

EDITORIAL

Physician, Heal Thyself: Caveat Emptor

A recent advertisement, disguised as a news release, stated that a local urologist was the first person in the United States to perform a new operation for incontinence (with a costly, one-time use, disposable device). At least six other advertisements, in different parts of the country, also disguised as news releases, made exactly the same claim. However, each cited a different local urologist or gynecologist as being the first. Each, in glowing terms, described how ecstatic their patients were after surgery. "I've never done an operation that made my patients so happy before," stated one doctor. It's done under local anesthesia; the patients are dry, they void immediately and go back to their normal activities within days. What could be better! The advertisements, disguised as news releases, implied that each doctor was some kind of pioneer. If this operation catches on, each time it is done for the first time at a local hospital, another pioneer is created and another news release can be launched.

To my knowledge (and I know about these things), this operation has no meaningful short- or long-term follow-up. There are potential complications of devastating proportions. I know about these too; I've already seen too many.

Why would doctors do this? The answer is obvious. They do it as an advertising tool to gain more patients. They do it as a source of income and "15 minutes (or more) of fame" because industrial sponsors arrange for them to give lectures and pay them sizable honoraria. I believe (and hope) that these doctors actually believe in what they are doing, but that is not enough to justify their behavior.

So, what can we do about it? Should we urge our governments to pass laws regulating medical advertisements? I think not; that abridges our first amendment defining free speech. There are two things we can do.

As physicians, we can start by expressing our strongest disapproval of this kind of behavior. Physician, heal thyself! Individual physicians can write or tell the offending doctors about their disapproval. They can stop referring patients to them and they can tell their patients about the preliminary nature of these new techniques. They can tell them they are part of the learning curves of these "pioneers" and not even the "pioneers" themselves can possibly have enough experience in such a short time to evaluate the consequences of their actions.

Groups of physicians, through hospital boards and professional societies, can establish ethical guidelines and internal disciplinary procedures. Of course, at least in the litigious environment of the United States, if we invoke them, we will have to hire lawyers to defend our actions.

2 Editorial

As patients, we can insist on full disclosure from these pioneer (and all other) physicians. We can ask some important, basic questions. How many of these operations have you personally done? When did you do your first one? What have your results been and how do your results compare to the published results? How do you follow your patients to determine the results? What are the complications you've encountered and what are the potential complications?

If we do all these things, at least we'll keep them honest (if they tell the truth). Remember: physician, heal thyself; caveat emptor!

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