Second Opinions

No gagging

As vice president for network operations for CIGNA HealthCare, I am responding to the article in the April AAP News, “Gag clauses: restrict options.” The article quotes Dr. Rosabel Young making serious, yet unsubstantiated, charges against CIGNA HealthCare. It is most disappointing that, in his contact with us to research this article, the writer neglected to give us the opportunity to respond to Dr. Young’s comments.

CIGNA recently sold the CIGNA Medical Group in Los Angeles, where Dr. Young was employed, to Caremark. When we operated the CIGNA Medical Group, we had no explicit or written clauses in our physician employment agreements that prevented them from talking about treatment options or health plan grievance procedures. There were no implied or verbal instructions that restricted our staff physicians in what they could discuss with their patients.

In fact, we encourage our staff physicians to talk with their patients about their conditions and treatment options. At the CIGNA Medical Group, we viewed our physicians as advocates for their patients. We strongly support patient education and a close doctor-patient relationship.

Dr. Young has charged that she was told not to discuss with patients any treatment options not in the benefits package. This is simply not true. At the CIGNA Medical Group, physicians were encouraged to discuss all aspects of health care, including various treatment options, with their patients. Dr. Young left the CIGNA Medical Group in July 1994. If she had a concern about the issue of supposed restrictions on physician-patient communications, she did not bring it up with us while she was employed at the medical group.

On the specific issue of gag clauses, I want to assure AAP members, many of whom serve our subscribers as primary care physicians, that our policy is to encourage doctor-patient communication—not limit it. Consistent with this policy, nothing in our contracts with doctors inhibits communication with patients on any treatment issues. Nor do our contracts prevent physicians from discussing the method by which they are compensated. We believe as fervently as you do that patients should have trust and open dialogue with their physicians. And we have had no reason to believe that the physicians we employ or have contracts with have ever assumed otherwise.

Howard G. Smith, M.D.
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Abortion’s legal, but is it safe?

[⇒[1]] I would like to respond to Dr. Scott Spear’s letter in the May AAP News (Second Opinions, “Don’t deny patients the whole story”). He seems to have some of the same misperceptions that I had for many years.

I think he is disingenuous when he states that Planned Parenthood Federation of America provides no abortions. While technically he may be correct, it is nevertheless true that, collectively, Planned Parenthood clinics are the nation’s largest abortion providers. They are actively expanding this “service” to geographic areas where they have previously disavowed abortion. Currently, they are planning to open an abortion clinic in San Antonio, where I practice. San Antonio already has eight abortion clinics and certainly does not need another one.

I would also take exception to his remarks about the safety of legal abortion. Contrary to allegations that 5,000-10,000 women died each year from illegal abortions, the average number of abortion-related deaths per year in the 25 years prior to Roe v. Wade was 250 – and it had fallen to 39 in 1972.

While this may be underreporting because of the attached stigma, the same can be said of current statistics. Abortion clinics are totally unregulated in many states (such as Texas) and do not report their complications. Hospital death certificates also do not always list abortion as a proximate cause of death, instead reporting the more immediate causes such as hemorrhage and sepsis. Carol Everett, an owner-operator of abortion clinics in Dallas, says that 1 in 500 of their patients had major complications, such as hysterectomy, requiring hospitalization or resulting in death. This does not include the increased rates of infertility, the 50 percent increased risk of breast cancer, or the long-term psychological aftereffects reported by many women. This is hardly as safe a procedure as we have been led to believe.

Linda Martin, M.D., FAAP
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No common premise

In the May AAP News, Pamela S. Smith, M.D., FAAP, certainly focused on the key problem of the abortion issue in noting that there is no common premise (Second Opinions, “AAP should avoid abortion stance”). What is the core issue? Certainly abortion is an immediate and most definitive solution to a multitude of personal, social, legal, economic and emotional problems.

But some say abortion is the destruction of innocent human life. Putting all emotional and religious nonsense aside, just what is going on with abortion? Is a human being being destroyed? Of course, scientifically, the embryo and fetus have a full set of human genes and chromosomes and qualify genetically as a human.

But is it a human personhood? Are personhood and being the same? Does personhood begin at the beginning of life (conception), or does it evolve? What parameters do we use? Perhaps intelligence, mobility, independence, responsibility, or just being loving and lovable are good measures of personhood. Maybe some reader can suggest better parameters.

Incidentally, I’ve had two Labrador retrievers, Sammie and Lucie, who were more intelligent, mobile, independent, responsive, and even more loving than any neonate or colicky young infant. Of course, I’ve labeled my labs as humans, but they just won’t give them the vote.

I really don’t mean to be facetious on such a serious matter, but surely someone can proffer a clear answer that will stand up to Dr. Smith’s scientific scrutiny.

Patrick A. Reardon, M.D., FAAP
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Stay off Ritalin bandwagon

I object to the article on Ritalin in the May AAP News (“Medical experts defend against Ritalin charges”). Readers are presented with a series of rationalizations regarding the astounding increase in the prescription of Ritalin for attention deficit disorder (ADD). I am concerned that:

• There is still no biological basis for the diagnosis of ADD.
• There is not a priori reason to think that 3 to 5 percent of school-age children have this malady.
• Physicians are eagerly prescribing Ritalin rather than taking the time to think through a child’s problems with the child and his or her parents.