A Piece of My Mind

The good, the bad, and the ugly of medication coverage: Is altering a diagnosis to ensure medication coverage ethical?

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**Abstract**

Recently, a patient presented to the dermatology clinic suffering from disabling, recurrent palmoplantar vesicles and pustules. Biopsy demonstrated nondiagnostic histologic findings without unequivocal evidence for psoriasis. The localized rash was recalcitrant to a host of standard therapies. An anti-tumor necrosis factor biologic was considered, and experience suggested that this expensive medication would only be approved for coverage if a diagnosis was submitted for a Food and Drug Administration–approved indication as psoriasis. All health-care providers face similar dilemmas in caring for their own patients. To whom is the physician’s primary responsibility when what is best for the patient may not align with the realities of our health-care system? Should a physician alter or exaggerate a medical diagnosis to obtain insurance coverage for a needed medication? What are the ethical implications of this action? If the physician’s fiduciary duty to the patient had no limits, there would be multiple potential consequences including compromise of the health-care provider’s integrity and relationships with patients, other providers, and third-party payers as well as the risk to an individual patient’s health and creation of injustices within the health-care system.

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such a situation, subsequent to assessing the patient, the health-care provider has deemed a specific treatment reasonable, or even medically necessary, for the patient’s treatment. If the specific treatment will not be covered by the patient’s specific insurance company, the patient may inevitably be forced to make a choice between a high out-of-pocket cost to proceed with the recommended treatment or to delay or abandon it. Knowing this dilemma may hinder or complicate a given patient’s recommended treatment, a provider may contemplate “gaming the system” in an effort to act in the best interest of the patient’s quality of life, thereby placing the provider’s fiduciary duty to the patient above all else, including the physician’s personal integrity and the provider’s dual duties to the insurance company/health-care system and to the patient.

In such a situation, the patient may be grateful to the health-care provider if privy to the provider’s actions and intent; the patient may even begin expect this sort of help during future interactions. Further, the patient may boast to family, friends, and acquaintances about the good deeds of the wonderful doctor who subsequently may find he or she has set a precedent wherein other patients begin to expect similar type help with their own prescriptions. Alternatively, it is also possible that other patients may not view the benevolent provider’s motivations favorably, instead viewing the provider’s actions as fraudulent or manipulative, a view that would undoubtedly cause the patient to lose trust in the physician. In any case, the health-care provider may find his or her integrity challenged and the relationship with his or her patients to be compromised as a consequence of actions taken for a single patient.

The harm created by such a situation extends beyond the individual health-care provider. If a physician or other health-care provider were to make untruthful statements in efforts to obtain a desired treatment for a patient at a lower cost, the physician or other health-care provider would be knowingly misrepresenting the patient. Even if arguably done in the patient’s immediate best interest, such a misrepresentation could result in the recording of a diagnosis which has not been unequivocally established and which could ultimately impact future quality or accuracy of care, potentially causing unintentional harm. Once any given diagnosis is part of the medical record, a future provider, unaware of its fallacious nature, may fall prey to diagnostic momentum, accepting a diagnosis without critical thought and thus leading to therapeutic errors. More specifically, a deceptive diagnosis may sway a future physician’s choice of management, perhaps potentially leading to unnecessary workup, overtreatment, or undertreatment. It is also possible that if a serious adverse event were to occur as a result, the original provider could find him or herself under additional scrutiny regarding dishonesty, negligence, and/or illegal actions.

The possible consequences of altering or fabricating a diagnosis to obtain medication coverage reach beyond individual patients and their providers. Misrepresenting a patient’s diagnosis violates the express and implied contracts between insurer and provider. If this contractual obligation upon which the health-care payment system, however flawed, is based. If routinely violated, this would lead to an atmosphere of mutual distrust, perhaps resulting in draconian measures implemented by third party payers.

As one physician takes action to lessen the out-of-pocket cost to his or her patient, the consequences to the health-care system as a whole must not be ignored. Consider the inequity created between two populations of patients: those who have access to providers who do whatever it takes to reduce out-of-pocket costs and those who do not. Some may consider the differences between these two groups enough to constitute an injustice, making the latter group second class (Tavaglione and Hurst, 2012). This is not the only injustice created in such a situation; distributive injustice occurs as well. Health-care resources, and any single payer’s resources, are finite. When there is overutilization in one area, the consequences will be cutbacks in another area, restricting access to the overutilized resource, passing the increased costs onto current and future subscribers in the form of increasing premium rates. Such consequences are unlikely to be high on the radar of many health-care providers as they contemplate entering misrepresentative documentation in the medical record; however, they are not negligible.

The primary ethical dilemma illustrated here is whether an individual provider should alter or exaggerate a medical diagnosis in order to obtain insurance coverage for a restricted medication, an act some refer to as “gaming the system.” Physicians have professional obligations to their patients, those who pay for care, and to the health-care system within which they work. The interests of each may not always align, but acting with integrity and honesty and working lawfully within the system, however imperfect, will avoid ethical missteps and ultimately gain the respect of patients. In this specific case, we can conclude that “gaming” the system by misrepresenting a diagnosis to obtain coverage for a treatment or medication is both unethical and unlawful, and potentially injurious to the patient, the insurer, and the health-care system as a whole.

References

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