

## **THE PHYSICIAN IN SOCIETY**

**Intensive Course for Fourth-Year Medical Students on the Ethical,  
Social and Legal Aspects of Health Care**

### **CASE STUDY, CLASS SCHEDULE, OUTLINE AND READINGS**

**SCHOOL OF MEDICINE  
UNIVERSITY OF SOUTHERN CALIFORNIA  
LOS ANGELES, CALIFORNIA**

**December 14-18, 1987**

**Organized by**

**ALEXANDER MORGAN CAPRON  
Norman Topping Professor of Law, Medicine and Public Policy**

**DAVID GOLDSTEIN, M.D.  
Associate Dean for Curriculum**

General Notes for "The Physician in Society" (1987)

*The objective of this course is to broaden students' horizons about the social, ethical, economic, and legal issues that will face physicians in the 1990s and beyond. Some of the issues are age-old, others more contemporary, and some will evolve with changes in medical practice. Instruction will emphasize student participation, based not only on "facts" to be conveyed and learned but upon analysis and justification, which rest in turn on students' earlier exposure to courses in the previous three years in the Humanities, Economics, Arts and Law (HEAL) curriculum, and to their experience as novice clinicians.*

**The following points bear special emphasis:**

1. This is an intensive, one-week course; it will meet from 9:00 a.m. to 5:00 p.m. each day. Attendance is expected at all sessions.
2. In order to hold lecture-time to a minimum, core readings have been prepared, and further selections can be found on reserve in the Norris Library. The amount of reading is not great and students will be expected to complete the assigned readings before each session.
3. The times indicated for each topic include ample time for discussion among the lecturers and students; in some cases, several related topics will be addressed in successive fashion and then time has been allocated for general class discussion.
4. Case studies will involve role-playing, both by physicians and other experts and by the medical students in the class. Attempts will be made, in particular, to have medical students see issues through the eyes of others (e.g., patients, nurses, administrators, et al.).

*We hope you will not only learn from this course but will also enjoy it. It is still evolving, and your comments and suggestions for improvement will be welcomed.*

**We look forward to seeing you at 9:00 a.m. on December 14 in the Hastings Auditorium, in the Hoffman Building.**

## WEEK-LONG CASE STUDY FOR "PHYSICIAN IN SOCIETY" (December 1987)

In this case study, the students follow the issues faced by an internist who practices in a multispecialty group, with privileges at a private hospital and a county hospital, as he confronts general and clinical issues raised by treatment of a special group of patients.

### DAY ONE : *Negotiation of Possible Joint Venture*

A private hospital, part of a for-profit chain, that is faced with a growing burden of uncompensated costs for treating AIDS patients, proposes to establish an independent hospice as a joint venture with a multispecialty medical group that conducts most of its practice through HMO and PPO arrangements with several large employers.

### DAY TWO: *Allocation of Scarce Resources*

At the County Hospital, to which a large number of AIDS patients are being referred, doubts have arisen about whether it is an appropriate use of resources to admit AIDS patients with pneumocystis carini pneumonia (PCP) to the intensive care unit (ICU) which is usually filled beyond its supposed capacity and is a major generator of expenses for the hospital because the high cost of intensive treatment exceeds what the hospital is able to collect from patients, insurers, and public authorities.

### DAY THREE: *Research with Human Subjects*

A hospital-based IRB (Institutional Review Board) with a variety of institutional and public members, both biomedical scientists and not, will review several protocols for research on AIDS using human and nonhuman subjects.

### DAY FOUR: *Dispute over Treatment of a Permanently Comatose ICU Patient*

Oliver Wilde is a 32-year-old truck driver admitted to LAC/USC Medical Center by his HMO physician because of fever, chronic fatigue, and shortness of breath. His physician thinks that he needs monitoring in the ICU, but the head of the unit believes that Mr. Wilde has PCP and that ICU treatment is not indicated for such patients. While hospitalized he suffers a cardiopulmonary arrest, which is not detected for 10 minutes; although the resuscitation team is able to restore breathing and heartbeat, Mr. Wilde--now admitted to the ICU--is diagnosed to be permanently vegetative. His roommate, Alfred Douglas, a professional athlete, asks that the respirator and nasogastric tube be removed because he believes that Mr. Wilde would not wish to have his life extended under the circumstances; however, Mr. Wilde's mother and next-of-kin, who has come to Los Angeles upon learning from Mr. Douglas that her son is hospitalized and comatose, is shocked by the situation and insists that treatment be continued.

