

Unfit Doctors Create Worry in Profession

Revocations of Licenses, More Training Or Supervision Are Urged as Remedies

By **BOYCE RENSBERGER**

After long considering the incompetent or careless doctor as a rare aberration of minor consequence, the American medical profession is beginning to regard unfit physicians as a serious problem that may account for tens of thousands of needless injuries and deaths each year.

While most authorities emphasize that the majority of the country's 320,000 doctors are competent and conscientious, they estimate that as many as 16,000 licensed physicians, or 5 percent of the profession, are unfit to practice medicine. These doctors, they say, should have their licenses revoked, be required to undergo further training or practice only under close supervision.

The incompetent doctors, who treat an estimated total of 7.5 million patients a year, include some who are mentally ill or addicted to drugs as well as others who are simply ignorant of modern medical knowledge or careless in their use of it.

In recent years, evidence in-

dicating that the problem is larger than most medical authorities had suspected has emerged from separate studies by a number of professional groups, including the American College of Surgeons, the Joint Commission on Hospital Accreditation, the Federation of State Medical Boards, the American Medical Association and the Federal Commission on Medical Malpractice, as well as the Health Research Group, a consumer-advocacy organization in Washington.

Additional evidence has been gathered by individual researchers at various hospitals and medical schools, and has been published in leading medical journals.

Among the findings are these:

❖ American surgeons, a Cornell University study indicates, are performing an estimated total of nearly 2.4 million unnecessary operations each year in which 11,900 patients die as the result of complications.

❖ An estimated total of 10,-

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000 Americans die or suffer potentially fatal reactions following the administration of antibiotics that are not needed, according to studies at the University of Florida and Ohio State University medical schools.

❖ As a result of errors in judgment it is estimated that 260,000 women undergo needless hysterectomies each year and some 500,000 children are subjected to unwarranted surgical removal of their tonsils and adenoids, studies done in several medical schools suggest.

❖ Each year, according to a drug-industry marketing survey, doctors write about 161,000 prescriptions for chloramphenicol, one of the most dangerous antibiotics, for patients whose diseases are known to be unaffected by antibiotics or who could have been treated with safer alternatives. The drug is intended for several uncommon infections such as typhoid and Rocky Mountain spotted fever. Its most serious side effect is a potentially fatal anemia.

❖ About 2,200 hospitals, nearly one-third of the total in the United States, fail to meet the minimum standards of safety and adequacy of patient care required by the medical profession's Joint Commission on Hospital Accreditation. Despite this, there is no legal restriction on the medical and surgical procedures these hospitals may attempt on patients.

❖ Although the Federation of State Medical Boards estimates that 16,000 doctors are unworthy of their licenses, state licensing agencies revoke an average of only 66 licenses a year nationwide. In most states, once a license is granted, it entitles a doctor to practice medicine for the rest of his life without any evidence that he has kept his knowledge up to date.

Pressures for Disclosure

While these and many other documented deficiencies in medical practice have existed for many years, they have remained largely hidden from public scrutiny because doctors have traditionally dealt with errant colleagues primarily within their own ranks and have rarely publicized their disciplinary actions.

These problems have lately come into public view largely as the result of two forces. One is the growing involvement of the Federal Government in paying for health services, which has focused attention, for example, on the costs, if not the hazards, of unnecessary

surgery. The other is the rise of the consumer movement, which has stimulated activists, including conscientious doctors, to seek and disclose hitherto obscure information.

Perhaps the best-known example of an unfit doctor was Max Jacobson, the Manhattan general practitioner who injected hundreds of patients, including many celebrities, with amphetamines and who was himself a regular user of the drug. Dr. Jacobson's license was revoked last year, more than two years after his practice was described in detail in *The New York Times*. Many of his former patients said his injections had destroyed their lives by addicting them to the powerful mind-altering drug.

A different kind of problem was represented by Stewart and Cyril Marcus, twin brothers and gynecologists who died last summer as a result of their addiction to barbiturates. Both were once leaders in their specialty, but after becoming addicted to drugs, the quality of their work declined over a period of years.

