

CHAPTER XI.

"Sound policy is never at variance with substantial justice."

As a physician you will hold two positions in relation to patients: first, during sickness you will feel a humane interest in them and a scientific interest in their diseases, give them your best skill and your labor, and employ whatever remedies will be most surely, most safely, and most rapidly beneficial; to this you will add sincere sympathy and commiseration. Later, when, by recovery or death, your interest and skill are no longer required, you will enter upon the second, or business relation, and then you should, unless poverty forbid, demand and secure, in a business-like manner, a just remuneration for your services.

Business is business, and should always be regarded as such. You must be clothed and fed, and must support those dependent upon you, just as other people do. Every person naturally and properly looks to whatever occupation he follows for support; therefore, let not false delicacy or out-of-place politeness break up the business part of your profession, or interfere with your rules in money matters, or prevent your knowing where sentiment ends and business begins. You are human, and must live by your practice, just as the priest lives by the altar, the lawyer by the bar, and all other people by their avocations. The practice of medicine is the work of your life; it is as honest, useful, and legitimate a branch of human industry as any other on the face of the globe, and no one earns his means of living more fairly, and often more dearly, than the hard-worked physician, and both common sense and vital necessity require that you should try to provide properly for yourself and for those dependent on your labors for support.

This you cannot do unless you have a business system, for upon *system* depends both your professional and your financial

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success. No man is at his best when handicapped by poverty; and no one can practice medicine with clearness and penetration, earnestness and effect, if his mind be depressed and distracted, or health lowered and temper vexed by the debts he owes, or be annoyed and dunned by hungry creditors at every corner; or whose discontented stomach is uncertain where the next meal, for himself and his care-worn family, is to come from; or who walks the floor and knows not which knock at the door will be the sheriff's. These and other cares, that poverty entails, dwarf any (Deadbroke) physician's mind and body, and cripple his work; and it is only when free from the incubus, the mental solicitude of debt and poverty, that his mind and his energies can do full justice to his attainments.

"Anticipated rents and bills unpaid
Force many a doctor into the shade."

In these days neither untiring study, nor unselfish devotion as a humanitarian, nor the bubble of applause will enable you to live on wind,—

"All leaf and no fruit,"—

or lift you above the demands of the tailor, the instrument-maker, the book-seller, the grocer, the butcher, and other creditors, not one of whom would accept your reputation for professional devotion, or of working for philanthropy, or your smiles, thanks, and blessings for his pay; nay, even the conductor will repudiate such sentimental notions, and put you off the street-car which is carrying you to your patient, if you do not have money to pay your fare.

"Wrinkled purses make wrinkled faces."

It is, naturally, a pleasant thing to be *very popular*; but even were your air-built popularity and verbal fame to embrace the whole city, neither it nor checks on the Bank of Fame will fill your market-basket nor purchase books, pay your rent nor feed your horse; and although the Glittering Dust is neither the primary nor the chief incentive in the practice of medicine, it

ever has been and ever must be one of the objects, for no one can sustain his practice without a money feature.

"Necessity has sharp teeth."

If people do not pay you you cannot live by your calling, and you will very soon tire of *all work and no pay*. Almost as well to starve without a patient.

In your money affairs be systematic and correct, for it is as important to charge your visits as it is to make them; make it your habit never to retire to bed without making some kind of record of every visit, etc., made during the day. The nearer your financial arrangements approach the *cash* system, the better it will be for you and your family. Frequent accounts are best for the physician. If he render bills promptly, it teaches people to look for them, and to prepare to pay them, just as promptly as they do other family expenses. It is often more advisable even to submit to a reduction in a bill for prompt payment, than to let the account stand over and run the risk of losing it through the pay-when-you-please system, for while you are waiting some may fail and others abscond. Besides, after settling promptly, many patients will feel free to send for you again and make another bill, even in moderate sickness, instead of dallying with home remedies or quack medicines, as they might do if they still owed you.

You should render your bills while they are small, and your services are still vividly remembered, not only because gratitude is the most evanescent of human emotion, but for another reason: if you are neglectful or shamefaced and do not send your bills promptly, it will create a belief that you do not believe in prompt collecting, or are not dependent upon your practice for a living, or have no wants and do not need money; or that you do not hold this or that person to your business rule, or are not uneasy about what *they* owe you; and if you foster a bad system of book-keeping a bad system of collecting will grow up around you, and great loss will result. Asking for payment reminds patients that there is still a little of the

human left in a man, even if he have become a physician, and that, since you have to live, you must have your fees to enable you to do so.

