Phillips\(^1\) has shown recently that the development of acetabular erosion after hemiarthroplasty depends on the patient's activity level, predicted from the patient's age and type of residence at the time of the fracture. Using survivorship analysis we found that the number of failures after arthroplasty decreases with increasing patient age at the time of hemiarthroplasty (Eiskjær, unpublished data, March 1990).

Long-term results (5 to 10 years) after bipolar cemented hemiarthroplasty have been reported recently by LaBelle et al.\(^2\) Thus far, other studies have only described short-term results (3 to 4 years).

Considering this evidence, it is our firm belief that hemiarthroplasty at the present time should be reserved for the older adult with a limited activity level.

REFERENCES


Søren Eiskjær, MD
Risskov, Denmark

ETHICS IN ORTHOPEDIC RESIDENCY

To the Editor:

Reading your AOC presidential address in the June issue of ORTHOPEDICS (1990; 13:629-631), I was very impressed with your concerns about ethics, morality and the modern resident. I was equally disturbed when I was Chairman of the AOA's Membership Committee. We had three candidates whom the committee judged unethical because of advertising their personal unproven appliances. We therefore recommended to the Executive Committee that these candidates not be admitted to the AOA.

I was immediately chastised by Dr. Epps because he said moral and ethical judgments could not be made. He informed me, and he has worked long on an ethics committee, that the only decision we could render was that the candidate did something illegal, and this accusation had to be proven.

My old ministerial background was deeply

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disturbed by this dictum. I have painfully learned that his chastisement was well-founded. In the last two paragraphs of your address you made some important points. Firstly, I do not believe we can instill ethical and moral behavior in 25 to 30-year-old residents if they do not have it when they arrive. Secondly, I do not know how to identify this behavior before choosing them. Lastly, I strongly believe it is the teacher’s obligation to serve as a role model to residents.

I have been deeply moved by the comments of a few of my residents who have gone to national meetings and heard other residents discuss this ethical problem. Some were impressed that some of their colleagues were very critical of their teachers because they were obviously only interested in monetary gain. You can understand what impression this makes on a budding orthopedic surgeon.

I do not know how to police this attitude. I do know, however, that I believe our program has an ethical and moral faculty. There is certainly no overt faculty indication that they are in this position to gain the "neat things." I greatly appreciated your presentation and completely agree with it.

Thomas D. Brower, MD
Lexington, KY

To the Editor:
Your recent article on ethics in ORTHOPEDICS was quite informative. I am approaching 20 years in orthopedic practice and agree that there is certainly more of the "right stuff" today than 15 years ago. It is encouraging to see people such as you speak out on a subject that is so often neglected in our publications, as well as in oral presentations at various meetings. I personally thank you for speaking out and would certainly like to see more of the leaders in the field of orthopedics address this subject.

David W. Gav, MD, PC
Nashville, Tenn

To the Editor:
I just finished reading your presidential address to the Association of Orthopedic Chairman in the June issue of ORTHOPEDICS. As a practicing orthopedic surgeon for the past 11 years, I certainly share your concerns about the ethics within the practice of orthopedic surgery. Your address was well written and touched many subjects which bother many of us in the "trenches," practicing orthopedic surgery daily. Your thoughts about resident selection are good, but I would like to reinforce your recognition of the importance of the orthopedic chairman’s role as a mentor and a model for his residents. Please continue your thoughts and interests in this area and share them with practicing orthopedic surgeons through the mechanism of the printed journal article. I believe that periodic articles with the thoughts that you have provided do well to jog our own concerns and lead to self-reflection on this important issue.

Wilburn A. Smith, Jr, MD
Montgomery, Ala

To the Editor:
As a fellow orthopedic surgeon whose training straddled the late 60s and early 70s, I read with interest your article on ethics to be taught in an orthopedic residency training program. I think you have the "right stuff" to write about this difficult topic. As an involved clinical (non-full-time) professor, I agree that the best ethical teaching is an exposed attending behavior. Since reading your editorial, I have begun to collect unethical decisions I hear and discuss them with the residents.

I found the residents hungry to learn behaviors which make them proud of our profession. This is just a note of thanks for your article, and taking the time to write it down.

Theodore A. Wagner, MD
Seattle, Wash

To the Editor:
Your thoughtful editorial in the June 1990 issue of ORTHOPEDICS is long overdue. I feel, however, that there are several important points that you perhaps inadvertently omitted from your discussion of ethical issues in orthopedic training programs.

