

Episode: *Author Interview: “What Should Clinicians Do When Health Services Are Improperly Billed in Their Names?”*

Guest: Mustafa K. Manzur, MD, MPH, MS

Host: Tim Hoff

Transcript by: Cheryl Green

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[bright theme music]

TIM HOFF: Welcome to another episode of the *Author Interview series* from the *American Medical Association Journal of Ethics*. I'm your host, Tim Hoff. This series provides an alternative format for accessing the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Mustafa Manzur, a resident physician training in emergency medicine at both Montefiore Medical Center and Jacobi Medical Center in New York City. He's here to discuss his article, coauthored with Drs Sharon Griswold and Wendy Dean, *What Should Clinicians Do When Health Services Are Improperly Billed in Their Names?*, in the November 2022 issue of the Journal, [How Much Will It Cost?](#) Dr Manzur, thank you so much for being on the podcast with me. [music fades out]

DR MUSTFA MANZUR: Thanks for having me and inviting me to represent our authorship group on this podcast.

HOFF: To begin with, what's the main ethics point that you and your coauthors are making in this article?

MANZUR: There's two main ethical points that we explore in this article: nonmaleficence, or do not harm, and autonomy. Before I get into that, I wanted to share some background. In the past, the dynamic between physician and patient was a really direct one-to-one relationship. This was a time when most physicians owned their own practices and were directly responsible for everything in that practice: running the office, providing the care, and of course, collecting payment for these services. As health care costs have risen, there was a separation of roles that led to the creation of the administrator who is made responsible for controlling costs and collecting revenue by facilitating billing for the services rendered by physicians. This dynamic means physicians today can focus their time on what matters to them the most, which is patient care. One problem in the health care regulatory framework is that physicians are still accountable for the accuracy of bills for their services in an environment where they're no longer completing or directly supervising the billing process.

With all that in mind, the two ethics points we made were related to autonomy and nonmaleficence. For autonomy in the current health care environment, physicians are accountable without the autonomy or agency to control the billing process. For nonmaleficence, patients are directly harmed by higher costs for the care they receive when the billing process goes awry. Physicians who own their own physician practice usually manage their own billing and have autonomy over the process. This population of physicians is shrinking, which means that this problem we describe in the article is increasing over time.

One other point I wanted to highlight is regarding moral injury. We talk a lot about burnout in health care, but that might be too simple of a view. There's many problems that violate the ethics we guide our practice of health care by, but often we can't do anything about these things as individuals operating in a system, so much so that it becomes death by a thousand paper cuts. Moral injury is a byproduct of this dynamic. Problems like what we're highlighting here with billing accountability without agency can be emotionally challenging, causing distress for physicians who lack control over a process that helps supports the provision of health care, but isn't something physicians are trained to handle in medical school or are passionate about.

HOFF: So, what do you think the most important thing for health professions students and trainees to take from your article is?

MANZUR: One of the first lectures I attended as a new resident was focused on billing. It was delivered by one of the sage attending physicians in the department. I was fully engaged, asking questions, and taking pictures even, so I could easily reference some of the information later on. I felt like my peers, by and large, were unfamiliar with some of the terminology and dispassionate about the topic overall. Being not only aware of but also well versed in the billing process is important because of its outsized downstream impact that it has on patients.

HOFF: And finally, if you could add a point to this article that you didn't have the time or space to fully explore, what would that be?

MANZUR: In a recent must-read report by Dr Carol Kane—she's the Director of Economic & Health Policy Research at the AMA—Dr Kane found that 70 percent of physicians under 40 years old are currently employed. This report that she issued highlights a seismic shift for physicians, mostly owning practices to being employees of entities. When physicians are employed, they're expected to assign their employer the right to bill for the services that they provide. In this environment, billing is not a transparent process for physicians, but physicians are still legally and ethically responsible for the accuracy of that billing. The law needs to catch up with reality and shift responsibility back to the billing entity, whether that be hospitals, health systems, or other health care corporations. [theme music returns] There's also a need for protections to be in place for physicians and other clinicians when things go wrong.

HOFF: Dr Manzur, thank you so much for being on the podcast with me today and thanks to you and your coauthors for your contribution to the Journal this month.

MANZUR: Absolutely. Thank you for the opportunity.

HOFF: To read the full article as well as the rest of the November 2022 issue for free, visit our site, [JournalofEthics.org](https://www.journalofethics.org). We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.