

## ***Virtual Mentor***

**American Medical Association Journal of Ethics**

**May 2000, Volume 2, Number 5: 37-47**

**Images of Medicine in Wartime**

### **Case and Commentary**

- 
- |   |           |
|---|-----------|
| <b>Must Physicians Disclose Health Plan Financial Incentives?</b> | <b>38</b> |
| Commentary by Audiey Kao, MD, PhD                                 |           |

### **In the Literature**

- 
- |                           |           |
|---------------------------|-----------|
| <b>Defining Futility?</b> | <b>39</b> |
| Faith Lagay, PhD          |           |

### **Art of Medicine**

- 
- |  |           |
|--|-----------|
| <b>The Role of Physicians in Wartime</b> | <b>40</b> |
| Audiey Kao, MD, PhD                      |           |

### **Personal Narrative**

- 
- |  |           |
|--|-----------|
| <b>Through the Patient's Eyes: Don't Call Me Larry</b> | <b>42</b> |
| Audiey Kao, MD, PhD                                    |           |

### **Viewpoint**

- 
- |  |               |
|--|---------------|
| <b>Mother's Day, Breastfeeding, and Chicken Soup</b> | <b>43</b>     |
| Audiey Kao, MD, PhD                                  |               |
| <br><b>Perri Klass, MD</b>                           | <br><b>46</b> |
| Audiey Kao, MD, PhD                                  |               |

### **Upcoming Issues of *Virtual Mentor***

- 
- June: Vision and Illusion in Medical Practice  
July: Medicine and Human Rights  
August: An African Olympic Winner and Sub-Saharan AIDS  
September: The Demands of Professionalism

## ***Virtual Mentor***

American Medical Association Journal of Ethics  
May 2000, Volume 2, Number 5: 38.

### **CASE AND COMMENTARY**

#### **Must Physicians Disclose Health Plan Financial Incentives?**

Commentary by Audiey Kao, MD, PhD

#### **Case**

Ms Halpern is a patient enrolled in a health plan that uses various financial incentives to contain health care costs by reducing the use of expensive medical tests. One day, she presented to her physician, Dr. Pilgrim, complaining of terrible headaches over the past 2 weeks. After examining her, Dr. Pilgrim concluded that these headaches were most likely tension headaches and prescribed nonsteroidal analgesic treatment. However, Ms Halpern was concerned that these headaches might be due to a brain tumor, and would have preferred a head MRI to rule out this possibility. Even though the patient had some concerns that Dr. Pilgrim's decision was influenced by financial incentives, she did not ask him why he made these particular decisions and agreed to go forward with his initial recommendations.

#### **Question for Discussion**

Do you think that Dr. Pilgrim has an ethical and/or legal duty to disclose financial incentives used in her health plan to his patients?

See what the AMA *Code of Medical Ethics* says about this topic in:

1. Opinion 8.053 Restrictions on disclosure in health care plan contracts. American Medical Association. *Code of Medical Ethics 1998-1999 Edition*. Chicago, IL: American Medical Association; 1998.
2. Opinion 8.054 Financial incentives and the practice of medicine. American Medical Association. *Code of Medical Ethics 1998-1999 Edition*. Chicago, IL: American Medical Association; 1998.
3. Opinion 8.132 Referral of patients: disclosure of limitations. American Medical Association. *Code of Medical Ethics 1998-1999 Edition*. Chicago, IL: American Medical Association; 1998.

Audiey Kao, MD, PhD is editor in chief of *Virtual Mentor*.

*The people and events in this case are fictional. Resemblance to real events or to names of people, living or dead, is entirely coincidental. The viewpoints expressed on this site are those of the authors and do not necessarily reflect the views and policies of the AMA.*

Copyright 2000 American Medical Association. All rights reserved.

## ***Virtual Mentor***

American Medical Association Journal of Ethics  
May 2000, Volume 2, Number 5: 39.

### **IN THE LITERATURE**

#### **Defining Futility?**

Faith Lagay, PhD

**Youngner SJ. Who defines futility? *JAMA*. 1988;260(14):2094-2095.**

#### **Questions for Discussion**

Many patients and their families take "futility" to be synonymous with deliberately failing to provide appropriate care. But just because aggressive treatment is discontinued, or is not elevated, does not mean that appropriate treatment, consistent with the standard of care, is not being given to the patient.

