

## In Focus

### First Do No Harm

### They Said It

Readers of In Focus are familiar with the phrase that forms the title of this article. It comes from the “Hippocratic Oath”, historically vowed by new doctors. It amounts to their promise to practice medicine ethically.

It is instructive to see the Oath in actual context: “I will [prescribe](#) regimens for the good of my patients according to my ability and my judgment and [never do harm](#) to anyone.” Part of what is going on in this early portion of the Oath is the implicit recognition by the new doctor that he/she will be taking the lead in the medical encounter between doctor and patient. The Oath assumes that it is the doctor who will be doing the “prescribing”, based on ability, judgment and the constraint of doing no harm, and that the patient will be on the receiving end (presumably as the beneficiary).

Society has not questioned a basic assumption that underlies the Hippocratic Oath - that the doctor will be taking the lead in the medical encounter with the patient. This is true because society has not questioned another Hippocratic assumption, namely, that the doctor knows what we don’t know. This *asymmetry of information* is why people schedule office visits with doctors in the first place.

Economists have studied asymmetry of information because the asymmetry creates power for the person who has the information relative to the person who doesn’t. Historically, this has been true in most doctor-patient relationships.

Enter now from stage right the notion of consumer directed health care plans (CDHPs). There is a lot going on in that phrase relative to the Hippocratic Oath. For starters, the key word is the use of the term *consumer* rather than what we might have expected, namely, the term *patient*. Does this make a difference? One online dictionary says a patient is “a person who is under Medical care or treatment; a person or thing that undergoes some {medical} action”. The same dictionary defines a consumer as “a person or organization that uses a commodity or service.” A key distinction between “patient” and “consumer” is that the patient is a person to whom something is done and the consumer is a person who does something. CDHP advocates argue that this is the whole point; that CDHPs help to turn passive patients into active, judicious consumers of health care. These health care consumers will decide whether a doctor’s office is necessary in the first place, which doctor to visit and how to follow the doctor’s advice.

“. . . doctors have traditionally both been viewed as something special and been expected to behave according to higher standards than the average professional. There’s a reason we have TV series about heroic doctors, while we don’t have TV series about heroic middle managers.”

Economist Paul Krugman in the *New York Times*, April 21, 2011.

Enter now from stage left the Nobel laureate and Princeton economist Paul Krugman, writing in the April 21 *New York Times*, “There’s something terribly wrong with the whole notion of patients as “consumers” and health care simply as a financial transaction.” And why is that? Says Krugman, “Medical care, after all, is an area in which crucial decisions – life and death decisions – must be made . . . with no time for discussion, let alone comparison shopping. That’s why we have medical ethics. The idea that all this can be reduced to money – that doctors are just “providers” selling services to health care “consumers” – is, well, sickening.”

Does Krugman make a point or miss the point? Beyond the momentum building with the increased availability of CDHPs, there also is momentum behind the notion that while doctors know a lot, regular people also know or can learn a lot about their bodies. This means people can and ought to be *partners* in medical decision-making. The days of listening obediently to the doctor without asking questions, without going on the web to scope things out, without seeing a second doctor perhaps, those days are over for a growing number of us. People can compensate for at least some of the power of their doctors’ asymmetry of information. Moreover, the subjects of nearly all doctors’ visits do not come close to immediate decisions about matters of life and death. There usually is time to do research on the web, to ask more questions, to become more informed, and thereby to become more involved with the decisions that affect our bodies. So, is Krugman just ranting against a changing wind?

Even if so, is Krugman behind the curve? The surveys show that more and more benefits managers are making CDHPs available to their plan members. Moreover, these CDHPs are being offered to employees in attractive ways, often coming with lower payroll deductions than their more traditional counterparts and with funded HSAs that enticingly reduce the so called skin-in-the-game cost-shift of higher deductibles. The employer’s message to employees is clear: “This is the option we hope you will elect. We think its gonna’ cost us and you a bunch less in the long run. Lots of medical care isn’t needed. Go to the websites we’ve linked to and you will be able to decide about entering the medical system and if so with whom as your doctor or hospital. It’s really not so hard to figure this out. You know how to shop for everything else. The same techniques apply to health care.” Given that common employer pitch, would Krugman then say that CDHPs are being *sold* and not bought?

Maybe the answer depends on whether you’re in your office studying your CDHP enrollment figures or lying on the gurney being wheeled into the O.R. One of your In Focus editors has recently undergone two surgeries. As he was being wheeled into the O.R. the fact that he was about to give full license over his body to masked people awaiting his arrival definitely hit home. At that moment, the notion of money seemed inadequate. It was at that moment when the personal research, the questions about options and then informed decisions formed a floor of confidence. But in the end, it was the reality and vitality of the Hippocratic Oath that formed the foundation for that floor of confidence. Without the Oath, all the rest is probability but not commitment.

If the large players get what they want, more and more people will become covered by CDHPs. The question then becomes whether the support employers provide to people matches the overtures being made to them. Personal experience shows that we owe our people much more than financial inducements, more than links to websites, and certainly more than pep rally phrases about “You’re in charge!”

The editors of In Focus have long been advocates of encouraging benefits managers to equip their employees to make better health care purchasing decisions, to *live* to good health, not just test or medicate to good health; that drug manufacturers promote their products for the same reason beer and car companies do; that tests, surgeries and drugs have risks and side effects that must be thoughtfully evaluated and that half the doctors finished in the bottom half of their medical classes.

So Krugman concerns probably should not be used as a red light, but perhaps yellow is appropriate. Usually there is plenty of time to figure this out. Usually it's not about a life hanging in the balance. But on the gurney, it's *never* like shopping for everything or anything else.

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