

Opinion

BY RICHARD P. MILLS, MD, MPH

Of Course I'm Competent, Aren't You?



Once upon a time, less than a century ago, physicians were assumed by the public to be incompetent unless proven otherwise. After the Flexner report, the reform of medical education and the birth of medical licensure and specialty certification, the pendulum swung

to a presumption of physician competence. Now, I think most of us perceive the pendulum reversing its course again, at a time when medicine has never been more successful at ministering to human ailments. How could this be?

First of all, treatment success is a double-edged sword; the potential for iatrogenic harm is also higher. The public is more sophisticated, with a great appetite for medical information, and is less likely to accept physician judgment without question. In addition, the involvement of business, government and third parties in payment schemes introduces a demand for accountability: Is there good value for what is being paid?

Ophthalmologists, even though we have in our quivers some of the most successful procedures in all of medical care, are not immune from the same accountability demands placed on our colleagues in other specialties. We are all too familiar with the documentation demands foisted upon us by Medicare and adopted by other payers. But there may be less familiarity with the demand for verification of physician competence.

Of course, the mere task of defining competence quickly leads to a quagmire.

In general terms, it has to do with doing the right thing for the patient. A host of potential modifiers comes to mind, e.g., "at the right time" and "in a cost-effective manner." Any physician with an ounce of introspection will admit that he or she occasionally acts incompetently, and we all know that even incompetent physicians occasionally behave competently.

Competence is an attribute that is very much in the eye of the beholder. The public might say a competent physician is one who empathizes and communicates well while being technically expert. The government might include a dimension of staying out of trouble. Other physicians might value collegiality and prompt consultation. All three viewpoints have merit; physician competence is really all of these things and more.

Is it a hopeless task to define competence, let alone try to measure it? Several years ago, the Pew Health Professions Commission confirmed that the public is demanding competence in its physicians and defined 21 important dimensions of competence. The commission challenged physicians to begin assuring the public that practicing physicians are

competent. The Institute of Medicine echoed that challenge in its recent report on medical errors, "To Err Is Human."

What are the consequences of ignoring the public's demand? Witness the accounting profession in the public arena after the Enron scandal. With the absence of a meaningful evaluation system within the profession, government regulation predictably will make accounting practices more burdensome. Can we learn from accounting's mistakes? Can we establish an effective assurance of competence before a tsunami scandal breaks over medicine's shoreline?

Next month, we'll discuss how that challenge is going to be met within organized medicine by educating, accrediting and certifying bodies.



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