The Hamburger Institute

George O. Waring III, MD, FACS, FRCOphth

As I have commuted to and from work along the same route in Atlanta, I have observed an interesting marketing phenomenon—the euphemistic renaming of establishments to attract business.* The conversion of the Johnson Road Apartments to condominiums was announced by a large sign with a tastier title, Magnolia Condominiums. As the glut of condominiums increased competitive pressures, the complex became Magnolia Manor. Not satisfied with Southern charm, the managers fancifully designated the buildings River Glen Overlook—a presumed allusion to the Chattahoochee River a mile and a half away. Nearby, the Simpson Shopping Center became Eastlake Mall (where’s the lake?), only to mutate recently into the Atlanta Festival (where’s the party?). Around the corner, the dowdy trade school for hairdressers suddenly donned new trappings and a colorful billboard heralding its evolution into the Atlanta Beautician’s College; only a year later, it unfurled a banner twice as large over the International Institute of Cosmetology.

Same apartments, same stores, same school—different names. Indeed, wouldn’t you rather live in River Glen, shop at the Festival, and have your hair done by a graduate of the Institute? Of course!

Commercial marketing is replete with misrepresented exaggeration; we have become numb to spiraling hyperbole, whose embellishments intend to attract buyers through the crafty illusion of superiority. Unfortunately, similar exaggeration is invading both the private practice and university sectors of medicine, as competitive pressures rise.

For example, recently, a handful of ophthalmologists paid to participate in advertisements listing exclusive coverage in their own geographic area for a “national awareness campaign on refractive surgery;” the ads appeared in national magazines. The sophisticated layout used an American eagle as the background for the soft-sell of the subtle promise of perfect sight without glasses. At the end of the advertisement, readers were encouraged to consult the ophthalmologists who presumably purchased the ad; the list included an Eye Foundation and an Academy of Cataract and Laser Surgery. When I contacted them, I found that each was simply the office practice of an individual ophthalmologist.

Anticipating something special, I called a “Foundation for Advanced Eye Care.” A foundation is an organization established on an endowment, usually with a governing board and provision for its perpetual maintenance. This “Foundation” stated it has no formal endowment; its “governing board” is apparently a Board of Directors made up of physician-investors.

My telephone call to an “Academy of Cataract and Laser Surgery” included a conversation with a woman who stated, “I’m not sure about the Academy, but Dr _____ is the only doctor here. He just calls his practice ‘The Academy.’” When I requested literature about the Academy, I received a commercially prepared brochure on radial keratotomy. State records indicated that the name of the corporation had been recently changed from _____, MD, PC, to an “Academy of Cataract and Laser Surgery, PC.” Did the name change indicate a change in the structure of the doctor’s practice? I doubt it. The term academy originated from a garden near Athens, Greece, that was owned by Academus. Plato taught there. Academy rapidly evolved to designate an organization or institution for the study of higher learning or training in some special art, such as the Royal Academy of Painting, Sculpture, and Architecture, or to designate a group of individuals who had achieved distinction in a specific area, such as the American Academy of Sciences. The term does not encompass the office of a single medical practitioner.

*The actual names of the establishments have been changed.
From Emory Eye Center, Atlanta, Ga.
Reprint requests should be addressed to George O. Waring III, MD, FACS, FRCOphth, Emory Eye Center, 1327 Clifton Rd, NE, Atlanta, GA 30322.
More recently, I received a brochure from an "Eye Institute" which promised a "comprehensive medical eye examination that is the most thorough in the area." The examination included visual acuity, keratometry, slit-lamp microscopy, tonometry, optic-nerve examination, computerized visual field testing, etc—all part of a complete eye examination in almost any ophthalmologist's office. Is this really an eye institute? The term institute originally described an organized set of laws, customs, or precepts, such as Benjamin Rush's lectures on the Institutes and Practices of Medicine. The term gradually changed to designate a society or organization that promoted literary or educational objectives, such as the Massachusetts Institute of Technology. The term now encompasses organizations and campuses in which scientific, artistic, or educational activities transpire, such as the National Institutes of Health and the Art Institute of Chicago. Nowhere in the Oxford English Dictionary is there the suggestion that an institute could be an individual doctor's office.

The fact that an individual ophthalmologist cares superbly for his or her patients, makes a few presentations a year, participates in courses at national meetings, has visitors to the office, and is covered in the ophthalmic news media does not allow inaccurate designation of their practice as a foundation, academy, or institute. We all know that ophthalmologists have the right to call their practices anything they wish—just as do apartment owners, shopping center managers, and trade school heads, but beguiling euphemisms in the field of health care can mislead the public. Do we think we can hoodwink patients by misrepresenting the structure of our practices and still expect them to trust us when we recommend medical or surgical treatment for their eyes? If we mislead in one way, why not in another?

