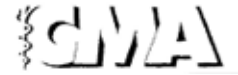




North Coast Physician



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Crappy Ethical Dilemmas

Emily Dalton, M.D.



When I was an ethics minor in medical school we used to study real issues like when “to pull the plug”, the morality of abortion, or whether physicians should assist with suicide. Now my days have been reduced to dealing with crass ethical considerations that should not exist at all. The examples given below are real.

1. A 2 year old child is behind on vaccines, but her mother only wants to do one injection today. The child needs Hepatitis A, Hepatitis B and a Diphtheria/tetanus/acellular pertussis (DtaP). Hepatitis B is the deadliest of these diseases, but currently there is a local pertussis outbreak. However, your Pay for Performance program is looking at Hepatitis A rates this year, and you are on track to get a bonus the office’s Hepatitis A numbers are good. Which vaccine do you give?

2. The local Medicaid program pays little on a fee for service basis, but hands out large bonuses to practices that meet vaccination rate quotas. The bonus is critical for office finances. After crunching the numbers and evaluating your patient population, you come to the conclusion that you cannot meet the vaccine rate percentages unless you discharge the patients who flat out refuse to vaccinate. There is a local shortage of primary care providers, and if you discharge those children (is it their fault their parents are anti-vaxers?) there is a good chance they will not be able to find another doctor. Do you discharge the anti-vaxers and live to immunize another day? Do you keep the anti-vaxers, retain the moral upper hand, lose your large bonus, tighten your

belt and hope to make payroll?

3. A parent refuses to vaccinate her infant according to the recommended schedule. If 90% your patients don’t get 4 DtapS by 24 months of age, you lose a sizeable bonus. Should you share this information with the mother? Should patients be made aware of the financial pressures that impact physician medical recommendations? Is it ethical NOT to tell her when you know it is impacting the advice you give? It is in poor taste to tell patients that if they don’t do what you recommend, you will be penalized?

4. A patient with acute nasopharyngitis is convinced that antibiotics are necessary. Your office is doing a satisfaction survey on this day, and you believe the patient will give you a bad survey if you don’t cough up (pun intended) the desired Amoxicillin. Do you make the rest of your scheduled patients wait the extra 10 minutes it takes to try and explain why antibiotics are not necessary? (and risk getting bad surveys the rest of the day because now you are running late) Do you give the Amoxicillin and compliment the patient on their assertiveness in hopes of running on time and still getting a good survey?

5. Your office is made up of aging providers and you have had trouble recruiting younger doctors or practitioners. You are all tired, getting burnt out and everyone wants to work fewer hours. The major insurance carriers offer bonuses to keep the office open evening and weekends. No one wants to work evening or weekends any more. How do you balance the needs of the practitioners with need to stay solvent?

6. A major insurer pays poorly. When you ask for a rate increase, they refuse. If you discontinue your contract with this insurer, your patients will be upset and may not have anywhere else to go. You know these families and care about them, while the insurer is distant, impersonal and uncaring. Do you continue to accept crappy rates and not rock the boat? Do you discontinue your contract knowing that it will make your practice unaffordable for the families insured by that carrier? Do you break the law and offer to see those families for cash at a reduced rate?

This is an editorial, and as such I am supposed to impart some opinion, preferably a wise one, to my readers. However, I think these questions speak for themselves: It’s complicated. These dilemmas don’t have a clear cut right or wrong answers, and in fact, these scenarios should not exist. Contemporary medicine has become a place of insanity. Third party interests are being increasingly imposed on the doctor-patient interaction. Insurers and government programs: Beware of the unintended consequences that arise from wielding financial remuneration like a brutal club--You could smash the very thing you are supposed to be supporting. §

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