

Professional Courtesy

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A recent bout of visits to physicians for the treatment of age related infirmities has led me to reflect on the problem of professional courtesy. I recall my discomfort as a child psychiatry trainee when my obstetrician refused to charge me for two deliveries. I ended up giving him Navajo rugs after each of my sons was born. It was a symbolic gesture but one that appealed to his love of Native American crafts. This time around, the podiatrist adamantly refused to allow me to pay for a one shot consultation. I graciously accepted but made a note to bake her a loaf of bread. A consultation with the dermatologist, who is a friend, met with similar results. One rarely escapes the dermatologist's office without leaving bits of oneself behind and, indeed, this visit entailed several biopsies. I chose to ignore her insistence on courtesy care and presented my medical savings account (MSA) card to her receptionist who accepted it. I then had a visit with my internist whose receptionist always insists that she will only accept what my insurance will cover. In as much as I have a very large deductible, it will not pay anything but I intend to take it out of my MSA if I can persuade her to bill me. One might argue that colleagues who are friends are more likely to give professional courtesy and that I could have gone elsewhere. That is not easy to do in this small tightly knit professional community and there is not another dermatologist within a 60-mile radius.

The practice of professional courtesy is thought to have originated with Hippocrates who viewed it as an extension of collegiality. In the 19th century, British physician Thomas Percival added a further argument for it, citing concerns that physicians who treated themselves or family members would render inferior care. He believed that removing the cost



barrier would provide an incentive for physicians to turn elsewhere for care for themselves and family members (Algazy). This concept was endorsed by the AMA code of Ethics in the 19th century. As of 1990, 97% of physicians practiced some form of professional courtesy such as waiving co-payments and deductibles, offering discounts, or not billing at all. Eighty percent of psychiatrists in one survey said they offered professional courtesy and only a third of them had any serious concerns about the practice (Levy et al).

Professional courtesy carries the onus of reciprocity which is rarely feasible in psychiatry. I have no desire to treat my personal physicians or their relatives, as to do so invokes major boundary problems. Even performing consults on offspring of colleagues is awkward and I inevitably end up learning more about their families than I care to know. Physicians offering professional courtesy to friends and colleagues do not necessarily offer optimal care. They may skimp on histories and fail to inquire about sensitive areas such as substance abuse, domestic violence, or sexually transmitted diseases. They may unconsciously want to see their friends as emotionally healthy and minimize psychopathology. There may also be resentment over lost income if one has a lot of courtesy patients or if their treatment is lengthy or time consuming. Resentment may potentially interfere with care.

Physicians' resistances to utilizing professional courtesy may also interfere with optimal care. They may not wish to burden physician colleagues with minor problems or call them after hours, even when indicated, if they are not being charged. This resistance may further fuel the tendency of physicians to deny their symptoms of disease.

On another level, it is usually unethical to waive deductibles. Deductibles and co-payments exist to discourage utilization of services by patients and without them insurance companies end up paying out more. Waiving deductibles and co-payments also shifts cost to other subscribers. Under Medicare law, these practices are illegal and private insurance companies have similar regulations. Similarly, discounting of bills deprives insurance companies of what is due to them and may lead to inflation of bills. Physicians who advertise that they routinely waive co-pays and deductibles as a means of soliciting patients are in violation of Medicare law. The AMA has determined that it is ethical to waive deductibles in cases of indigence or where payment would result in hardship.

Steinbrook argues that in place of professional courtesy we should give extra measure care and concern to physician patients. However, an ethical dilemma arises if we imply that some patients are entitled to better care than others. Such practices also foster professional elitism. The issue of professional courtesy is not likely to go away, rather, it is one which we must struggle with and attempt to reconcile with our code of ethics and consciences. If committed to the concept of professional courtesy, one is better off giving free care rather than offering discounts or waiving deductibles and co-payments. ♦

REFERENCES

- Algazy, J: *Professional courtesy then and now*. Arch Intern Med 154: 2257-261, 1994.
- AMA: *A report of the Council on Ethical and Judicial Affairs*, June 1993.
- Levy, M, Arnold, R, Fine, M and Kapoor, W: *Professional courtesy-current practices and attitudes*. NEJM 329:1627-32, 1993.
- Steinbrook, R: *Rethinking professional courtesy*. NEJM 22:1652-1653, 1993.

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