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# Correspondence

## Chemtrails

I really enjoyed the paper on chemtrails in the last issue.<sup>1</sup> It was exactly the information I need to help others to see the truth.

**Mickey White**  
Rossville, Tenn.

## REFERENCE

1. Orient JM. Negative evidence: examining the concept of chemtrails. *J Am Phys Surg* 2025;30:66-73.

## From the Archives

# The Relative Value Scale

AAPS has been deluged with requests for thousands of additional copies of its News Letter, Vol. 13, No. 10, October 1959, in which a thorough discussion of the Relative Value Scale was printed. Also, the Association had been requested to condense the arguments against the Relative Value Scale and give them in concise form. The following is a condensation of the many sound and logical reasons why ethical physicians should determinedly and vigorously oppose the Relative Value Scale: the Relative Value Scale will lead to (actually is, as soon as a conversion factor is applied) fixed fees; it implies regimentation, which denies freedom. The Scale denies the right of each physician to establish his own fee schedule. The Relative Value Scale amounts to a self-imposed regimentation of physicians.

The Relative Value Scale implies that all physicians are standardized—that all doctors are the same and none is better than the next. It would imply ridiculously that all illness is standardized, contrary to the traditional and undisputed principle that every case, every patient is singular; that his problem and the doctor's care is individual. A patient or a disease is not a relative value. The Scale would give the enemies of medicine a weapon by which freedom of medical care would be destroyed. It would divide doctors into two classes: those charging above the scale and those below. Physicians would be stigmatized with being either inferior or superior and/or being "cheap" or a "fee gouger."

The Scale would give to labor bosses, government agencies, and other third

parties, a powerful weapon, which inevitably would be used by them to "bargain down" (never up) physicians' fees. This would be contrary to the ethics of medical practice because physicians are morally bound to deal with the individual patient and not bargain their services with third parties. Realistically, the Scale means that the "collective" is to tell every doctor what his services are worth. The physician would be led to shirk his responsibility to state his value of his services. The Relative Value Scale would cause conformity which, unquestionably, would lead to professional mediocrity. This dangerous device for fixing fees would level physicians—the good and the bad—to a plane of ordinary professional capacity.

When proponents of the Relative Value Scale vigorously proclaim that it is not a mechanism for fixing fees, the logical question should be: "Then, what is the device for?" There is utterly no logical reason for assigning a "relative value" to almost every procedure known in the practice of medicine. Neither is there any public interest served. Standardizing doctors, patients, diseases, and treatments will lead to the destruction of the system of private practice that has provided the American people with the highest quality of medical care in the world, will demoralize medical public relations, deplorably weaken the initiative and professional excellence of physicians, and cut a path to the slave state of socialism where all will be doomed to suffer ignominiously.

**Louis S. Wegryn, M.D.**  
President of AAPS, 1959