

**The
Ear, Nose and Throat Institute
of
Johannesburg**

**The Practice of Medicine -
an Industry or a Profession?**

by

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From: The Medical Sentinel (official journal of the Association of American Physicians and Surgeons), Volume 5, 2000.

The Ear, Nose and Throat Institute of Johannesburg is a non-profit organisation founded by Ear, Nose and Throat Specialists. The Institute aims at developing the science, research and teaching of otorhinolaryngology and related areas, supplementary to other institutions in Southern Africa. Publications by its members express the opinions of the authors and do not indicate official policy of the Institute.

PREFACE

This review about the medical profession is taken from recent issues of The Medical Sentinel, the official journal of the Association of American Physicians and Surgeons (AAPS), which was founded in 1943, and is much smaller than the AMA. Dr Caine reacts to a recruitment letter of Dr Hill, a member of the American Medical Association (AMA) board of trustees.

The AMA is the biggest medical association in the USA, but nevertheless only 25% of doctors in the USA belong to the AMA. AAPS is very active in the preservation of the medical profession as a profession, the one on one relation of patient and doctor, and dead against the intrusion by third parties (government, HMOs, etc) into the practice of medicine.

AAPS accuses the AMA of being weak on managed health care, strong on unionization of medical practice, and strong on selling the CPT coding system. The AMA earns \$10-15 million per annum by means of an exclusive copyright contract with the HFCA (USA Government Federal Healthcare Administration). Seventy percent of the AMA's annual revenue of \$200 million comes from sources other than member dues. Dr Caine is of the opinion that, ipso facto, 70 percent of the AMA's activities, positions, and time, serve the interests of those entities rather than the members. "He who pays the piper calls the tune".

The articles of Dr Caine are the best on medical ethics I have ever read, and therefore I recommend that everybody should read it.

In South Africa we have also experienced the intrusion of Managed Healthcare into the practice of medicine, and our Medical Association is also accused of being weak on this issue. After all, they rolled out the red carpet to United Healthcare to address doctors throughout the country. They also went into partnership with the AMA by developing a local CPT franchised by the AMA, and it therefore behoves the medical practice in South Africa to learn from the mistakes made overseas. Fortunately we got rid of United Healthcare of the USA, which formed an alliance with Anglo American Mining and its Southern Life Insurance subsidiary. We became convinced that the medical practice which they advocated was depersonalising of medical practice, and nothing else than medical practice with 'veterinary ethics'. However, we must be alert for all kinds of intrusion by government or other third parties. The new Medical Schemes Act is a welcome improvement on the previous one, but now the new "National health insurance programme" of the government has to be watched.

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The Practice of Medicine **is not an Industry**

Caine: There are three historically honored professions, made up of clergymen, attorneys, and physicians.

- *The practice of medicine is, in toto, a private pledge between a sick patient and his individual doctor, properly labeled “illness care” or “sickness care,” maybe even “medical care,” but surely not “health care.”*
- *It must be doggedly maintained and continuously asserted that an individual physician’s illness care of his individual patient is the practice of a profession and outside of any “industry,” particularly the “health care industry.”*

Collins dictionary:

Profession (noun):

- An occupation requiring special training in the liberal arts or sciences, especially one of the three learned professions, law, theology, or medicine;
- The body of people in such an occupation.

Professional (adjective):

1. of, suitable for, or engaged in as a profession;
2. engaging in an activity as a means of livelihood;
3.
 - a. extremely competent in a job, etc.
 - b. (of a piece of work or anything performed) produced with competence or skill;
4. undertaken or performed by people who are paid (*n*);
5. a person who belongs to one of the professions;
6. a person who engages for his livelihood in some activity also pursued by amateurs;
7. a person who engages in an activity with great competence;
7. an expert player of a game who gives instruction, esp. to members of a club by whom he is hired;

Dr Caine: *The word “professional,” as applied to athletes, administrators, machinists, school teachers, etc. is an adjective, not a noun, and signifies/implies the party is full time, good at, and dedicated to his vocation of, say, piloting an airplane.*

Industry (noun):

- organized economic activity concerned with manufacture, processing of raw materials, or construction.
- a branch of commercial enterprise concerned with the output of a specified product: *the steel industry*.
- industrial ownership and management interests collectively; manufacturing enterprise collectively, as opposed to agriculture.

Collective bargaining (noun):

Negotiation between a trade union and an employer or an employers' organization on the incomes and working conditions of the employees.

- **In an industry, there is naturally and logically labor and management – the owners and the operators opposite one another.** In our context that means management (third parties, so called “payers,” insurance companies, regulators, agencies, government, HMOs, PPOs, foundations, hospitals, etc. – *them*) versus laborers (*us* – physicians, you and me, a.k.a. “providers”).
- **In an industry, *individual* laborers do not have much clout with management.** Therefore there is an inclination to band with other workers to gain strength in numbers – to have a “Unified voice”. Have you ever heard that phrase before in “big tent” political parties or *medical societies*?
- **Forming a union,** a labor union, a trade union, a doctor union establishes prima facie –

that government and all other outside intruders are recognized and accepted as the managers, and because the members of the union are physicians, equally installed as a given is that doctors are the laborers in the industry;

as such, doctors do not attend, and are not paid by and answerable to their patients, but are laborers who work for the managers of the industry. They are paid by and controlled by the industry owners and managers – i.e., government and its “private” partners.

