

From the Editors

*Two roads diverged in a wood, and I—
I took the one less traveled by,
And that has made all the difference.*

—Robert Frost, “The Road Not Taken”

Terra Incognita: Uncharted Terrain between Doctors and Patients

New beginnings give us the opportunity to do better “the next time.” In the rush to welcome the new millennium, it is fitting to take time to look more thoughtfully at issues not adequately covered in decades past. Robert Frost’s musing about less traveled roads gives poetic life to the theme of this CQ Special Section, exploring some of the all too unknown territory between doctors and patients.

Francis Kane in “The Absent Patient: A Meditation on a Chardin Painting” offers an analysis of *La Garde Attenif* as an aesthetic celebration of healing and brings into focus the question, What are we doing when we take care of someone in need?

John Portmann’s “A Sentimental Patient” continues the examination of what caring really means in healthcare. Portmann’s paper raises concern about abuses of the ethic of care and the dangers of romanticizing the physician–patient relationship. He cautions us to think more carefully concerning reasonable expectations from medical care and the danger of pushing physicians toward a “starring role” with the consequence that they are chosen and evaluated on the basis of their emotional availability.

In “The Creation of Partial Patients,” David Greaves points to the fact that more serious consideration needs to be

given to the consequences of the emergence and growth of surveillance medicine in the century just past, the direction medicine as a whole has taken to give rise to a new social category of “partial patients” and the twilight world such patients inhabit, being neither clearly ill nor clearly well but somewhere in between. In the name of alleviating one type of suffering, is medicine simultaneously creating other forms?

Martin L. Smith and Heidi Forster, in “Morally Managing Medical Mistakes,” take the position that given that errors and mistakes in medicine as in other fields are inevitable, institutions and individuals need to move beyond the all-too-frequent responses of silence, discountings, denials, and even cover-ups, in order to develop and implement concrete steps that will change aspects of the medical culture so that mistakes can be managed more ethically. The authors propose strategies and reforms that will result in a more ethically grounded and less litigation-focused healthcare system that will provide a higher quality of care.

Ben A. Rich’s “An Ethical Analysis of the Barrier To Effective Pain Management” proposes that the barriers to good pain management are often discussed, but not in a manner that adequately explores their ethical implications. He adapts H.L. Mencken’s statement of the proper role of the journalist to that of the bioethicist—to

comfort the afflicted and afflict the comfortable. In the context of his article, the afflicted come in two camps: all of the patients for whom undertreated pain results in unnecessary suffering, as well as those physicians who are harassed because they are perceived as “over-prescribing” opioid analgesics. The comfortable, whom he seeks to make less so, are the defenders of the status quo—i.e., those who continue to make such statements as “nobody ever died of pain,” “I will not allow my patients to die addicts,” and “If I respond to this dying patient’s request for more pain relief I will be killing him.” Although the ethical problems inherent in undertreating pain and thereby tolerating unnecessary suffering may be implicit in the many calls for reform that have appeared in the medical literature, he believes it is time for the bioethics literature to make them explicit.

In “Managed Care: Effects on the Physician–Patient Relationship” Robyn

Shapiro, Kristen A. Tym, Jeffrey Gudmundson, Arthus Derse, and John Klein report their survey of Wisconsin physicians, analyzing the prevalence and types of managed care arrangements as well as the impact of these arrangements on the physicians and their relationships with patients. Their results indicate not only the potential of managed care to improve collaboration among healthcare providers and to responsibly enhance cost-effective clinical decisionmaking, but also the very real threat to the doctor’s role as patient advocate. The challenge to safeguarding the doctor–patient relationship in the era of managed care will depend on our success in maintaining physicians’ ability to provide quality care for their patients without burdensome disincentives or reprisal.

Perhaps, as we step into a new era, bringing these underexamined issues to the foreground will, as Frost observed, make all the difference.