The primary mission of an orthopedic training program is training of orthopedic residents. About 2 years ago, an editorial on kingdom building appeared in the Journal of Bone and Joint Surgery. When the primary emphasis in an orthopedic training program is kingdom building, it would be unusual to find a firm ethical ground for training residents. The necessary egotistical requirements to be "king" are not compatible with the "hubris" you discussed in your article. Since orthopedic chairmen are chosen by deans and not elected by their peers, it would seem the only body that has any censure ability would be the AOC. Ethical training, as you clearly laid out, begins at home. I wonder if the response to your call for ethical integrity would have a more confident ring if the bearers of the flame took a critical look at their own house of chairmen to see if that is in order.

I applaud your attempts to develop a core


To the Editor:

I happened to read your presidential address for the AOC in the June issue of ORTHOPEDICS. I believe it is appropriate for the orthopedic chairman to be discussing this subject, and I am glad you brought it to our attention.

I have an interest in ethics in Orthopedics since my days as a member of the Board of Governors, and developed a technique I use for orthopedic residents in the Wayne State Program. This technique involves the introduction of separate ethical problems, presented as one might discuss them to create a case history, in an attempt to define and reach a logical decision as to how they should be dealt with. While most of us think of medical ethics in "life or death" terms, even simple orthopedic decisions often involve ethical judgment, and it is good to point this out to residents. Using this method, it is helpful to have a moderator who is reasonably grounded in talking about ethics and ethical decision-making. This person could be a member of the orthopedic staff with whom you could talk, and think about this subject, or perhaps an outside resource from the hospital or university.

As in any teaching, I have found that some residents are really interested in ethics, and others go to sleep. Nevertheless, I think this system offers an improvement over the "role model" type of teaching commonly done and universally accepted. I have also favored for some time the introduction of an Academic-sponsored 1-day course for residents, given in regional areas so attendance could be limited to 1 day, and relatively inexpensive. The curriculum would include some elements of practice.
management, risk management and malpractice, and the type of ethical decision making or problem solving that I have described above.

I hope my ideas will be useful to you in your upcoming workshop. I commend you for approaching the subject, and I wish you success.

William H. Salot, MD
St. Clair Shores, Mich

To the Editor:

I have read many orthopedic journal articles in my many years of practice. Some have been helpful, others not. I believe your article concerning ethics should be read annually at the beginning of orthopedic residency training programs. Some department chairmen need to stand back, read, and reread your article. I congratulate you on taking a stand which may ruffle some feathers; nonetheless, a very necessary consideration for all of us.

Malcolm A. Brahms, MD
Beachwood, Ohio

To the Editor:

I read with considerable interest your editorial, in which you correctly point out the problems of greed, hypocrisy, dishonesty and incompetence in society in general, and also in the medical profession.

Although this malignancy has been blamed on lack of ethics, the real cause of this epidemic is secular ethics (Khan MI, unpublished). The biggest drawback of secular ethics is lack of universality, because ethics are considered laws within a group or profession; therefore, ethics are answerable only to that group and not to society at large. This is why, in such a system, there is complete freedom for everyone to rob anyone as long as they keep their group happy, giving the appearance of seeing no evil, hearing no evil and saying no evil, thus protecting each others’ incompetence (Khan MI, unpublished).

This system also explains why the ethics problem is so widespread and why there is such an outcry for better ethics (Time, May 25, 1987). I am afraid we will never be able to cure this problem unless we adopt a universal code of ethics, competence, honesty, and truthfulness, and move away from greed.

REFERENCES

M. Ibrahim Khan, MD
Beverly Hills, Calif

(continued on page 958)
To the Editor:
I just had the privilege of reading your presidential address to the AOC in Washington last October, published in ORTHOPEDICS. I believe your address was most timely, and expressed concerns and opinions not only of myself, but of many of our colleagues also. This paper should be required reading for not only every orthopedic resident, but for every medical student and resident in this country. It not only presents the problem, but offers lucid and rational answers. I wish to congratulate you on your presentation.

Joe F. Robberson, MD
Amarillo, Tex

To the Editor:
I enjoyed your editorial in the June issue. You certainly expounded a commendable premise and I don't see how anyone can argue with the ideals you described. Your ideas of "owned knowledge" and learned skills marketed as a commodity I felt to be a new and creative way of describing a phenomenon prevalent among the more successful super-subspecialists in my community.

Sharing of knowledge is one of the few ethical standards covered in the Oath. Unwillingness to lend aid and comfort to colleagues with difficult problems (and without marketable fellowships) is reprehensible. Likewise, the marketing of narrated, edited (choreographed) videotapes of arthroscopic surgery degrades those of us who feel surgery is for the patient and not for the fame and fortune.

