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"Pharms"

ADDRESS

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ATLANTA, GEORGIA

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(GREETINGS TO HOSTS, FRIENDS, COLLEAGUES, ETC.)

I'M DELIGHTED TO JOIN YOU AT YOUR MIDYEAR CLINICAL MEETING. YOURS IS A VITAL PROFESSION WITHIN THE CONTEXT OF CONTEMPORARY HEALTH CARE IN AMERICA. I REALIZE THAT I HAVE NOT HAD MANY OPPORTUNITIES TO SPEAK WITH PHARMACISTS DURING THE TIME I'VE BEEN YOUR SURGEON GENERAL.

SO THIS IS A SPECIAL OCCASION AND A SPECIAL OPPORTUNITY FOR ME...AND, I HOPE, FOR US BOTH.

BUT I'M A LITTLE UNCOMFORTABLE ABOUT BEING SURROUNDED BY SO MANY PHARMACISTS. I AM REMINDED OVER AND OVER AGAIN HOW MUCH THE PEOPLE OF THIS COUNTRY TRUST YOU.

YOU'RE RIGHT UP THERE NEXT TO THE CLERGY.

AND I SUSPECT THAT IN THE MINDS OF SOME PEOPLE OF LATE, YOU MIGHT COME OUT EVEN BETTER THAN THE CLERGY.

AS A FORMER PRACTICING SURGEON, I DON'T KNOW WHERE I AND MY COLLEAGUES IN MEDICINE COME IN THOSE PUBLIC OPINION POLLS.

BUT IF ANY OF YOU DO KNOW...I'D CONSIDER IT A GREAT KINDNESS IF YOU JUST DIDN'T TELL ME.

I SUSPECT ONE REASON PEOPLE ARE FOND OF PHARMACISTS IS THAT THEY REALLY KNOW YOU. YOU TALK TO THEM...YOU ANSWER THEIR QUESTIONS ...YOU MAKE EYE CONTACT AND "SMILE CONTACT."

AND ALL THAT IS PROBABLY AS IMPORTANT A PART OF MODERN-DAY HEALTH CARE AS ANTIBIOTICS AND HEART TRANSPLANTS.

MAYBE EVEN MORE IMPORTANT.

AT ANY RATE, I LOOK UPON THE PHARMACIST'S CONTRIBUTION AS BEING CRUCIAL TO THE ACHIEVEMENT OF QUALITY HOSPITAL-BASED HEALTH CARE IN THE UNITED STATES.

THAT SYSTEM OF HEALTH CARE HAS MET A MULTITUDE OF CHALLENGES IN THE PAST. IT HAS WEATHERED THEM ALL, THANKS TO PHARMACISTS AND YOUR COLLEAGUES WHO PROVIDE QUALITY PATIENT CARE DAY-BY-DAY, YEAR AFTER YEAR.

BUT LET'S NOT GET SMUG ABOUT IT BECAUSE ONE OF THE MOST DIFFICULT CHALLENGES WE'VE EVER FACED...IS FACING US RIGHT NOW.

AND THAT CHALLENGE IS THE CHALLENGE OF AIDS.

I'M SURE YOU'VE ALREADY HEARD A GREAT DEAL ABOUT THE EPIDEMIC OF AIDS -- ESPECIALLY THE BIOMEDICAL INFORMATION -- SO I'VE CHOSEN TO SPEND THE NEXT FEW MOMENTS SHARING WITH YOU A NUMBER OF OTHER, NON-MEDICAL CONCERNS THAT HAVE BEEN BROUGHT TO MY ATTENTION, AS I HAVE TRAVELED ABOUT THIS COUNTRY AND ALSO OVERSEAS.

THEY MAY BE NON-MEDICAL, BUT I THINK YOU WILL AGREE THAT THEY STRIKE AT THE VERY HEART OF THE AMERICAN SYSTEM OF HEALTH CARE DELIVERY.

AND, TO MY WAY OF THINKING, THE SCIENTIFIC ISSUES TEND TO PALE, WHEN COMPARED TO THE HIGHLY SENSITIVE ISSUES OF LAW, ETHICS, ECONOMICS, MORALITY, AND SOCIAL COHESION THAT ARE BEGINNING TO SURFACE.