### DAY FIVE: *Wilde v. Goldstein, Kaufman & LAC/USC (Malpractice Trial)*

Mrs. Dorian Wilde, who is administratrix of her son Oliver's estate, has brought a wrongful death suit against his physician, the head of the Intensive Care Unit, and the hospital for (1) negligence in failing to provide medically appropriate care that would have detected his cardiopulmonary arrest in a prompt fashion and avoided the neurologic injuries and coma, (2) negligence in failing to continue appropriate care once he was moved to the ICU for treatment after the cardiopulmonary arrest, and (3) intentional wrong in discontinuing treatment over her objections, as next-of-kin, which resulted in Oliver's death; she seeks both compensatory and punitive damages.

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**MONDAY: The Socioeconomic Setting of Medical Practice**

**A. *Introduction to the Course* (9:00 - 9:15)**  
Alexander M. Capron

**B. *Patients and Providers: Demographic and Organizational Changes* (9:15-10:30)**  
Stephen Radecki, M.D./Allan Abbott, M.D.

- numbers and characteristics of patients, past and projected
- numbers and (new) roles and responsibilities of health care workers
- practices: solo, multispecialty group, clinic/ambulatory setting, HMO, hospital-based, government-employed (county/state, military, VA, Indian Health Service)
- types of hospitals (governmental, voluntary, for-profit, etc.)
- what should influence choice of specialities and practice setting?
- to what extent is "competition" consistent or inconsistent with traditions and aspirations of medicine?

**C. *The Inputs and Outputs of Medical Care* (10:45-12:00)**  
Lois Friss, Dr.P.H./Alan Abbott, M.D.

- what are the regional/local area variations in medical practice?
- what significance do they have for evaluating the efficacy of medicine?
- how is quality of care measured (the means and their impact on physicians)?
- what changes are probable in the means to measure quality?

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**D. *Hospitals and Other Health Care Settings* (1:00-2:30)**  
Lois Friss, Dr.P.H./Ronald Kaufman, M.D.

- changing relationship between hospitals, physicians and allied health workers
- legal responsibilities to patients, physicians and staff
- admitting privileges (getting, using, retaining)
- functions performed by hospitals

- structure within hospitals (trustees, administration, medical and nursing staff, committees, etc.)
- role of JCAH and of its standards
- how should authority be distributed within institutions, and how does this differ by type of ownership, if at all?
- how effective is medical discipline within institutions, and what happens when it is and is not used to revoke physicians' privileges?

**CASE STUDY: *Negotiation of Possible Joint Venture (2:45-4:45)***

A private hospital, part of a for-profit chain, that is faced with a growing burden of uncompensated costs for treating AIDS patients, proposes to establish an independent hospice as a joint venture with a multispecialty medical group that conducts most of its practice through HMO and PPO arrangements with several large employers.

**PARTICIPANTS:**

*Westside Medical Associates, Inc.*

David Goldstein, M.D., internist  
Judy Weiner, M.B.A., Fred Rothenberg & Associates, Inc.  
John Brodhead, M.D., LAC/USC Medical Center

*American Hospital Corp.*

Richard Sinaiko, Assistant Dean & Executive Director for Faculty Practice  
and Ambulatory Care, USC School of Medicine  
Sharon Grigsby, R.N., Executive Director, Visiting Nurses Association-LA  
Robert L. Spears, M.D., Association Dean for Clinical Affairs, USC School  
of Medicine  
Ronald L. Kaufman, M.D., Rancho Los Amigos Medical Center

**ISSUES:**

- to whom does a hospital owe allegiance: patients? community? physicians?  
investors?
- what are legitimate strategies for a health care facility to use in insulating itself  
from some of the costs of treating patient--and to transfer that burden  
elsewhere?
- what role should economic factors (versus clinical factors) play in physicians'  
decisions about participating in a joint venture?
- who represents the interests of the patient?

