The Lull Before Reform: Taking Advantage of an Opportunity

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"Chance favors only the prepared mind."

– Louis Pasteur

It is not yet known if major health care reform will be mandated by Congress. Regardless of the outcome from the deliberations, the status quo will not prevail, simply because health care reform is necessary and inevitable.

The lull before reform takes place should be an opportunity for the orthopedic discipline to play a major role in the resolution of the thorny issues confronting the ongoing debate. We can do that, not by giving lip-service to the issue or by stubbornly denying the need for reform and dwelling on selfish pocketbook issues, but by identifying the areas where our greater knowledge of medical matters enables us to be most helpful.

Discussion to prove that there is excessive and frivolous litigation against members of the medical profession is unnecessary—it is already well known that it is rampant and unquestionably contributing to the escalating cost of care.

The medical profession must accept that it has been partially responsible for the growing litigation and declare its determination to do something about it. That "something" is for our representative organizations and educational institutions to seriously address the issue at hand and to use their influence and moral authority to persuade their audiences of the damage that unethical conduct does to our cause.

The following example speaks volumes. Once I heard a practicing orthopedist remark, at the completion of a talk I had given on incongruity and angular deformities in Colles' fractures, that the data was interesting but impractical, because orthopedists who applied this information to the care of their patients would be in court every day. He went on to note that this was why he himself now surgically treated all his patients' Colles' fractures.

But do some orthopedists use this concept of "defensive medicine" as a means to justify unnecessary surgery for financial benefit?

Technological advances in orthopedics have improved the care of patients, but some have been largely abused and therefore contributed to the escalating cost of care. To deny this fact is blindness, ignorance, or plain hypocrisy. It is probably appropriate to surmise that the economic problems related to expensive technology are not primarily their high cost, which indeed is high, but the abuse of that technology.

Magnetic resonance imaging (MRI) and computed tomography (CT) are very useful diagnostic tools and are often needed despite their high cost. However, it is inexcusable to use them for situations in which inexpensive diagnostic methods suffice.

The possibility exists that one day the cost of CT and MRI scanners and their utilization will be so reasonable that their frequent use will be justified. This scenario could be reached relatively soon, if current expenditures in this country were to become as low as they are in countries like Japan, where the price of the machines is a fraction of that in the United States. However, since that is not the case at this time, it behooves us to consider the financial implications surrounding the issue and the fact that rationing of the techniques could easily be forced upon us by administrative authorities.

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The deeply ingrained, mistaken obsession with the absolute need to precisely restore fractured limbs to their prefracture anatomical condition has also resulted in abuse of surgery. Patients by the thousands are subjected to surgical interventions for the sole purpose of preventing or correcting inconsequential deviations from the normal. The epidemic-like emphasis on surgical treatment of clavicle fractures, wrist fractures, and many others is a good example of such a misguided trend. It is transforming orthopedic scientists into cosmetic surgeons of the skeleton: skeletal cosmetologists.

Correcting the abuses of diagnostic technology and surgery is an area where the orthopedic profession can have a major impact. Until now we have done nothing about it; quite the contrary, we have encouraged and glorified the practices.

Any careful observer of the role industry plays in the practice of orthopedics should be able to easily recognize that the education of the surgeon is virtually in the hands of industry. Industry influences very effectively not only the education curriculum of the orthopedic resident in a growing number of institutions but also the overall prac-

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tice of the profession. This is accomplished by subsidizing expenses incurred in attendance at the hundreds of educational continuing education courses that oftentimes serve primarily as opportunities for effective marketing.

Another common means of influencing practices and controlling education is through the subsidy of visiting professors and guest speakers at educational centers as well as at local, regional, national, and international meetings. Quite often, they are physicians on the payroll of industry who present the "very good" and "excellent" results from the use of specific implants in which they either have a personal financial interest or receive handsome kickbacks. Surrendering orthopedic education to industry has been a major, if not the major, cause of the ethical and financial crisis facing our discipline.

The ongoing investigation of the relationship between industry and orthopedics conducted by the Justice Department is a serious shot across the bow. We have long known about the increasing corruption in the essential relationship, but many of our representative organizations have chosen to remain silent and are apparently willing to cooperate if the opportunities for financial benefits are present.

During my chairmanship of the Department of Orthopaedics at the University of Southern California (USC) in Los Angeles years ago, I was approached by a high-level representative from industry offering me what he called a "very good deal." It consisted of my receiving $250 for every total joint implant used by me and by every member of the orthopedic staff at the four USC-affiliated institutions. My job was to use his products and to encourage the other surgeons to do likewise. To maintain "confidentiality," a check would be mailed to my home monthly. When I asked him what I had done to suggest I was a prostitute, he blushed and replied, "But Dr. Sarmiento, we do this all the time."

The second event took place a couple of months later when an executive of a major industrial firm visited my office. He displayed a velvet-lined box containing a brand-new hip prosthesis that had been allegedly developed by his engineers according to my philosophy. I could not help but chuckle since I did not know I had a philosophy. He then reached into his pocket and produced a check, payable to me, in the amount of $250,000 and indicated that further discussion was to deal with royalties. When I asked him the same question I had asked his colleague a month earlier, as to what I had done to suggest that I would accept such an unethical deal, he remained silent, and a few minutes later he left the office carrying the velvet-lined box and the check.

If the inappropriate relationship between industry and orthopedics is not brought under control, matters will continue to get worse. This could be ameliorated if our representative organizations were to punish the culprits in a public and embarrassing manner and precluded the elevation to leadership positions of members of the profession involved in inappropriate dealings with industry. Leaders of teaching institutions should apply the same punitive measures to their faculties, while divorcing themselves from existing shady relationships. These steps in no way would compromise their educational activities or weaken further research ventures.

Despite the many hurdles ahead, I remain optimistic about the possibility that the new generation of orthopedists will respond to the challenge we are facing and do something about it. Until now, only occasional voices are heard asking for action; however, if those voices are joined, soon a chorus will become a message that will resonate loudly and clearly throughout the land.

Author's Disclosure Statement

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