

village view

by Andrea Leonard

No one, and I'm reasonably certain every physician can be included in this generality, would want to be responsible for the blinding of a child.

Attention has been centered recently on the allegation that an infant was denied medical attention because it was eligible under the laws of this Commonwealth for Medicaid, a program administered by the state Department of Public Welfare to provide free medical services to low-income families, the costs of which are then met by the Department at rates it sets.

From the point of view of the physician, his participation in the program is voluntary; if he accepts such patients, he must submit his bill to the Department, charge only what the Department permits, prepare invoices, in sextuplicate, on state forms, support the invoices by documentation on forms acceptable to the Department within a certain time period, and await payment for his services at the discretion of the Department.

In some instances, doctors' billings to the Department may not meet all the qualifications, as outlined above; as a result, he may never be paid at all.

A year or so ago, in an effort to control rapidly rising costs of welfare, the amounts physicians (and other providers) of services to eligible persons) were reduced by the state legislature.

At that time an undetermined number of physicians and other providers, not only on Cape Cod but in all parts of the state, withdrew from the program and declined to accept any business from people eligible for Medicaid or other services payable by the Department of Public Welfare.

There are a number of state agencies which are empowered to exercise control over what physicians, and other providers such as nursing homes and pharmacists, may and may not do. The positions taken by these various agencies are not always clearly in accord with one another.

That is, one agency may say it's unethical for a physician to refuse to treat a patient who may need emergency medical attention; another agency interprets the law to require a physician to accept any patient "in an emergency."

Is anyone -- whether a physician or an auto mechanic or a pharmacist -- obliged to work at his profession without being reimbursed for his labor?

And, if the state has accepted the responsibility for paying medical bills for eligible persons, is it not obligated to do so in accordance with normal every-day billing practices, without setting up complicated, expensive-to-administer, methods by which requests for payment must be submitted?

Into this already complicated situation -- to further obfuscate an already befogged arrangement -- have come two questions of ethics: one, confidentiality; and two, fraud on the part of the physicians, other providers, and eligible recipients.

Unfortunately, human nature being what it is, there's no segment of our population, taken as a whole, that's above reproach when it comes to taking advantage of any system where personal gain can be realized at public expense, especially when chances of being exposed are remote because of the complexity of the system's administration.

Some doctors, some pharmacists, some nursing home operators, some grocers, and some welfare recipients, some food stamp recipients, and some persons eligible for Medicaid take advantage of the system to enhance their own financial positions.

The question of confidentiality is a delicate one; since our society imposes a certain stigma upon those financially incapable of providing for themselves, it's been deemed the right of all persons receiving public assistance to remain anonymous. To achieve this, the system identifies eligible recipients by number rather than by name; this numerical system is further supported by computerization which operates with numbers rather than with names.

It is, therefore, a relatively simple matter for any provider to set up his accounts with an eye to benefitting fraudulently from the system. It is relatively simple, also for ineligible people to participate in collecting benefits. They have only to falsify their statements about their income and expenses, and withhold information about their financial status during interviews with the welfare department to establish undeserved eligibility.

There is not, nor is there likely to be, any foolproof test or any deep investigation into the financial affairs of those who apply for public aid. To permit or require such investigation as a prerequisite for eligibility would transform the United States into a police state.

Not to do so, on the other hand, apparently transforms a large number of people in this nation -- whether recipients or providers -- into thieves.

There are so many facets to this rip-off jewel that it strains the brain to assemble all sides and fit them together to form the gem that is our present solution to providing adequately for the poor, the sick, the aged and infirm -- and to meeting the requirements of accepted business practice in this country.

If, by law, doctors must treat any patient suffering in a medical emergency, who is to determine what a medical emergency is? And, what safeguards can be placed upon the system to ensure the public is not being robbed?

The public, of course, is the final victim, the real victim, because "the public" pays the ultimate bill. And the bill is a

horrendous one, running to billions of dollars each year.

A further consideration is whether our government is empowered, in any instance, to require that one group must supply services to others whether or not they want to do so.

Must any auto service station operator be required to respond to any motorist's call for road assistance? Suppose the motorist is a deadbeat, already in debt to the station?

Is it unethical for a mechanic to refuse to repair the car of a man who cannot pay for the work? What happens if the car's mechanical breakdown results in an accident in which innocent bystanders, as well as the auto's owner, are hurt or killed? Is the onus on the mechanic?

Again, we don't permit firemen or police to decide whether they'll respond to a call for help. We don't permit our Armed Forces personnel to decide when or where or how battles will be conducted... (or we didn't until recently); not even the generals and admirals may choose where and when and on which side they will fight.

As people who have chosen to become professionals in those fields, they are required to respond without question to any order from their superior officers to meet a public (or political) need.

If the fire chief is your worst enemy and your house is burning, the department rushes to your aid. If the cop on the

beat knows you're a drup pusher (but hasn't proved it yet), and you're assaulted by a gang of thugs and are being beaten, the officer comes to your assistance at the risk of his own personal safety.

These people are paid by the same public that pays the bill for welfare, by the same public that pays to protect all of us, rich or poor, friend or foe, good citizen or bad. Shouldn't all Americans be accorded similar assistance to save our lives when we are endangered by sicknesses?

Are not all Americans entitled to adequate housing and enough to eat?

Then again, is it the moral duty of one American who works to obtain the necessities of life to share his earnings with those who, like the lillies of the field, toil not, and neither do they spin?

Thus we have come to the crux of the matter: is our society to continue to broaden the base of what it sees as its moral responsibility to the populace as a whole?

Whose responsibility is it to feed, clothe, house, and care for in time of sickness, all the people who comprise the whole of our society?

Is it an individual responsibility, a dog-eat-dog matter? When a person is too old, too young, too sick, or too poor and

helpless to provide for himself, and his financial resources are exhausted or non-existent, must he be permitted to suffer? Must he be allowed to die for lack of help?

Is it a responsibility of all of us to see everyone receives necessities of life, protection from the elements, and health care equal to or better than many ordinary people can afford to purchase for themselves?

If so, who pays for it?

As the quantity of those who cannot care for themselves increases, as it appears to be doing by leaps and bounds, the quantity of those who must pick up the tab (not only for their own support but also for that of the ones who can't, won't, don't -- for whatever reason -- contribute their own share) dwindles.

If this country is to survive, these questions must be answered. If draft dodgers are pardoned, why must businessmen and professionals be forced to serve without recompense?

Ultimately it becomes a question of economic survival. No matter how idealistic you may be about "money being unimportant", none of us can get along without some, whether it's our own or someone else's.

Some answers that are consistent and that apply across the board -- for the doctor, for the mechanic, for the pharmacist, for the draft dodger, for the admiral, for the lowlies Army private-- for the rich man, poor man, beggarman, thief, doctor, lawyer and Indian chief -- some solution must be found to this exploding problem.

As things stand at this moment, the equities do not prevail.