



A tale of doughnuts

by Reuven Bar-Levav, MD

A friendly and talkative owner of a Dunkin Donut Shop must have found me a receptive listener since he was eager to tell me his story: He has more than \$250,000 of his family's savings invested in his business, and that is not all. In order to qualify for the franchise, he had to go to a "Dunkin Donut University" somewhere near New York, and he had to spend several weeks there and elsewhere learning not only how to make doughnuts to the company's specifications but also how to run the shop exactly as the company believes he should. The man was not complaining. He was pleased and proud, in fact, to belong to an organization that maintains such high and exacting standards. He added that he is regularly inspected and spot-checked and that he is not allowed to introduce and sell additional products unless approved by the parent company first. All signs, prices and policies are uniformly set, to guarantee that the customer gets what he should. This in addition to regular health inspections by the locality where his shop is. "I have many children," he said. "They all work with me. The young ones perform various tasks and one of the older ones or myself is always on the premises, to see that nothing goes wrong. We want to make sure that we do it right."

By sharp contrast, serious medical illnesses are now commonly being treated in Michigan and elsewhere by non-licensed and non-qualified non-professionals, without anyone looking over their shoulders to insure that the patient does not get hurt. It is really safer and easier to find a clean and tasty doughnut than competent help for an increasing number of serious and life-threatening illnesses.

It makes no sense, but it is, unfortunately, true.

The problem is not unique to psychiatry but it is present here. Seriously troubled individuals with disturbed marriages and suicidal children or those dependent upon alcohol or drugs or suffering from a variety of disabling psychosomatic complaints or sexual dysfunctions are regularly "treated" these days by unqualified practitioners. The results are tragic. Although any human contact, even with a barber, is helpful to those in acute distress the masked depression almost always remains untouched. Students (!) and bachelor degree holders in psychology and in social work are ploughing the marketplace. Those with a Master's degree are already considered to be beyond question, and they hang out their shingle and look for "clients." So do many well-meaning housewives and masseuses, ministers and rabbis, salesmen and other "freelancers" who took a psychology course or two or who have been patients for a while because of their own troubles. They imitate what they saw or try what they read about. There are no minimum legal requirements and no standards. Several times every year I get calls from young people who tell me that they have just graduated from a school of social work and ask me if I would refer "excess" patients to them. Anything goes in the prevailing atmosphere and they have no hesitation or shame about these requests. They may even be sincere and well-meaning people. They have heard about me and "surely you must have more patients than you can treat." One of them added: "I have just fixed

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(continued on page 7)

Editorial

(Continued from page 6)

up my basement so I can see patients. I don't charge too much, and I can 'recoup' from Blue Cross."

Not all psychiatrists or family physicians who counsel patients are necessarily competent to administer more than psychological first aid. But the basic training of a medical school and a residency at least prepare physicians to recognize illness as a serious disturbance in the patient's health, not merely as a situation to allow someone to make a living. While many psychologists and social workers do commendable work, a much larger army of barely trained incompetents is also operating out there, feeding off the despair of others.

Various groups of "therapists" have been lobbying in Lansing for "equal rights" in the marketplace. Not surprisingly, some legislators have lent an ear to such claims, see-

ing doctors as "fat cats" and forgetting that sick patients deserve protection.

It gets even worse: Major hospitals in the Detroit Metropolitan Area have social work *students* in clinical rotations at their clinics. Some of these students have had no more than a single semester of course work, and most have had no more than two. They are supposedly in the hospital to learn the rudiments of patient-care, but they get almost no supervision, and what is available is frequently inadequate and woefully unsophisticated. But, without flinching or guilt the hospitals charge insurance carriers, including Blue Cross-Blue Shield, for patient "contacts" with these students. At first I thought I heard it wrong: A major hospital in this area charges insurance companies \$90.00 for a 45-minute session with a student!

The problem is not confined to Psychiatry. It is also found in many

other specialties involving eye and foot care, anesthesiology, laboratory medicine and other fields. Legislators and insurance carriers would serve their own interests and the public better if they enforced policies to insure that sick patients get no less protection than healthy doughnut eaters.

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