Despite much evidence of their deterioration, officials of New York Hospital, where the Marcus brothers practiced, were slow to protect their patients or to help the doctors. Days after the hospital finally withdrew the brothers' staff privileges, they were found dead in their apartment, one of barbiturate withdrawal and the other apparently of a subsequent suicidal overdose.

Immediately after publication of *The Times*'s investigation of Dr. Jacobson in late 1972, which revealed that several reputable doctors and hospitals knew of patients injured by his unorthodox practice yet failed to take action, many doctors and medical groups were quick to assert that the case was an isolated example of one errant doctor.

Calls for Reform

But a few physicians, including the president of the American Medical Association, were convinced the case represented a larger problem, and seized on it in journal articles and medical society speeches to argue that the profession had to do a better job of policing itself. When the case of the Marcus brothers came up in mid-1975, it stimulated a renewal of interest in the problem. The Medical Society of the County of New York, for example, called a meeting of all local hospital leaders to discuss ways to prevent further such cases.

One of the most-outspoken critics of the way medicine

This is the first in a series of five articles exploring the problem of incompetent doctors. Today's article deals with the nature and scope of the problem. Subsequent articles will examine the major facets of concern as follows:

TUESDAY—What hospital studies reveal about the number of unnecessary operations.

WEDNESDAY—An examination of evidence that a sizable proportion of the drugs prescribed by doctors are not warranted and may expose patients to needless risks.

THURSDAY—How the traditional reluctance of doctors to criticize their colleagues has kept medicine's self-policing mechanisms weak.

FRIDAY—A patients' guide to choosing a reliable doctor and evaluating the care received.

Unfit Physicians Are Regarded As Major Problem in Profession

lices its unfit members is Dr. Robert C. Derbyshire, a Santa Clara, N. M., surgeon who is a past president of the National Association of State Medical Boards, the professional organization of doctors charged with disciplining their errant colleagues.

Dr. Derbyshire is one of several authorities who have independently arrived at the estimate that 5 percent, or 16,000, of the country's doctors are unfit.

The figure is based on known cases of drug addiction, alcoholism and mental illness among professional groups and the proportion of incompetence uncovered through reviews of hospital case records. Although some in organized medicine have suggested the proportion is closer to 3 percent, the 5 percent figure is generally been accepted by the profession and is regarded by some experts as conservative.

One expert who has also suggested the 5 percent figure is Roger O. Egeberg, special assistant on health policy to the Secretary of Health, Education and Welfare.

"I've met one hell of a lot of doctors over the years and seen loads of records and that's my feeling," Dr. Egeberg said of the estimate.

"When I first started writing and talking about this problem a few years ago, all I got was castigation from doctors and even hate mail," Dr. Derbyshire said. "Lately, however, most of the feedback is positive. I think the profession is beginning to adopt a healthier attitude toward this problem."

A Cause of Malpractice

Recent publicity over growing malpractice suits and judgments against doctors has generally attributed the problem to greedy lawyers and perfection-obsessed patients. But Eliot A. Tarnzweig, a former director of the Federal Commission on Medical Malpractice, which investigated the problem for the Federal Department of Health, Education and Welfare, disagrees.

"The time has come," he said at a medical conference last year, "for all parties seeking solutions to malpractice problems to recognize that the root cause of the current malpractice problem is the substantial number of injuries and other adverse results sustained by patients during the course of hospital and medical treatment."

Another critic within the profession is Dr. Avedis Donabedian, professor of health-care organization at the University

of Michigan, who has studied the quality of medical care delivered under various systems of organization.

He believes the biggest problems in medicine come not from the 5 percent of thoroughly incompetent doctors, but from the much larger body of average doctors, who, for various reasons, do not practice the best medicine they can.

"There is much evidence to indicate that the quality of care available under many circumstances falls far below acceptable standards," Dr. Donabedian said in an interview.

The American Medical Association, which represents almost half the country's doctors, has also begun to recognize the problem of unfit practitioners. Dr. Malcolm C. Todd, the association's immediate past president, devoted much of his term to campaigning for stepped-up surveillance of unfit doctors and criticized local A.M.A. affiliates for being "derelict in exercising their responsibilities" in this area.

Because medicine has been closed to outside examination for so long, popular discussion of the quality of physicians has fed on the contrast between television's superdoctor, Marcus Welby, and tales of alleged cases of missed diagnoses and botched surgery.