AND TO TELL THE TRUTH, WE MAY ALREADY BE AT A VERY SENSITIVE STAGE IN REGARD TO THE ETHICAL FOUNDATION OF HEALTH CARE ITSELF.

FOR EXAMPLE, DESPITE THE SENSIBLE AND RATHER ELEMENTARY GUIDELINES FROM THE CENTERS FOR DISEASE CONTROL, WE STILL HEAR -- EVERY DAY -- OF PHYSICIANS, DENTISTS, NURSES, AND OTHER HEALTH PERSONNEL WHO REFUSE TO TREAT PERSONS WITH AIDS OR EVEN PERSONS WHOM THEY SUSPECT OF HAVING AIDS.

THEY SAY THEY ARE AFRAID OF CATCHING THE DISEASE THEMSELVES. WELL, THAT'S CERTAINLY UNDERSTANDABLE. BUT EQUALLY UNDERSTANDABLE IS THE FACT THAT IT IS VERY UNLIKELY THAT A HEALTH WORKER WILL CATCH THE DISEASE AT ALL.

THUS FAR, OF THE NEARLY 7 MILLION PERSONS IN SOME KIND OF HEALTH WORK IN THIS COUNTRY, ONLY 8 HAVE CONTRACTED AIDS ON THE JOB. AND IN ALMOST EVERY CASE, THE INDIVIDUAL SIMPLY DID NOT FOLLOW THE ROUTINE INSTRUCTIONS FOR SELF-PROTECTION THAT C.D.C. PUBLISHED OVER A YEAR AGO.

LET ME QUICKLY ADD THAT THIS REJECTION OF AIDS PATIENTS IS NOT CHARACTERISTIC OF HEALTH PROFESSIONALS BY ANY MEANS. ON THE CONTRARY, THE OVERWHELMING MAJORITY OF OUR COLLEAGUES HAVE PROVIDED -- AND CONTINUE TO PROVIDE -- QUALITY, COMPASSIONATE CARE TO PERSONS WITH EVERY KIND OF ILLNESS...INCLUDING AIDS.

AND I WANT TO TAKE SPECIAL NOTE OF THE RECENT POLICY STATEMENT BY THE AMERICAN MEDICAL ASSOCIATION ON THIS VERY ISSUE. THE A.M.A. STATED IN UNEQUIVOCAL LANGUAGE THAT IT EXPECTED THE MEMBERS OF THE MEDICAL PROFESSION TO LIVE UP TO THEIR OATH AND PROVIDE CARE TO THOSE WHO REQUIRE IT. PERIOD.

BUT THE GOOD CONDUCT OF THE MAJORITY DOES NOT IN ANY WAY RELEASE US FROM FACING THE UN-PROFESSIONAL CONDUCT OF A FEARFUL AND IRRATIONAL MINORITY.

WHAT SHOULD WE DO ABOUT IT? THAT'S AN IMPORTANT QUESTION, BECAUSE HEALTH CARE IN THIS COUNTRY HAS ALWAYS BEEN PREDICATED ON THE ASSUMPTION THAT -- SOMEHOW -- EVERYONE WILL BE CARED FOR AND NO ONE WILL BE TURNED AWAY.

AS A PHYSICIAN AND AS AN AMERICAN, I'M PROUD TO BE PART OF A TRADITION OF CARE THAT WILL NOT ABANDON THE SICK AND THE DISABLED... WHOEVER THEY ARE.

HENCE, I REGARD AS VERY SERIOUS INDEED THOSE REPORTS OF A FEW PHYSICIANS, DENTISTS, AND EVEN HOSPITALS WITHHOLDING CARE FROM PERSONS WITH AIDS. SUCH CONDUCT THREATENS THE VERY FABRIC OF HEALTH CARE IN THIS COUNTRY.

BUT THIS ISSUE HAS YET ANOTHER WRINKLE TO IT.