1. Is there a definition of the term that can move beyond the confusion and help physicians and patients alike to achieve a mutual understanding of treatments that are in patients' best interests?
2. Or should we simply cease to use "futility"? Explain.

Faith Lagay, PhD is managing editor in of *Virtual Mentor*.

*The viewpoints expressed on this site are those of the authors and do not necessarily reflect the views and policies of the AMA.*

Copyright 2000 American Medical Association. All rights reserved.

## ***Virtual Mentor***

American Medical Association Journal of Ethics  
May 2000, Volume 2, Number 5: 40-41.

### **ART OF MEDICINE**

#### **The Role of Physicians in Wartime**

Audiey Kao, MD, PhD

The arts of medicine and war have a long and entwined history. Medical knowledge is crucial for any war effort and war, in turn, has been a source for significant advances in medicine. In the last 100 years alone, the nature of war has evolved dramatically, and with it the role and obligations of military and civilian physicians has likewise been transformed.

At the time of the Civil War (1861-1865) the deadliest enemy of the soldier was disease. For every soldier who died in battle, two died from illness. Crowded camps, poor nutrition, and the lack of proper sanitation and hygiene contributed to outbreaks of dysentery and diarrhea, which alone claimed the lives of more men than did battle wounds.

Civil War Field Hospital, City Point, Va, near Petersburg, Va

<http://resource.nlm.nih.gov/101435156>

Those who did sustain injuries in combat were subject to the dire consequences of treatment without benefit of sterile dressings and antiseptics. Lister's developments in antiseptics would not become common medical practice until after the conclusion of the Civil War in 1865. Surgical techniques were primitive, and amputation was the most common treatment for limbs shattered by gunshot, prompting the nickname "sawbones" for the camp physicians. If a soldier survived the operating table, he faced the likely possibility of postsurgical fevers and gangrenous infections. The numbers of dead and wounded in the Civil War far exceeded those of any previous American war, with more than 620 000 killed and 50 000 survivors returning home as amputees. These statistics prompted the growth of military hospitals and sanitation plans, as well as the development of important surgical techniques to more effectively treat battlefield injuries.

World War II, Wounded Soldier in Sicily, Italy 1943

<https://collections.nlm.nih.gov/catalog/nlm:nlmuid-101405852-img>

Destruction of the environment by the increasing technological reach of war now constitutes one of the greatest threats to the health of populations in warring nations. The impact of contemporary wars has produced long-term detrimental effects on the society, infrastructure, and ecology of entire regions of the globe [1-4].

World War II, Radiation Effects, Hiroshima Japan October 1945  
<http://resource.nlm.nih.gov/101406764>

As the medical profession has been confronted with the problem of civilian mass casualties and environmental destruction brought about by the wars of the twentieth century, the profession has extended the scope of its role and responsibilities in the care of the individuals and populations assaulted by the ravages of war.

In addition to physicians actively serving in the military, several organizations of civilian physicians have developed to address the issue of war as a public health concern. The [International Physicians for the Prevention of Nuclear War](#) and its US affiliate, [Physicians for Social Responsibility](#), recipients of the 1985 Nobel Peace Prize, are devoted to opposing all wars involving the use of weapons of mass destruction. As members of the medical community committed to the promotion of global health, their objective is "to share with all of humanity our understanding that eliminating weapons of mass destruction, preserving a sustainable environment and reducing interpersonal violence and its causes are the most realistic strategies for assuring global survival."

[Doctors Without Borders](#), recipient of the 1999 Nobel Peace Prize, is the world's largest independent international medical relief agency aiding victims of armed conflict, epidemics, and natural and man-made disasters. The organization was established in 1971 by a group of physicians determined to offer emergency assistance wherever wars and man-made disasters occurred. The organization "operates independently of all governments, institutions, political, economic, or religious influences" and depends on volunteer health professionals in fulfilling its mission. In accordance with universal medical ethics and the right to humanitarian assistance, Doctors Without Borders observes "strict impartiality and demands full and unhindered freedom in performing its functions."

