

Editor's Note

In the Summer, 1990, issue we presented some practices of Dr. Paul Glanville in Arizona who has been experimenting with some radical departures from certain medical orthodoxies. One of his departures was to have his patients keep their own medical records. The idea has begun to become almost irresistible to me. In a recent week I found that I had to devote literally hours to answering demands for copies or other use of patients' medical records. Attorneys want information, necessitating the filing of the patient's authorization and picking out the information which related to the accident in question. Meals on Wheels wants confirmation that a patient has chronic disease in order to qualify for their services. Life insurance companies plunder through past histories. Visiting nurses and physical therapists send information to be included. Worst and commonest of all, medical insurers want "copies of all visits from June, 1989, through January, 1992," or the like. They are looking for pre-existing conditions that will allow them to refuse to pay the patient. Some may just be looking to string out the interval before they have to pay in order to hold on to the money a bit longer. For any physician whose bills are few but relatively large, the costs of retrieving, copying, and filing the records constitutes a small percentage of the entire bill. For physicians who deal mostly with outpatients and do not do big ticket procedures, such costs constitute a substantial portion of the total bill.

What a patient sees as the cost of "medical care" is increasingly the cost of the administration of medical care. The physician takes the blame. How might patients respond differently if they were made aware of the massive plundering being done by third parties in their records? We were interested to find some of Dr. Glanville's reasoning echoed in the Journal of Medical Ethics, Vol. 17, 1991, "Medical records: practicalities and principles of patient possession."

Impetus appears to be building behind a movement to outlaw the corporal punishment of children, first in

schools, then elsewhere in public, and finally in homes. Family practitioners, pediatricians, and all medical personnel who are subject to mandatory reporting requirement of child abuse are being steadily indoctrinated into the view that spanking, per se, is abusive, "outmoded," and unnecessary. As Christians who are mindful of the Biblical injunctions teaching this method as a part of child rearing, our initial reaction is often misguided. The opponents of corporal punishment usually cite "studies" of the supposed bad effects of corporal punishment, or of the effectiveness of alternative methods. We are wont to answer with studies of our own selection. While it is possible to debate the issue on such grounds, it is a strategic error not to challenge the opponent's implicit assumption that the matter is a scientific one. What God has revealed about training children, cannot be made more true by citing scientific studies. Revelation is not tested by experience. Experience is tested by revelation. Deciding the issue requires everyone to begin from certain beliefs taken as true without proof -- on faith. Scientists have faith, for example, that there are regularities in the universe which can be observed, that their observations are veridical, and that their formulations can capture the essence of a relationship. That a scientist may choose to omit revelatory information from God as valid doesn't prove that it is of no relevance; it merely demonstrates that he assumed that it was of no relevance. Assumptions are not proof, and we need to remind our opponents of that.

Casually, we say we watch "the news" on television. Not quite. We watch a news -- someone's selection among all the possible reportable data, perhaps with a certain spin on it. Recently, our state welfare agency was investigated in the death of a teenager who had been placed in foster care. The girl choked to death while being held in restraints at a state facility. The investigation was reported on the inside of the second page of the newspaper. Front page news, however, was of a similarly retarded young male who was badly

injured in a fire. He was alone in a house, chained to a wall. He was found dangling from a window at the limit of his chain. In the case of the girl who choked to death, the agency explained, "The same kinds of conditions that exist in society as a whole exist in the foster care system." In the case of the burned man, the same agency was considering charges against his family, though the family stated it had sought assistance from the agency in managing the man's violence, to no avail. The agency may judge the family, but a family has little recourse against the agency, which after all, is just suffering from the same conditions that exist in society. Is the point to catch the family?

The National Hospice Organization has issued a policy statement regarding assisted suicide and euthanasia, strongly opposed to both practices. Among the quotable portions of the statement: "Euthanasia could become a penalty for being too sick, too isolated, or too poor." "...clinicians have the right to have their own beliefs and values. Patients are not the only moral agents in this process. Ethical decisions are bilateral, not unilateral."