Maya Firsowicz

12 December 2016

Healing by Killing Term Paper

Through studying medicine in the Third Reich, various myths concerning the physicians of that time are exposed and invalidated, oftentimes opening our eyes to aspects of modern medicine to which we may ourselves be blinded. One of these myths is that physicians during the Third Reich must have been inherently mad, incompetent or evil in order to have committed the horrible acts known for the time. However, this myth is rapidly disproved when the caliber of their work prior to the Holocaust and their overall status as the “best” doctors in the world is demonstrated. Physicians of that time were not mad, nor were they physicians who openly rejected the Hippocratic Oath. While their practice became infiltrated by the concepts of eugenics that were taking over society, and the Hippocratic Oath was refashioned in Hitler’s image, these physicians genuinely believed they were still upholding the values of the profession. They believed the work they were conducting was best for their patients and for the nation. It is evident when we look at their work today that the opposite was true, but it begs the question, is there some aspect of medicine performed by physicians today that is not in the best interest of patients?

An increasing pressure that has been placed on physicians over the past few decades has been on the value and efficiency of health care delivery, frequently resulting in a constraint on the amount of time physicians have to spend with patients. One point of concern here is that this decrease in amount of time physicians spend with patients may have a negative effect on the actual care being provided. As argued in an article in the *Journal of General Internal Medicine*, “no doctor can do a good job without spending substantial amounts of time meeting with and thinking about patients” (2). Unfortunately, it can be difficult to establish what constitutes a “substantial” amount of time, and the time constraints being placed on physicians each day may result in individual patient visits simply being too short. As a result, physicians are unable to attain a complete understanding of their patient’s story and the quality of care subsequently declines. Furthermore, in an effort to make up for the decreased time allotted for each patient, physicians may be trying to compensate by conducting unnecessary tests or overprescribing medications (2). As additional medications and tests cannot substitute for the care that a physician can provide, writing prescriptions instead of talking with our patients is not a solution to the existing time constraint problem, and it could actually be causing harm to some patients. We must therefore question if the actions of physicians today in this regard are truly in the best interest of the patient, or rather in part of meeting the time demands of an increasingly busy work day.

A recent documentary film on the flaws of the current United States healthcare system, *Escape Fire:* *The Fight to Rescue American Healthcare,* elicits yet another angle of the problem. Attributing flaws in U.S. healthcare to the current profit-driven system, the documentary argues that there has been a shift from patient-care to “sick care” in the U.S., treating symptoms of conditions that could be avoided with preventative care. Medical journalist Shannon Brownlee explains that we have “a disease care system, not a health care system…it wants patients to keep coming back for symptom relief of chronic care and not prevention – which is cheaper” (3). While it is a systematic problem, physicians are undoubtedly a part of today’s healthcare system and must therefore play some role in this “disease care” system. Trying to discern what role this may be, it is interesting to consider the very core of a physician’s practice: their training. As *Escape Fire* points out, much of medical education focuses on disease intervention rather than disease prevention and health promotion (3). Topics such as nutrition, which are valuable to preventative medicine, are oftentimes entirely omitted from medical curriculum (1). This is a fundamental problem that may perpetuate the current “disease care” system, as physicians have been primarily trained to treat disease rather than prevent it, and this is what they continue to do in their practice. While this keeps hospitals full and systematically benefits hospitals and their employees, it may not be in the best interest of the individual patient.

Just as it is impossible to evaluate the work of physicians in the Third Reich separately from their society, it is crucial to take the current healthcare system into account when assessing the work of contemporary physicians. The modern U.S. healthcare system is placing increasing demands on physicians: to treat more patients in less time, and this often comes at the expense of teaching patients about preventative health efforts. Whether or not this has led to physicians practicing outside the best interest of their patients is an important question that arises from these considerations. While it is not a question that can be easily answered, the sole act of questioning our own system is beneficial. By considering our potential blindness and posing these questions, we can hope to not only learn from the mistakes made by physicians of the past, but also to continue to uphold the true values of the profession of medicine.

References

1. Adams, K. M., Lindell, K. C., Kohlmeier, M., & Zeisel, S. H. (2006). Status of nutrition education in medical schools. *The American Journal of Clinical Nutrition*, *83*(4), 941S–944S.
2. Dugdale, D. C., Epstein, R., & Pantilat, S. Z. (1999). Time and the Patient–Physician Relationship. *Journal of General Internal Medicine*, *14*(Suppl 1), S34–S40.
3. Heineman, M., & Froemke, S. (2012). *Escape Fire: The Fight to Rescue American Healthcare*. United States: Roadside Attractions, Lionsgate.