As the nature of war has evolved in the last century, the physician's role has shifted in scope from what once simply involved treating military casualties on the limited battlefields of the Civil War to what now involves treating the mass casualties of entire regions of the globe brought about by weapons of mass destruction. The rise of medical humanitarian groups in the late twentieth century seeks to address the problems of war and health by taking an active role, not only in the treatment of casualties, but in the social and political processes that have a substantial impact on human morbidity and mortality through warfare.

Audiey Kao, MD, PhD is editor in chief of *Virtual Mentor*.

*The viewpoints expressed on this site are those of the authors and do not necessarily reflect the views and policies of the AMA.*

Copyright 2000 American Medical Association. All rights reserved.

## ***Virtual Mentor***

American Medical Association Journal of Ethics  
May 2000, Volume 2, Number 5: 42.

### **PERSONAL NARRATIVE**

#### **Through the Patient's Eyes: Don't Call Me Larry**

Audiey Kao, MD, PhD

What is it like to be a patient, experiencing a debilitating, potentially life-threatening illness or encountering the health care environment, perhaps for the first time, from a position of vulnerability? Through the stories of patients, physicians come to see themselves, and most especially their communications, from the other side of the equation. When patients—and that includes physicians who become patients—voice their most intimate thoughts, feelings, and reactions, much can be learned.

To arrive at the place where respectful, trusting, open, and truly informed patient-physician communications can take place, one begins by giving the patient undivided, close attention, listening for what is said as well as unsaid. To cultivate this habit of closely attending to another requires practice in listening and interpreting the language, voice, and intonations of others' speech. Through such conscious exercise, each of us also becomes more aware of our own speech affect. Every month, we will present narrated stories from the *JAMA* column *A Piece of My Mind* because spoken words reveal much about the relationship between patient and physician.

#### **May Patient Story**

Reiner HA. Don't call me Larry. [A Piece of My Mind]. *JAMA*. 1998;280(16):1385.

Audiey Kao, MD, PhD is editor in chief of *Virtual Mentor*.

*The viewpoints expressed on this site are those of the authors and do not necessarily reflect the views and policies of the AMA.*

Copyright 2000 American Medical Association. All rights reserved.

## *Virtual Mentor*

American Medical Association Journal of Ethics  
May 2000, Volume 5, Number 5: 43-45.

### VIEWPOINT

#### **Mother's Day, Breastfeeding, and Chicken Soup**

Audiey Kao, MD, PhD

- According to some historians, the predecessor of Mother's Day was the ancient Greek festival dedicated to Rhea, wife of Cronus and mother of gods and goddesses. In England, Mother's Day, or "Mothering Sunday," is observed on the fourth Sunday of Lent. [Anna M. Jarvis](#) (1864-1948) is credited with originating the Mother's Day holiday in the United States, but she never married or had children. On May 8, 1914, Congress passed a Joint Resolution designating the second Sunday in May as Mother's Day.
- Recommendations on breastfeeding from the [American Academy of Pediatrics](#) state that infants should be breastfed for at least the first 12 months to support optimal growth and development. Research supports the claim that mother's breast milk decreases the incidence of respiratory [1] and middle ear infections [2,3], as well as having potential protective effects against sudden infant death syndrome [4-6] and inflammatory bowel diseases [7, 8].
- Your mother's chicken soup has been recently demonstrated to have therapeutic value in the treatment of rheumatoid arthritis [9-12] and other health problems. Even before this evidence was found, chicken soup was used as a remedy for a variety of ailments for thousands of years, as reflected in the writings from the Babylonian Talmud and in the writings of Avicenna and Moses Maimonides:

A special food was "the chicken of Rabbi Abba". Concerning its preparation, there is a divergence of opinion in the commentaries. It was assumed that it was prepared in such a way that after it was cooked, it was soaked in warm water for a long time until it completely dissolved. Rabbi Abba is said to have consumed this fowl as a remedy [13].

As far as possible, the meat should be that of hens or roosters and their broth should also be taken, because this sort of fowl has virtue in rectifying corrupted humours, whatever the corruption may be, and especially the black humours, so much so that the physicians have mentioned that chicken broth is beneficial in leprosy [14].