SOME HOSPITALS WELL-KNOWN FOR TAKING IN AND CARING FOR AIDS PATIENTS ARE NOW BEING AVOIDED BY MANY MEDICAL AND NURSING STUDENTS LOOKING FOR RESIDENCIES, INTERNSHIPS, OR OTHER WAYS TO COMPLETE THEIR PROFESSIONAL TRAINING.

IN ADDITION, MANY NON-AIDS PATIENTS -- ESPECIALLY THOSE WITH GOOD INSURANCE COVERAGE -- ARE ASKING THEIR PHYSICIANS TO CHECK THEM INTO HOSPITALS THAT DO NOT HAVE MANY -- OR ANY -- AIDS PATIENTS.

THIS IS A SERIOUS MATTER BECAUSE THE ACTUAL, DIRECT IMPACT OF AIDS THUS FAR ON OUR HOSPITAL SYSTEM HAS BEEN QUITE SMALL...BUT THE INDIRECT IMPACT CAN BE HUGE...DISPROPORTIONATELY SO.

IT IS THE KIND OF IMPACT THAT COULD WELL LEAD TO THE DEVELOPMENT OF DE FACTO "MEDICAL GHETTOS" FOR AIDS PATIENTS.

HOW CAN WE PREVENT THAT FROM HAPPENING? WE ALL NEED TO WORK ON SOME ANSWERS TO THAT QUESTION BEFORE THIS DEADLY AIDS VIRUS FURTHER WEAKENS THE ETHICS OF MEDICAL PRACTICE IN THE UNITED STATES.

NATURALLY, WE ALL HOPE THAT THIS KIND OF PROBLEM CAN BE BROUGHT UNDER CONTROL BY THE HEALTH PROFESSIONS THEMSELVES. BUT THAT ISN'T HAPPENING. SOME PROFESSIONAL ASSOCIATIONS ARE PROVIDING GUIDANCE FOR THEIR MEMBERS...BUT MOST ARE NOT.

THEREFORE, THE DEPARTMENTS OF LABOR AND OF HEALTH AND HUMAN SERVICES HAVE JOINTLY ISSUED SAFETY GUIDELINES THAT SHOULD BE FOLLOWED BY HEALTH WORKERS AND BY HEALTH FACILITIES, IN ORDER TO REDUCE THE POSSIBILITY OF ON-THE-JOB INFECTIONS FROM EITHER AIDS OR HEPATITIS B.

THE FULL NOTICE WAS IN THE OCTOBER 30 ISSUE OF THE THE FEDERAL REGISTER, IN CASE ANY OF YOU MISSED IT.

WE HOPE FOR TWO OUTCOMES FROM THIS JOINT PROGRAM:

FIRST, OF COURSE, IS TO PROTECT HEALTH-CARE PERSONNEL FROM ACCIDENTAL INFECTION.

SECOND, WE HOPE TO CONVINCHE HEALTH WORKERS THAT THEIR FEARS OF BEING AT "HIGH-RISK" ARE SIMPLY UNFOUNDED AND, THEREFORE, THEY HAVE NO BASIS FOR SHUNNING AIDS PATIENTS.

AS YOU KNOW, THIS ADMINISTRATION HAS TENDED NOT TO RELY ON REGULATIONS AND ENFORCEMENT ACTIVITIES, UNLESS THE SITUATION HAS CLEARLY WARRANTED IT.

AS FAR AS AIDS IS CONCERNED -- AND IN PARTICULAR THE ROLE OF HEALTH CARE WORKERS IN THE TREATMENT OF AIDS PATIENTS -- THAT TYPE OF SITUATION HAS ALREADY ARRIVED. THAT'S WHY WE'VE HAD TO MOVE IN THIS MANNER.

THE FEDERAL REGISTER NOTICE, BY THE WAY, ALSO CONTAINS A GREAT DEAL OF VALUABLE, UP-TO-DATE BACKGROUND DATA ON THE AIDS EPIDEMIC. SO, FOR A VARIETY OF REASONS, I URGE EACH ONE OF YOU TO GET A COPY AND READ IT ALL THE WAY THROUGH.