I though your criteria for screening applicants trite and frankly, the weak point in your article. It should be obvious to all that no one likes a liar or a cheat, but I have found in my youthful experience that one person's truth is not always consistent with another's. Furthermore, I found that in residency the differential diagnosis of "blame" always included the resident and the only issue was how high on the list. It was rare, indeed, for a staff physician to admit responsibility for a poor outcome. One modification on the screening process might consist of requesting that the applicant view the movie, Field of Dreams, and write an acceptable essay.

Brian Altman, MD
Albuquerque, NM

To the Editor:
I have just finished reading a copy of the June ORTHOPEDICS, and read your editorial on ethics with great interest, as my partners and I have always tried to keep fees reasonable and not unbundle charges. This practice has been morally correct, and I am sure I sleep better at night, but in all truth it has not helped my pocketbook. When fees were frozen, we were on the short end of the stick.

At any rate, I would not have done it any other way. It is a particularly poignant situation now because I have a son who's a junior in medical school and will probably go into orthopedics. He will not be one of those bad guys, and I am sure that that is true in large part because of his upbringing. I agree with what you are saying in the article, in that when you select a resident, you are getting him for better or for worse, because his patterns are already set. I believe you can, however, influence some of those by example, as you pointed out. That may indeed influence a few.

Frank B. Throop, MD
Indianapolis, Ind

To the Editor:
It was a pleasure to read your recent editorial in ORTHOPEDICS. Our adversary is the socioeconomic and cultural revolution itself which has taken place in the last 20 years in this country. Applicants for a residency training program cannot help but come from that revolution. We can only be products of our environment, and it is exciting to hear you talk about ways in which we can sort through the products of that environment for potential surgeons who have survived and have the "right stuff." Anyway, it is nice to hear someone like yourself writing about the relative unimportance of lectures and seminars on ethics and the relative importance of example.

Gary M. Ferguson, MD
Pittsburgh, Pa

To the Editor:
Just a comment regarding your recent address to the Association of Orthopedic Chairmen, appearing in the June 1990 issue of ORTHOPEDICS. I read with interest your article and commend you for being forthright and commenting about an issue that is extremely important.

It must be remembered at all times that our incomes depend on the infirmities and misfortunes of others. I really appreciate your comments and would hope that this same theme can be continued, not only at the resident level, but also at the Academy level.

Donald E. Wahlen, MD
Visalia, Calif

(continued on page 960)
To the Editor:
I am writing to congratulate you on your in-depth evaluation on ethics, published in the June 1990 ORTHOPEDICS. Problems such as creative billing and the use of various techniques for overcharging has been disturbing me for many years. I applaud your evaluation of the situation, making us all aware of what the problems are; however, I seriously doubt that many people can have any impact on this "new breed." The new breed is truly a different breed. Thanks again for your paper.
John J. Wertzberger, MD
Lawrence, Kan

To the Editor:
I read the June issue of ORTHOPEDICS with much interest and very much enjoyed your appropriate speech on ethics in orthopedic education that you gave as the presidential address at the 18th Annual Meeting of the Association of Orthopaedic Chairmen. Some may find this subject controversial. I find it completely appropriate. Congratulations on speaking out!
Michael J. Coughlin, MD
Boise, Idaho

To the Editor:
I just had an opportunity to read your 1989 Presidential Address to the Association of Orthopaedic Chairmen and I particularly enjoyed reading it and agree entirely with the plan you outline.
Augusto Sarmiento, MD
Los Angeles, Calif

To the Editor:
I was given a copy of your Presidential Address to the Association of Orthopaedic Chairmen and I particularly enjoyed reading it and agree entirely with the plan you outline.
Lewis M. Flint, MD
New Orleans, La

To the Editor:
I just finished reading the talk you delivered to the AOC meeting in Washington. I thoroughly enjoyed reading it and completely concur with everything you said.
David Drez, Jr., MD
Lake Charles, La

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LEAVE THE PACK BEHIND

Join the Great American Smokeout on the third Thursday of November. Millions of smokers across the country will take a break and try not to smoke for 24 hours. How about you? Or, if you don’t smoke, adopt a smoker for the day and promise to help that friend get through the day without a cigarette!

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A FEW QUIT TIPS

Hide all ashtrays, matches, etc.
Lay in a supply of sugarless gum, carrot sticks, etc.
Drink lots of liquids, but pass up coffee & alcohol.
Tell everyone you’re quitting for the day.
When the urge to smoke hits, take a deep breath, hold it for 10 seconds, & release it slowly.
Exercise to relieve the tension.
Try the “buddy system,” and ask a friend to quit too.