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President's Page

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President's Page

For Patients Only

"We don't know how to measure the benefits of programs accurately, nor do we have a valid method of measuring the true cost of death and disease. I have long felt that the most pernicious aspect of cost benefit and cost effective analyses is that it conceals difficult moral questions under a comforting pretense of mathematical objectivity" (Representative Henry Waxman, California).

Thus, as the Congressional Office of Technology Assessment addressed the increasingly evident ageless fact of limited resources, it did so with the realization that it was not in the best interest of society and certainly not of its individual members to invoke a therapeutic nihilism. Yet, sane polemics and politics must question how much and what is best, for whom, and how do we know, and does it make a difference.

In years past, man truly faced illness with very limited resources, but it has become a modern coinage to promote smothered resources by rationing the rewards of eons of suffering and learning. There are those who would deny to all save themselves these new vistas of more and more resources accessible to ever more of mankind, in the name of efficient use of the gross national product. Difficulties of distribution are not solved by allocation. But individual patient rights and individual professional expertise must be balanced in the form and matter of this distributive justice.

The physician, if not in charity, then in justice and under moral obligation, must render to each patient the highest professional qual-

ity available and the best possible appropriate resources in a manner most consistent with the patient's reasoned wishes. And man has much to appreciate in the dedication and constancy of doctors as the ombudsmen for the weak and sick against those who would substitute comforting sophisms for true medical care. This ultimate physician responsibility must not be surrendered by attrition nor demeaned by self-serving, self-appointed advocates.

Medicine is not a subject for public policy nor group planning, nor bureaucratic regulation. Medicine is founded on knowledge — that of health and disease, their causes, their symptoms and signs, their course and prognoses, and treatment if needed. Medicine is also based upon the physician's knowledge of the individual patient and attendants who fit no perceived preplanned covenants. Medicine is more than scientific knowledge and general rules of art; it is prudence gained only from actual mature practice. A little bit of medicine, no matter how well intended, is not necessarily better than no medicine at all.

Thus we must deny judicial and legislative prerogatives over what we shall and can do for our truly informed and freely consenting patients. We must deny cost effective analyses as a substitute for professional excellence. We must deny cost benefit analyses as applied to resources for the aged, the "non-productive," the unaccepted. Today's physician more than ever is his patient's last medical refuge. Our primary obligation is to the individual and not society; our foundation is exhaustive knowledge and artistic expertise; and our service derives its moral mandate from its relation to man's final end.

— John P. Coughlin, M.D.