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Correspondence

Kickback Scheme

I would like to commend Dr. Gervais for his honest assessment of a terrible problem.¹ The ethical solo practitioner in the field of ophthalmology is slowly being put out of business. We are our own worst enemy by our silence and apathy. I was naïve enough to believe that the problem was confined to large cities with high expense-to-earnings ratios. I now see how large and far-reaching the problem is.

Personal financial concerns aside, the greater issue is the effect on the patient-physician relationship. The Oath we took to “do no harm” seems to have been forgotten. Excellence may become extinct.

Is it too late to take back control? Maybe so. Desperately poor reimbursements have led good doctors to make bad choices. Most others feel beaten by the system and believe that there is nothing they can do about the current state of affairs, except to see more patients in less time. Fighting takes both time and energy, both in short supply, while trying to earn enough to pay the expense of running a practice. I plan to hang on for as long as I can, for the sake of my patients who mean everything to me for the trust they have given to me in the first place.

I can only hope that Dr. Gervais has motivated some to go out and make a difference.

Patricia A. McLaughlin, M.D.

New York, N.Y.

Dr. Gervais’s article¹ was an exact hit on what is happening with ophthalmology as a result of optometric co-management. Recently a patient came to me for a second opinion regarding cataract surgery recommended by his ophthalmologist, because he did not think he had cataracts. His eye examination did reveal minimal lens changes consistent with his age but also showed macular gliosis in both eyes that easily accounted for his visual acuity. I told him that cataract surgery was unlikely to give him any significant improvement and that I did not recommend it. The patient then saw an optometrist who “works with” the other ophthalmologist. He was told that

“general ophthalmologists” are not used to looking for cataracts. Thus, my advice should be disregarded and surgery should be done. The patient’s ophthalmologist was a high-volume practitioner with a large network of referring optometrists.

This is another example of the government’s creation, in the name of cost containment, of perverse incentives that leave patients as pawns in the competition for third-party payments.

Marilyn F. O’Grady, M.D.

Garden City, N.Y.

As an active ophthalmologist, I agree with Dr. Gervais¹ that fee splitting encourages unnecessary cataract surgery and thus increases the taxpayer burden. To my knowledge, Medicare does not split post-operative fees for any other surgery. In fact, it is probably illegal for a general surgeon to try to give the family doctor part of his fee to take care of a patient after an appendectomy.

Good decision-making about cataract surgery requires an ethical ophthalmologist. About once every month or two we see a patient, already scheduled for cataract surgery elsewhere, who has no cataract, 20/20 vision, or no visual complaints with minimal if any cataract.

Eliminating the Medicare provision that allows fee splitting for post-operative care would lessen abuse but true reform also would require an infusion of ethics, something that can’t be taught or purchased.

Rand Paul, M.D.

Bowling Green, Ky.

¹ Gervais RP. The optometric-ophthalmic kickback scheme: the demise of American eye medicine. *J Am Phys Surg* 2006;11: 120-121.

Over-drugging for “Mental Illness”

The Journal did a good service in publishing Beverly K. Eakman’s review of Kelly O’Meara’s book,¹ which draws attention to frequently overlooked facts. For example: (1) There is no objective demonstration of brain pathology in

“mental illnesses.” (2) Nobody knows why or how psychiatric drugs work. (3) The pharmaceutical industry contributes to the transformation of normal human emotions into “mental illnesses.” (4) Psychiatric drugs can be dangerous.

In my practice of psychiatry over many years, I have been concerned that more and more toddlers are receiving potent drugs for invented diseases. Parents and teachers are “educated”—that is, bombarded with threatening advice—to comply with established children’s mental health examination and treatment for “attention deficit disorder,” “oppositional-defiant disorder,” and other such conditions. Dogood “mental health” groups drum up fear of psychopathology, using well-tailored language to impress the fast reader while avoiding liability for misrepresentation. They seldom provide a full disclosure of their financial supporters.

Nelson Borelli, M.D.
Chicago, Ill.

¹ Eakman BK. Book review: *Psyched Out: How Psychiatry Sells Mental Illness and Pushes Pills That Kill*, by Kelly Patricia O’Meara. *J Am Phys Surg* 2006;11:123-124.

Homeland Defense

As a long-time member of Physicians for Social Responsibility (PSR) and International Physicians for the Prevention of Nuclear War (IPPNW), I cannot agree with the criticism of these organizations in Dr. Jane Orient’s discussion.¹ The entire question of “homeland security” against foreign enemies should be examined within the larger political context....

