Letter to the editor

Hippocrates and the Affordable Care Act

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It is our contention that the Hippocratic tradition (with its human orientation) and the Affordable Care Act (ACA) (with its essentially economic orientation) are not compatible. The traditional essence of medicine will be impacted by the ACA as well as related other cultural changes.

First we must define both terms and then enumerate the salient essentials of each. That done, we will then explore the compatibility or inconsistency of each aspect of the law with traditional medicine.

DEFINITION

Hippocratic ethos: Hippocrates, described as the Father of Medicine, lived in Greece from 460 to 357 BC. He was a clinician, scientist, and philosopher. He is noted for his careful examination, observation, and treatment of sick patients. His aphorisms and therapy were contemporary to his times, and many remain valid today. They are credited with bringing medicine from a religious ritual to the scientific esteem it bears today. Its relevance, if anything, is even stronger today.

The Hippocratic ethos can be summed up in the old-fashioned, but in today's autonomy-influenced zeitgeist, the somewhat denigrated expression, "doctor–patient relationship." This will inevitably suffer under the ACA. To better define

this ethic we will briefly quote how three respected medical thinkers define the essence of medicine.

- (1) Leon Kass (1985) noted that the essence of the doctor–patient interaction was a "healing relation."
- (2) Edmond Pellegrino (1985) wrote that the "telos" or end of medicine included (a) an ill and suffering human person, (b) a competent doctor, and (c) the actual helping or healing of the patient.
- (3) Herbert Ratner (1979) emphasized that beyond "curing," the physician must also "care" for his patients. Patients are more than isolated diseases, but rather they are complex humans whose somas and psyches have to be considered as integrated wholes. Medicine is unique among professions in that it deals with life-and-death human conditions, hopefully for cure, but if not, certainly for care.

The Affordable Care Act (ACA) (HB.2553) passed by the United States Congress in 2010, had as its goals, among other things:

- (1) quality affordable health care for all Americans,
- (2) prevention of chronic diseases,
- (3) provision for increased revenue (<http://obamacarefacts.com/affordablecareact-summary.php>).

Contemporary “health care” (modern bureaucracies do not call it “medicine”) is fundamentally different. It is no longer the individual doctor–patient relationship, but it has become big business for many reasons including over-specialization, high technology, patient autonomy, and, especially, third-party intervention. For a variety of reasons, for better or worse, the government has, for the past fifty years, intervened in health care with the Hill-Burton Act (1946), Medicare (1965), Medicaid (1965), and now the ACA (March 23, 2010). In themselves, technology and specialization are usually desirable, but they are often more bureaucratic and expensive. Traditional Medicare and ACA insurance will perhaps be unable to pay these escalating costs, so either federal or state governments will require higher taxes. This appears to be a no-win situation.

Which brings us back to the Hippocratic ethos problem. It should be understood from the beginning that the ACA may guide United States health care in the future and that its impact on medicine could be profound. The Hippocratic ethos of emphasizing “curing and caring” may well be ignored in efforts at efficiency and economic restraints on healthcare delivery. How will the goals of the ACA be financed? Physicians who have had an essential role in maintaining the humanitarian role (old Hippocratic ethic) could be marginalized. The “doctor–patient relationship” may be lost in technology, group practice, and bureaucracy. Dictation of residency hours by accrediting agencies, rather than program directors, is but one example of this.

Will medicine compromise? Will the tradition of “curing and caring” for the sick patient be submerged in the bureaucracy of fighting for reasonable fee-for-service reimbursements. Will salaried positions, as the trend seems to be going, result in a 9-to-5 mentality and loss of concern for the patient and his 3:00 AM emergency call? Will medicine become a job rather than a calling?

Our society should emphasize the humanity of illness and the sick patient and should structure any healthcare reform to that end. Unfortunately, the goals of the ACA are primarily bureaucratic and financial. It could depreciate the human aspects of health in favor of cost management. Medicine should be a commitment to healing and not dedicated to economics and financial containment.

The human condition, relative to health in the United States, could be worse off should that happen.

REFERENCES

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BIOGRAPHICAL NOTE

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