compressed. I told him my vision had not changed a great deal from my last exam and I did not think that I needed to have my lenses compressed. After that, he showed me a chart of permissible prescriptions that did not need to be compressed. To his dismay, my prescription was clearly within the limit. This agitated me because it made me think that I was doing something wrong for not wanting compressed lenses. I did not go to the optometrist to question my sense of fashion or self-image – I simply wanted an extra pair of glasses.

Looking back, I can honestly say it felt more like I was dealing with salesmen and women than healthcare professionals. It was not only in the words they used but also in the nuances of their tone, the way they were upset when I decided against their offer. Having worked in sales, I can understand where they were coming from and why they were being so pushy. They had numbers to meet, commissions to earn, bosses to please, etc. On the other hand, they reminded me of why I quit my sales job and made me question my perception of the goals of healthcare.

I feel that this type of behavior should be frowned upon in the medical community. Not only did it tarnish my opinion of the optometrist, it made me, the patient, feel more like a customer. Had I been more naïve, I would have bought whatever they felt I should buy. I even wonder if they cared about whether customers had the type of money to pay for their unnecessary services. With this in mind, I lost

a great deal of trust in the optometrist and found myself analyzing the dualistic nature of a healthcare provider's recommendations.

Much of the culture currently practiced in American society emphasizes monetary value and private interest. This emphasis undoubtedly carries over to the healthcare industry, as Bradford Gray writes, "Pressures on the physician to consider interests other than the patient's are increasing. Qualitative, financial, and organizational changes are taking place that may affect whether physicians behave as if responsible, first and foremost, to meeting the needs of their patients."<sup>1</sup> Indeed, physicians are vulnerable to the same motivations as the rest of us. With a surplus of options for treating patients and a subjective method of practice, it is not uncommon for physicians to choose a specific procedure or product over another if it provides the physician a personal benefit too.

One particular instance of such behavior occurred in Louisiana State University Health Sciences Center in Shreveport, Louisiana. As Mahar writes, "[Hospital officials] say that they were startled to discover that Sulzer Medical had agreed to pay Dr. William Overdyke, an assistant professor at the center who oversaw knee replacements, \$75,000 a year to consult on product design while also 'promoting and educating surgeons' on the virtues of Sulzer products."<sup>2</sup> Interestingly, it was later noted that Dr. Overdyke and his residents used only Wright Medical Technology products prior to 2000, right around the time when he made a deal with Sulzer. He was found guilty of violating Louisiana state ethics laws and was charged \$100,000 for his actions. As a *supposedly* unbiased employee of the state, the actions of Dr. Overdyke were clearly immoral.

Recent events have made the financial aims of some healthcare entities much more transparent. There is a growing trend in hospitals in which asking for payment prior to administering a procedure on an individual is becoming increasingly customary. In fact, "In 2004, Atlanta's Grady Health System, Georgia's largest public hospital, put a new billing system in place: patients scheduled for procedures are called in advance and informed of their co-pay, among other charges."<sup>2</sup> On the other end of the spectrum, Mahar goes on to state how the *not-for-profit* Carle Foundation Hospital, the primary teaching hospital for University of Illinois, condones the arrest of patients that cannot afford to pay their healthcare bills after treatment. From a hospital's perspective, it is understandable why they would want to ensure their patients can pay before they operate on them. Also, one can see why hospitals go to great lengths to receive payment for their services. Still, there is something inherently wrong about refusing to treat patients with life-threatening illness or arresting former patients that could not pay their medical bills.

In the study "Insurance Status and Access to Urgent Ambulatory Care Follow-up Appointments," Asplin and other researchers hired graduate students at the University of Chicago to schedule follow-up appointments with clinics in 9 cities throughout America. These students pretended to have either pneumonia, asymptotic accelerated hypertension, or a possible ectopic pregnancy. They attempted to seek care through the clinic within one week of the phone-call. The researchers found that 64.4 percent of the students that claimed to have private insurance could receive treatment within one week while only 34.2 percent of students claiming to have Medicaid were offered appointments. Sadly, only 25.1 percent of the students offering \$20 and inquiring about a payment plan were able to see a physician within a week while an astounding 66.3 percent of students offering to pay for services in cash up front were given appointments for the following week. Asplin's study best illustrates the self-serving attitudes prevalent in healthcare. Those that hold private insurance or are able pay completely are clearly held to a different standard than individuals on Medicaid or no insurance.<sup>3</sup>

In terms of day-to-day practice, there are other factors that can influence the motivations of healthcare providers. When it comes to writing prescriptions, pharmaceutical companies do everything in their power to convince physicians to choose their brand. By offering vacations under the clause of a

minor lecture, office equipment like pens and pads, and free lunches, they are essentially buying the physician's opinion. Katherine Greider asks, "Ultimately, it's a matter of common sense: If all these meals and lectures and gifts had no effect, then what possible motive could the drug companies have for providing them?"<sup>4</sup> It is costly to provide all these services to physicians and profit-seeking companies understand that the return is greater than the investment. While some physicians actively prescribe specific medications because they enjoy all the gifts the pharmaceutical companies provide for them, others may be doing it subconsciously because they see the name of a company on the very pen and pad they are using.

