Editorial

Human Currency, Part III: The Tightrope

Jeffrey M. Weinberg, MD

In the past 2 editorials of this series, I have commented on the views of managed care leaders, while lamenting the obstacles of obtaining certain therapies for our patients. Rather than just laying blame on this establishment, I think we also need to look inward and reflect upon our responsibility in this complex process of patient care. After all, the only things we can really control are our own actions.

In Part I of this series of editorials, I made the distinction between monetary and human currency and how managed care tends to favor the former when evaluating treatment choices. We must, however, always be vigilant not to confuse the issues ourselves, for we have both an ethical/human and financial stake in our practices. The question is, which comes first? Perhaps the role of the physician is to successfully maneuver a tightrope between these poles.

I believe and hope that the overwhelming majority of practitioners are highly ethical. Therefore, what I write is not an accusation or self-righteous sermonizing but rather how I have crystallized these issues in my mind. I have tried to figure out how to walk the tightrope through personal experience, as well as through the negative reinforcement of patients who were seemingly treated as human currency.

One particularly disturbing experience is talking with a patient whose economic worth has been "maximized" by another physician. Most often, this is a patient who has been encouraged to have several seemingly elective procedures he/she did not desire. Alternatively, this is an individual who has paid an exorbitant out-of-pocket fee for treatment of a problem that could have been approached by conventional therapies or procedures covered by insurance. Maybe some of these cases involve misplaced ethics. Maybe some physicians are frustrated by managed care and decide to pass the problem downhill to their patients. Maybe some are pursuing what they believe to be the proper course of action. As physicians, we have a certain power. Patients respect our judgment and generally follow our recommendations; therefore, we must be sure to use this power responsibly and ethically.

Managed care has made the tightrope more perilous and confusing. Medicare's recent benign lesion policy is an example. We have to deal with what I like to call "possibly noncosmetic, possibly noncovered services." These include borderline issues such as nevus removal (is it irritated or not? is it changing or not?) and cysts (have they been symptomatic? have they ever been inflamed?). In these cases, we have to decide if something should be submitted to insurance or not, and if not, we must decide what is a reasonable fee.

Out of all of this confusion, I have formulated several guidelines that help me try to balance the tightrope (*try* being the operative word). I do not try to convince a patient to do anything that I feel is not medically necessary if it is not desired. If a patient requests something not medically necessary, I advise him/her of the risks, benefits, and appropriate cost. I always try to give the full set of therapeutic options, rather than directing the patient to the most profitable, and I try to encourage only what is in the patient's best interest. If a patient desires a possibly noncosmetic, possibly noncovered procedure (eg, tags, keratoses, cysts), I try to charge what is reasonable. Above all, I try to empathize with my patients.

These statements may seem rather intuitive and trite, but it is helpful to be reminded of them in the complex convoluted world of modern medicine.