TUESDAY: Allocation of Health Care Resources

A. *Where Do the Health Care Dollars Come From, and Where Do They Go?* (9:00-12:00)  
Joan Krueger, Ph.D./Allan Abbott, M.D./Alexander Capron

WHO PAYS FOR WHAT?

- sources of funds for health care and research (private payment, employer/employee contributions, local, state & federal funds, private philanthropy)
- overall and per-capita expenditures in U.S.A. (with comparison to other countries)
- division among personal medical care (physician services, hospital charges, etc.) and other health care expenditures related to health and health care
- physicians' direct and indirect contribution to health care spending
- what is relative contribution of "little ticket" and "big ticket" items to total health care spending and to the rate of increase?
- what is the distribution of high cost items within the population (with special emphasis on the effect of an increasingly elderly patient pool on the provision of health care services and on spending)?

HOW (AND HOW MUCH) DO PHYSICIANS GET PAID?

- variations across career and among specialties and types of practice
- sources of income: fee-for-service, salary, profit sharing, pre-paid insurance (capitation; risk-sharing)
- physicians' "participation" in Medicare/Medical programs (how is payment made? what are the problems? what are the alternatives and consequences?)
- financial incentives in service-provision and in ownership of diagnostic and treatment equipment and facilities

WHO GETS WHAT CARE?

- access to, and use of, health care services by different groups in United States (by age, race, nationality, economic status)
- the relative burden of "uncompensated care" on hospitals and physicians, and their responses to it
- problems with a payment system that does not encompass 15% of the population (at least)
- who (society, corporations, individuals, physicians, hospitals?) has what (ethical? legal?) obligations regarding health care, and for what reasons?

**B. Benefit/Cost and Cost-Effectiveness Analysis in Health Programs (1:00-2:30)**  
Joan Krueger, Ph.D./Ronald Kaufman, M.D./Alexander Capron

- contrast macro, meso, and micro uses of cost-benefit/cost-effectiveness
- usefulness of cost-benefit or cost-effectiveness in allocating resources, setting insurance reimbursement policies, and designing clinical protocols
- can, and should, physicians practice "cost-effective" or "cost-beneficial" medicine with individual patients?
- to what extent do intensive, hospital-style work-up lead to better diagnosis and/or better outcome for patient?
- review processes (PRO, etc.) for payment of physician and hospital bills (who are reviewers? what criteria do they use and why? what is the timing and impact of their review? BOMQA? malpractice actions?)
- potential sanctions by PROs and other review groups
- what consequences do the various payment mechanisms have for patient care and physician-patient relationship?

**CASE STUDY: Allocation of Scarce Resources (3:00-5:00)**

At the County Hospital, to which a large number of AIDS patients are being referred, doubts have arisen about whether it is an appropriate use of resources to admit AIDS patients with pneumocystis carinii pneumonia (PCP) to the intensive care unit (ICU) which is usually filled beyond its supposed capacity and is a major generator of expenses for the hospital because the high cost of intensive treatment exceeds what the hospital is able to collect from patients, insurers, and public authorities.

**PARTICIPANTS:**

Sol Bernstein, M.D., Medical Director, LAC/USC Medical Center  
David Kaufman, M.D., Head, Intensive Care Unit, LAC/USC Medical Center  
David Goldstein, M.D., internist  
Richard Cordova, Administrator, LAC/USC Medical Center

**ISSUES:**

what value can be placed on human life, if any--and how and by whom?  
does a policy on treating PCP set a precedent for treatment of other diseases and other groups of patients--and is that good or bad?  
by which methods are--and should--allocation decisions be made?  
what are the connections between administrative and clinical decisions?