BUT WE'VE HAD REGULATIONS BEFORE TO DEAL WITH OTHER DIFFICULT ISSUES IN HEALTH CARE. AND WE KNOW THAT, BY THEMSELVES, REGULATIONS DON'T GET THE JOB DONE. THE ONLY THING THAT WILL REALLY WORK IN THIS CURRENT SITUATION IS FOR EVERY HEALTH PROFESSIONAL TO BECOME RE-COMMITTED TO THE PRINCIPLE OF "QUALITY CARE FOR EVERYONE."

IF WE CAN'T DO THAT...WE'RE GOING TO BE IN WORSE TROUBLE THAN WE ALREADY ARE.

A RELATED ISSUE IS THE COST OF CARE...AND IT'S AN ISSUE THAT I KNOW IS WORRYING MOST OF YOU RIGHT NOW.

I'M TOLD THAT THE TOTAL COST OF CARING FOR AIDS PATIENTS IS NOW RUNNING AT A RATE OF ABOUT \$2 BILLION A YEAR. THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION JUST PUBLISHED A STUDY INDICATING THAT THE AVERAGE IN-PATIENT COST PER AIDS PATIENT PER YEAR IS \$20,320.

BY 1991, WE ANTICIPATE THE ANNUAL BILL TO CARE FOR AIDS PATIENTS WILL RANGE ANYWHERE FROM A LOW OF \$8 BILLION TO A HIGH OF \$16 BILLION.

WHO SHOULD PAY THAT BILL?

RIGHT NOW, THE AMERICAN TAXPAYER IS COVERING ABOUT 25 PERCENT OF THAT COST, POSSIBLY MORE. IS THAT FAIR?

WE BELIEVE IT IS, BASED UPON OUR PAST NATIONAL EXPERIENCE. THE AMERICAN TAXPAYER, AFTER ALL, HAS SUPPORTED HEALTH PROGRAMS FOR ALCOHOLICS, DRUG ADDICTS, SYPHILITICS, AND OTHERS WHO HAVE BEHAVIOR-BASED ILLNESSES.

BUT THOSE PROGRAMS HABEN'T VERY EXPENSIVE...THEY CERTAINLY DON'T ADD UP TO \$8 BILLION, IN ANY CASE. BUT, IN ADDITION, SUCH PUBLIC HEALTH PROGRAMS ARE GEARED TO BRING -- OR TO BRING BACK -- MEN, WOMEN, AND CHILDREN TO A STATE OF GOOD HEALTH.

BUT AIDS IS A DIFFERENT STORY. HEALTH AND MEDICAL CARE FOR AIDS PATIENTS IS VERY EXPENSIVE.

AND WHAT'S THE OUTCOME? AFTER CONSUMING ONE, TWO, OR THREE YEARS' WORTH OF COSTLY MEDICAL CARE AND SOCIAL SERVICES...THE AIDS PATIENT DIES.

NOW, LET'S LOOK AHEAD. AS THE AIDS CASE-LOAD CLIMBS AND THE COSTS RISE, WILL THE AMERICAN PEOPLE CONTINUE TO PUT UP THE MONEY FOR PATIENT CARE? OR WILL THEY ASK FOR RELIEF?

WILL THEY STILL EXPECT THE BEST POSSIBLE CARE FOR EVERYONE? OR WILL THEY SUPPORT ONLY SECOND-CLASS CARE FOR AIDS PATIENTS?

THESE ARE VERY TROUBLING QUESTIONS. THIS IS "THINKING THE UNTHINKABLE" AND "SPEAKING THE UNSPEAKABLE."

BUT, FOR THE SAKE OF THE FUTURE OF AMERICAN HEALTH CARE, THAT'S WHAT WE'VE GOT TO BEGIN DOING...AND RIGHT AWAY.

ANOTHER ISSUE THAT HAS COME UP FAST OVER THE PAST YEAR OR SO IS THE ISSUE OF INDIVIDUAL PRIVACY VERSUS THE NEED TO PROTECT THE COMMUNITY FROM DANGER.