The business of the world is now conducted on the *cash* system, instead of the old *long credit* plan, and you should do your share to

"Break the legs of the evil custom,"—

the unjust habit that physicians used to follow, either through carelessness or to maintain the favor of patients, of waiting six months or a year after rendering services before sending a bill. If a physician attend a person, say in February, and send his bill in March or April, it seems to the patient like a current expense, and as though the physician lives by his practice, and it is apt to be paid promptly; whereas, if he delay sending it until July or January, and then send one headed with the semi-apology, "Bills rendered January 1st and July 1st," as an excuse for even sending it then, the debtor will naturally think that the physician has merely sent his out with a whole batch of others, *more* because he has posted his books than from a special desire for its payment; and in this belief he will probably let it remain unpaid for months longer, and perhaps delay its settlement till it becomes an old back debt, which is the hardest kind to pay. All sorts of strange accidents are continually happening that may prevent payment; besides, time effaces details, and recollection of the number of visits, the physician's watchings, cares, and anxieties are forgotten, responsive sensibility is lost, and the bill, though really moderate, is apt to look large. All these circumstances combined are apt to make people feel, when they do pay an old bill, not as though they are paying a well-earned fee, but more as if they are doing a generous thing and making the physician a *present* of that amount.

If, in spite of these facts, you do send your bills only every six months, instead of putting on them "Bills rendered every six months," put "All bills collected at the end of every six months," or "Prompt settlement of bills is kindly requested."

Also, show that you keep records of your cases and of your fees by having on all your bills the word *FOLIO*..... after the patient's name, with the number of his page inserted in the blank.

You will have to make considerable reduction in many large bills after they have become old; therefore, look after them while they are small in amount and recent in date. Indeed, if you let one bill be added to another till the total reaches a considerable amount, you may place it wholly beyond the power of the person to pay it, and wrongfully *force* him into the position of a dishonest man. Besides, long-standing bills frequently lead to a disruption of friendly feeling and loss of practice.

"Old reckonings breed new disputes."

The very best time to talk business, and have an understanding about fees with doubtful or strange patients, is at your first visit or the first office interview, and the best of all times to judge a person's true character will be not on occasions for social intercourse and the ordinary amenities of life, but when you touch his financial pocket-nerve and have money dealings with him.

"Then you will find out what stuff they're made of."

Even a single dollar will sometimes show you exactly what a person is, whether a knave or a man of honor.

Make it an invariable rule never to accept a commission or fee from any one under circumstances which you would not *willingly* submit to public exposure or investigation by a medical society, or a court of justice. Probably your severest test will be when money is enticingly offered to induce you to do doubtful things.

Many and many a patient will quit employing you to escape from paying an old bill, and then, to hide from their surprised neighbors the true cause of their quitting you, will trump up some falsehood or another, and give you a bad name, to prevent them from employing you and thereby possibly learning from your lips the true reason why they changed.

Railroad and steam-boat companies and other corporations, also proprietors of mills, factories, workshops, etc., whose employés get injured, in order to relieve themselves from responsibility, or from fear of incurring public odium, or from a selfish fear that they may become involved in suits for damages, and be made pecuniarily responsible for the injury, often send, directly or indirectly, for a physician to attend, and in one way or another create an impression in his mind that they will pay the bill, but afterward, on one plea or another (usually this—that they have supported the injured person during his disability, which is as much as they can afford), either entirely disclaim the debt or refuse to pay it, and with such excuses leave the physician in the lurch.

"Rank injustice that smells to heaven."

In such cases you may obviate this result and secure justice, or, at least, ascertain the prospect, by going, as soon as possible after you have taken charge and given the initial attention, directly to headquarters, or to the person who has the authority to make the company or firm financially responsible for your services, and, after explaining the labor and responsibility which the case involves, make known your doubts of not being recompensed for your services unless they will see to it, and frankly ask if they will assume the responsibility and let you enter the account on your books in *their* name.

From similar motives, the heads of families, for their own satisfaction, for social reasons, or from a feeling of insecurity lest some inmate of their house who has become sick may have a contagious disease, will sometimes request you to visit their servants, nurses, or maybe poor relatives, and then seek to avoid payment of your bill on one pretext or another. If there be reasonable doubt of prospective payment in these cases, you had better at once seek to determine the financial responsibility, as suggested in the preceding paragraph.

Bear in mind the fact that when a person, even though a banker or a millionaire, comes for you, or summons you, or

requests you to attend another person, he is not thereby made legally responsible for your fees, unless he distinctly promises or agrees to be responsible for the debt. Hence, make it a rule to enter the names of those who are held financially responsible for such services in your book, and keep a memorandum of the facts that make them so, and make out your bill to them accordingly. If you take these precautions it will prevent many unpleasant misunderstandings, and save you many a hard-earned dollar.

