EDITORIAL

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Distributive Justice—What the Heck Is That?

Today, I want to chat with you about the concept of distributive justice, especially as it applies to the delivery of health care. Wait, wait! I promise to try to make it as interesting and relevant as possible. Those of you who stick with me to the end of this little piece can judge whether I have succeeded.

The issue of distributive justice came up recently when I was talking with an old friend who is my counterpart at a municipal teaching hospital in another state. He was seeking my thoughts on how to deal with a particular cardiologist that he simply could not see eye-to-eye with. This particular cardiologist was 1 of 3 outpatient cardiologists who all reported directly to my friend.

The problem with this particular gentleman was not that he was a bad doctor in any of the usual ways someone earns that term. By all accounts, he was extremely knowledgeable, caring, compassionate, and up to date. He was well liked by all his patients, many of whom called him the finest physician they had ever encountered. Indeed, he made some important cardiac diagnoses that other physicians, including other cardiologists, had missed. On a few occasions these diagnoses literally made the difference between life and death for certain patients.

So why in the world would my friend be so concerned and frustrated with having to supervise this particular physician? Was he not, in fact, one of God's rare gifts to medicine and to humanity? Was he not the sort of Marcus Welby on steroids that all of us would want as our caregiver? All of that is definitely true, but as it turns out this particular physician has a very major shortcoming.

That shortcoming was the fact that his productivity was phenomenally low. He typically spent 1 ½ to 2 hours on each new patient, and at least 1 hour with each returning patient. No wonder he was held in such high esteem by his patients! He had all the time in the world to listen to anything and everything they wanted to tell him. He took the time to do an incredibly thorough physical examination, making sure to explain each finding very thoroughly to the patient as he went along. He was never too busy to talk about a patient's hobbies or personal problems; he was truly a compassionate physician who really, truly listened to his patients. Studies have suggested that the average physician will not let his or her patient talk for more than about 40 seconds on the chief concern before interrupting to redirect the conversation. Not this cardiologist; every patient could talk as long as he or she wanted, on any topic, relevant or not to the cardiac concerns.

Needless to say, this particular cardiologist was bitterly resented by his 2 fellow cardiologists, who were both actually quite competent practitioners. This guy was getting all the credit and the recognition while they were busting their tails trying to take care of all the patients that he wasn't seeing. Each of these cardiologists was seeing 3 to 4 patients per hour, which translates to productivity that approaches 8 times that of their "star" colleague. They were practicing at the community standard, which means that they were quite competent, getting the correct diagnosis most of the time, but occasionally missing a clue to a less obvious diagnosis that would not have escaped the attention of their star associate.

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My administrator friend had tried everything he could think of to try to increase the productivity of this cardiologist. His star cardiologist always resisted politely, refusing to believe that there could be anything wrong with his approach. Didn't his patients love him? Didn't he make diagnoses that others missed? He truly felt that he was the cardiac patients' best friend, because he would never take any shortcuts or leave any stone unturned in his efforts to optimize cardiac care. He also was someone who would not hesitate to order a very expensive and unusual diagnostic study, even if the likelihood of finding an abnormality was quite small. After all, isn't that what each of us would want for ourselves or a family member?

Of course it is, but that doesn't mean we should receive it, particularly if it's paid for by the hard working taxpayers, as is the case at my friend's municipal hospital. So that's

what led me to offer some advice that my friend thought was harsh when I first came up with it. I told him that he basically needed to find a legal way to terminate the employment of his star cardiologist, using whatever mechanisms the Human Resources Department might make available to him. The guy simply had to go, because he wasn't getting the job done. He wasn't seeing a reasonable volume of patients, and he wasn't earning his pay. He needed to be replaced by a cardiologist who could be productive.

This is where the concept of distributive justice comes in. It's probably easiest to understand if we remember that the hospital has a finite pot of resources to devote to cardiology services. This pot is basically the cardiology share of whatever the taxpayers allotted in total to the administrators of the facility to spend on health care. With these finite cardiology resources, a large number of indigent patients with cardiology problems need to be diagnosed and treated. One of the most precious of these scarce resources is the time of the highly paid cardiologists, of whom there are only 3. Each cardiac patient deserves an equal shot at getting some attention from 1 of these 3 cardiologists. But if 1 of those 3 doctors won't play ball and showers his time and energy on just a handful of lucky patients, many others will suffer and perhaps even die of their cardiac problems, because they can't get in to see a cardiologist. The physician who spends all his efforts on just a fortunate few is actually perpetrating a huge injustice on those patients who are being denied the services of a skilled cardiologist.

Each of the 2 nonstar cardiologists is actually doing far more net societal good under the model of distributive justice, because they are providing grade B or B plus care to a sizable number of patients. The star cardiologist is, indeed, providing grade A or even A plus care, but only to a vanishingly small number of patients. The first 2 cardiologists are making a much larger total number of correct diagnoses and saving a much larger total number of lives than the star. He should be let go if he cannot change his attitude and approach the situation in a way that integrates the concept of distributive justice. Scarce resources should be distributed to all who could benefit from them, not showered disproportionately on just a lucky few who won the lottery by scoring an appointment with the seeming star cardiologist. This approach can be denigrated as rationing, but it is actually far fairer than an uneven distribution of the cardiologist's time would be. After all, doesn't the constitution guarantee life, liberty, and the pursuit of distributive justice for all?

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Author disclosures

The author reports no actual or potential conflicts of interest with regard to this article.

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