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CASE AND COMMENTARY
Intentional Misdiagnosis to Get Insurance Coverage
Commentary by Faith Lagay, PhD

Case
A 32-year-old man presents with no significant past medical history. The patient's 38-year-old brother was recently diagnosed with colon cancer and recently underwent a subtotal colectomy. Given the young age of his brother, the patient is now concerned about getting (or already having) colon cancer. Although he has no abdominal symptoms, he insists on a screening colonoscopy. The physician shares the patient's concern and believes that given his family history such an intervention is warrented. However, the patient's health insurance plan will not pay for a colonscopy, but the physician knows that the plan will pay if the patient has had recent weight loss and change in bowel habits, although this diagnosis is inaccurate.

Question for Discussion
What should the physician do? [1-7]

See what the AMA Code of Medical Ethics says about this topic in:

1. Opinion 8.12 Patient information. American Medical Association. *Code of Medical Ethics 1998-1999 Edition*. Chicago, IL: American Medical Association; 1998.
2. Opinion 8.13 Managed care. American Medical Association. *Code of Medical Ethics 1998-1999 Edition*. Chicago, IL: American Medical Association; 1998.

Faith Lagay, PhD is managing editor in of *Virtual Mentor.*

The people and events in this case are fictional. Resemblance to real events or to names of people, living or dead, is entirely coincidental. The viewpoints expressed on this site are those of the authors and do not necessarily reflect the views and policies of the AMA.

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IN THE LITERATURE
Internet Sales of Prescription Drugs
Audiey Kao, MD, PhD

Marcwick C. Several groups attempting regulation of Internet Rx. *JAMA*. 1999;281(11):975-976.

As the number of Web sites that prescribe drugs proliferate, reports of abuse and deception have also become more commonplace. Many online pharmacies prescribe "lifestyle" drugs, such as Viagra, Propecia, and Zyban. Online sales of Viagra are reported to have been made to deceased individuals, pregnant women, and even pet animals. (1) Many pharmaceutical Web sites are located overseas, further complicating efforts to regulate prescription sales and ensure product quality. Members of the health care community are concerned that consumers are obtaining drugs without prescriptions from authorized medical personnel, increasing the potential of misuse and harm to the user. Also, the quality of many products originating outside the United States are not regulated by the Food and Drug Administration.

Questions for Discussion

1. Given the potential harm to users of unlimited access to unregulated prescription drugs, do you think there should be some form of online prescription regulation?
2. If so, who should regulate these transactions?
3. What challenges does the Internet pose to the traditional patient-physician relationship?

Audiey Kao, MD, PhD is editor in chief of *Virtual Mentor.*

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ART OF MEDICINE

Medical Quackery: The Pseudo-Science of Health and Well-Being

Audiey Kao, MD, PhD

Medical quackery in the United States dates to the earliest days of the colonies when medical practice was broadly defined and poorly regulated. In 1775, of the more thana 3000 individuals who claimed the title of "doctor," fewer than 400 had formal training and certification from university medical schools.

The sheer size of the country also meant that trained physicians were not available in all areas, and even where such physicians were accessible their treatment methods of bloodletting, lancing, purgatives, emetics, and surgery — which often produced dubious results at a painful cost to the patient — were mimicked by quack physicians. To the average layman therefore, the line between the quack and the physician was easily blurred.

It is therefore not surprising that the general public was susceptible to the claims of wondrous cures and improved health and well-being made by self-proclaimed medicine men peddling tonics, elixirs, and snake oil, which were often no more than mixtures of water and alcohol. Quack physicians, who understood the powerful combination of ignorance and desperation and hope and vanity, exploited the public's wariness of medical treatment by soliciting testimonials from "patients" who claimed to have benefited from the advertised treatment. Since the therapeutic treatments of most quack physicians were never endorsed by reputable medical journals, "patient" testimonials became the route by which quacks gained their reputations. To the lay public, these testimonials formed the basis of their trust in the quack physicians' care.

In the 19th and 20th centuries, as science became part of medical thinking, quack devices became more elaborate, relying on pseudo-scientific jargon and convoluted machinery to convince the public of their medical merit. Phrenology, for example, which gained steady popularity in the early 20th century, used a psychograph. When placed on the patient's head, the instrument measured the conformation of the skull, and within 30 seconds claimed to give a report on a person's physical and mental development.

Audiey Kao, MD, PhD is editor in chief of *Virtual Mentor.*

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PERSONAL NARRATIVE

Through the Patient's Eyes: Never Die Easy, Walter "Sweetness" Payton

Faith Lagay, PhD

What is it like to be a patient experiencing a debilitating, potentially life-threatening illness or encountering the health care environment, perhaps for the first time, from a position of vulnerability? Through the stories of patients, physicians come to see themselves, and most especially their communications, from the other side of the equation. When patients- including physicians who become patients - voice their most intimate thoughts, feelings, and reactions, much can be learned.

