

From the Editor's Notebook

DRAMATIS PERSONAE: FEE-FOR-SERVICE PHYSICIANS

The *Burlington (Vt.) Free Press* carried an Associated Press dispatch on June 17, 1985 with the headline: PUBLIC: DOCTORS ARE OVERPAID. Of the 843 persons in a public opinion poll by two University of Illinois sociologists, 70% said physicians were overpaid and only 2½% thought doctors earn too little. The dispatch also reported that "The average physician made about \$106,300 in 1983, according to figures supplied by the American Medical Association. That compares with the average household income in the United States of just above \$20,000."

Perceptions of this sort are not new. In a prologue to *The Canterbury Tales*, written 600 years ago, Geoffrey Chaucer said of his "Doctour of Phisyk" that:

For gold in phisik is a cordial,
Therefore he lovede gold in special.

It is in the theater, however, that the effects of fee-for-service medical practice have been described most trenchantly. Molière, for example, not only satirized the ignorance and arrogance of the physicians of his day, but their avarice as well. In *The Imaginary Invalid*, produced in 1673, Molière comments that:

Most of them know their classics, talk Latin freely, can give the Greek names of all the diseases, define them, and classify them, but as for curing them—that's a thing they know nothing about . . . All that their art consists of is a farrago of high-sounding gibberish, specious babbling which offers words in place of sound reasons and promises instead of results . . . There are some of them who share the popular errors from which they profit. There are others who don't share them but still take the profit . . . (1)

In *Love's the Best Doctor*, Molière explains the tradition of professional solidarity among physicians:

But of all human foibles love of living is the most powerful. And that is where *we* come in, with our pompous technical jargon knowing as we do how to take advantage of the veneration which the fear of death gives to our profession. Let us therefore seek to preserve the high esteem with which human folly endows us. Let us maintain agreement in the presence of our patients. Thus we may take to ourselves the credit when their maladies end happily, and put the blame on nature when they don't. Let us not, I say, wantonly weaken that persistent delusion which fortunately provides so many of us with our daily bread and enables us, from the money of those we put under sod, to build a noble heritage—for ourselves. (2)

And in *A Doctor in Spite of Himself*, Molière describes one of the basic economic factors responsible for the plethora of malpractice suits:

I reckon I shall stick to Medicine for good. I find it's the best of all trades because whether you do any good or not you still get your money. We never get blamed for bad workmanship. We slash away at the stuff we are working on, and whereas a cobbler making shoes can't spoil a piece of leather without having to stand the racket himself, in our job we can make a mess of a man without it costing us anything. If we blunder, it isn't our look out: it's always the fault of the fellow who's dead and the best part of it is that there's a sort of decency among the dead, a remarkable discretion: you never find them making any complaint against the doctor who killed them! (1)

Earlier in our own century, in 1911, Bernard Shaw provided an entire gallery of portraits of fee-for-service physicians in *The Doctor's Dilemma* (3). There is Loony Schutzmacher, the general practitioner who became rich by placing a sign in his window: *Cure Guaranteed*. He explains:

You see, most people get well all right if they are careful and you give them a little sensible advice. And the medicine really did them good. Parrish's Chemical Food: phosphates, you know. One table-spoonful to a twelve-ounce bottle of water: nothing better, no matter what the case is.

He is followed by Sir Patrick Cullen, a sceptical old physician, who comments on the next arrival, Cutler Walpole, the surgeon:

I know your Cutler Walpoles and their like. They've found out that a man's body's full of bits and scraps of old organs he has no mortal use

for. Thanks to chloroform, you can cut half a dozen of them out without leaving him any the worse, except for the illness and the guineas it costs him. I knew the Walpoles well fifteen years ago. The father used to snip off the ends of people's uvulas for fifty guineas, and paint throats with caustic every day for a year at two guineas a time. His brother-in-law extirpated tonsils for two hundred guineas until he took up women's cases at double the fees. Cutler himself worked hard at anatomy to find something fresh to operate on; and at last he got hold of something he calls the nuciform sac, which he's made quite the fashion. People pay him five hundred guineas to cut it out. They might as well get their hair cut for all the difference it makes; but I suppose they feel important after it. You cant go out to dinner now without your neighbor bragging to you of some useless operation or other.