Before you have practiced long you will find that your welfare will depend not upon how much you book, but upon how much you collect, and that if you never insist upon the payment of your fees you can never separate the wheat from the chaff. If you have a business rule, and people know it, they will associate you and your rule together, and be guided thereby. Let the public know, in the early years of your practice, what your rule or system is, or you cannot do so later in life. When a new family employs you, render your bill as soon after the services as the ordinary courtesies of life will allow, and especially if there have been a previous attendant who was a careless or indifferent collector, or no collector at all. Send it in as a test, and if there be any objection to you consequent on the early presentation of your bill, or because you want your fee, the sooner you arrive at an understanding of each other, or part company, the better for you.

Some physicians have more tact in getting fees than others, and, curiously enough, there are patients who will pay one physician but will not pay another, there being certain persons with whom they desire to stand well, and others for whose opinions they do not care. Try to be in the former class with all persons of doubtful integrity.

When patients ask you how much their bills are, or how much they are indebted for office consultations, operations, etc., always reply, with courteous promptness and decision, "one dollar," or "ten dollars," or whatever else the amount may be,

large or small; and if you be careful to avoid prefacing or following this reply with other words, most people will, in the embarrassment of the moment, proceed to pay you without objection, whereas if you add more words it will weaken your claim in their minds, or impress them with the belief that you have no settled charge, and will furnish them with a pretext to show surprise and contend for a reduction. When one does demur at the amount, show your amazement, and be prepared at once to defend or explain the justice of the charge.

Your accounts for surgical cases, midwifery, poisoning cases, and, in fact, for all exceptional cases, should be promptly posted and charged in your ledger; otherwise, the patient may call unexpectedly to pay his bill, and you may, either through haste, or embarrassment, or temporary forgetfulness of all attendant circumstances, name much too low a figure and do yourself provoking injustice. Besides, the amount being already determined on and entered in your book shows it to be the settled charge, and the patient is less apt to ask for a reduction.

Take your fees for honest services whenever tendered. Patients will often ask, "Doctor, when shall I pay you?" or "Shall I pay you now?" A good plan is to answer promptly, "Well, I take money whenever I can get it; if you have it, you may pay it now, as it will leave no bones to pick," or "Short payments make long friends," or "Prompt pay is double pay, and causes the physician to think more of his patient," or something to that effect. Never give such answers as "Oh, any time will do!" or "It makes no difference when," or you will soon find it to be very expensive modesty.

Although Sunday is a holy day, on which bills should not be sent, yet it is perfectly right for physicians to accept fees earned or incidentally tendered on that day.

Never neglect regularly to post your account-books, for it would be violating nature's first law—which says that the first object of every being is to supply his own wants—to attend faithfully to the department of your occupation that concerns


others and neglect the one that concerns yourself. The Scripture command is, "Love your neighbor as yourself;" it does not say love him *more*, but Paul does say to Timothy: If any one provide not for his own, and specially those of his own house, he is worse than an infidel.

It is a good plan to insert the names of transient patients in your cash-book, instead of blurring your ledger with them, and to give pages in the latter only to probable permanent patients.

Try to get cash from strangers for catheterization, certificates, vaccination, and other minor services, instead of blurring your ledger with petty accounts.

When a prompt-paying patient pays cash at each visit, or settles at your last visit, so as to make it unnecessary to transfer his account from your visiting list to your ledger, the simplest way to mark it paid is to turn each visit-mark (*I*) on your book into a *P*, signifying *paid*.

A good plan to use in making out the list of calls you are to make each day, and the order in which you wish to make them, is this: Tear up a lot of foolscap or note-paper into slips as long as the page and half as wide, and draw a line down the middle of one side of each; go over your list each morning, and cull out the names of all who are to be visited, and put them on one of these strips, left side of the line. Then select and arrange them carefully on the other side of the line in the exact order you wish to observe in visiting them, putting urgent cases and early calls at the top. Cut off this list when completed and carry it in your outer coat- or vest- pocket, refer to it often, and tear off each name as the visit is made.

You can readily fix your visiting-list so that it will always open at the page in use. To do this, clip off about half an inch of the upper corner of its front cover, thus , and then in like manner cut off the corners of the leaves thereby exposed, down to the page corresponding to the date thereof. When thus prepared, if, in opening the book, you place your right thumb

on the exposed corner of the uncut leaves, it must open at the proper page. As weeks pass, clip each page as required. The most convenient way to carry your visiting-list is in a wide but shallow pocket on the left hip.

