Well Rounded

Team ward rounding is a time-honored practice. Trainees learn clinical aspects and ethical values of patient care. Despite current emphases on the principles of professionalism and humanism in medicine, there remains little discussion about applying these principles to ward rounds. We believe that rounds can become classrooms for the intentional inculcation of professionalism and humanism as counterweights to unintentionally pro-mulgated brusqueness, ambivalence, cynicism, and frustration. Kirkpatrick and colleagues describe examples of “humanistic rounding” gleaned from various institutions, which should stimulate discussion and illustrate that no specialized training is required to “humanize” rounds; rather, willingness and creativity are key ingredients.

Research With Stored Biological Samples

There has been widespread debate regarding the type of consent needed for research with human biological samples. Some commentators endorse obtaining individuals’ consent for each future use; others worry that this approach is unnecessary and may block important research. This study by Chen and colleagues examines the actual choices made by research participants at the National Institutes of Health on 1670 consent forms. Overall, more than 85% of research participants authorized unlimited future research use of their biological samples when given the opportunity to do so. These findings suggest that providing research participants with a simple binary choice to authorize or refuse all future research might allow individuals to control use of their samples, simplify consent forms, and allow important research to proceed.

The Effect of Physician Disclosure of Financial Incentives on Trust

Many physicians receive financial incentives to limit use of expensive tests and procedures. It is not known how patients want to be informed and how disclosure can occur without undermining trust. This study of 2765 people from a broad population-based sample of US households found that half had heard of financial incentives, and 95% wanted to be told at enrollment in a health plan either by a health plan representative or by the physician. Of 6 disclosure strategies tested, the ones that incorporated “addressing emotions” or “negotiation” were associated with the best effect on public trust, and “common enemy” and “denying influences” with less good outcomes. Black and Hispanic respondents were less likely than white respondents to express satisfaction or trust. The authors Levinson and colleagues conclude that the public desires information about physician financial incentives and that some ways to communicate this are likely to preserve a strong trusting relationship between physicians and their patients.

Advertising by Academic Medical Centers

While the rise of direct-to-consumer advertising by pharmaceutical companies has been the subject of considerable discussion, the newer trend of advertising to consumers by academic medical centers has not been formally examined. The authors interviewed the marketing departments of the 17 academic medical centers named to the 2002 US News and World Report “Honor Roll of America’s Best Hospitals” and analyzed all ads placed by these institutions in local newspapers during the year 2002. They found that unlike advertising to attract clinical research participants, advertising to attract patients by these institutions is not subjected to formal review. Advertising is common and typically uses marketing strategies that capitalize on emotional appeals, institution prestige, self-diagnosis, and “gateway” offers (e.g., offering introductory lectures or services likely to lead to further business). Many of the ads appeared to place the interests of the medical center before the interests of their patients.

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