

Letter from . . . Chicago

Commercial medicine

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So rarely do crazed mass murderers in Chicago or Guyana provide the world with first-class news that for most of the time our sensation-hungry press must live on much more meagre fare. Yet, of the various second-rate dishes, none is more satisfying than a good exposé, especially one combining sex, crime, venality, horror, and public incompetence. In Chicago, exposés are the specialty of a young woman reporter who periodically transforms herself into a nurse, secretary, barmaid, or prospective client. The result is often a week of exciting headlines accompanied by appropriately indignant editorials.

For the latest exposé the scenario is set in luxurious suites on Chicago's Magnificent Mile; or in squalid back-street establishments where dogs roam around licking up the blood off the floor. The villains are unscrupulous entrepreneurs, greedy doctors, and callous nurses; and the victims helpless girls who may not even be pregnant, women with perforated vaginas and infected retained products of conception, and babies born without heads or with holes in their scalps. For 80% of the 40 000 annual abortions in Illinois take place in ambulatory clinics, many of which are grisly abortion mills dedicated to reaping the greatest possible profits in the shortest possible time.

Selling abortions

"We have to sell abortions," says one of the clinic owners, a drop-out from mortician school now turned entrepreneur, spurring on his so-called women counsellors, and reminding them that the end of the financial year is approaching and that each time one of these girls decides to go away the pain is where it hurts most, in the pocketbook. One of the abortionists, by his own admission the most notorious doctor in town, owns three clinics and operates a complex system of referrals and kickbacks, subsidising the rent for his \$10 000 a month suite by illegally using Federal job-training funds to pay the salaries of his employees. One clinic is owned by a Philippino-born doctor already under investigation for allegedly defrauding the Medicaid programme of hundreds of thousands of dollars; and another referral network converges on to a notorious Detroit abortionist, who works helped by his wife and his dog, and who has a sordid record of perforations and infections, fetal decapitations, and of applying first-trimester techniques to women seven months pregnant.

At several of the clinics the doctors have had little training in gynaecology, being mostly moonlighting residents who are taught on the job, doctors who have had their licences revoked, or unlicensed foreign doctors whose bills are submitted in the

owner's name. Enormous profits are being reaped, for in addition to charging \$150-250 an abortion some of the establishments also bill the State for the same procedure. There is almost no pre- or postoperative care, and patient counselling, while required by law, has become a farce, with the "counsellors" receiving a bonus for each abortion they recruit, and being constantly told to work faster and more efficiently. Pregnancy tests are often falsified (recently a male investigator was also determined to be in the family way), and some girls are advised to have a menstrual extraction anyway, just to be on the safe side.

Many of the clinics on Chicago's Michigan Avenue exude an air of professionalism and even luxury, designed to lull prospective clients into a false sense of security. The suites are tastefully decorated, with paintings and lithographs hanging on the wall, and with soft, soothing music being piped into the waiting rooms. But women wait for five hours cash in hand before being summarily instrumented by doctors working at top speed and taking two minutes per abortion, often not even changing their gloves between cases but keeping score on the sleeve of their gown. One doctor boasts being able to perform two concurrent abortions within two minutes, and many patients told the reporters how they had screamed with pain from either having no anaesthetic at all or from not having it take effect until they were already out in the recovery room. But here too the motto is speed, so that the aides are told to falsify the vital signs, just write down anything so long as it is normal, and get the girls out as quickly as possible, sometimes so fast that there is no time to change the sheets or wipe up the blood. Yet some women have developed massive haemorrhage on the way home, serious infections from retained products of pregnancy, or shock from extensive injuries; some have had lacerations of the cervix, perforations of the vagina or uterus, or ruptured Fallopian tubes; and at least 12 women have died.

"Lackadaisical inspections"

As a result of these exposés the authorities are conducting an extensive investigation. Several clinics have been closed, some operators have been charged with criminal conduct, and some doctors have had their licences suspended. Questions have also been raised about lackadaisical inspections conducted by the health department, and amid charges of incompetence stern editorials called for the resignation of the director of the Department of Public Health, as well as criticising the leaders of the medical profession for standing by silently. Meanwhile the abortionists continue to ply their trade using techniques borrowed from merchants who hawk special deals or discount goods. Yet some of these approaches may well satisfy the strict requirements of the Federal Trade Commission (FTC), a huge regulatory body with 1700 employees, 11 regional offices, and a yearly budget of \$53 million, charged with protecting consumers and business men against unfair trade practices.

For several years now the FTC has been investigating various practices in health care in the belief that medical care would

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become less expensive if competition was stimulated and arrangements brought into line with the rest of the commercial world. Unimpressed with the argument that a professional's duty is to put his patient's interests first rather than sell him a bill of goods, the FTC has already looked into the practices of various accrediting, certifying, and educational bodies; and some three years ago filed a formal complaint that the American Medical Association's ethics code and ban on advertising discouraged competition, kept doctors' fees high, assured doctors of a virtual monopoly over their patients, deprived patients of the ability to make an informed choice, stifled innovative medical care systems, and violated Federal antitrust laws. It asked for lifting the ban on all forms of advertising and called for a reduction of the role of the AMA in all aspects of medical practice other than monitoring the activities of its members and reporting illegal practices to the government.