The most imposing of the lot is Sir Ralph Bloomfield Bonington, the physician to royalty and other high society. Shaw describes him with awe:

He radiates an enormous self-satisfaction, cheering, reassuring, healing by the mere incompatibility of disease or anxiety with his welcome presence. Even broken bones, it is said, have been known to unite at the sound of his voice; he is a born healer, as independent of mere treatment and skill as any Christian scientist. . . . He is known in the medical world as B.B.; and the envy roused by his success in practice is softened by the conviction that he is, scientifically considered, a colossal humbug . . .

And, bringing up the rear, is Dr. Blenkinsop, the poor man's general practitioner, who is "flabby and shabby, cheaply fed and cheaply clothed. He has the lines made by a conscience between his eyes, and the lines made by continual money worries all over his face. . ." Blenkinsop explains:

Except for the workmen's clubs, my patients are all clerks and shopmen. They darent be ill; they cant afford it. And when they break down, what can I do for them? You can send your people to St Moritz or to Egypt, or recommend horse exercise or motoring or champagne jelly or complete change and rest for six months. I might as well order my people a slice of the moon.

Unlike Molière, Shaw was not satisfied merely to diagnose; he prescribed as well. Blenkinsop becomes a Medical Officer of Health, and

declares that "private practice in medicine ought to be put down by law." In the Preface to the play, Shaw comments:

Until the medical profession becomes a body of men trained and paid by the country to keep the country in health it will remain what it is at present: a conspiracy to exploit popular credulity and human suffering. Already our M.O.H.s (Medical Officers of Health) are in the new position: what is lacking is appreciation of the change, not only by the public but by the private doctors . . . Every year sees an increase in the number of persons employed in the Public Health Service, who would formerly have been mere adventurers in the Private Illness Service. To put it another way, a host of men and women who have now a strong incentive to be mischievous and even murderous rogues will have a much stronger, because of a much honester, incentive to be not only good citizens but active benefactors to the community. And they will have no anxiety whatever about their incomes.

Perhaps one of the most successful plays written about the medical profession is *Knock or the Triumph of Medicine* by Jules Romains, which made its triumphal debut in Paris in 1923 with the great actor Louis Jouvet in the principal role. Knock is a consummate charlatan who takes over the virtually non-existent practice of a village doctor and turns it into a gold mine. In three months, the number of consultations climbs from 5 to 150. But Knock declares that:

Consultation in itself doesn't interest me much. It's a rather rudimentary art, like fishing with a net. Treatment is more like fish hatchery.

True to his words, Knock increases the number of regular home patients from none to an estimated 250 in three months. He explains:

You can't expect a family to take care of a permanent invalid on an income of less than 12,000 francs. That would be imposing on them. Even above 12,000 you can't prescribe the same treatment for everybody. I use a sliding scale with four categories. The lowest, for those from twelve to twenty thousand, get one visit a week and about 50 francs of pharmaceuticals per month. At the top, the de luxe treatment, for incomes in excess of 50,000 francs, involves at least four visits a week and three hundred francs of additional expenditure: x-rays, radium, diathermy, analysis, medication etc. (4)

Perhaps the briefest and most acerbic theatrical comment on fee-for-service medicine was made by the great German dramatist, Bertolt Brecht, in *The Caucasian Chalk Circle*. An exile from Nazi Germany, Brecht wrote this play in 1944, during the six-year period he lived in the United States. Whether his remarks on medical practice were based on experience in Germany or the United States, or both, is a matter for conjecture:

Don't you realize that a good doctor must have a sense of financial responsibility? I once heard of a doctor who made a thousand piasters out of a sprained finger by discovering that it had something to do with the circulation, which an incompetent doctor might have overlooked, and another time by careful treatment, he turned a gall bladder into a gold mine. There's no excuse for you, doctor. Uxu, the grain dealer, had his son study medicine to learn business methods, which gives you an idea of the high standards of our medical schools. (5)

REFERENCES

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5. Bertolt Brecht. *Collected Plays*, Volume 7. Edited by Ralph Manheim and John Willett. New York: Vintage Books, 1975.