

# The glorious past of the medical profession

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## Editorial

In the Golden days of practicing medicine, the hospitals' boards were composed of community leaders acting on behalf of the hospitals to raise funds, negotiate insurance contracts, screen and supervise the performance of the key employees, and interact with the government. They used their passion and influence to facilitate the delivery of healthcare to the communities they served. Most of these board members were volunteers or philanthropists. Few practicing physicians on the hospital medical staff were usually included to advise the lay board members on medical issues and professional conducts. In those long gone days, religious organization dominated the healthcare delivery. It was common to have a priest, or a nun added to be members of the board or as a hospital administrator. They provided the clerical and Humanistic touch and perspective to the board. It was not uncommon for the hospital to have a nun as a department head, in charge of the hospitals' or other services.

In those golden days, doctors were either MDs or DOs. The medical staff of the hospital, were all enrolled members of their local societies, state societies, and the American medical association. It was then a requirement for licensing in most of the states. Most of the practicing physicians were general practitioners with fewer specialists. In those days, the nurses were nurses, the therapists were therapists, and the pharmacists were pharmacists.

Nearly all the physicians were independent and very few were contracted by the hospitals to provide pathology, lab services, anesthesiology, and radiology. Medical decisions were made by the doctors.

The hospitals' various medical staff committees were staffed only by physicians. In those days, the doctors spoke with no fear of retaliation. Doctors were highly respected by the nursing and other staff. Nurses and secretaries, at the nursing stations, stood up when a physician comes to the station. In those long gone days, the nurse caring for the patient of a particular physician would give a report to the physician about the patient's vital signs, input from the consultants, Tests' results, patient compliance, and patient families concerns, among other things issues.

In just about 50 years of Evolution of the medical practice, things have changed dramatically, to our current chaotic status.

So, what happened to us, physicians? And why? Are the changes helping us to care better for our patients?? Let us review some of these changes and their impacts.

Currently, the hospitals' boards are appointed and manipulated by the giant corporate health delivery systems with only one goal, namely, maximum profits. Some drawing salaries, others get perks.

Today's hospitals have chief executive officers (CEO), and many levels of administrative staff such as CMO, CFO, COO, and CNO, and numerous supervisors with overlapping assignments and titles. One may rarely find a religious person on the board. Most of the hospitals severed any connection with religious organizations

when the religious orders sold their hospitals. The giant corporate systems only use their past association, on their websites and advertisement, to get donations and subsidies usually bestowed on not-for-profit organizations. Countless number of attorneys supervise and control every move that may harm this outrageous theft. Despite numerous reports and broadcasts demonstrating these violations, yet, no legislators or court attempted to punish them. The non-for profit hospitals' enjoy hiding all proceedings of their various committees, affairs, as their heinous acts not discoverable by law.

The medical staff executive committees (MECs) are composed of merely employed and contracted physicians fearful of upsetting the hospitals' executives who attend their meetings. The hospitals' medical staff committees have APRNs' members rendering judgement on physicians. Numerous hospitals' and systems are headed nowadays by nurses. Under the ongoing corporate practices, hospitals medical staff by-laws are modified to facilitate the executives' wishes, and to remove independent physicians competing with their employed "providers". When possible, physicians are replaced by nurse practitioners or physician assistants.

These provider extenders (APRNs and PAs) usually order a lot of un-necessary tests, due to their limited knowledge. Rarely, as is in in the case where an employed provider is not available to serve on a committee, that an independent doctor is appointed for committee duties. Many of these do not voice an opinion about the subject discussed fearing retaliation. Many of these independent doctor is needed to serve o not voice an option about the subject discussed fearing retaliation. Credentialing committees facilitate credentialing the system's employed providers, and the executives practice anti-independent physician's games to remove competition and avoid criticisms. Insiders tell stories about promoting the incompetent executive who agrees with the superiors and firing the one who question the "boss".

In today's environment, giant health systems—use the government subsidies designed to care for the poor and needy to pay huge salaries and expensive perks for their executives, to donate large sums of money to re-elect legislators' allies, appoint loyal employees as managers, who in turn, facilitate their superiors' dirtywork by falsifying and fabricating adverse reports filed against those who compete with the employed providers. These corporate giants additionally use their lawyers to intimidate those targeted by them.

The results of these changes resulted in defying justice, and the condemnation of our Hippocrates oath. The patient-physician relationship vanished in corporate medical care. Physicians whether

employed or independent are looking for a way out. Is the labor union the only choice?

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