Correspondence

The “New Ethics”

I went to my son’s graduation from medical school, and am very proud of him because no matter how much medicine has become a lousy “job,” it is still the best “profession.”

But I had to laugh/cry when, during the hooding ceremony, the students took the “Physician’s Oath.” This oath, created presumably by the school, bore little relationship to the Oath of Hippocrates, which I took and which still hangs on my wall. But it did include an oath to patient privacy.

The master of ceremonies invited current physicians in the audience to participate by standing and reading the oath. I declined because I realized, even if the students and professors did not, that the oath had become meaningless. What does it mean to take an oath to patient privacy when on July 1 every new doctor will commence graduate medical training, and will begin putting patients’ most private information—their weight, drug use, psychiatric history, marriage status and difficulties, etc.—into an electronic medical record, which will be sent to a myriad of people who have never taken an oath to protect a patient’s well-being, and who have no concern about the sensitivity of the material they will possess.

I myself have received three letters from Tri-care and two from my private insurer telling me that my data has been compromised. (I keep expecting a letter from Minsk thanking me for the detailed financial information they now have.) The slow, trickling degradation of our profession has now become a waterfall of meaningless words and Clinton-esque oath-taking—sound and fury signifying nothing.

Lee D. Hieb, M.D.
Logan, Iowa

Sham Peer Review

I am saddened that Dr. Raymond Long1 lost both his Vermont Court of Appeals appeal and the U.S. federal court appeal. Dr. Long proved that the shoulder surgeries he performed were sabotaged intentionally by the use of bacterial strains of Staphylococcus aureus, Pseudomonas, and Serratia that the hospital had recently purchased. As an infectious disease specialist with more than 30 years experience, I agree with Dr. Long’s expert, Dr. Jarvis, that sabotage is the only reasonable explanation. The ineffective “blame and sham(e)” response of a “Kitchen Cabinet” medical executive committee was predictable.

The pattern of harassment that Dr. Long experienced personally matches in some ways what I experienced at the hands of hospital holding corporation hired thugs. Other doctors, such as Dr. Gil Mileikowsky, have suffered similar harassment after disputes with hospitals over privileges or policies (see the website alliancetopatientsafety.org for photographs of a knife sticking out of the sidewall of Dr. Mileikowsky’s tire, and the Journal’s review of my case for photographs of the slashed tire and the planted bag of drugs from my car).2

You are absolutely correct—the legal precedents and Dr. Long’s failed lawsuits and appeals mean it is open season on doctors. Physicians have known for years that the hospitals have too much power, and this is merely codification of that fact. Further, medical staffs do not possess the power, independence, or money necessary to act as a check on hospitals. Hospitals can engage in criminal conduct against doctors and fear no legal consequences. Prosecutors and courts give hospitals a pass. I encountered the same police and attorney general intransigence to investigate, even though our evidence pointed to police complicity in the criminal acts. (Police in my case never interviewed the hospital CEO Bruce Mogel or his hired operative Mikey Delgado.) The courts, regulatory bodies, and investigative authorities have truly turned a blind eye to criminal wrongdoing. What justice have the patients received for the intentional infections produced by the hospital or its agents?

The Journal’s comprehensive review of this case in full will give organized medicine the opportunity to redress the unjust legal consequences experienced by Dr. Long. Who else will stand up against this powerful lobby?

Michael Fitzgibbons, M.D.
Santa Ana, Calif.