NEITHER SIDE OF THIS EQUATION REQUIRES AN ABSOLUTE RESPONSE. LIFE ISN'T A BLACK-OR-WHITE GAME ANYWAY.

BUT, AS A FREE YET RESPONSIBLE PEOPLE, HOW MUCH LEEWAY DO WE REALLY HAVE?

ANOTHER WAY OF PUTTING THAT IS TO ASK, "HOW MUCH RISK CAN THE COMMUNITY TOLERATE IN ORDER TO PRESERVE THE RIGHTS OF INDIVIDUALS?"

THIS, OF COURSE, IS THE HEART OF THE DEBATE OVER CONFIDENTIALITY IN RECORDS.

AS YOU ALL KNOW, THE PROMISE OF CONFIDENTIALITY HAS BEEN A LONG-STANDING PRACTICE IN PUBLIC HEALTH WORK. IT HELPS US GET A GREAT DEAL OF SENSITIVE, HEALTH-RELATED INFORMATION FROM THE INDIVIDUAL.

WITHOUT THIS SYSTEM OF CONFIDENTIALITY THIS COUNTRY WOULD NEVER HAVE SUCCEEDED IN CONTAINING MOST INFECTIOUS DISEASES, AS WE HAVE DONE.

IT'S CERTAINLY NOT A NEW CONCEPT EITHER. SOME 2,400 YEARS AGO, THE GREEK PHYSICIAN, HIPPOCRATES, WROTE THE FIRST OATH FOR PHYSICIANS, IN WHICH HE SAID...

"WHATEVER, IN CONNECTION WITH MY PROFESSIONAL PRACTICE, OR NOT IN CONNECTION WITH IT, I SEE OR HEAR, IN THE LIFE OF MEN, WHICH OUGHT NOT TO BE SPOKEN OF ABROAD, I WILL NOT DIVULGE, AS BELIEVING THAT ALL SUCH SHOULD BE KEPT SECRET..."

HIPPOCRATES MAY NOT HAVE KNOWN ABOUT AIDS, BUT THEY HAD PLENTY OF OTHER DISEASES IN ANCIENT GREECE THAT HAD THE SAME CHARACTERISTICS AS AIDS. THEY ALSO WERE MYSTERIOUS, FATAL, AND RESISTANT TO THE CRUDE THERAPY AND PREVENTION REGIMENS OF THE DAY.

PUBLIC HEALTH PERSONNEL BELIEVE THAT THE ASSURANCE OF TOTAL CONFIDENTIALITY IS THE KEY TO HAVING POTENTIAL AND ACTUAL CARRIERS OF THE AIDS VIRUS PRESENT THEMSELVES FOR VOLUNTARY TESTING AND COUNSELING.

HOWEVER, IN RESPONSE TO STRONG APPEALS BY THEIR OWN STAFFS, A NUMBER OF HOSPITALS ARE ALREADY ROUTINELY TESTING PATIENT BLOOD FOR THE PRESENCE OF THE AIDS ANTI-BODIES. THAT'S OKAY...AND THERE IS LEGAL PRECEDENT FOR DOING THIS.

BUT NOT ALL HOSPITALS THAT ARE TESTING HAVE ALSO INDICATED THAT THEY CAN SCRUPULOUSLY HONOR THE NEED FOR CONFIDENTIALITY OF THE BLOOD TEST RECORDS. AND THAT WOULD APPEAR TO BE A SERIOUS BREACH OF TRUST WITH THE PUBLIC.

WE MUST INDICATE TO THE PUBLIC THAT WE ARE CONCERNED ENOUGH ABOUT ALL OUR CITIZENS TO WANT TO TAKE BLOOD TESTS...BUT WE'RE ALSO CONCERNED ENOUGH ABOUT EACH ONE OF OUR CITIZENS TO MAKE THE RESULTS OF THOSE TESTS ABSOLUTELY SECURE, AVAILABLE ONLY ON A VERY NEED-TO-KNOW BASIS.

