

Virtual Mentor

American Medical Association Journal of Ethics

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CASE AND COMMENTARY

Being the "Company Doctor"

Commentary by Faith Lagay, PhD

Case

For the past 2 years, Mr. Bradford has been working for XYZ Inc. Over the past few months, he feels that he has been denied several promotions and that his superiors do not appreciate his contributions. Consequently, he has been experiencing some work-related stress that has resulted in severe headaches. He sees Dr. X, a family physician retained by his employer. Dr. X believes that Mr. Bradford is suffering from anxiety and depression, and refers him to a psychiatrist. Dr. X divulges this information to Mr. Bradford's employer who places it in his employment file. Mr. Bradford eventually learns about this and complains to his supervisor. His supervisor maintains that the company has a valid interest in knowing this information. Moreover, the supervisor claims that no patient-physician relationship was ever formed, so the doctor had no obligation to maintain confidentiality. Mr. Bradford is incensed about this situation: "Don't doctors swear to some oath that requires them to keep the confidences of their patients?"

Questions for Discussion

1. Did Dr. X violate the Hippocratic Oath and breach the confidences of Mr. Bradford?
2. In the context of a workplace exam, does Dr. X have any obligations to the employer?

See what the AMA *Code of Medical Ethics* says about this topic in Opinion 5.09 Confidentiality: industry-employed physicians and independent medical examiners. American Medical Association. *Code of Medical Ethics 1998-1999 Edition*. Chicago, IL: American Medical Association; 1998.

Faith Lagay, PhD is managing editor in 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

The Case for More U.S. Medical Students

Faith Lagay, PhD

Mullan F. The case for more US medical students. *N Engl J Med.* 2000;343(3):213-217.

Questions for Discussion

1. The author of this article claims that "U.S. labor and educational policies should be designed to offer as many U.S. students as possible the opportunity to study and practice medicine." Do you agree with this claim? Why or why not?
2. The author also believes that reliance on international medical graduates creates a "medical work force in the United States that is not well matched to the population in terms of culture and language." Do you believe this is a valid criticism? Why or why not?

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ART OF MEDICINE

Olympic Gold-Medal Winner Carries the Aboriginal Flag

Faith Lagay, PhD

When Australia's Cathy Freeman won a gold medal at the 1994 Commonwealth Games in Canada, she celebrated by taking a victory lap while carrying the Aboriginal flag. The flag has become a rallying symbol for the Aboriginal people and a symbol of their race and identity. Its colors black, red, and yellow, represent, respectively, the Aboriginal people, the earth and their spiritual relationship to the land, and the sun, giver of life. The image of Cathy Freeman waving the Aboriginal flag after her victory served to focus international attention on the history and plight of her native Aboriginal people.

From 1910 until the 1970s, 100,000 Aboriginal children were taken from their parents. Light-skinned Aboriginal children were seized and put up for adoption to white families. Dark-skinned children were put in orphanages. The action was taken partly in the belief that this would be the best way to help and save these children. Today, the controversy surrounding these "stolen generations" and the question of whether the Australian government should apologize and provide reparations remains a nation-defining issue that is yet to be resolved.

According to a 1999 report from the Australian Bureau of Statistics, more than 50% of men and about 40% of women of Aboriginal descent die before reaching the age of 50. Babies born to Aboriginal mothers are twice as likely to die at birth than babies born to non-Aboriginal mothers. Aboriginal children and families also suffer disproportionately from poor access to health care services compared with others in Australian society. Slowly, more attention and resources are being directed to improving the social and economic status of Aboriginal people, but many argue that more must be done. (The United States has a similar national disgrace of its own. Many states have recently returned about \$1.4 billion in unspent funds as part of the State Children's Health Insurance Program [SCHIP]. Given the growing numbers of uninsured Americans, this development is both disappointing and considered by many as a failure of public policy.)