Some may argue that these trends in medicine are beneficial. Many tout that the capitalistic nature of American medicine, based on improvement through competition and potential fiscal gain, is the reason why we are superior in medical practice in comparison to the rest of the world. Surprisingly, researchers found that this is not necessarily true. While American medicine is undoubtedly advanced, private interest can often times get in the way of providing quality healthcare. According to the study, "Use of Cardiac Procedures and Outcomes in Elderly Patients with Myocardial Infarction in the United States and Canada," in 1991, American physicians were over 6 times more likely to conduct a coronary angiography and nearly 8 times more likely to perform a percutaneous transluminal coronary angioplasty or a coronary-artery bypass surgery after the first 30 days of a myocardial infarction than their Canadian neighbors. One would think that patients would fare much better after undergoing these procedures. On the contrary, the mortality rate for American patients was 21.4 percent while the rate is 22.3 percent for Canadian patients after the first month of surgery during that year. A year after the surgery, the mortality rate rises to 34.3 percent in the US and 34.4 percent in Canada.<sup>5</sup> When looking at the tremendous cost of surgeries such as these commonly performed in America, along with the devastating amount of debt families go under, it is difficult to justify the difference between these mortality rates and still claim that we are so much better off than other nations. In fact, during 2007, 62.1 percent of personal bankruptcies in America were primarily due to medical issues.<sup>6</sup> This highlights the need for efficient healthcare that considers the holistic needs of the patient rather than what procedures generate the most revenue.

Considering these issues, one has to ask, is any of it ethical? Is it justifiable for a dentist to deny a patient that cannot afford to pay them? How about an optometrist that requests a costly test procedure for no relevant purpose? And a physician prescribes the brand name drug when they know the cheaper generic one works just as well? I am not going to pretend to know the answer to these questions. Under the current economic system, both hospitals and the healthcare provider have every right to seek profit. Moreover, the media glamorizes the roles of physicians, dentists, and other healthcare providers as lucrative authorities in American culture and indirectly encourages them to seek profit in efforts to keep up with the image they established.

That being said, I believe private interests should never be attained at the cost of the patient. Once the healthcare provider begins to treat the patient, they should ignore all personal incentive and place the patient's goals ahead of their own. Offering honest treatment is critical for long-term success in any healthcare professional's career and may be one of the most rewarding experiences in medicine. If the physician genuinely believes that a more expensive pill will better serve the patient's needs, then that should be the only justification required to prescribe it.

Admittedly, there are gray areas in which physicians must use their best judgment to determine the rationale behind their decisions. As an example, many would argue that conducting an expensive MRI provides a more accurate representation of the patient's condition than a CT-scan could. While this may potentially benefit the patient, the use of an MRI may also be manipulated to generate profit for the hospital under the guise of higher quality images. In cases such as these, it is important to consider the overall benefit of the patient rather than concern oneself with how much can be made from a proce-

ture. Presenting the options to an autonomous patient in an objective manner is one way physicians may promote ethical conduct and prevent biased decision-making.

Not only is there an implicit feeling of shame when a provider misuses the trust given by the patient to seek personal profit, their reputation is also damaged if the patient realizes what is happening. The patient can choose to find a new provider, or worse, the patient may consider the treatments suggested by the provider unnecessary; they may stop taking their medicine. If there was any truth to the treatment offered by the physician, the patient may be harmed for not adhering to the physician's advice because they found out the physician lied to them. In addition, the news of any healthcare provider exposed to seeking profit at the cost of the patient inevitably harms the credibility and benevolent nature of genuine medical practice. Not only does that physician lose the respect of the patient, their conduct may be demeaning for the entire profession.

There is an overwhelming feeling of smallness when it comes to large-scale issues such as these. Individuals often claim that they are "just one person" and their actions are not significant in the grand scheme of medicine. The truth is, a little goes a long way in the healthcare community. Every interaction with a patient reflects exponentially on the entire practice. Most people do not go to see a healthcare provider every day. Taking that to heart, through the individual decisions made by each healthcare provider throughout America, the integrity of medicine can be made stronger. Even though private interest is a cornerstone of professionalism, it is only one aspect. It should not play a role in the attitude between the healthcare provider and patient. Indeed, there are very few certainties regarding ethics and healthcare. Practitioners should aim to serve the needs of the patient above all else. That being said, one thing that I *am* certain about is that I need to find a new optometrist.

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