WEDNESDAY: Research and the Interests of the Community

A. *The Practice and Control of Experimentation with Human Subjects* (9:00-10:30)

Alexander Capron

- historical examples, from 19th Century through Nazi camp doctors through post-War American cases
- development of professional and legal standards and rules
- current status and methods of regulation and oversight, including analysis of principles and the extent to which they form basis for consistent practices
- how lines are drawn (and how well?) among research, innovative therapy, and accepted practice

B. *Special Considerations in Animal Research* (10:45-11:15)

J. Wesley Robb, Ph.D.

- may experiments be done with animals that are forbidden in humans, and if so why?

*Class Discussion* (11:15-12:00)

Robb, Capron

C. *Tension Between Individual and Community Interests* (1:00-1:45)

Alexander Capron

- informed consent v. paternalism
- individual choice v. community will
- confidentiality v. protection of public

**CASE STUDY: *Research with Human and Animal Subjects* (2:00-4:00)**

A hospital-based IRB (Institutional Review Board) with a variety of institutional and public members, both biomedical scientists and not, will review several protocols for research on AIDS using human and nonhuman subjects.

**PARTICIPANTS:**

*Investigators:* Peter N.R. Heseltine, M.D., USC School of Medicine  
Marjorie Bernstein-Singer, M.D., Norris Cancer Hospital

*IRB:* John Nicoloff, M.D., Chair, Research Committee, USC School of Medicine  
Susie Nakao, R.N., Nurse-Manager, LAC/USC Medical Center  
Raymond Kempf, M.D., Norris Cancer Hospital  
Prof. J. Wesley Robb, USC Dept. of Religion & Chair, Animal Research Committee  
Prof. William W. May, USC Dept. of Religion  
Prof. A.M. Capron, USC Law Center & School of Medicine



**THURSDAY: Critical Illness and Death**

**A. *Why Is Death a Special Issue?* (9:00-9:10)**

Alexander Capron

**B. *Diagnosis of Death* (9:10-9:40)**

Victor Henderson, M.D. & Alexander Capron

-development of means of sustaining respiration/circulation and effect on legal standards for determining death

-current law and medical practice

-relationship to permanent coma, anencephaly, etc.

-relationship to organ donation and special requirements

**C. *Communicating with Patients and Others about Terminal Illness* (9:40-10:10)**

David Goldstein, M.D.

-review of material on informed consent & confidentiality studied earlier in medical school

-relative obligations of physicians, families and patients in the relationship vis-à-vis communication and decisions

***Class Discussion* (10:10-10:30)**

Henderson, Goldstein, Capron

**D. *Forgoing Life-Sustaining Treatment: Basic Concepts & Processes* (10:45-12:00)**

Bruce Zawacki, M.D.

-withholding v. withdrawing treatment

-allowing v. causing death

-easing pain v. killing

-competent patients

-incompetent patients (role of family, ethics committee, etc.)

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**E. *Orders Not to Resuscitate* (1:00-1:30)**

David Goldstein, M.D.

-historical development of cardiopulmonary resuscitation and its spread throughout hospital and beyond

-problems with uniform policy of resuscitation

-development of DNR orders, and current practices and standards for use (including patient discussion and decisionmaking)

-should DNR be limited to certain class of patients (i.e., those who are near death)?

**F. Special Issues for Rehabilitation and Long-Term Care (1:30-2:00)**  
Leonard Wendland, Ph.D.

-who has what responsibilities for care of patients in long-term care (such as nursing homes)?

-special problems because of regulations regarding nursing homes (penalising deaths that occur there; limiting treatment options)

-role of hospice and other nonacute settings

-after a severe injury, should patients ever be forced to undergo treatment, including rehabilitation, over their objections?

