

IS THE HIPPOCRATIC OATH AT RISK?



I was summoned to the cold, windowless “family” room on the fourth floor of our suburban hospital. The young Hospitalist assigned to the floor, an older seasoned doctor specializing in end-of-life medicine (hospice care), and a sprite social worker awaited me. “Your mother has

end-stage disease. She is lethargic, barely responsive, and is going to die soon,” said the curt, clearly-rushed Hospitalist. “It is time for a decision; we recommend comfort care.”

“What is comfort care?” I hesitantly asked. The seasoned specialist softly responded, “It is hospice, end-of-life care. We make sure she is comfortable.”

“But she is responsive, she was alert and oriented yesterday. I think she may be improving!” I optimistically pushed back.

The trio in lockstep responded, “Your optimism is noted but we have seen this before, she is not going to recover.”

“I can no longer justify her stay in the hospital,” the Hospitalist added.

“Justify to whom?” I quipped.

“Well let’s just say her staying in the hospital is not any one of our decisions...”

When did we as physicians so easily concede the right to make decisions?

Powering the US toward the best health care in the world has been a system that trains young physicians in the art and skill of decision making. The reason medical doctors go through such intense training for an extended period of time is to learn how to make a tough call when the answer is not clear. Medical schools have an abundance of the intellectually brilliant, as well as many with superb hand-eye coordination, but an abbreviated course can teach the minimum needed to use these skills in a clinical setting. The essence of what makes a good doctor is knowing when to use these skills—learned during endless nights on call in the hospital or sleepless nights ruminating on patient care. Physicians are decision-makers. That is what we do best and what we are trained to do. We learn to weigh all potential options, best- and worse-case scenarios, and then make a decision in a fiduciary manner, always putting the patient’s interest first.

A watershed moment has occurred in medicine and it didn’t happen overnight. A dripping collectivism has eroded the bedrock of medicine. Medicine has been institutionalized, corporatized, and rationalized. The Hippocratic

oath taken by every graduating medical student has perhaps become nothing more than meaningless prose read at a ceremony better served as a setting for an Instagram post. Institutionalized medicine views US physicians as interchangeable parts. The institution’s goal is to satiate the appetite of the collective good.

In 2011, the United States spent \$2.7 trillion on health care—more than double what was spent in 2000. According to projections, by 2040 one of every three dollars in the US will be spent on health care.¹ Putting a strain on a bloated system: 13 percent of those dollars will be spent for individuals in the last year of life.

Sure, corporate boards and leaders have to make tough decisions about delivering health care most efficiently to the greatest number of people. But we must be honest and admit that at times their decisions run counter to the Hippocratic oath. As physicians, let’s be frank with ourselves and our patients: corporate institutionalized medicine is motivated by profits and turns a blind eye toward rationed care.

All of medicine has been neutered—except for perhaps one last remaining stronghold: Aesthetic Medicine.

I am glad I chose a field of medicine with an unencumbered framework that facilitates and encourages delivery of the best and most appropriate care. I believe we will one day see the emergence of a two-tier system where institutionalized medicine will continue to focus on the lowest common denominator juxtaposed with private hospitals and doctors who will provide individualized fee-for-service medicine. All specialties from Pediatrics to Cardiac Surgery will be represented. Prices will be controlled by competition, and these hospitals will attract the best physicians who will clamor for the express ability to give the best in care for a patient in the manner deemed most appropriate. The new private system will be a beacon calling all doctors who understand the true and implied meaning behind those ancient words carved in stone. The words that have defined the ethical standards for doctors for millennia. The words we know as the Hippocratic oath. ■

—STEVE DAYAN, MD
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The author’s mother passed away after this article was written. The editorial staff expresses condolences to Dr. Dayan and his family.

1. Eldridge M. Kelley AS The Myth Regarding the High Cost of End-of-Life Care End-of-Life Care. American Journal of Public Health December 2015;105:12:2411–2415.

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