Evidence Hard to Get

Unquestioned evidence of medical incompetence or unprofessional conduct is hard to come by. For one thing, even the best of medicine is frequently an inexact science and, in some cases, more of an art than any science at all.

Despite remarkable advances in the last 30 years, the underlying nature of most diseases is still not known. Even the best doctors must rely not on conclusive evidence to diagnose a disease, but on the probability that a given set of symptoms means one thing and not another.

One indication of how difficult diagnosis can be is the common experience of doctors who perform autopsies and find evidence of diseases that were never discovered before death. Dr. Michael Baden, deputy medical examiner for New York City, who performs hundreds of autopsies a year and oversees thousands, estimates that 30 to 50 percent of autopsies reveal previously undiagnosed diseases.

Most of the time the physician's diagnosis will be correct, but every doctor expects to make mistakes now and then. Judging this behavior with the advantages of hindsight and simply adding up the rare mistakes of individuals can lead to unfair conclusions.

For these reasons, the most persuasive evidence of unnecessary bad medical practice is based not on a comparison of actual practice with a mythical ideal, but on actual practice under varying circumstances. A number of such studies have been reported in medical journals in recent years, and although the details vary, nearly all point to problems of a magnitude that, the researchers say, warrants reform.

Variations Questioned

Why, the investigators ask, should people be 5 to 10 times as likely to die during a given operation in one hospital than they are in another?

Why should the people in one region of a state be three or four times as likely to undergo the most common surgical procedures as people in another, similar region of the same state?

Why do university-affiliated doctors usually recommend against prescribing antibiotics for a cold when private practitioners do so frequently?

Why do nearly half the doctors in some places perform physical examinations with their patients fully or almost fully clothed when the accepted method is to have the patient's entire body visible?

Variations in medical practice such as these, in the opinion of many medical leaders, expose millions of patients to unnecessary risks.

Each of these problem areas represents only a small segment

of medical practice that can be evaluated quantitatively. Many doctors and medical judgments cannot be directly evaluated because, for example, many doctors practice alone and their records cannot be examined, or because many diagnoses and therapies must be based on highly subjective evaluations of symptoms and other factors in the patient.

Most critics of medical incompetence say that many additional avoidable injuries and deaths must occur in these inaccessible areas.

Virtually all the studies of the adequacy of medical care reveal a great unevenness from one region to another, from one hospital to another within a region and from doctor to doctor within a single hospital.

Traditionally, organized medicine has tried to convey the belief that, except for a very few "rotten apples in the barrel," all doctors are well trained, conscientious and hard working.

But there is no evidence that the variation in quality among doctors is any different from that among lawyers, teachers, reporters or any other professional group. In virtually every

That is, there are some doctors who fall in the lowest end of the range, about as many who are in the highest end, and the vast majority near the middle, or average, part of the range.

But the problem is, some authorities note, that most patients behave as if this normal distribution of quality was not true and put unquestioning faith into whatever doctors say or do.

The 'Medical Mystique'

Dr. Marvin S. Belsky, a New York internist and author of a new book, "How to Choose and Use Your Doctor," says that the greatest problem for patients who want to assure themselves of good medical care is acquiring a willingness to judge.

"Patients in the thrall of the medical mystique," he writes, "are unwilling to examine their doctors."

The origins of the "medical mystique" are as old as the earliest witchdoctors and medicine men who jealously guarded the little genuine knowledge they had and concealed their ignorance behind pretensions of magic and authority. Then, as now, the power of suggestion played an important role in making patients feel better. The more a person believed in the medicine man, the better he was likely to feel. Practitioners of the healing arts have always known this and emphasized the need for patients to have faith in them.

"Formerly, when religion was strong and science weak, men mistook magic for medicine," says Dr. Thomas S. Szasz, professor of psychiatry at the State University of New York's Upstate Medical Center in Syracuse. "Now, when science is strong and religion weak, men mistake medicine for magic."