Chicken soup that is boiled neutralizes [body] constitution. This is [both] an excellent food, as well as a medication for the beginning of leprosy, and fattens the [body] substance of the emaciated and those convalescing from illness. Pigeon sucklings and all soups made therefrom have the special property of producing migraine headaches. ... The partridge, if boiled,

causes constipation. If it is boiled in its skin, it loosens the stool. The hen and the rooster have [even] more powerful stool-loosening action [15].

Flesh of fat chickens and broth made therefrom are the most valuable [foods] with which sufferers from this illness [hemorrhoids] should be nourished [16].

- Memorial Day, originally called Decoration Day, is a day set aside for remembering those who have died in our nation's military service. Originated to commemorate soldiers killed in the Civil War, the observance was later extended to honor all US war casualties. On Memorial Day, the American flag should be displayed at half-staff until noon and then raised to the top of the staff. The American flag was first flown over a foreign outpost in Libya, at Fort Derne on the shores of Tripoli, on April 27, 1805.
- Approximately 60 000 amputations were performed during the Civil War. Because physicians lacked antiseptic surgical techniques, attempts at saving soldiers' limbs invariably led to infection, gangrene, and death [17]. During the Vietnam War, more than 58 000 Americans were killed in action, and the number of amputations performed was approximately 300% higher than in World War II.
- Bioterrorism Readiness Plan for Healthcare Facilities and has received government funding to begin creating stockpiles of antibiotics and to develop a modern smallpox vaccine.

## References

1. Cushing AH, Samet JM, Lambert WE, et al. Breastfeeding reduces risk of respiratory illness in infants. *Am J Epidemiol*. 1998;147(9):863-870.
2. Newburg DS. Human milk glycoconjugates that inhibit pathogens. *Curr Med Chem*. 1999;6(2):117-127.
3. Hanson LA. Breastfeeding provides passive and likely long-lasting active immunity. *Ann Allergy Asthma Immunol*. 1998;81(6):523-533.
4. Saadi AT, Gordon AE, MacKenzie DA, et al. The protective effect of breast feeding in relation to sudden infant death syndrome (SIDS): I. The effect of human milk and infant formula preparations on binding of toxigenic *Staphylococcus aureus* to epithelial cells. *FEMS Immunol Med Microbiol*. 1999;25(1-2):155-165.
5. Gordon AE, Saadi AT, MacKenzie DA, et al. The protective effect of breast feeding in relation to sudden infant death syndrome (SIDS): II. The effect of human milk and infant formula preparations on binding of *Clostridium perfringens* to epithelial cells. *FEMS Immunol Med Microbiol*. 1999;25(1-2):167-173.
6. Gordon AE, Saadi AT, MacKenzie DA, et al. The protective effect of breast feeding in relation to sudden infant death syndrome (SIDS): III. Detection of IgA antibodies in human milk that bind to bacterial toxins implicated in SIDS. *FEMS Immunol Med Microbiol*. 1999;25(1-2):175-182.