Dr. Orient’s concern with civil defense began with...what she describes as Americans’ “high level of awareness” of being targeted by Soviet nuclear missiles during the 1950s and 1960s. But at that time, our danger to the Russians was far greater than theirs to us. Our nuclear arsenal was much larger than theirs, and Air Force Chief of Staff Gen. Curtis LeMay was not alone in this country in openly calling for nuclear bombing the Soviet Union back to the Stone Age. The Soviet military danger, while real, was markedly and deliberately exaggerated.

This led to even greater exaggeration of communist danger in this country from within: McCarthyism. Its major effect (and probable intent) was the suppression of political dissent here in America and the resultant destruction of political democracy. The most striking example was the execution in 1953 of Julius and Ethel Rosenberg for having supposedly given the Soviets the secret of the atom bomb....

Their total innocence of atomic espionage is now universally recognized....

I started full-time private psychiatric practice in 1953, during the height of the McCarthy era. Several of my patients were honest left-wingers, subjected to fierce persecution by governmental agencies, including the FBI and congressional investigating committees. That was a major reason for their coming to see me. That same political persecution was the direct cause of the suicide of my closest college friend—a multiply decorated European-theater combat-infantry veteran.... Because of the almost total intimidation of the legal profession at that time, my efforts to help those patients were limited to trying to strengthen them, their marriages, and their families....

Exaggerating the dangers of communism at that time led many good people to downplay the much greater dangers of nuclear war, an error into which those particularly involved in civil defense activities may have fallen. IPPNW and PSR were established to show the immense and unique dangers of nuclear warfare to all of humanity, and to reduce or remove those dangers through international nuclear-arms reduction. Even if the damage from nuclear warfare would be somewhat less devastating than these organizations described, it would still be uniquely ruinous. That’s why I agree with their efforts to enlist physicians in helping limit the spread of nuclear weapons by creating international bans on their use in warfare, and reducing the number of such weapons.

Does a similar situation exist today? Our democracy is again under attack—but again, I believe, far more from officialdom within than from outside. “Terrorism” has replaced communism as the demonology being used to destroy democratic freedoms. Our invasion of Iraq, based on gross lies about imminent danger to us...began what promises to be a never-ending war on “terrorism.”

As with communism, the war on terrorism is being used to violate traditional legal safeguards...: the President has taken on the right to imprison anyone he calls “an enemy combatant”; the fundamental right to habeas corpus has been suspended; our government has been sending individuals to other countries to be tortured (“extraordinary rendition”), and has even engaged in torture itself, as at Abu Ghraib. Although the right to legal counsel is fundamental to the American judicial system, we recently had a high administration official attacking those attorneys serving pro bono to those accused as terrorists! Popular protest led to his resignation. The mere accusation of “terrorism,” like that of communism 50 years ago, is being deliberately used to undermine the basic laws of this country.

That’s why I fear that major medical focus today on defense against the remote possibility of atomic attack could cause us to ignore, or even condone, these much more important attacks upon the American way of life by our own government.

Nathaniel S. Lehrman, M.D.
Roslyn, N.Y.

In reply: Dr. Lehrman’s argument is typical for members of PSR and IPPNW: The U.S. federal government did bad things half a century ago, and is still doing bad things today. Lacking space to discuss his specific assertions, let’s assume that he is 100 percent correct. Does this mean that all Americans should be kept completely unprotected from weapons of mass destruction, be they in the hands of Chinese communists, Islamic jihadists, Russian nationalists, or others as yet unidentified? Would millions of Americans dying a miserable death from radiation sickness—for want of basic knowledge and preparation—be appropriate expiation for the Rosenbergs’ execution, misdirected congressional investigations, abuses at Abu Ghraib, or Dr. Lehrman’s entire inventory of alleged malfeasance and more?

While PSR and IPPNW complained that the U.S. had a more fearsome arsenal than the Soviets—a dubious assertion—they completely ignored the enormous asymmetry in homeland defense. Never did they mention, much less criticize, the nuclear-tipped anti-ballistic missile system that still protects Moscow, or the vast Soviet system of blast shelters. The best educational materials on civil defense that I’m aware of are the filmstrips (in Russian) used in mandatory classes at all levels of Soviet public education.

Dr. Lehrman also displays the remarkable inconsistency in PSR’s argument: the threat to Americans is both apocalyptic—and minimal to nonexistent! Or at least it would be nonexistent if only our government would disarm unilaterally.

Efforts to save lives should not be a political issue. Yet the influential physicians in PSR and IPPNW are largely responsible for the destruction of civil defense infrastructure and the propagation of misinformation that will assure maximum fatalities. Dr. Lehrman is apparently trying to justify that, but he does not and cannot deny it.

Jane M. Orient, M.D.
Tucson, Ariz.

¹ Orient JM. Homeland security for physicians. *J Am Phys Surg* 2006;11:75-79.