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The Addict and The AMA

James T. Nix, M.D.

In the past, when medicine was the family physician, his devotion and dedication merited the trust that patients placed in his devoted, loving hands. Kindness was his specialty. Specialization has made him the Vanishing Cavalier. In American medicine today, the voice of the AMA is not necessarily that of the "silent majority" of practicing American physicians. Resolutions and opinions expressed at American Medical Association conventions may reflect the opinion of delegates elected by self-perpetuating medical politicians from component medical societies. The American citizen expected that their hard-earned tax dollars dedicated to control of crime on the streets, and curbing heroin addiction, would be allocated prudently to medical grants showing the best promise of cure at the lowest financial cost. Yet, a half billion dollars annually has been given in medical grants by the federal government to non-methadone, non-productive programs with a 3 percent cure or remission rate, rather than to methadone maintenance programs with a confirmed cure and remission rate of 85 percent. Organized medicine has done little to merit the confidence of the American public and safeguard

our citizens against physicians deficient in moral character who might research for financial gain.

At every American Medical Association convention, pious platitudes, labeled as "resolutions", are passed and possibly forgotten before they are printed, to be filed in the limbo of half-forgotten things. At the 1969 American Medical Association convention in New York City, a resolution was passed, guaranteeing every American his basic right to the physician and hospital of his choice. As the narcotic addict is still considered by organized medicine as a criminal, not what he is — a sick American whose illness motivates his crime, he is deprived of his basic health right of freedom of choice, and treatment by government or university physicians is often mandatory. Furthermore, he is seldom courteously treated by any physicians, and physicians in private practice regard him as a hazard to their professional income. It seems that "once an addict, never an American citizen." Parallel to "Alphonse and Gaston", the medical society tells the physician member that whatever the Bureau of Narcotics and Dangerous Drugs approves is ethical, and the Bureau of Narcotics and Dangerous Drugs say that whatever the Medical Society considers ethical is not a violation of federal law.

Ethics would seem to have geographic boundaries. To the Louisiana

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The Medical Society, a physician using methadone maintenance for the control of heroin addiction would seem to have the ethics and professional competence of a chiropractor, and to the Society, the phrase "Methadone Clinic" might be considered one never to be used in mixed company. Yet, when the physician member goes to New York State, the New York State Medical Society considers methadone maintenance therapy ethical, and exemplary service for the welfare of the community, and the State of New York finances his methadone clinic. The parent medical association, the American Medical Association, has been aware of this divergence of opinion among its component societies regarding methadone therapy for two years, and probably also aware of the advantages of methadone therapy in the control of heroin addiction. It has been aware for two years that possibly the adamant ignorance of the Board of Directors of component societies has suppressed methadone therapy in certain sections of the United States, thereby unnecessarily destroying thousands of American families, sending thousands of sick American citizens to penal institutions unnecessarily, and imperiled the existence of our nation condoning the expansion of heroin addiction in the absence of methadone programs. Physician members of the AMA who are also members of component societies outlawing methadone therapy have, on occasions, followed their conscience rather than the dictates of boards of

directors regarding the ethics of heroin addiction with methadone. When the board of directors of component societies labeled methadone treatment as unethical for members of this society, the physician is automatically liable to criminal federal punishment by the Federal Bureau of Narcotics and Dangerous Drugs — as mentioned previously, the Federal Bureau considers whatever is ethical in the opinion of the Medical Society is legal for the physician. The American Medical Association does not necessarily speak for the majority of American physicians; in fact, it does not speak and thundering silence can only mean diluted integrity.

Amazingly, many physicians feel that the only apparent interest the American Medical Association has shown in health rights is in their traditional denial to minority groups. In the past, a quota system limited the number of Jewish admissions to medical schools, and even in the present, the negro is often labeled a doctor and patient second-class. Times have changed, and the enlightened citizen now knows that health is a community affair, and medicine is for the people, not the people for medicine. Actions taken by organized medicine have not always been approved by the average American physician; let us hope that the American Government and the American Citizen give the minority group — the American physician — a fairer treatment regarding his civil and health rights than organized medicine has given other minority groups. "Physician, heal thyself."