7. Thompson NP, Montgomery SM, Wadsworth ME, Pounder RE, Wakefield AJ. Early determinants of inflammatory bowel disease: use of two national longitudinal birth cohorts. *Eur J Gastroenterol Hepatol*. 2000;12(1):25-30.
8. 2018; Villalpando S, Hamosh M. Early and late effects of breast-feeding: does breast-feeding really matter? *Biol Neonate*. 1998;74(2):177-191.
9. Toda Y, Takemura S, Morimoto T, Ogawa R. Relationship between HLA-DRB1 genotypes and efficacy of oral type II collagen treatment using chicken cartilage soup in rheumatoid arthritis [in Japanese]. *Nihon Rinsho Meneki Gakkai Kaishi*. 1997;20(1):44-51.
10. Ray ML, Bryan MW, Ruden TM, Baier SM, Sharp RL, King DS. Effect of sodium in a rehydration beverage when consumed as a fluid or meal. *J Appl Physiol*. 1998;85(4):1329-1336.
11. Rosen HN, Salemme H, Zeind AJ, Moses AC, Shapiro A, Greenspan SL. Chicken soup revisited: calcium content of soup increases with duration of cooking. *Calcif Tissue Int*. 1994;54(6):486-488.
12. 2018; Ohry A, Tsafrir J. Is chicken soup an essential drug? *CMAJ*. 1999;161(12):1532-1533.
13. Seder Moed, Shabbath. *The Babylonian Talmud*. 2nd century BC-3rd century AD:145b.
14. *A Treatise on the Canon of Medicine of Avicenna* Gruner OC, trans. London, England: Luzac; 1930:407.
15. The twentieth treatise. In: Rosner F, Muntner S, trans-eds. *The Medical Aphorisms of Moses Maimonides*. Vol 2. New York, NY: Yeshiva University Press; 1971:77.
16. Maimonides M. *Treatise on Hemorrhoids: Medical Answers* (Responsa). Rosner F, Muntner S, trans-eds. Philadelphia, Pa: JB Lippincott; 1969:9.
17. Ira M. Rutkow, MD, MPH, DrPH. Amputation vs nonamputation: a Civil War surgical dilemma. *Arch Surg*. 1999;134(11):1284. Available at: Archives of Surgery.
18. Gunby P. Physicians face bioterrorism. *JAMA*. 1999;281(13):1162.
19. Gordon SM. The threat of bioterrorism: a reason to learn more about anthrax and smallpox. *Cleve Clin J Med*. 1999;66(10):592-595, 599-600.
20. Franz Dr, Zajtchuk R. Biological terrorism: understanding the threat, preparation, and medical response. *Dis Mon*. 2000;46(2):125-190.
21. Leggiadro RJ. The threat of biological terrorism: a public health and infection control reality. *Infect Control Hosp Epidemiol*. 2000;21(1):53-56.
22. Association for Professionals in Infection Control and Epidemiology Inc and Centers for Disease Control and Prevention. Bioterrorism readiness plan: a template for healthcare facilities. *ED Manag*. 1999;11:suppl 1-16.

Audiey Kao, MD, PhD is editor in chief of *Virtual Mentor*.

*The viewpoints expressed on this site are those of the authors and do not necessarily reflect the views and policies of the AMA.*

Copyright 2000 American Medical Association. All rights reserved.

## *Virtual Mentor*

American Medical Association Journal of Ethics  
May 2000, Volume 2, Number 5: 46-47.

### **VIEWPOINT**

**Perri Klass, MD**

Audiey Kao, MD, PhD

Perri Klass is an assistant professor of pediatrics and medical director of Boston Medical Center's Reach Out and Read program, which integrates books and literacy into routine pediatric care. She has trained pediatricians around the country on how to counsel parents about books and reading to their children and how to integrate books and literacy into routine care and caring of the young. Through her innovative work with Reach Out and Read, Dr. Klass has combined her commitment to the care of young children with her love of books, stories, and the written word.

Dr. Klass has been a role model not only to the many physicians she has trained, but also to medical students, interns, and residents she has never met through the books she has authored. Many medical students can identify with and learn from the fears and the successes Klass describes in *A Not Entirely Benign Procedure: Four Years as a Medical Student*, a book written during and about her 4 years as a Harvard medical student. In *Baby Doctor: A Pediatrician's Training*, she writes about her experiences during her internship and residency and invites readers to understand that physicians-in-training are sometimes overwhelmed with responsibilities beyond their skills and knowledge. For example, she describes the time she ordered a CT scan for an infant who turned out to have colic. Most physicians have similar memories, but Klass' willingness to write publicly about these incidents helps young residents who may otherwise feel that they are the only ones who ever did a "stupid thing" while caring for a patient. *Other Women's Children*, a fictional story about a woman who must balance the demands of her professional life as a pediatrician with her personal life as a wife and mother, presents first-hand experience with which other young physicians who are balancing professional lives and parenting obligations can identify. Dr. Klass is also the author of numerous essays and short stories that have been recognized with 5 O. Henry Awards.

For Dr. Klass's dedication to the field of pediatrics, as well as her commitment to the use of the written word to heal and educate, we are pleased to present her with the Virtual Mentor Award for being an exemplary role model in medicine.

Audiey Kao, MD, PhD is editor in chief of *Virtual Mentor*.

*The viewpoints expressed on this site are those of the authors and do not necessarily reflect the views and policies of the AMA.*

Copyright 2000 American Medical Association. All rights reserved.