THE PRESIDENT AND HIS ADMINISTRATION DO NOT SUPPORT A FEDERAL LAW ON CONFIDENTIALITY. WE BELIEVE THIS IS ESSENTIALLY A STATE RESPONSIBILITY. AND I SUSPECT THAT MOST OF YOU WOULD AGREE. AFTER ALL, YOU ARE LICENSED BY YOUR STATES AND YOUR CODE OF PROFESSIONAL CONDUCT IS ENFORCED BY YOUR STATES.

BUT NOT ALL STATES HAVE DONE ANYTHING ABOUT IT YET...AND OF THOSE THAT HAVE, THE LAWS ARE FAR FROM UNIFORM.

SO THIS IS A LEARNING PERIOD FOR ALL OF US. THAT'S HARDLY A GOOD ANSWER FOR SOMEONE WHO TESTS SEROPOSITIVE AND THEN IS FIRED FROM A JOB, SENT HOME FROM SCHOOL, EVICTED FROM HOUSING, OR LOSES INSURANCE BECAUSE THE TEST RESULTS WERE LEAKED.

SO WE'VE GOT SOME SERIOUS THINKING TO DO ON THIS MATTER AS WELL. AND WE HAVE TO GET ON WITH IT, BECAUSE SOME OF OUR CITIZENS ARE NOT WAITING.

AS MANY OF YOU KNOW, A HALF-MILLION CALIFORNIANS HAVE SIGNED A PETITION AND NOW HAVE A PLACE ON THE BALLOT NEXT NOVEMBER FOR A REFERENDUM THAT, IF PASSED, WILL REQUIRE PHYSICIANS AND OTHER HEALTH PERSONNEL TO REPORT TO THE STATE THE NAMES OF PEOPLE WHO ARE SEROPOSITIVE.

IF SUCH A REFERENDUM SHOULD GAIN A MAJORITY OF THE VOTES CAST, WE WILL SEE A VERY DIFFERENT KIND OF PUBLIC HEALTH PRACTICE IN CALIFORNIA FROM WHAT WE'VE SEEN SO FAR.

I HOPE AND PRAY THAT THE PEOPLE OF CALIFORNIA AND ELSEWHERE WILL DEAL WITH THE AIDS ISSUES IN A MORE RATIONAL WAY...ONE THAT IS MORE CONSISTENT WITH AMERICAN TRADITIONS AND VALUES.

BUT HOPES AND PRAYERS MAY NOT BE ENOUGH. WE WILL NEED COURAGEOUS LEADERSHIP AT ALL LEVELS OF GOVERNMENT AND THROUGHOUT OUR SOCIAL, POLITICAL, AND PROFESSIONAL INSTITUTIONS TO REINFORCE THOSE HOPES AND PRAYERS.

HOW CAN YOU...AND I...AND EVERY AMERICAN INSURE THAT THIS BE DONE?

PRESIDENT REAGAN HAS SAID THAT WE MUST COME TOGETHER TO FIGHT THIS DISEASE WITH EVERYTHING AT OUR COMMAND. BUT WE MUST NOT FIGHT THE PEOPLE WHO HAVE IT.

CAN WE DO THAT? I HOPE WE CAN.

THESE AND OTHER ISSUES LIE ON THE HORIZON BEFORE US. BUT THE HORIZON IS NOT THAT FAR AWAY.

I HOPE WE WILL NOT STUMBLE ACROSS THAT TERRAIN, UNPREPARED FOR THE CHALLENGES THAT LIE BEYOND. I HOPE WE WILL BEGIN TO TALK ABOUT THESE ISSUES AS THE WISE, 200-YEAR-OLD SOCIETY WE PROFESS TO BE.

IF WE DO, WE MAY GIVE THE WORLD SOMETHING EVERY BIT AS PRECIOUS AS THE MUCH-DESIRED AIDS VACCINE:

WE WILL SHOW THE WORLD HOW COMPASSION AND JUSTICE...IN ADDITION TO FIRST-CLASS SCIENCE...CAN TRIUMPH OVER THIS MYSTERIOUS, FATAL DISEASE.

ONCE AGAIN...THANK YOU...AND BEST WISHES FOR THIS MEETING.

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