**Class Discussion (2:00-2:30)**  
Goldstein, Wendland, Capron

**CASE STUDY: Dispute over Treatment of a Permanently Comatose ICU Patient (2:45-4:45)**

Oliver Wilde is a 32-year-old truck driver admitted to LAC/USC Medical Center by his HMO physician because of fever, chronic fatigue, and shortness of breath. His physician thinks that he needs monitoring in the ICU, but the head of the unit believes that Mr. Wilde has PCP and that ICU treatment is not indicated for such patients. While hospitalized he suffers a cardiopulmonary arrest, which is not detected for 10 minutes; although the resuscitation team is able to restore breathing and heartbeat, Mr. Wilde--now intubated and admitted to the ICU--is diagnosed to be permanently vegetative. His roommate, Alfred Douglas, a professional athlete, asks that the respirator and nasogastric tube be removed because he believes that Mr. Wilde would not wish to have his life extended under the circumstances; however, Mr. Wilde's mother and next-of-kin, who has come to Los Angeles upon learning from Mr. Douglas that her son is hospitalized and comatose, is shocked by the situation and insists that treatment be continued.

**PARTICIPANTS:**

*Mr. Douglas:* John Brodhead, M.D.  
*Mrs. Wilde:* Colleen Weckerly  
*Head of ICU:* David Kaufman, M.D.  
*ICU nurse:* Debbie Gaytan, R.N., Charge Nurse, Respiratory ICU, LAC/USC  
*Attending:* David Goldstein, M.D.  
*Ethics Comm:* Bruce Zawacki, M.D., LAC/USC Burn Unit (Chair)  
Judith Wilson Ross, M.A., Medical Ethics Program, UCLA  
Barbara Korsch, M.D., Children's Hospital Medical Center  
Irwin Pincus, M.D.  
Leonard Wendland, Ph.D., Director, USC Division of Health  
Related Professions

**FRIDAY: Wilde v. Goldstein, Kaufman & LAC/USC (Malpractice Trial) (9:00-12:00; 1:00-5:00)**

Alexander Capron, Moderator

Mrs. Dorian Wilde, who is administratrix of her son Oliver's estate, has brought a wrongful death suit against his physician, the head of the Intensive Care Unit, and the hospital for (1) negligence in failing to provide medically appropriate care that would have detected his cardiopulmonary arrest in a prompt fashion and avoided the neurologic injuries and coma, (2) negligence in failing to continue appropriate care once he was moved to the ICU for treatment after the cardiopulmonary arrest, and (3) intentional wrong in discontinuing treatment over her objections, as next-of-kin, which resulted in Oliver's death; she seeks both compensatory and punitive damages.

**PARTICIPANTS:**

*Judge:* The Honorable Robert Thompson, USC Law Center

*Plaintiff (Mrs. Dorian Wilde):* Colleen Weckerly

*Plaintiff's Attorney:* Richard Stanley Scott, Esq.  
Malley, Scott & Koffman  
Santa Monica

*Plaintiff's expert witness:* James Tuchs Schmidt, M.D.

*Defendants:* David Goldstein, M.D., USC School of Medicine  
David Kaufman, M.D., LAC/USC Medical Center

*Defendant's Attorney:* William H. Ginsburg, Esq.  
Wood, Lucksinger & Epstein  
Los Angeles

*Defendant's expert witness:* C. T. Boylen, M.D.

*Chair of Ethics Committee:* Bruce Zawacki, M.D., LAC/USC Medical Center

*Alfred Douglas:* John Brodhead, M.D.

**THE PHYSICIAN IN SOCIETY**  
U.S.C. School of Medicine, December 1987

**Readings--Table of Contents\***

**DAY 1: THE SOCIOECONOMIC SETTING OF MEDICAL PRACTICE**

Duann & Thran, Recent Changes in Medical Practice Characteristics (1985)

Utilization Trends and Variations (1984)

Practice Environment of Young Physicians (1984)

Brink, Health Care in the 1990s: A Buyer's Market (1986)

Physicians' Financial Arrangements with Hospitals (1984)

Johnson, Hospitals' Acquisitions of Physicians' Practices Expected to Accelerate (1986)

Berenson, Capitation and Conflict of Interest (1986)

Ginzberg, Patray, Ostow & Brann, Nurse Discontent: The Search for Realistic Solutions (1982)\*

