

Why Patient-Centered Care May Not Be Possible - For MDs

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According to a paper published 10 years ago in the *British Medical Journal*, "some 98% of American and nearly 50% of British medical students swear some kind of oath, either on entry to medical school or at graduation."¹ The *BMJ* paper provides an example of a typical oath, which includes the following: "I will practice medicine with integrity, humility, honesty, and compassion—working with my fellow doctors and other colleagues to meet the needs of my patients."

While the above sounds good, as we all know not everyone acts the way they should. A recent study published in *Health Affairs* brought this point home as it relates to medical doctors.²⁻³ *Health Affairs* is a peer-reviewed journal of more than 30 years that describes itself as "the leading journal of health policy thought and research." The study, titled "Survey Shows That at Least Some Physicians Are Not Always Open or Honest With Patients," provides results from a "2009 survey of 1,891 practicing physicians nationwide," assessing how widely physicians endorse and follow honest disclosure with their patients. Here are the results:

- Approximately one-third of physicians did not completely agree with disclosing serious medical errors to patients.
- Almost one-fifth did not completely agree that physicians should never tell a patient something untrue.
- Nearly two-fifths did not completely agree that they should disclose their financial relationships with drug and device companies to patients.
- Just over one-tenth said they had told patients something untrue in the previous year.
- One-fifth said they had not fully disclosed a medical mistake to a patient in the past year because they were afraid of being sued.

Even as a lifelong chiropractic patient who, at 56 years old, doesn't have a regular medical doctor, I was still somewhat shocked by these findings. I've believed most medical doctors were well-meaning, but espoused the [wrong health philosophy](#). These results suggest something different.

After evaluating the data, the authors made this comment: "Our findings raise concerns that some patients might not receive complete and accurate information from their physicians, and doubts about whether patient-centered care is broadly possible without more widespread physician endorsement of the core communication principles of openness and honesty with patients."

As you can see, the greatest amount of dishonesty appears to be concerning MDs' financial ties to drug and device companies. An article published a few years ago by *The New York Times* sheds some further light on this. It was authored by a medical doctor who worked for the drug industry, giving lectures on the value of their drug.⁴ In his article, the MD tells an interesting tale of how Big Pharma uses MDs to help sell drugs. He also notes that there are "about 200,000 U.S. physicians paid by

companies to promote their drugs."

Based on the numbers from the [U.S. Department of Labor](#),⁵ that equates to about 30 percent of MDs out hocking drugs for Big Pharma. This percentage doesn't include the number of MDs conducting sales lectures for device companies.

The American Medical Association (AMA) is also the focus of the drug companies, as the AMA licenses its database of U.S. physicians to data-mining companies that serve the drug companies. As the authors of the *Health Affairs* paper point out, "the AMA makes millions in information-leasing money."

The above financial involvement with drug and device companies by both individual MDs and the AMA gives Big Pharma too much influence on patient care. Through its sales reps supplying everything from daily free lunches to lavish trips to paid lecture positions, Big Pharma clearly drawn the medical profession into its sales scheme. When one adds in the already expressed concern and doubts raised about the honesty of MDs, one has to agree that the chances of the average person receiving "patient-centered care" are low.

[In her video](#) (well-worth viewing),⁶ Gwen Olsen, a 15-year pharmaceutical representative and author of *Confessions of an Rx Drug Pusher*, drives home her understanding of the situation:

"We are in fact considered a human commodity. Our loved ones, our children, our elderly are considered cash cows that are preyed upon by pharmaceutical reps such as myself that are encouraged to go in and build market share without thinking of the consequences to patients, without knowing the misinformation that they are distributing, without being aware that the clinical data has been contrived or that the patient population has been cherry-picked, or that the side effects have been minimized and represented in such a manner as it doesn't present the information correctly."

Clearly, patient-centered care will never become a reality as long as the drug companies have this kind of hold on the medical profession.

References

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6. Video by Gwen Olsen, author of *Confessions of an Rx Drug Pusher*.

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