



6th International Conference on Clinical Ethics Consultation

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www.ethics2010.org



Abstract Submission Form – Panels

Please contact John Tuohey at ethics@providence.org with any questions.

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Additional panelists, if any (up to three):

Name: Jeffrey M Dueker

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Country: USA

Name: _____

Title/Degree: _____

Institution: _____

Country: _____

Name: _____

Title/Degree: _____

Institution: _____

Country: _____

Proposed Session Title: Profit, Mission and Physician Advertising—Pushing Limits and Pushing Buttons

Describe topic or case to be discussed up to 300 words:

A for-profit hospital recently set out signs encouraging the university-practice based physicians they contract with to list themselves on a website designed to help patients evaluate and choose physicians. Having physicians post profiles on this website was part of an ongoing campaign to increase the

department's visibility. The signs tried to entice physicians to list themselves on the website, stating that the website was visited mainly by insured patients. The presumption was that recruiting insured patients would mean better compensation for the physicians, and better compensation for the hospital if these patients were admitted. The signs went so far as to refer to insured patients as "the right kind of patients," a statement which some physicians found inappropriate.

Employees of a company, all things being equal, should try to maximize the company's profits. There are exceptions to this, and one such exception might be that physicians, as part of medicine, ought not to focus on profits. The situation is further compounded by the fact that the physicians are not employed by the hospital directly, so any obligation they might have to enhance profits for the hospital is diminished. However, it might argued that the physicians have an independent financial interest that they are free to pursue, and that the hospital was encouraging them to do so out of shared interest. Of central importance here is whether or not the hospital should, as a member of the community of medicine, encourage profit seeking in physicians. There are two positions to consider here. We will call them the "market model" of medicine position and the "fiduciary model" of medicine position. We will present these two competing positions and offer some thoughts towards a pragmatic synthesis of the two.

Describe briefly each proposed panelist's position to be offered (up to 300 words):

Nathaniel J Brown "Fiduciary Model"

Physicians enter a profession built on trust and on concern for others. It is one of the core values in medicine. It is therefore inappropriate for doctors to try to court only "affluent" clientele. Having money does not make someone the "right kind of patient." The mission of medicine is subverted if doctors start seeking more and more money, especially seeking affluent clientele at the expense of others. Charity care is integral to physicians' moral lives, properly considered. This is also true of "third party" players in medicine (e.g. hospitals); they too should not exclude the poor from their mission. Facilitating communication between patients and doctors is good, as is the type of transparency pursued by the website in question. What is not acceptable is labeling insured patients as the "right kind of patient." It betrays the mission of medicine that the hospital partakes in. Though it may be acceptable to advertise to the affluent in as much as it helps maintain the bottom line, it is morally suspect to do this to the exclusion of the poor. Labeling the insured as the "right kind of patient" seems to infer that the uninsured are the wrong kind of patient. This is a moral assessment, and it is dangerous for medicine. Though a middle position must be sought between the extremes of not caring about money at all and pursuing it above all else, this is the wrong point on the spectrum to fix that middle position. A better "middle solution" will be less focused on money and more focused on the mission of medicine.

Jeffrey M Dueker "Market Model"

Though in the abstract healthcare may be different from other "market commodities," it can be licitly pursued in a free market. There is no reason to exclude medicine from market mechanisms. More or less free markets in medicine have succeeded in the past, so we ought to seek an open market now as an antidote to many of the current financial woes in medicine. In a medical free market, some physicians will seek only "high value" clients. However, the general good nature of people will ensure that this is not the only type of physician. Many, if not most, physicians reject this extreme, and in fact

most physicians routinely practice charity care (even some that also seek high payment structures). There is no need to think that charity care would disappear under this system. In fact, increasing payments for the general base of one's practice might lead to an increase in "outright" charity care (as opposed to reduced fees, or something like that). Profit seeking is not a bad motive for physicians, and it can lead to good outcomes for all involved. Therefore, the hospital's advertising campaign is not wholly misconceived. If some physicians think that insured patients are the "right kind of patients," they should be pursue that avenue. The best place to fix the "middle solution" between the extremes of not caring about money at all and pursuing it above all else is fluid. Different physicians will fix the middle in different places, and in a large market there will be enough different positions to serve everyone's needs.

Are you planning to or will you be willing to submit a poster along with your panel?

Yes No