Hippocratic Medicine in the 21st Century: Challenges for Individualizing Treatment

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Dr. Jennifer Powell was born and raised in central Illinois. After attending the University of Illinois for one year as a Pre-Journalism major, she knew that wasn’t the direction she was meant to go. When Powell was 30 years old, God called her to become a physician. She went back to college, graduated from the University of Illinois with a bachelor’s degree in Microbiology, attended the University of Illinois College of Medicine in Peoria, Illinois and then trained at the Southern Illinois University Family Practice Residency in Decatur, Illinois. She graduated at the age of 41. Currently, Dr. Powell runs Direct Primary Care Clinics in Osage Beach.

Disclosures: None
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Jenny Powell MD FAAFP
Direct Primary Care Clinics LLC

Education, Training, Experience

- University of Illinois- Urbana BS Microbiology 1995
- University of Illinois College of Medicine – Peoria 1995
- SIU Decatur Family Practice Residency 2002
- OSF St. Joseph – Family Medicine – Clinton 2002-2006
- St. John’s Clinic – Family Medicine – Lebanon 2006-2013 (now Mercy Clinic)
- Direct Primary Care Clinics LLC 2013-death

Learning Objectives:

- Learn about the origin of the Oath of Hippocrates and the evolution of Hippocratic tradition
- Understand the relevance of the Oath in 2018 and the consequences of disregarding its tenets
- Identify strategies for increasing availability of individualized, patient-centered medical care as emphasized by Hippocratic tradition in everyday practice and across the healthcare system
Corpus Hippocraticum

• Biomedical Methodology
  - stay as close to the data before them, and therefore see each patient in their “particularity” – can’t extrapolate data
The Oath

- Respect teachers
- Treat patients according to skill and knowledge
- No intent to harm ["Primum Non Nocere"]
- Respect for life
- Treat the ill with no discrimination
- Don’t have sex with patients
- Confidentiality - privacy

Purpose of the Oath and the Corpus Hippocraticum
Oath comparison

**Oath of Hippocrates**
- Respect teachers
- Treat patients according to skill and knowledge

**UICOMP Class of ’99 Oath**
- I will give respect and gratitude to my deserving teachers
- I will practice medicine with conscience and dignity; the health and life of my patient will be my first consideration

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Oath comparison

**Oath of Hippocrates**
- No intent to harm
- Respect for life

**UICOMP Class of ‘99 Oath**
- Even under threat I will not use my knowledge contrary to the laws of humanity
- I will maintain the utmost respect for human life
Oath comparison

**Oath of Hippocrates**
- Treat the ill with no discrimination
- Confidentiality/privacy

**UICOMP Class of ’99 Oath**
- I will not permit considerations of race, religion, nationality or social standing to intervene between my duty and my patient
- I will hold in confidence all that my patient confides in me

http://www.jpands.org/vol23no2/dobken.pdf
Hippocratic vs Bioethics

- Respect teachers:
  one lecturer will discuss the life-saving qualities of statins; the other will teach how statins lead to mitochondrial death

- Treat patients according to skill and knowledge:
  trained in certain procedures but because a specialist in the system does a procedure and doesn’t feel FP qualified, not allowed to do it

- “Primum Non Nocere”
  patient wants surgery done by Dr. X in Somewhere, MO - system asks why referring outside the system;
  Rx works best for patient, insurance demands PA and then denies payment

- Respect for life
  In MO, children may have DNR on chart without parents permission
• Treat the ill without discrimination
  Uninsured pay more or are refused treatment;
  Medicare patient who was "fired" because she was too ill
  Cancer patient who refuses chemotherapy treated like pariah

• Confidentiality and privacy
  HIPAA
  Electronic medical records/SHINE
  Lists/cell phones/data mining

Big Brother
Individualize Treatment

- Studies:
  - Check the exclusion and inclusion criteria
  - Check the total study group and number that completed the study
  - If a Bell curve is not available in the study, there’s a reason
  - “If my parent/spouse/child/self fell out of the height of the Bell curve, would the treatment apply to them/me?”

Guidelines:

Medications

- Pharmacogenetic testing
Medications

- Pharmacogenetic testing
- Formulary vs non-formulary (know pricing)
- Dispense generic non-controlled medications
Medications

• Sometimes the best treatment for the individual in front of you isn’t medication.

The company you keep

• Supportive of Hippocratic tradition or no?
  Organizations will either support individualization of treatment or following guidelines
  Semantics – war of words
You can be your patient’s hero

• Be on the lookout for the “nudges”
• Individualize treatment whenever and wherever possible
• Go to bat for your patient, against the “system,” insurance company, even the licensing board
• Be willing to put the needs of the patient before your own
• Take a good hard look at your Oath
• Stand for something or you’ll fall for anything
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