"Am I scared? Hell yeah, I'm scared. Wouldn't you be scared?" he asked. "But it's not in my hands anymore. It's in God's hands."

"I'm looking at it as a sprained ankle or a twisted knee," he said. "I have to stay positive. Nobody else can make me stay positive. I have to do that. Then whatever happens, happens. If in 2 years something happens and I get a transplant and my body accepts it and I go on, that's fine. And if in 2 years I don't, then that's the way life was meant to be for me."

Sadly, Payton would not even live out the year. He developed bile duct cancer, a known complication of PSC, ending his chances for a liver transplant. Once a PSC patient has cancer, a liver transplant is no longer an option, since the drugs needed to keep the body from rejecting the new liver make tumors grow faster.

Payton's approach to his illness showed the same strength, fight, and grace that characterized his bruising running style. "If I'm going to get hit," Payton said, "why let the guy who's going to hit me get the easiest and best shot? I explode into the guy who's trying to tackle me." On the field, Payton took hits, dragged tacklers down the field, and stiff-armed his competition as he rushed for a record setting 16,726 yards in his 13-year career. "Never die easy," a saying of one of his old coaches, came to signify his running style, his determination to keep going despite the obstacles thrown in his path, and, ultimately, his attitude toward the end of his life. Payton's memory lives on through the work of The Walter Payton Foundation & The Alliance for the Children and the Walter Payton Cancer Fund.

Faith Lagay, PhD is managing editor in of Virtual Mentor.

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VIEWPOINT

April Fool's Day and the Medicinal Value of Humor

Audiey Kao, MD, PhD

- In 16th-century France, the start of the new year was traditionally observed on April 1. Until 1562, when Pope Gregory introduced a new Christian calendar, the new year began on January 1. Some people, however, had not heard of or did not believe the date change and continued to celebrate New Year's Day on April 1, "April Fools Day." They would be sent on a "fool's errand" or tricked into believing that something false was true. In France today, April 1 is *called Poisson d'Avril*. French children fool their friends by taping a paper fish to their backs. When the friend discovers this trick, the prankster yells *Poisson d'Avril!* (April Fish!)
- A common trick on April Fool's Day for teachers in the 19th century was to say to pupils, "Look! A flock of geese!" and point upwards. Other April Fool jokes might include school children telling a classmate that school has been canceled or college students setting their clocks an hour behind to trick their roommates into showing up for the wrong class — or not at all. Some practical jokes are kept up the whole day or until the victim realizes what day it is. Most April Fool jokes are in good fun and not meant to do harm. The most clever April Fool joke is the one who prompts everyone to laugh, especially the person on whom the joke is played.
- "The first of April is the day we remember what we are the other 364 days of the year." — American humorist Mark Twain
- Laughter is used therapeutically by many hospitals and health care facilities. For example, the University of New Mexico Hospital in Albuquerque has a separate humor room for patients. According to experts in humor physiology or "gelotology," laughter has many therapeutic uses. By aiding ventilation and clearing mucosal plugs, laughter can help those afflicted with chronic obstructive lung disease. Laughter can also increase arterial and venous circulation, causing an increased movement of oxygen to tissues.

Audiey Kao, MD, PhD is editor in chief of *Virtual Mentor*.

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VIEWPOINT

Barry Marshall, MD, and Robin Warren, MD

Audiey Kao, MD, PhD

Nearly 20 years ago, 2 Australian physician researchers made a discovery that initially was widely ridiculed in the medical community. In the January 1983 issue of the British medical journal *The Lancet*, Australian physicians Barry Marshall and Robin Warren claimed that stomach ulcers were caused by a bacteria called *Helicobacter pylori* and not by excessive acidity in the stomach.

To test his theory, Dr. Marshall ingested the bacteria. He then documented both the formation of his stomach ulcers and their cure following treatment with a combination of antibiotics and stomach-acid-neutralizing medicines. Although many initially thought of the bacteria-ulcer link idea as foolish, by the mid-1990s, a NIH Consensus Development Conference Statement on *Helicobacter pylori* in Peptic Ulcer Disease concluded that there is indeed a strong association between ulcers and bacteria and recommended using antibiotics as the preferred treatment. At the time, only a small fraction of patients with ulcers were being treated with antibiotics. By 1996, the Food and Drug Administration approved the first antibiotic specifically for ulcers. Today, treating ulcers with antibiotics is standard therapy.

For the tenacity of Drs Marshall and Warren who remained committed to their scientific evidence despite controversy and attacks, we are pleased to present them with the Virtual Mentor Award for being exemplary role models in medicine.

Audiey Kao, MD, PhD is editor in chief of *Virtual Mentor*.

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