The hearings began in September 1977 with the FTC assembling a long list of witnesses and exhibits, and charging that the AMA was taking the law into its own hands by promoting ethical standards for its members. In its turn the AMA denied that it was a monolithic organisation—since no one was forced to join it—and affirmed that it believed in a pluralistic system of care and was not opposed to prepaid medical plans, and that it opposed not advertising but soliciting, false claims, and quackery. It pointed out that it had taken the FTC 50 years to stop the advertisers of the "tonic" Geritol from saying it cured tired blood; and that faced with a fine of \$10 000 a day professional societies will be powerless against advertisements claiming to cure all abdominal problems without surgery.

In December last year, these arguments notwithstanding, the judge ruled that the AMA had "hindered, restricted, foreclosed, and frustrated" competition among doctors and "caused substantial injury to the public," as well as conspiring to ban solicitation of business by doctors and deterring "the offering of innovative forms of health care." In delivering his decision, the judge ordered that medical societies were to stop interfering with the advertising of facilities, services, prices, commercial terms and contracts, as well as with the solicitation of patients and the setting up of prepaid medical care plans. But the AMA questioned the agencies' power to regulate the ethical codes of not-for-profit professional organisations and declared that the ruling, if allowed to stand, would seriously jeopardise the quality of medical care, threaten the very nature of professionalism, and reduce medical practice to the lowest level of the market place. "It will be no longer the case of who is the best doctor but who is the best advertiser," said one AMA official, vowing to bring the decision to appeal, to the Supreme Court if necessary.

Unfair restraints

The FTC attorneys, meanwhile, forever on the lookout for unfair restraints on competition, have now turned their attention to the surgical fashioning of beauty; and, at the same time as a House Subcommittee is calling on Congress to establish minimum standards of competency for surgeons to deal with the problem of supposedly unnecessary surgery, this other arm of government is obliviously pushing in the opposite direction. And, being dissatisfied with "the unduly high standards" of the professional plastic surgeons' societies and their insistence on board certification, they believe that more people would be able to have their wrinkles removed and noses refashioned at a lower cost if only more surgeons were allowed to try their hand at such operations. The FTC also indicated that the public would be better served if the plastic-surgery journals stopped refusing to accept advertisements for announcements merely because they seem to be deceptive.

The plastic surgeons, who view this attack as merely another machination of a lawyer-dominated bureaucracy, are preparing for a long legal battle; and they point out that according to Chief Justice Warren E Burger the lawyers themselves might benefit from uplifting their standards to ensure a minimum of

competence.¹ But, while the Michigan Avenue operators may look forward to future beauty salons combining hair-transplants with manicures and facelifts with abortion services, the FTC lawyers might well be advised to look into another restraint on free trade—namely, the current ethical and legal restrictions on the sale of organs for transplantation.

Yet this need not be so. Writing in the *American Journal of Law and Medicine*, Dr Marvin Brahms, an economist, thinks that more people would benefit from organ transplants if donors were allowed to sell their organs, to be removed either during life or on death for adequate remuneration.² Discounting fears that such an arrangement would reduce the supply of "altruistic" donors, he suggests that third-party providers could cover the costs for those who cannot pay; that the hazards of transplanting inferior organs (such as those with hepatitis, etc) could be minimised by taking careful precautions; and that ethical objections should be re-examined in the light of the possibility that people might sell their organs for altruistic motives—such as paying for one's children's education.

For getting started the author suggests changing the law experimentally in one State only to see how it works out. But currently accepted medical ethics may also have to be revised—and here the FTC attorneys might be induced to help—lest society be deprived of a golden opportunity to reap the full benefits of commercialism and free trade. And, with the rapid progress in artificial organs, we look forward to the time when people will be able to sell not only their kidneys and corneas but also their livers and lungs and brains.

References

¹ Randall, P, *New England Journal of Medicine*, 1978, **299**, 1464.

² Brahms, M, *American Journal of Law and Medicine*, 1977, **3**, 183.

What treatment, if any, is recommended for a sexually underdeveloped 19-year-old girl?

Sexual underdevelopment is a term without precise meaning. No rational treatment can be given to this patient without extensive specialist investigation. The first step is clinical examination, including personal and family history, then stature, body proportions, weight, acne, hair distribution, carrying angle, breast development, thyroid enlargement, abdominal tumours, vulval appearance (especially of labia minora and clitoris), vaginal and cervical appearance and the amount of mucus, and pelvic bimanual examination. This last may need confirmation of uterine size from examination under anaesthesia. Special investigations may have to be aimed at genetic and endocrine features, looking at secretions from hypothalamus, pituitary, thyroid, adrenal, and gonad. There may also be a place for laparoscopy and hysterosalpingography. At this late stage for the girl there is no justification for further delay and none at all for empirical treatment in the fond hope that something will happen or that she will spontaneously recover.

What are the health hazards from birds pecking milk bottle tops?

All birds are susceptible to avian tuberculosis, salmonellosis, and aspergillosis. Ornithosis (psittacosis) is also widespread and occurs in at least 17 of the 27 orders of birds. Salmonellosis, especially *S typhimurium*, is common in canaries and is widespread in Britain in house sparrows and green finches. I do not know its incidence in blue tits (*Parus caeruleus*), which is the usual bird pecking milk bottle tops. If infected birds follow the milkman along the street and successively raid the cream then infection of the milk, especially with salmonella, is possible. On the other hand, such raiders are easily thwarted by placing a wooden or cardboard box on its side on the doorstep of sufficient height to hold a milk bottle; most birds cannot then reach the tops.

Keymer, I F, *Diseases of Birds other than Domestic Poultry in Poultry Diseases*, ed R Gordon. London, Baillière Tindall, 1977.