Are there barrister labor trade unions?

Or preacher labor trade unions?

Where does this setup leave the sick patient?

Pathetically and impotently – out of the loop. Which is to reveal that to bureaucrats the sick patient is several degrees more inferior to their exalted selves and their system than the also inferior to themselves doctor labor force – “manpower” – they push around.

Third party preferred providers, alliances, PPOs, HMOs, *Locum Tenens* Businesses (which advertise they are an industry), partnerships, etc. are really unions *formed by a third party* to which “providers” are cajoled to “buy \$\$ into” (capitalize, pay a fee to join, etc.), split fees with (withhold) to get what they are promised, assured prompt payment (discounted for a brokerage fee, of course), and promised they will make up the loss by being sent “more patients” (sometimes impersonally referred to as “more volume”).

The demise of the practice of private medicine under the command of an outside-of-medicine, government-imposed variety of union would be *murder*.

Allowing medicine to be labeled an industry, and accepting that designation, assures that doctors will, over time, embrace the industrial structure and eventually unionize.

We must not permit this downhill snowball to roll.

We are constantly bombarded that “health care” is “too expensive,” specifically pointing out high income doctors are the cause. Absent from that presentation is the fact just 19,9% of each “health care” dollar is received by physicians. This is a government figure, and thus I suspect is padded to make the income of doctors look bigger. The bigger figure is gross receipts, out of which must be subtracted the cost of practice overhead (much of it the result of government required outlays) to end up with take home income. I have seen figures of net income, before personal taxes, of 7 percent. The other 80 to 93 percent is expended on government, and all of its intrusive intermediaries.

Let us consider the terms “health care” and its “delivery system”, which are likewise intentional misnomers. The word “health” holds out the deceptive, false promise that the “system” will produce health, which by definition is the absence of disease. If universal health care will usher in this utopia, then why aren’t the statistics better to the degree we already have government intrusive programs? The answer given is that we would if, and will when, obstructionists (like the writer) to a government health care industry get out of the way to allow the government system to be fully implemented. All experience confirms of course, that on its face, this concept, though appealing and vote getting, with government’s track record of failure, in this and all other fields, is groundless. For it is government interference (i.e., forbidden by the Constitution and the Medicare law itself) that has produced the present rationing, database of intimate personal information gathering and dissemination, restriction, delay, denial, iniquitously expensive mess we have.

Besides, only the Great Physician restores health. Physicians simply utilize their experience, judgment, and God-given skill to advise and treat the patient, with the latter’s cooperation. Even before the advent of Christianity, Hippocrates recognized the healing power of Nature, thus, his advice to physicians to **assist** Nature in restoring health.

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Hippocrates was an early and very influential Greek physician of about the Fifth Century BC. His writings not only had a great impact on the content of Greek medical thought, but also on the ethics of medical practice today.

Oath of Hippocrates

I swear by Apollo, the Physician, and Aesculapius, and health and all-Heal and all the Gods and Goddesses, that, according to my ability and judgment, I will keep this oath and stipulation:

To reckon him who taught me this art equally dear to me as my parents, to share my substance with him, and relieve his necessities if required; to regard his offspring as on the same footing with my own brothers, and to teach them this art, if they should wish to learn it, without fee or stipulation, and that by precept, lecture, and every other mode of instruction, I will impart a knowledge of the art to my own sons, and to those of my teachers, and to disciples bound by a stipulation and oath, according to the law of medicine, but to none others.

I will follow that method of treatment which, according to my ability and judgement, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one if asked, nor suggest any such counsel; furthermore, I will not give to a woman an instrument to produce abortion.

With Purity and with Holiness I will pass my life and practice my art.

I will not cut a person who is suffering with a stone, but will leave this to be done by practitioners of this work. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption; and further from the seduction of females or males, bond or free.

Whatever, in connection with my professional practice, or not in connection with it, I may see or hear in the lives of men which ought not to be spoken abroad, I will not divulge, as reckoning that all such should be kept secret.

While I continue to keep this oath unviolated, may it be granted to me to enjoy life and the practice of the art, respected by all men at all times.

But should I trespass and violate this oath, may the reverse be my lot!

HIPPOCRATIC OATH

(Johannesburg, South Africa)

As a graduand of the University of the Witwatersrand I do solemnly declare:

That I will exercise my profession to the best of my knowledge and ability for the safety and welfare of all persons entrusted to my care and for the health and wellbeing of the community.

That I will not knowingly or intentionally do anything or administer anything to them to their hurt or prejudice.

That I will not permit consideration of religion, nationality, race, politics or social standing to intervene between my duty and my patient.

That I will not improperly divulge anything I have learned in my professional capacity.

That I will endeavour at all times to defend my professional independence against improper interference.

That I will not employ any secret method of treatment that I may consider beneficial.

That, in my relations with colleagues, I will conduct myself as becomes a member of an honourable profession.

I make this declaration upon my honour.

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