Do no unnecessary bookkeeping, but take care to do enough to keep your accounts correctly. The visits and cash entries in your visiting-list and day-book should be written in ink; for, being original entries, they would be accepted in court as legal evidence. A good way to prevent any one or any thing being forgotten is to write names, visits, street promises, etc., in your visiting-list with a lead-pencil without delay, till you have a chance to rewrite them with ink.

Purple, green, and blue inks all fade badly, and occasion a great deal of trouble. You had better keep your books with good black ink.

At the end of every week add up the visits made to each patient whom you have attended during the week, and after ascertaining the total sum which you should charge therefor, insert that amount in the blank spaces found at the end of the lines after the Saturday column in the visiting-list. By doing this weekly you can fairly estimate and charge the value of your services to each patient while they are still fresh in your mind. It is not only wise to enter at the end of each week the amounts charged, but also to enter the names of the individual members of the family who have been under your care during the week, in the visiting-list over the visits, *for reference*, in case your attendance should ever be disputed.

In posting your books at the end of each month, in order to avoid missing any entry in transferring the items from your visiting-list to the ledger, make use of the simple checking-off plan. A good way is to make a list of the names of all patients whom you have treated during the month on a sheet of foolscap paper, then bring from the visiting-list to the foolscap the amounts marked against them for each week's services and put those of each after his name; when you have all the charges transferred

in this way to the foolscap, begin and go over your ledger, page after page, and scan every account as you go along. When you reach the name of any one against whom you have a charge to make, add up all you have marked on the foolscap against him, and enter the total on his page of the ledger; but instead of wasting time to write November, 1892, \$7.00, enter 11-92, \$7.00, then cross that person's name off the foolscap list, and continue on, page after page, through the entire ledger. By this crossing-off system, if you chance to pass over any one's account, it will remain *uncrossed* when you are through the list, and will thus be detected. While going over the different pages of the ledger note down on the blank after the word folio, on one of the small pile of blank bills lying at hand for the purpose, the number of each one's page whose account needs **RENDERING**, so that on completing your entries you may readily return and make out the bills in question; also, take care while turning the pages to make a list of the indebted patients whose accounts it would be well for you or your collector to look after during the ensuing month.

When you make out a bill, enter in your ledger, in the space just after the amount, *the date* on which the bill for that amount was rendered; thus, \$7.00, with 1-8-92 after it, would signify that a bill for seven dollars was rendered to that person on the first day of the eighth month, 1892; or it may be written as the Quakers do, month first, then day, and then year, thus: 8-1-92. Payments may be similarly entered.

A good way to save the trouble of looking over worthless or lapsed accounts in your ledger, month after month and year after year, is to cross them off, using lead-pencil, which can be erased at any time, if necessary, for such as may possibly be revived; and for those that are dead or, from other causes, never likely to employ you again, use ink.

That a patient whose name is on your books is a colored person can easily be indicated by putting three dots after his name, thus: Robinson, John, : 13 Columbia Street.

Patients will occasionally dispute the correctness or justness of your charges. If a bill be not correct, correct it at once and willingly, with such an expression of regret at the error as may be judicious; if, however, it be correct and just, do not allow yourself to be browbeaten into the position that it is otherwise. Many people are not aware that the charges for *surgical* and various other cases are higher than for ordinary visits; some appear to think that for a visit at which you reduce a dislocation, open a large abscess, make a vaginal examination, or draw off the urine, you should charge the same as for ordinary visits; others have an idea that physicians do not, or should not, charge for every visit when they make more than one visit in a day, or for every patient when more than one in a house is sick. You must, of course, correct their error by explaining the relative difference, or, if necessary, by reference to the fee-table.

Never undercharge for your services with a view of obtaining business, or in any other odious sense. A community never values a physician higher than he values himself; besides, habitual deviation from the uniform rate of charging is considered dishonorable and is ruinous to one's interests and to the interests of the profession at large. Moreover, the public knows that no man will be content with small and insufficient fees while his brethren are receiving greater, unless he rates his abilities at a less price. Small fees are, therefore, set off against small skill in the public belief. The tendency of undercharging is to put a lower value on the medical profession, to lower the fee-table permanently, and to compel all physicians to work for inadequate pay. There is a vast difference between underbidding in our profession and that seen in wars of competition in ordinary business pursuits. In the latter, underselling, cut-rates, and other results of severe and crushing competition are only temporary; for, if merchants or traders were to sell goods at or below cost for a length of time, failure would result. In commercial or business wars one or other withdraws, or they enter into a compromise and each advances again to full prices; snap-