The Journal of **THORACIC AND CARDIOVASCULAR SURGERY**

EDITORIAL

MANAGED CARE AND MEDICAL ETHICS

Frank C. Spencer, MD*

Managed care is the term applied to a wide variety of health care delivery systems that are primarily designed to control costs. These systems arose because of the relentless rise in health care costs over the past three decades, at a rate exceeding that of any other segment of the economy. It now seems clear that managed care systems can substantially decrease costs of health care, ideally achieving the ideal goal of reducing costs without compromising quality of care. In this context, the annual rate of increase of health care costs has substantially slowed in recent years. If future experiences confirm these impressions, this will clearly be a major achievement.

Managed care organizations (MCOs) are designed to control costs and to produce a profit for their stockholders, not to optimize the quality of patient care. Annual profits for some large national MCOs have exceeded 20%. There is serious concern that the cost-control methods used by some MCOs are directed at modifying physicians' behavior in ways that may not be serving the best interests of their patients. This is an important problem, because managed care has become the predominant

form of health care delivery in some parts of the country and is rapidly expanding.

The central concern with profit-making MCOs is the division of the physician's loyalty between the patient and the organization. At the very core of what it means to be a healer is a requirement to be worthy of trust. The patients must know that our advice, actions, and services are intended first and foremost to benefit them, that they can trust us to act in their best interest. Physicians have understood for millennia that the art of medicine, aimed at restoring health and relieving suffering, requires them to act always in the patient's interest, never against it. Surgeons, perhaps more explicitly than any other physicians, are characterized by and exemplify the virtue of fidelity to the patient's best interest and the trust it engenders. The choices we make in our professional activities, our ethics, must support the trusting relationship.

Some MCOs ask physicians to act in certain ways that undermine trust; we should be alert to such requests, and resist them. The ethic of fidelity to the best interest of the patient requires that we avoid managed care contracts that provide direct financial rewards to physicians for denying medically appropriate care to patients. We should also resist administrative pressures that encourage physicians to withhold information from patients regarding (1) beneficial procedures that are costly or potentially detrimental to outcome statistics, (2) contractually

*Chairman, Ethics Committee, The American Association for Thoracic Surgery.

J Thorac Cardiovasc Surg 1997;114:525-6

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0022-5223/97 \$5.00 + 0 12/6/84257

imposed limitations on certain expensive services or referrals to other specialists, and (3) issues of MCO quality or safety that are pertinent to patient care. Furthermore, we should not accept transfer of our personal responsibility for medical or surgical decision-making and quality of care to reviewers, committees, or health plans.

We understand that the need to control the costs of health care is urgent. The ethic of business focuses on cost control, efficiency, and consumer-driven balancing of price and quality, priorities that are honorable and appropriate in the context of

commerce. We believe that such an approach may well be effective in controlling costs.

Medicine is firmly grounded in a different ethic, however, one that has functioned well for over 2500 years, because its core, fidelity to the patient's best interest, recognizes that trust is critically important for effective healing. The American Association for Thoracic Surgery believes that we should participate in efforts aimed at controlling costs but that, at the same time, we must maintain our enduring commitment to holding the best interests of the patient as our first priority.