A Conflict of Interest: Medicine's Double Standard

“People who live in glass houses should not be casting stones.” So goes the old proverb and most people would accept it and conform to it. However, ophthalmology and Medicine have recently resurrected, with their “customary wisdom”, the old red herring cliché of “conflict of interest” because a number, if not most optometrists carry out the dispensing of their own prescriptions. The statement implies that optometrists dispense glasses unnecessarily in order to augment their income; in short, they are accusing optometrists of fraud and dishonesty.

It should be pointed out that if ophthalmology has evidence of any wrongdoing, there are proper legal channels through Colleges & Boards of Examiners to bring this to optometry’s attention. This profession is anxious to uphold the highest levels of practice.

But is it not strange that physicians who carry out their own therapeutic recommendations on their own patients are not guilty of any conflict of interest and that they are thoroughly ethical in all their decisions? At least, say the Canadian Ophthalmological Society and the Canadian Medical Association.

How should one describe the actions of the ophthalmologist who dispenses contact lenses to his own patients, a practice which has grown impressively since the advent of soft contact lenses? Why the double standard of condemning the optometrist and exonerating the ophthalmologist for exactly similar practices?

But there is a situation in medical practice which is far more prone to be a source of “conflict of interest” because it produces a far more impressive fee for the physician than any fee derived by an optometrist for dispensing a pair of contact lenses or spectacles.

How does one describe the actions of the physician who, after proper examination, recommends surgery and performs that surgery himself? Has not this a far greater potential for being labelled “conflict of interest” than the situation of the optometrist because of the high fees usually demanded for surgery?

If medicine is sincere in its accusations about optometrists, then medicine should immediately create a new, exclusively surgical, para-medical group and no physician should be permitted to carry out surgery himself on his own patients. Dr. Clement McCullough calls surgery, “the cutting trade.” A trade does not require an M.D. degree, but only a steady pair of hands and an above-average knowledge of human anatomy. The Russians have already instituted a para-medical surgeon. Are we going to permit the Russians to outstrip us in this area of health care?

If optometry, to be ethical, must surrender its dispensing aspects of practice to the dispensing optician, then medicine should surrender surgery to a para-medical assistant. What is sauce for the goose is sauce for the gander!

That conflicts of interest do exist in several medical specialties is attested to by physicians themselves as the following reports reveal. Dr. Christaan Barnard, of heart transplant fame, says: “Coronary bypass, misused”? Dr. Howard Seiden, syndicated medical columnist in the now-defunct Today Magazine stated that surgeons grow rich on surgery and condemn the abuses. Dr. W. Gifford-Jones, another syndicated medical writer says “Many radiologists have a conflict of interest. The more films they take, the greater their income”. But, apart from this conflict of interest, have the physicians the right to expose their patients to unnecessary radiation hazards?

Potential conflicts of interest; one can locate them in any human activity, trade or liberal profession but most are not sufficient reason to condemn all members of those callings and to make public libellous statements in order to attract more people to one’s office. People who live in glass houses should not be so imprudent as to cast stones.

References


G.M.B.