

Letters

Patient need—not finances—should dictate visit length

The article by Drs. Bohnert and O'Connell and Dr. Moffic's response both miss the point for the average outpatient psychiatrist.

In most cases, isn't duration of clinical contact the physician's choice? Basing clinical decisions solely on income is a serious breach of ethics.

Our profession requires us to act in the patient's best interest, regardless of financial impact to us. No insurance company or governmental body has ever told me how much time to spend with a patient. Our ethics allow us to choose whom we will serve but forbid us from providing substandard care just because we are unhappy with the compensation.

One of my mentors in medical school put it simply: "Just take care of the patient and let the billing take care of itself." When I no longer can make a living practicing ethical psychiatry, it will be time to find a new career, not a new set of ethics.

Thomas A. Grugle, MD
Richardson, TX

Dr. Bohnert responds

Dr. Grugle makes an excellent point.

I have NEVER limited any medication visit to 15 minutes. I offer each patient a "session" to meet his or her needs, not a time-determined meeting.

Our article's reference to the stress psychiatrists experience with 15-minute visits was based on literature reports and on discussions with psychiatrists who increasingly feel they have time only for medication checks and must refer psychotherapy to nonpsychiatric therapists.

Phil Bohnert, MD
University of Hawaii, Honolulu



Dr. Moffic responds

I believe Dr. Grugle misinterpreted my attempt to present the most ethical way to conduct brief medication checks.

Section I of AMA Principles of Medical Ethics states an ethical responsibility to provide "competent" (though not ideal) medical service. I believe that competent care generally can be provided with brief medication checks and there

are no data to the contrary, but flexibility is needed with each patient.

I appreciate Dr. Grugle's viewpoint. We can approach this issue from two directions: learn how to do brief med checks as well as possible and (per Section 7 of the principles) advocate for system changes. If we fail to address systemic issues, all of psychiatry will continue to suffer.

H. Steven Moffic, MD
Milwaukee, WI

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