On September 24, 2000, when Cathy Freeman stepped onto the starting line in Sydney's Olympic track and field stadium, she was again running for and carrying the aspirations of Australia's Aboriginal people. Approximately 50 seconds after the starting gun sounded, she flew across the finish line to win the gold medal in the women's 400 meters. This time she carried both the Aboriginal and Australian flags to the cheers of those gathered inside and outside Stadium Australia, as well to those of millions across her country and around the world. And this time around,

Cathy Freeman's personal expression of pride in her victory was taken by many as the sign of an important step towards eventual reconciliation between black and white Australians.

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

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PERSONAL NARRATIVE

Through the Patient's Eyes: He Lifted His Eyes

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 - including physicians who become patients - voice their most intimate thoughts, feelings, and reactions, much can be learned.

August Patient Story

Keene N. [He lifted his eyes](#). *JAMA*. 1997;277(19):1502.

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

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VIEWPOINT

AIDS in Sub-Saharan Africa

Audiey Kao, MD, PhD

- During the French and Indian War (1754-1763), British Commander Jeffrey Amherst distributed smallpox-infected blankets to American Indians, an act now widely recognized as the first use of germ warfare. In a letter from Amherst to Colonel Bouquet dated July 16, 1763, Amherst approves of this tactic and any other methods to "extirpate this execrable race."
- United Nations Security Council recently adopted a resolution calling for more education about AIDS prevention to be given to UN peacekeeping troops, who have been carriers of the HIV virus, especially in Africa. Calls for mandatory HIV testing and counselling for troops prior to deployment were rejected by some member nations supplying troops on the grounds that such an intervention would violate their sovereign control over military policies.
- More than 24 million people living in sub-Saharan Africa are currently infected with the HIV virus. But, these prevalence estimates may be as high as 50 million people, since only 5% of those who carry the HIV virus are aware of the fact. So far, sub-Saharan Africa has more than 12 million orphans, many of them being reared by other children. It is predicted that by the end of this decade, more than 40 million African children will be orphaned by AIDS unless meaningful intervention is instituted.
- According to United Nation estimates, more than \$3 billion will be needed annually in Africa to make significant progress in HIV education, prevention, and care. The international community has only recently begun to confront the overwhelming magnitude of this human catastrophe with the United States offering sub-Saharan African nations \$1 billion in loans annually to finance the purchase of American AIDS drugs and medical services. This "aid" has been criticized since most African nations are already heavily in debt. Other nations, notably France, have contributed free drugs.
- In the West, current standards of HIV care for opportunistic infection prophylaxis and antiretroviral therapy can cost more than \$12,000 per year per patient, more than 24 times the average per capita annual income in many sub-Saharan African countries. Drug companies have begun to offer sharp price reductions for these medications, but the cost of providing these medications remain far out of reach of most of those infected with the disease.

- During the time that it took you to read this page, more than 10 people living in sub-Saharan Africa have become newly infected with HIV and at least 4 people have died of AIDS.

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

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VIEWPOINT

William P. Magee, Jr., DDS, MD

Faith Lagay, PhD

Operation Smile was born when Dr. Magee traveled to the Philippines with his wife in 1981. Although they treated 150 children with facial deformities, hundreds of others had to be turned away. "I couldn't bear looking at those faces and having to say I was sorry," Dr. Magee recalled. When the Magees returned to the United States, they raised money, recruited medical volunteers, and gathered surgical supplies. Since their first visit, they have returned to the Philippines again and again to bring smiles to countless children.

Today, Operation Smile serves dozens of sites, including Brazil, China, Colombia, Ecuador, Kenya, the Middle East, Russia, and Vietnam. Domestic medical programs have also been established in New York, Philadelphia, Boston, Nashville, Los Angeles, Newark, Baltimore, and Norfolk. Most recently, Dr. Magee has partnered with Charles B. Wang, CEO of Computer Associates International, Inc., to create the [Smile Train](#). The 5-year goal of the program is to provide medical reconstructive surgery to more than 100,000 children in China.

For his exemplary dedication to the cause of helping poor children regain their smiles, we are proud to award the Virtual Mentor Award to Dr. William P. Magee, Jr.

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