Ethical Issues: Obligations to the Patient-
Are there Limits Based on Payment History?

Medicine is a profession, not a business—or is it? Sending a letter to "fire" a patient because they can't (or choose not to) pay their bill may seem unduly harsh and uncaring to many physicians because there seems to be an unavoidable tension between professional obligations to patients in our practice and fiduciary responsibilities to the business of our practice. This is a difficult struggle to reconcile. The professional ideal of medicine requires that we put aside self interest in the interest of our patients but there is an unavoidable conflict of interest in the day to day balancing income and overhead as we many of us struggle with thin margins. To be successful in the practice of medicine one must also be successful in the business of medicine. If it were a simple matter of buying and selling health care as a commodity it would be a simple matter: "If you don't pay for the goods, you don't get the goods." But the ethical challenge for physicians is in realizing that health care is something more than a market commodity that can be bought and sold like a loaf of bread, and that we *as* physicians are more than marketers.

When letters go out severing relationships because medical bills haven't been paid the message to patients may be that the financial "contract" is the most important aspect their relationship with physicians. The legalistic nature of such letters also tends to then make the relationship adversarial. Any hope of engendering trust or effective interaction during future encounters may be lost. This is true especially if such a letter is punitive or threatens legal recourse if payment is not received. Unfortunately, because of lagging reimbursement and increasing overhead costs, many modern medical practices struggle with a thin margin and fear they may not survive in the competitive medical market and therefore compete for the "good" patients, which is to say the "good paying" patients. Those who can pay, or who have health plans with good coverage, are desired and welcomed, while those who cannot or don't pay are discouraged, culled out, and often find themselves without access to health care.

But is this the way it should be? Should economics be he primary driving force for health care relationships and determine access to health care services? The moral tradition of medicine is one of a higher calling that places the patient at the very core of professional life. For the physician who has truly "professed" there is an obligation to first attend to the details of patient welfare regardless of social or economic status or ability to pay. But physicians and health care systems are not obligated to destroy themselves financially for the sake of patients, therefore a balance must obviously be found in the tug of war between fiduciary responsibilities to patient and practice.

The patient is not absolved of responsibility. Those seeking health care should respect the physician and health care system by being honest, by participating in health care decisions, and by making every attempt to meet their financial obligations when services are rendered. But, good health cannot be purchased, nor can illness be bargained away. Health care is not a luxury or a commodity, but a necessity for everyone regardless of economic status, and often required at a time of greatest vulnerability. This is the calling to which physicians train and dedicate their lives—to forgo self interest for the greater good of assisting those in their time of need. This is the promise that has been made in exchange for the privilege and benefits accorded health care professionals.

Physicians do have an obligation to protect the financial security of their practice for the sake of their patients, their employees and for themselves. But this responsibility does not displace the greater obligations of the profession—patients simply should not be abandoned for the sake of unpaid bills. Systems like UMHC have instituted sound business policies that will ensure due process in such matters, but not at the expense of patient care. If patients cannot pay, mechanisms are available to help them find the support that they need or to create a payment system that is within their means.

Limits to an obligation of nonabandonment are circumscribed by the level of trust and respect shared by the patient, the physician, and the system. Patients who abuse the system by repeatedly refusing to pay their fair share of health care costs may relinquish their rights to access only after due process has failed to make amends or clear up any misunderstanding. Even at this juncture, the physician can never fully abandon their responsibility to protect the patient.

Without sound business practices the opportunity to fulfill our professional obligations to patients, as providers and as a system, could not be realized because we would be out of business. This has never been truer than in the present *laissez faire* medical economy that encourages competition and over utilization, resulting in skyrocketing health care costs. The provision of health care in our society is costly and someone must pay for it. Clearly, both patients and health care providers must take responsibility for these costs and to ensure the wise use of increasingly expensive medical resources. But there is a balance. We must be ever wary that good business practice does not result in bad medicine by making patients a means to an end of financial success.