

# Dr. Trunkey's response to Dr. Mabry's counterpoint

I would like to make some general comments in response to Dr. Mabry's counterpoint piece and to offer clarification of some of the points I raised previously.

## Clarifications

I had considered beginning my article with the statement that the American health care delivery system is broken; however, I thought it was too obvious. The high cost of health care and drugs is getting worse. More than 40 million Americans are without health insurance. Malpractice costs are out of control. Access to care is unequal.

These issues are clearly important, but they were not part of my central message. I would like to reiterate my two major concerns: I believe there is an erosion of our medical ethics/values and a lack of commitment on the part of *some* physicians. I said, "Clearly, not all businesspeople (CEOs and CFOs) are greedy or corrupt. Indeed, most are socially responsible and contributing citizens. Similarly, the majority of physicians serve their patients and the profession admirably and are not driven by greed." I never intended a blanket indictment against the medical profession.

Dr. Mabry states in his closing remarks, "I just see things differently than Dr. Trunkey." I think that is true. I would hope Dr. Mabry and other surgeons who find my views controversial would recognize a number of surgeons besides myself are concerned about the two central issues that I've articulated. If we fail to address these concerns, the associated problems will grow bigger and the crisis will widen.

I also would like to clarify the central thesis made by Ludmerer. Nobody would seriously challenge that government funding of research, building new hospitals, and funding new health care

for the aged and the poor are misguided or pointless. What Ludmerer stated, and I agree with, is that these programs had unintended consequences that contributed to increased costs in health care delivery. Please don't shoot the messenger.

I also presented the argument that some economists consider medicine a public good. Clearly, there are differences between a physician and a firefighter, police officer, or soldier with regard to the amount of time and money each spends on education in preparation for their profession. How much is this worth to society? Does a physician have more value to society than a soldier? Maybe. But what is it worth? I personally do not believe general surgeons are paid excessively. That was not my point. My point was that if we don't address concerns about annual incomes being too high, we risk the condemnation of society when they determine it is excessive.

## Other issues

Dr. Mabry raises several issues in his counterpoint that I had not addressed and, yet, are important. For example, without question we need tort reform. Malpractice litigation does contribute to the high cost of medicine and is out of control. I cannot fix the ethics/values of the legal profession, but I do want to address these issues within the medical profession. If President Bush succeeds in capping medicolegal claims, it would be a boon to the profession and society. We in the medical profession must then make sure that these reductions in malpractice costs are passed on to our patients.

Dr. Mabry also raised the issue of decreased reimbursement. Payment is a concern, and I appreciate his work and effort to correct this.

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I would like to clarify another issue Dr. Mabry raises. He claims, “The majority of surgeons in America take their turn at call without pay.” I do not believe this is true. Bishop and Associates have examined the extent of those specialty surgeons who now want the hospital to pay them to be on call at home. This represents a fairly dramatic change from 10 years ago. I illustrated my concern through two graphs, but there is more information from the source.\* The American College of Surgeons (ACS) could use these data to confirm my concern or they could work with the American Hospital Association to see whether physicians are willing to take call. I believe that most hospital administrators feel that they are being extorted. I wish to clarify further that those surgeons and anesthesiologists who stay in-house to be on call richly deserve some type of compensation.

Dr. Mabry also says my editorial “lambastes the creation of ambulatory surgery centers and bemoans the concept of hospitals paying surgeons to take emergency call.” I think this accusation is unfair on both counts. As already noted, I support the concept of some type of compensation if the call is taken in-house, but I do not support it if the surgeon is at home.

I do not believe that any of my comments “lambaste” ambulatory surgery centers (ASCs). My concern is whether ASCs also have unintended consequences. The studies by Schumacher suggest that hospital administrators are having difficulty covering the emergency room with certain specialties. I believe that further study either by Schumacher or by the College would support the argument that surgical specialists are often absent from the emergency room. Is this a cause and effect because of the ASCs? The shortage of specialists in the ER will obviously require more study, and it is undoubtedly caused by many factors.

## Ethics and business

I would challenge Dr. Mabry to categorically state that there are no problems with ethics, values, or commitment in surgery. I had not intended to give specific examples, but I think it would be worthwhile to give at least one: the Lupron scandal.† TAP Pharmaceutical is a joint venture

between Takeda Pharmaceuticals of Japan and Abbott Laboratories, which has marketed Lupron in the U.S. Lupron is a drug designed for control of prostate cancer. TAP provided free samples to physicians/urologists *knowing* that a charge would be submitted to Medicare. TAP also provided 2 percent management fees to high-volume urology practices. In addition, unrestricted \$25,000 “research grants” were given to urologists for education. TAP also paid for lavish entertainment and trips. After a four-year investigation, Takeda Pharmaceutical Industries has struck a settlement deal with the U.S. Justice Department for \$875 million. At least six employees now are charged with conspiracy and kickbacks to physicians and surgeons. Four urologists have pleaded guilty to statutory penalties; however, they may receive probation in return for having cooperated with the government investigation. Two other urologists have already been granted probation in return for forfeiting more than \$1 million in profit and agreeing to provide free care to indigent patients. Although I could cite multiple other examples, it wouldn’t serve a useful purpose to belabor my concern. Hopefully, I can convince Dr. Mabry that there may be a role for the ACS to serve as a watchdog.

Dr. Mabry states in his closing remarks, “Good medicine involves good business.” I could not agree more. That is why I have recommended that physicians/surgeons be appointed to organizations such as the University Hospital Consortium and the Association of Academic Health Centers to ensure that our values and ethics are not infringed upon by some of the business strategies in academic health centers and large community health centers. In many ways, the College is the ideal professional society to represent surgeons and patients. Working through the American Association of Medical Colleges, the ACS could defend our ethics and values in the academic health centers that have initiated business plans that are problematic or contrary to our professional values. I would like to reiterate that it is impossible to teach ethics when one does not practice them. □

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\*Bishop and Associates, a health economic think-tank, 4605 Barranca Pkwy., Ste. 101-G, Irvine, CA, 92604.

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†American Urological Association: Update on TAP settlement: Impact on AUA members. *Health Policy Brief*, 12:3, March 2000.