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## Last Word

By Richard R. Grayson, MD

### *What med schools should really teach*

I did not learn enough at the University of Illinois College of Medicine. We should have had many more courses in a variety of subjects.

For instance, it's apparent that since physician-assisted suicide is now legal in one state with the possibility that more states may follow, training in assisted suicide and euthanasia should be mandatory. When I was in school, the only instruction I received was in how to make people well. Suicide was something people did without help; which is, I think, the definition of suicide.

When I was an intern at Cook County Hospital 54 years ago, we heard anecdotes about spies during the Great War. If an operative was in danger of being captured or tortured for information, he could take a potassium cyanide capsule, which had been supplied to the agent as part of his basic equipment. The spy would suddenly turn blue and stop breathing. The beauty of it was that laws, appellate courts, supreme courts, and lawyers were not necessary.

There is going to be a demand, according to Dr. Jack Kevorkian, for new assisted suicide clinics in all 50 states. Shortly after that, I predict euthanasia clinics will be in vogue. I envision wonderful new ways to die, as depicted in the science fiction movie, "Soylent Green," where people are allowed to listen to 20 minutes of their favorite music and shown verdant vistas before being injected with a painless but lethal narcotic. This movie will be required viewing in "Euthanasia 101."

"Managed Care Contract Law" is the name of another desperately needed set of lessons. Recently, I attended a seminar on risk management where the lecturer told us what language to look out for in these contracts. Now if I see that language, I will *not* sign the contract. I surveyed my colleagues at lunch, and they all denied actually reading any of their managed care contracts. They said they didn't have the time to read them, so they signed all the contracts set before them. According to the lecturer, this is *not* good financial risk management.

There are many other law courses I think should be offered in medical school. Or maybe they should be offered in a pre-med curriculum in college—that would weed out the potential doctors who are afraid of the law or of lawyers. More likely, it would tempt more medical students to enter law school.

Obviously, there should be a very long course on "Malpractice." I would include all known legal cases that have been published in the medical journals over the last 50 years and would focus heavily on those that cost doctors the most money. There would be another course on "Malpractice Insurance Contracts" and what to look for before paying the next premium of \$80,000.

Once you have studied "Malpractice," if you still decide to be a doctor, the next obvious course to take is one on "Physician Support Groups." Course material will cover what they are, how to develop one and when to join one. Psychiatrists have been telling us for years that when a doctor is sued, he becomes sleepless, depressed,

angry, and potentially suicidal, but cannot talk to his colleagues about it because they would make fun of him.

A doctor's support group is one where you learn to *like* being made fun of and where they will give you the cyanide capsule as a professional courtesy. Now *that's* what I call good managed care.



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