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Module 7

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Case 7.1: Indigent Care—Volunteering at the Clinic

Case Presentation

Dr. Mills has been volunteering one day a week at a free neighborhood health clinic that serves those with state medical cards as well as homeless individuals who walk in for acute care. On other days, Dr. Mills is part of an internal medicine practice group with five other physicians. Even though Dr. Mills receives less compensation because he is only in the office four days a week, his partners recently have been increasingly critical of his volunteer work on "practice time." One of their arguments is that some portion of office and patients' fees covers office expenses, and since he is only there four days a week, he is not paying his share. In his own defense, Dr. Mills has been arguing that the profession requires volunteer work and that his partners should commit some time to the free clinic.

What should Dr. Mills do about his volunteer work? (select an option)

A. Attempt to convince the others in his practice that physicians have a professional obligation to provide medical services to the poor.
B. Make arrangements to volunteer at the clinic at times that interfere less with his practice hours.
C. Seek employment at an institution that provides care to the uninsured and underserved.
D. Discontinue his volunteer work for the time being, and hope that other physicians will take his place.

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Module 7

- e-mail |

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Option Assessment

A. Convincing his colleagues that providing voluntary medical services to needy populations is the **preferable** option according to Opinion 9.065, "Caring for the Poor" which states that "each physician has an obligation to share in providing care to the indigent"…and that "caring for the poor should be a regular part of the physician's practice schedule." So while Dr. Mills is correct about the physician's obligation, the *Code* does not specifically address how the obligation should be met.

B. Volunteering at a clinic without disrupting the care to his regular patients an **acceptable** option for Dr. Mills. The *Code* speaks to physicians' obligations to provide care to the poor, but it does not specifically mandate how this should be done. A few suggestions include: "Physicians can also volunteer their services at weekend clinics for the poor and at shelters for battered women or the homeless." The one caveat that is offered by the *Code* is that in fulfilling their obligation to the poor, physicians need not put their existing patients at risk. As Opinion 10.05, "Potential Patients" states: "…physicians have an obligation to share in providing charity care but not to the degree that would seriously compromise the care provided to existing patients."

C. Deciding to work solely in an institution that serves the uninsured and underserved is an **acceptable** action for physicians who believe strongly that these populations deserve equal access to health care. Principle VI of the Principles of Medical Ethics states: "A physician shall…except in emergencies, be free to choose whom to serve, …and the environment in which to provide medical care." Principle IX further states that: "A physician shall support access to medical care for all people." If Dr. Mills wishes to pursue this course, however, he must make sure that his current patients do not suffer because of his decision.

D. Discontinuing his volunteer work and placing the responsibility on others should be **avoided**. Principle IX of the *Code* and Opinion 9.065 view these activities as ongoing expectations of the profession, not time-limited obligations. In addition, if Dr. Mills discontinues his volunteer work, there could be a void in the continuity of services for some patients at the clinic, especially if other physicians took his place.

Compare these options

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Module 7

- e-mail |

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Option Comparison

The volunteer medical care that Dr. Mills provides at the clinic is clearly fulfilling the expectations of the *Code*. However, the *Code* purposely does not mandate how medical care for the indigent should be provided. Instead, Opinion 9.065, "Caring for the Poor" recognizes that: "The measure of what constitutes an appropriate contribution may vary with circumstances such as community characteristics, geographic location, the nature of the physician's practice and specialty, and other conditions."

Option A—convincing other physicians to volunteer—is preferable because it could provide more resources (in terms of hours and expertise) for the medical care of the poor. Option B—finding alternative times to volunteer during non-practice hours—and option C—seeking employment at an institution serving the poor—are both acceptable. If Dr. Mills pursues option C, he must ensure that he does not put his current patients at risk. According to the *Code* it is not acceptable to leave care for the poor entirely up to others, as in option D. Accordingly, option D should be avoided.

Preferable: Option A

Acceptable: Options B and C

Avoid: Option D

Additional discussion and information

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- e-mail |

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Additional Information

The AMA has long recognized an ethical obligation of physicians to assume some individual responsibility for making health care available to the needy. Lack of access to health care, particularly primary and preventive care, has pronounced consequences both for the individuals who need care and for society in general. The objective of the medical profession is to care for the sick without concern for who they may be, what their diseases are, or whether they can afford to pay. This responsibility is based in ideals such as justice and beneficence—the ethical foundation of the medical profession.

Dedication to patients' welfare and acting as patients' advocates highlight the relationship between the medical profession and the public, including the disadvantaged. Without compassion and charity for all who are suffering, something essential goes out of medicine and the lives of its practitioners. The disappearance of these qualities of medical care would be an inestimable loss [1].

Reference

1. "Caring for the poor." Council on Ethical and Judicial Affairs, American Medical Association. *AMA.* 1993;269:2533-2537.
View Article PubMed

Next Case

Module 7 Table of Contents