Freidson, The Changing Nature of Professional Control (1984)\*

Shortell, The Medical Staff of the Future: Replanting the Garden\*

Reinhardt, The Compensation of Physicians: Approaches Used in Foreign Countries (1985)\*

Jencks & Dobson, Strategies for Reforming Medicare's Physician Payments (1985)\*

Lowenstein, Iezzoni & Moskowitz, Prospective Payment for Physician Services (1985)\*

Davies, Ware, Brook, Peterson & Newhouse, Consumer Acceptance of Prepaid and Fee-for-Service Medical Care: Results from a Randomized Controlled Trial (1986)\*

Feldstein, The Demand for Medical Care (1983)\*

**DAY 2: ALLOCATION OF HEALTH CARE RESOURCES**

Williams & Torrens, Introduction to Health Services (1984)

Waldo, Levit & Lazenby, National Health Expenditures (1986)

Bertram, Physician Reimbursement and the Quantity and Quality of Health Care Services (1985)

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\* Additional materials on reserve in the library.

President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research, Securing Access to Health Care (1983)

Waldholz, More Firms Are Telling Workers Which Doctors They Should Use (1985)

Ellsbury, Gatekeeping--Clinical and Administrative Issues (1986)

Sorkin, The Costs and Benefits of Health Programs (1975)

Coady, Looking Ahead at Utilization Review (1987)

Fein, Cutting Back on Health Insurance: Competition and the Free Market Ideology (1986)\*

Evans, Health Care Technology and the Inevitability of Resource Allocation and Rationing Decisions (1983)\*

Greer, Rationing Medical Technology: Hospital Decision Making in the United States and England (1987)\*

Warner & Luce, Cost-Benefit and Cost-Effectiveness Analysis in Health Care (1982)\*

Acton, Evaluating Public Programs to Save Lives: The Case of Heart Attacks (1973)\*

Engelhardt, Shattuck Lecture--Allocating Scarce Medical Resources and the Availability of Organ Transplantation: Some Moral Presuppositions (1984)\*

### DAY 3: RESEARCH AND THE INTERESTS OF THE COMMUNITY

Capron, Human Experimentation (1986)

Office of Technology Assessment, Alternatives to Animal Use in Research, Testing, and Education (1986)

### DAY 4: CRITICAL ILLNESS AND DEATH

Guidelines for the Determination of Death (1981)

President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research, Defining Death (1981)

Annas, Informed Consent (1978)

Wanzer, Adelstein, Cranford, Federman, Hook, Moertel, Safar, Stone, Taussig & van Eys, The Physician's Responsibility Toward Hopelessly Ill Patients (1984)

President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research, Deciding to Forego Life-Sustaining Treatment (1983)

LACMA/LACBA Committee on Biomedical Ethics, Principles and Guidelines Concerning the Foregoing of Life-Sustaining Treatment for Adult Patients (1986)

Los Angeles County Department of Health Services, Guidelines for "No-Code" Orders (1979)

Bedell, Pelle, Maher & Cleary, Do-Not-Resuscitate Orders for Critically Ill Patients in the Hospital: How Are They Used and What Is Their Impact? (1986)

Somers, Long-Term Care for the Elderly: Policy and Economic Issues (1985)

U.S. Department of Health & Human Services, Task Force on Organ Transplantation, Organ Transplantation: Issues and Recommendations (1986)\*

Brett & McCullough, When Patients Request Specific Interventions: Defining the Limits of the Physician's Obligation (1986)\*

Humane and Dignified Death Initiative (1987)

Dailey & Funke, The Medicare Hospice Benefit: Little Help to Children (1986)\*

Halamandaris, The Future of Hospice in America (1986)\*

#### DAY 5: MALPRACTICE TRIAL

Macdonald, Meyer & Essig, The Law of Medical Malpractice (1985)

Bartling v. Superior Court (Calif. Ct. of Appeal, 2d Dist., 1984)

Bouvia v. Superior Court (Calif. Ct. of Appeal, 2d Dist., 1986)