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## FROM THE DESK OF THE PRESIDENT

# Ethics on the Front Lines

The NASS leadership has been looking at the “big picture” of what NASS does and how—or how *well*—we do it. We’ve been looking at things from the 30,000-foot view.

We also have to look at NASS’ place in individual physician’s lives. A lot of what we do—letters to the Senate, advocacy in Washington, influencing CPT/RUC decisions, funding research—may not seem to affect the day-to-day practice of the individual physician. Some of our membership may feel lost in the shuffle, or that we are not speaking to their individual needs or solving their specific problems.

In May, we held the first of a planned series of Town Hall meetings, at which members could discuss their concerns and “burning issues.” The rich discussion went an hour over the allotted time. The audience asked a number of questions about ethics. To our surprise, they weren’t about the ethical issues I’ve been writing about here—not about influencing legislation, modifying disclosure policies, and developing new programs centered on industry relationships. The members expressed a desire for guidance on the day-to-day practice of ethical medicine.

For example, at that first Town Hall meeting in Anaheim, NASS members told us they do not need to know about the Physician Payments Sunshine Act (ie, HR 5605 & S 2029). This proposed federal disclosure legislation, they felt, does not affect the average spine physician’s daily activities, eg, seeing patients, performing procedures or operating.

While NASS will continue to clarify issues of industry influence and consulting agreements for its membership, we will increasingly seek to assist the membership in maintaining the highest ethical standards in the individual decisions they make for each patient. NASS has established guidelines

that steer our members in making these decisions and we will continue to refine these standards.

NASS’ work to improve the Sunshine Act *will* in fact affect the daily practice of spine care. On the surface, the legislation sets national reporting standards for physician/industry relations. It also helps maintain more transparent doctor-patient relationships by providing accurate and complete information regarding the relationships between industry and their physician. This transparency will improve individual patient trust in their physician and the recommendations made about their medical care. I believe it will also maintain society’s trust in physicians. A fully accessible database will also open the door for future conversations about the nature of specific relationships with industry when questions arise, eliminating patient concerns about the appropriateness of the treatment they are receiving. Although provisions relating to medical societies have been removed from the proposed act, as a society, we should continue to examine our relations with industry and ensure that these interactions, are held to the same level of scrutiny expected from our membership.

As individuals, different physicians operate under different personal moral codes. The “what if it was my own mother?” rule is one example of a moral code. Unfortunately, others operate under the “what can I get away with” code. This exposes the difference between what is legal and what is moral. As physicians, we are compelled to follow the Hippocratic Oath which directs us to “avoid any voluntary act of impropriety or corruption.” As Plato said,

*Every art has authority and superior power over its subject. . . . So far as the arts are concerned, then, no art ever studies or enjoins the interest of the superior party, but always that of the*

*weaker over which it has authority. . . . So the physician, as such, studies only the patient's interest, not his own. For as we agreed, the business of the physician, in the strict sense, is not to make money for himself, but to exercise his power over the patient's body. . . . And so with government of any kind: no ruler, in so far as he is acting as ruler, will study or enjoin what is for his own interest. All that he says and does will be said and done with a view to what is good and proper for the subject for whom he practices his art.*

Cornford FM (trans). *The Republic of Plato*. New York; Oxford University Press; 1945:23-24.

Carrying each patient across a narrow moral tightrope toward a positive outcome can be confusing and challenging work. These days we are all dealing with potential “corruptions” and distractions: declining reimbursement, higher overheads, new technologies and countless other issues that complicate—and perhaps impede—our ability to accomplish our goal: the most effective spine care we can provide for each patient. At the beginning of each patient encounter, we must remind ourselves of our goals: delivering efficient, high-quality, ethical spine care.

This balancing act isn't new. What's frustrating is that many of us are increasing our awareness of ethical behavior out of an altruistic motivation, and at the same time our patients' trust in us is declining. In the book *Trusting Doctors: The Decline of Moral Authority in American Medicine*, Jonathan B. Imber writes that the decline of the American consumer/patient's trust in his or her physician actually began “after World War II, when practitioners became valued for their technical competence rather than their personal integrity.”

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According to Imber, “as modern medicine becomes defined by specialization, rapid medical advance, profit-driven industry, and ever more anxious patients, the future for a renewed trust in doctors will be confronted by even greater challenges.” (Princeton Univ Press; 2008)

Our patients' trust in us is key; it is integral to their ability to follow the treatment plan we advise. A patient's distrust may actually impede his or her ability to heal. We must do everything we can to preserve this trust, and the only way we can do that is by continuing to earn it. This is why, during his NASS presidency in 2005, Dr. Stan Herring created the Professional Conduct & Ethics Committee. This Committee adjudicates cases of misconduct among members. Subsequently, the ad hoc Disclosure Task Force was created in 2006. The Task Force recommended a more rigorous disclosure policy—which the NASS Board implemented—than enacted by any other medical society.

We continue to go over our policies with a fine-toothed comb, looking for ways to strengthen them. In September, we are holding a roundtable on ethics with industry leaders. We will enlist the help of professional ethicists to assist our self-analysis of our Annual Meeting and the Spine Master's Institute. Our interactions with industry will evolve in a way that respects each party's value,

minimizes conflict, and preserves our field's dignity.

NASS' efforts focus on a high-quality, effective, ethical spine care environment for its membership and their patients. The organizational retooling at the committee, council and board level is peripheral to our members' everyday concerns. I share the changes within NASS in the interest of full disclosure, but we understand that it's probably not what makes you get out of bed in the morning. What *does* is the prospect of making a difference in the life of a patient. This restructuring is part of NASS' commitment to helping you make that happen.

#### **For More Information**

If you need guidance on ethical issues in your day-to-day practice, please submit them to the Professional Conduct & Ethics Committee through Laura Scott Wade, Director of Ethics ([lwade@spine.org](mailto:lwade@spine.org)). Your question and the Committee's response may be featured (anonymously, if you so choose) in the Ethics column of an upcoming issue of *Spine-Line*. For detailed information on the efforts within NASS' Ethics program, please visit us at [www.spine.org/Pages/PracticePolicy/EthicsProfConduct/Default.aspx](http://www.spine.org/Pages/PracticePolicy/EthicsProfConduct/Default.aspx).