COST CONTAINMENT FORCES PHYSICIANS INTO ETHICAL AND QUALITY OF CARE COMPROMISES

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ABSTRACT. Contemporary cost containment measures ignore patients' need for privacy, destroy long-term doctor-patient relationships, and demand ethical and standard of care compromises.

Economic considerations have distracted the physician and he/she no longer focuses primarily on the patient's welfare. The superficiality of the doctor-patient relationship and the cost-cutting efforts have jointly contributed to the deterioration of the quality of medical care.

The purpose of this paper is to illustrate that the care physicians dispense in the office is adversely affected by cost containment regulations.

Key words: ethics, cost containment, doctor-patient relationship, quality of care

INTRODUCTION

The contemporary effort to stream-line and mold medical care into a cheap, mensurable, efficient system, has endangered the quality of care as well as restructured the doctor-patient relationship. The excess attention to economic considerations, in part stimulated by the increasing cost of medical technology, has permitted the dollar to replace patients' needs at the center of medical attention.

The medical system is being dismantled, and replaced by chaos. Consensus about priorities, which should be the central focus of any effort at revision, does not exist. In the resulting confusion access to medical care is denied to many citizens, large industrial complexes control hospital policy, and the care the individual practitioner can dispense to the individual patient has been severely limited by irrational regulations.

As a people we are conflicted about what percent of the Nation's resources should be spent on medical care. Only a referendum, after thorough public discussion and clarification of our values, can settle this question. Public policy must determine whether all members of our society have a right to some medical care, and whether there is a limit to the medical resources any one individual can be permitted to consume.

These important issues are not resolved by limiting physician's ability to dispense care. If, as a Nation, we are in the U.S. committed to cost-containment,
we have to develop an overall structure and philosophy and avoid the piece-meal reform which has resulted in deterioration of patient care in the private practitioner's office. How the efforts of cost containment affect the medical care in the solo practitioner's office will be the focus of this discussion.

DOCTORS AND PATIENTS ARE STRANGERS

Quality of care is directly and intimately tied to the doctor-patient relationship and the excellence of care suffers when the relatedness becomes dilute. Today doctors and patients are strangers, at most acquaintances, interested in successful, quick cures. Trust, loyalty, commitment, mainstays of the doctor-patient relationship, do not develop in the cost-conscious climate inimical to compensating health care providers for time spent with a patient. The requirement of some health care organizations to limit patient-doctor interaction to fifteen minutes does not permit comforting a mourning parent; it is not cost-effective. The doctor-patient relationship can not develop into friendship, because this requires time and continuity of contact.

If there is not an obligation and commitment based on shared experience between doctor and patient then the demands of medical practice become a burden not a privilege. The distancing and estrangement of the physician from the patient is due in part to the new health care organizations which prevent patients from selecting their doctor or even remaining with the doctor they have known for many years. Patients are forced as well as enticed to join group plans which limit their choice to specified physicians. When an employer signs up with a group plan the employees frequently lose the right to choose a physician. The members of the group may or may not visit the same physician during various episodes of illness. Rarely there is a chance for a long term intimate relationship to develop, although the technical care dispensed may be good. The relationship is based on expertise, it is devoid of friendship.

The group plans were organized to save health care dollars. The new health care delivery plans force doctors to compete for patients and medical care dispensing. These organizations which were invented to save money interfere with the doctor-patient relationship. Paul Starr writes: "Insurance companies, under pressure to control medical costs, search for methods to control medical decisions" ([1], p. 495). When the locus of control is placed outside of the doctor-patient relationship disruption of this relationship takes place in three major areas: decision making, patient privacy, and physician's ethics.

The primary focus is no longer on decisions made jointly by doctor and patient. Crucial decisions are made in advance of an event by third party regulators - those least able to judge the quality of doctor-patient exchange since