'Myths' Described

In his book, Dr. Belsky cites the work of Dr. Eliot Friedson, a New York University sociologist who studied the nature of the doctor-patient relationship and concluded that patients were reluctant to question their doctors' judgments because they believed several "myths of the medical mystique." These "myths," and Dr. Belsky's comments about them, include the following:

❶ Doctors must make such complicated judgments fitted to each patient that no one except another doctor who has gone through the case step by step can judge the worth of the diagnosis and treatment. "Not so," Dr. Belsky says. "The diagnosing physician is often comparing symptoms to criteria that may be as basic and fixed as multiplication tables."

❷ Doctors are always rational. "Doctors are human. They do get tired. Their interest does flag."

❸ The quality of medicine is

ous course of training a doctor must go through to get his degree and pass his licensing examination. "Actually, much of what was learned may be forgotten. Doctors' knowledge becomes stale. It requires constant replenishment through continuing education."

Doctors are responsible professionals, dedicated to the welfare of their patients and the public. "The truth is that dedication is variable, and doctors are no more or less dedicated than members of other professions."

According to Dr. Roger Steinhart, chairman of the Board of Censors that investigates errant doctors for the Medical Society of the County of New York, one problem in detecting unfit doctors is the reluctance of many patients to report misconduct by their physicians. Often, he said, the relationship between doctor and patient is such that the patient is either afraid to question the doctor or is blind to obvious deficiencies.

Complaints Lacking

"Patients don't complain that their doctors are flaky or inadequate," said Gary Gatzka, a spokesman for the medical society. "You would think that if patients walk into a doctor's office and it's in a mess or the doctor is obviously 'out of it,' they would turn on their heel and walk out."

Yet, the medical society says, they seldom do so. Although some 16,000 doctors are believed to be unfit to practice, state licensing agencies revoke only about 66 licenses a year in the entire country. A common reason, according to the Federation of State Medical Boards, and local licensing officials, is the difficulty of getting patients to complain and testify.

An additional reason for the low level of disciplinary action, in the view of experts such as Dr. Derbyshire, is the fact that most medical mistakes are neither apparent to the patient nor revealed to him if a doctor discovers the fact.

The real cause of a death during surgery or following drug therapy may be evident only to a physician. But even if a doctor reports such errors to a hospital board or medical society, he is unlikely to inform the patient's survivors.

"It's just not something many doctors feel they should do," said Dr. Baden of the Medical Examiner's office. He said that autopsies there revealed the fatal results of medical incompetence "dozens of times a year, maybe hundreds of times," but that the survivors were never told voluntarily. "If the family asks, however, we'll tell them," he said.

Because all deaths during

Indications of Medical Incompetence in the U.S.

SURGERY

① 14 million non-emergency operations annually	of which	② 2.38 million deemed unnecessary	during which	③ 11,900 people died during unnecessary surgery
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ANTIBIOTICS

④ 6 billion doses estimated consumed in U.S.	of which	⑤ 22% of these deemed unnecessary	during which	⑥ 10,000 fatal and near-fatal reactions to unnecessary antibiotics occurred
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REGULATION OF DOCTORS

⑦ 320,000 licensed physicians in U.S.	of whom	⑧ 16,000 deemed incompetent or unfit	of these	⑨ 66 licenses revoked each year on the average in U.S.
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Sources:

1. Commission on Hospital and Professional Activities
2. Dr. Eugene McCarthy, Cornell Univ. Medical College
3. Food and Drug Administration and Health Research Group
4. Ohio State University
5. Health Research Group
6. American Medical Association
7. Dr. Robert C. Derbyshire, New Mexico Board of Medical Examiners
8. Dept. of Health, Education and Welfare, and Dr. Roger O. Egeberg
9. Federation of State Medical Boards

surgery are automatically Medical Examiner cases in New York, Dr. Baden said this represented an existing way of discovering possible medical incompetence. He said he would welcome a law requiring that such discoveries be reported routinely to the proper regulatory agencies.

"Too often, these out-and-out mistakes are said to be just 'honest differences of opinion,'" Dr. Baden said. "This gives everybody the excuse not to be judgmental. We've got to start becoming a little more judgmental, and develop better means of quality control. Otherwise, we're always going to have incompetent doctors in business."



Associated Press

Dr. Max Jacobson, right, perhaps the best-known example of an unfit doctor, had his license revoked last year. At left are Cyril, top, and Stewart Marcus, gynecologists who died last summer as a result of their addiction to barbiturates.