

Virtual Mentor
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CASE AND COMMENTARY

Renewing a Prescription for a Relative

Commentary by Audiey Kao, MD, PhD

Case

Ann is completing her internship year at a major teaching hospital. Her brother Michael, who lives 100 miles away in a rural setting in the same state, has been seeing a psychiatrist for anxiety disorder and depression and has been taking medication for his illness. Without the medication, he would have severe panic attacks that would force him to avoid most social situations as well as experience episodic bouts of severe depression. Michael is almost at the end of his medication and learns that his psychiatrist is out of town on vacation. He decides to call his sister and ask her to call in a prescription refill. Ann readily complies, feeling that her brother's circumstances warrant her to use her status and authorize the prescription refill.

Questions for Discussion

1. What do you think of Ann's reasoning? [1-3]
2. Is it ethically appropriate for physicians to treat their immediate family members? [4,5]

See what the AMA *Code of Medical Ethics* says about this topic in Opinion 8.19 Self-treatment or treatment of immediate family members. 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.

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IN THE LITERATURE

Managed Care and End-of-Life Decisions

Faith Lagay, PhD

Kuczewski MG, DeVita M. Managed care and end-of-life decisions. *Arch Intern Med.* 1998;158(22):2424-2428.

Questions for Discussion

The financial issues of billing and reimbursement are an unavoidable fact of present healthcare decision making in end-of-life treatment.

1. Is it possible to provide appropriate care to patients while working within these financial constraints? Explain.
2. Is the influence of these constraints on decision making necessarily hard-hearted?
3. How can a healthcare system operate within such a framework and still preserve such virtues as compassion and empathy?

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

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ART OF MEDICINE

The Cure of Folly, or Removing the "Stone of Madness"

Audiey Kao, MD, PhD

The condition known as madness has a long and complex history and for centuries has been the subject of poets, painters, philosophers, and physicians. Aristotle linked madness to one's character, claiming that "no excellent soul is exempt from a mixture of madness" and Seneca declared that "there is no great genius without a tincture of madness." Göethe took a dimmer view of the human condition, stating that "we do not have to visit a madhouse to find disordered minds; our planet is the mental institution for the universe."

Alternately viewed as divinely inspired, a demonic possession, or a physical imbalance, conceptions of madness inspired a variety of treatments and cures throughout the centuries. Some involved medical intervention — bleeding and purging to balance the bad humours — whereas others involved religious intervention, such as cleansing baths, fasting, and praying to saints to cure the moral folly believed to cause the affliction of madness. Medical and religious therapies often coexisted, with the church frequently housing and supervising the care of the mentally ill.

During medieval times, many people believed a "stone of madness" or pierre de folle existed inside the skulls of the mentally deranged. One common treatment to cure their madness was to remove the "stone." Medical quacks roamed the countryside offering to perform the surgery. The painting by the Flemish artist Hieronymus Bosch (c 1490) depicts a quack cutting the "flower of folly" from the head of Lubbert Das, a familiar Dutch fool figure. As the mania escapes from his head, a clergyman representing the church looks on, possibly invoking help from the saints. The woman represents melancholia, another commonly described mental illness of the Middle Ages, and the book on her head symbolizes the false learning that is the basis of the quack's cure. (The painting is available at: [WebMuseum, Paris, Web site](#).) While this painting portrays a form of medical therapy used by quacks, this was by no means the general practice for the treatment of the insane in the Middle Ages. Although the dangerously insane were incarcerated and locked away from society, often under horrendous living conditions, most of the mentally ill were kept at home with their families in familiar environments. Specific laws stated that communities were expected to care for the insane, and, as such, many of these communities developed enlightened, humane, and sometimes amusing strategies to accommodate mental disorders among their citizens. One attempt to integrate the mad into society was known as the Feast of Fools, traditionally

celebrated at the beginning of spring. On a chosen day, everyone was deemed a fool and madness became the acceptable standard of behavior. This reversal of normalcy cleverly helped to reduce the fears about mental disorders.

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

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PERSONAL NARRATIVE

Through the Patient's Eyes: Perspective Shift

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.

March Patient Story

Shapiro D. [Perspective shift](#). *JAMA*. 1998;279(7):500.

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VIEWPOINT

The National Residency Match and Other March Madness

Faith Lagay, PhD

- On March 13, 2000, more than 26,000 US and international medical school graduates will participate in "March Match Madness," which is better known as the National Resident Matching Program (NRMP).
- The NRMP handbook states:

There is one cardinal rule that both programs and applicants must observe: neither must ask the other to make a commitment as to how one will be ranked before the match ... references to how one will be ranked should be avoided and definitely should not be solicited.

Despite that, results of a recent survey about the Match program revealed that students "perceive that programs are making 'informal' commitments (43%), lying to them (33%), and encouraging their unethical behavior in order to match (21%" [1].

- The March Madness lineup of 64 Division I NCAA men's basketball teams will be announced March 12 at 6:30 pm EST. The Final Four will be contested at the RCA Dome in Indianapolis, Ind. According to the NCAA, the most commonly chosen educational majors for Division I student athletes were the following: (1) Business Management/Administration, (2) Social Sciences, (3) Education, (4) Sports Management/Exercise Science, and (5) Psychology.
- The phrase "beware the ides of March" originated during Roman times. According to the ancient Roman calendar, the ides occur on the 15th day of March, May, July, and October or the 13th day of any other month. March 15 marks the day when Julius Caesar was murdered at the Pompey theatre by his friend and statesman, Brutus. The foundations of the theatre survive today, but it is home to the modern Roman restaurant Da Pamcrazio.

References

1. Anderson KD, Jacobs DM, Blue AV. Is match ethics an oxymoron? *Am J Surg.* 1999;177(3):237-239.

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