

Readers' Forum

To the Editor:

The November/December 2006 issue of *The North Carolina Medical Journal* offered a comprehensive discussion on the issue of worksite wellness and health promotion, providing both the most current research and field-based insights into what can work and how to implement those successful components. Employers have been faced with increasing employee health care costs for several years and many have considered worksite wellness as an option to address cost containment. At issue has been the true definition and scope of successful worksite wellness.

At Blue Cross Blue Shield of North Carolina we have been developing our employee health promotion program over the past several years. Among others, we sought the insight of several of the contributors to the recent issue. In part, as a result of that consultation and subsequent implementation of several initiatives, we have realized a significant increase in the proportion of members participating actively in our health and wellness programs.

In addition, we recently held our annual Health Care Symposium, which was attended by approximately 150 human



resources and benefits managers from our business customers. This year's program focused on the topic of worksite and employee wellness. As a takeaway from the conference, we presented each attendee with a copy of your November/December issue as a resource to them as they further develop their own worksite wellness solutions.

Our ultimate goal is not only to successfully offer the type of worksite wellness programming highlighted in the last issue but also to continue to demonstrate objective improvements in employee health, productivity, and retention. As we accumulate more experience and develop or revise programs, we will share our

experiences and success with our partnering employer groups and interested audiences across the state and nation.

Thank you for defining the issues, presenting achievable strategies, and setting the bar for the direction of worksite wellness in North Carolina.

Sincerely,
Don Bradley, MD
Chief Medical Officer
Blue Cross and Blue Shield of North Carolina

To the Editor:

Primum non nocere, first do no harm. While many consider this maxim dated and irrelevant in our techno modern world of medicine, no concept applies better in the debate of physician participation in capital punishment. The American Medical Association and North Carolina Medical Society have firmly stated that even physician presence at an execution is unethical and unacceptable. While the North Carolina Medical Board has officially stated that physician presence will not be sanctioned (in deference to North Carolina state law that requires physician presence), active participation is strictly forbidden, which includes monitoring of vital signs, levels of consciousness, etc.

Primum non nocere. As physicians, our duty is to always advocate for our patients. To always acts in their best interests. To eschew all other interests but those that best serve our patients. So how is it that a physician is brought into the realm of a state-sponsored execution to ensure proper sedation and level of consciousness so that a lethal combination of drugs will

lead to an individual's demise? This was the requirement that was imposed upon the state to allow executions to continue, so that the United States constitutional requirement that prohibits cruel and unusual punishment is satisfied. But that policy conflicts with our basic tenants and ethics. How can we sedate and anesthetize, only to allow lethal drugs to be administered?

Primum non nocere. State sponsorship, state sanctioning, legislative approval, popular vote do nothing to remove physicians from their sacred duty to always act in the best interests of their patients. And our patients are anyone who we touch, treat, review, or opine. To act otherwise undermines our profession and our *raison d'être* (ie, reason for existence).

Primum non nocere. We physicians must resist any action, by anybody, for any reason, that attempts to move us to violate our ethics, our tenants, and our sacred profession.

Primum non nocere.
Douglas K. Holmes, MD