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**CORRESPONDENCE**

## Medical Professionalism -- Focusing on the Real Issues

### To the Editor:

Rothman (April 27 issue) (1) contends that medical professionalism is losing the battle against capitalism. My colleagues and I at the American Academy of Ophthalmology agree that medicine should be practiced in the best interest of the patient, not of our pockets, but Rothman's sweeping accusations against medical specialties and the academy, which are offered as sacrificial lambs in his crusade, are unfounded.

According to Rothman, the American Academy of Ophthalmology opposes centers of excellence for cataract surgery because they would reduce earnings for ophthalmologists. The academy and its members spend countless hours in the advocacy arena, working to improve the quality of care on numerous fronts. We oppose the centers of excellence because they accept the lowest payment from Medicare in exchange for receiving a high volume of business, which is based not on excellence but on frugality.

Cataract surgery can be a very effective means of saving sight, and statistics show it is performed well in the local setting. Patients deserve the most effective treatment with up-to-date equipment and supplies, which contribute to an effective outcome but sometimes are not found at the centers of excellence. Studies have shown that centers of excellence that perform a high volume of other surgical procedures do have better outcomes at lower cost, but cataract surgery is an exception, as shown in a study funded by the Agency for Healthcare Research and Quality. (2) So why force a patient to leave the doctor he or she knows and trusts in order to go to a stranger, often in a distant location, for this important surgery? Rothman should be pointing his accusatory finger at the Health Care Financing Administration, which instituted these centers as a way to cut costs.

Rothman also laments that medical societies do not work together for the good of patients, whereas the reality is that we do. The Subspecialty Care Coalition was established through the efforts of the American Academy of Ophthalmology and other organizations to address joint goals for patient care. In addition, the American Medical Association is spearheading an effort with medical-specialty organizations, including the American Academy of Ophthalmology, to develop and fight for health care policies that put patients first.

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### References

1. [Rothman DJ. Medical professionalism -- focusing on the real issues. N Engl J Med 2000;342:1284-6.](#)

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2. Schein OD, Steinberg EP, Javitt JC, et al. Variation in cataract surgery practice and clinical outcomes. [Ophthalmology 1994;101:1142-52.](#)

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### **To the Editor:**

Rothman's article on medical professionalism is articulate and timely, but ultimately hollow. Although Rothman decries the undue influence of pharmaceutical companies on specialty societies and medical students, he notes only elliptically, in a vague reference to a "recent article in the New York Times," the influence of drug companies on academia and research.

The day the April 27 issue of the Journal arrived in my mail, another journal arrived in which one author disclosed 43 distinct financial entanglements with pharmaceutical companies. (1) Although Rothman notes that "professionalism may well require some financial sacrifices," he does not call on members of medical school faculties to eschew the monetary, travel, and career-enhancing "research" and consulting support offered by pharmaceutical companies -- the same companies that can presumably corrupt a medical student with a \$2 penlight.

Where will medical schools find physicians who can, without hypocrisy, teach the courses that Rothman proposes?

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### **Dr. Rothman replies:**

#### **To the Editor:**

To one set of critics, a plea to make medical professionalism more central to the activities of medical societies is tantamount to mounting a "crusade" that singles them out for criticism and turns them into sacrificial lambs. To another set of critics, this same effort is unsatisfactory because the roster of complicit parties is not, and probably never will be, complete. My purpose was not to condemn any one organization or group of physicians -- would that the problem were so focused and simple -- but to urge that a commitment to professionalism be fulfilled not only through rhetoric and ceremony but through practice. To this end, I urged professional societies to support policies that would be both in the public interest and without direct financial benefits to their members. By this standard, the

advocacy of the American Academy of Ophthalmology falls short and leads me, again, to ask: Why is it that patients' needs are most aggressively promoted by societies when they advance the pecuniary interests of their specialist members?

Ruane's accusations are too imprecise to allow a succinct response. Before we can curb abuses that may be found in the relationships between academic medical centers and pharmaceutical companies, we must identify the nature of the problem. Is it the inadequacy of disclosure policies (which are a weak reed), the inadequacy of medical centers' conflict-of-interest policies and procedures (which often do a creditable job of overseeing investigators), the direction and tilt of academic research (which concern me and many others), or the fundamental inadequacy of academic research? (Why does Ruane put the word in quotation marks?) The practices of drug companies must be carefully monitored and regulated in all aspects, with regard not only to medical students and house staff but also to physicians and investigators. There should also be careful consideration of how to maintain innovation in research and therapeutics without succumbing to the blandishments of pharmaceutical companies.

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