Editorial Comment
First Person Singular — Me Thinks Thou
Protests Not Enough

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I frequently receive comments from readers concerning opinions they have viewed in this section of the journal. Recently, thanks to the power of the internet, I have also received comments from non-physicians who monitor the articles. One such recent letter pointed out that the articles, though business-focused, still continue to reference patient care — a fact that was found laudable by the reader.

Reflecting on such statements from the vantage point of a physician, my first impression is to say — of course the articles mention patient care! However, it is easy to see how this fact could be overlooked given the recent media dialog and the numerous health care consultants focusing almost exclusively on the economic identity of the physician.

As someone who has the privilege of working with premedical and medical students throughout the country, I am frequently challenged by older colleagues as to the commitment and understanding of young people as they look forward to a career in medicine. Indeed, it was for this very reason I was attracted to the paper written by Dr. Cynthia Geppert, entitled “The Last Physician? The Parable of the Last Physician”. Dr. Geppert is a member of the class of 1997 at the University of Texas Medical School at San Antonio. The paper was awarded honorable mention in the 1996 Alpha Omega Alpha student essay competition. I have taken the liberty of printing the paper in its entirety in this issue. I reproduced the article because I feel it exemplifies a growing understanding, even among our youngest colleagues, as to the potential dangers facing the integrity of the medical profession in our current environment.

In the polarized debate over the merits of a particular financing or payment mechanism, the center of attention is too often on the economic identity of medical professionals. One is falsely lead to believe that professional behavior putting patients as a priority is an impossibility unless financial incentives are “aligned”.

What is at stake in these debates is the concept...
of professionalism. In fact, it is less than a subtle attack on the issue of professional trust. Percep-
tion becomes reality and to the extent that conver-
sations continue to focus strictly on economics, 
this serves to undermine the tenets of profession-
al behavior. Additionally, there are a significant 
number of people who would like to commodi-
tize health care delivery and ration physician-
patient relationships in quantums of time or 
measures of efficiency. The goal in these ideals 
being predominately financial. Unquestionably, 
some of these efforts are well founded and will 
eventually lead to elimination of waste and 
unnecessary variation in our use of resources, and 
I am not naive enough to think that there has not 
been abuse of the system. However, can we take 
comfort in allowing pure market forces to be the 
sole director of the infrastructure upon which we 
lay the foundation for our health care system?

Many feel that even if personal professional 
ethics erode, the quality of the physician-patient 
relationship will be guarded and policed by the 
quality of care indicators built into the system. I 
hope so, but I share the many doubts of others 
that we may not be anywhere near quality indica-
tors that are sophisticated enough to measure 
appropriately the nuance of the physician-patient 
relationship. Time will tell. Questions abound: 
What are the values that will serve as the building 
blocks and underpinnings upon which we will 
craft the future of the medical profession? Will 
the “good physician” be the well-trained market 
savvy individual who will wrestle with the bene-
fits of putting themselves or their enterprise 
before the well being and welfare of those 
entrusted to them for care? What should we 
teach? Upon what traditions and identities should 
we focus? How will we reconcile the inevitable 
tension and fundamental confusion that exists in 
a system that emphasizes financial incentives at 
the expense of the other traditional medical pro-
fessional identities? What will become of the com-
passionate legacy of our profession as we move to 
the next century of evidenced-based medicine? 
How will we decide to quantify compassion? 
These are questions for our leadership — young 
and old — the time is now to speak out and par-
ticipate in defining the future.

“This is not the end. It is not even the beginning of 
the end. But it is, perhaps, the end of the beginning.”

—Winston S. Churchill

REFERENCES

1. Geppert C. The last physician? The parable of the last 
2. Kassirer J. Our endangered integrity — It can only get 