Stephen Obstbaum, MD, voiced similar concerns in an editorial in the Journal of Cataract and Refractive Surgery.1 He telephoned an "Eye Institute" and learned that the entire medical staff consisted of a single physician. Dr Obstbaum emphasized that such activities weaken organized ophthalmology's ability to convince the federal government that increasingly restrictive regulations will damage the delivery of eye health care. Unfortunately, ophthalmology has gained a reputation for sleight-of-hand behavior. "Ophthalmology practice does not offer something special for the consumer, but rather is structured as a self-serving attempt to preserve a convenient and lucrative practice style." (An attitude of third-party payers as reported by Jay Gellart at the Conference on Future Directions, American Academy of Ophthalmology, January 17, 1992.) Ophthalmologists who masquerade behind the borrowed plumes of foundations, academies, and institutes, will further brand our specialty as pariah of medicine, so that we remain an object of attack by the government and of suspicion by the public. We may end up lumped with the Hamburger Institute.

The "national awareness" ad also used linguistic gymnastics, factual errors, professional exaggeration, and a clever layout to contort the public's perceptions of refractive surgical procedures. The delusional language suggested that the radial keratotomy operation just couldn't do the job of correcting nearsightedness, so eye surgeons (such as those on the accompanying list) developed new "keratorefractive procedures" that produce greater success—an attempt to use technical-sounding language to exaggerate simple improvements in the techniques of radial keratotomy. In fact, the term keratorefractive surgery nonspecifically designates the dozen or so corneal surgical procedures designed to correct refractive errors; it is inaccurate to redefine it to refer only to radial keratotomy. The factual errors in the ad misled as well, such as the statement that "In nearsighted patients, the cornea is curved to an exaggerated degree" (no, not in most myopes) and that radial keratotomy "brings the curvature closer to normal" (no, the curvature is flatter than normal). The professional exaggeration appeared when the ophthalmologists listed in the laser section of the advertisement were reassuringly designated as "dedicated to the future of refractive surgery," even though none was currently part of the FDA-monitored trials of excimer laser photorefractive keratectomy. The layout of the ad displayed all the promises in easily readable print against beautiful background photographs, but hid the complications in less noticeable print in the footnote—reminiscent of the small print in insurance policies and used car contracts.

This ad is only one example of how eye care has become ensnared in a tangle of linguistic obsfuscation; there are many other examples. Some excimer laser manufacturers prefer to designate photorefra-
tive keratectomy as a procedure rather than an operation, as in “postprocedural care” instead of “postoperative care,” presumably because operations are (by definition) done by surgeons, and maybe, just maybe, persons other than ophthalmic surgeons want to perform photorefractive keratectomy. Some doctors of optometry want to be designated as physicians—a term customarily reserved for graduates of medical or osteopathic schools. Of course, pirating a name to improve one’s status is an old trick; the Atlanta Yellow Pages lists lots of kinds of doctors: The Car Doctor, The Glass Doctor, The Appliance Doctor, The Lawn Doctor, and The Arbor Doctor. Competition is sure to up the ante; I’d rather have my car repaired by the “Automobile Physician,” wouldn’t you? Political correctness encourages such neologism. For example, garbage men have become sanitary engineers—same job, but more pride and self-esteem at the expense of plain language.

You may view my plea for clear representation as the wailing of a self-serving, self-righteous academic papist, but don’t rush to judgment. I’m not opposed to changes in language; attractive names for ophthalmic enterprises and operations are inevitable and acceptable—especially as business plays an increasingly prominent role in the managed competition of eye care. Witness the names of new refractive surgery companies: Vision Correction Group, Vision Correction International, Global Vision, New Vision, New Image, Lasersight.

But I’m sure you will agree we must limit how far we go. Our language must mean something—we cannot simply alter its use because we are threatened and anxious about business pressures and competitive forces; we physicians must avoid the temptation to say or do anything to protect market share and patient access.

Let’s ditch flim-flam jargon that tries to fool our colleagues and the public. Misrepresentative exaggeration is commonplace in the worlds of politics and commerce, where it is viewed with derision by the public; when it spills into the social contract of the doctor-patient relationship it erodes that delicate trust, and corrupts the core of our profession.

Let’s talk straight.

REFERENCES