Doc, let's get the diagnosis right!

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The patient is wheeled into the exam room, accompanied by their concerned family: drawn, struggling and cranky. With furrowed brow the doctor does a quick exam, looking for clues to the present malady. A couple of tests are ordered as his team of consultants whispers in the background. Suddenly the doctor announces his findings: *"It's a terminal case, and the only hope is radical surgery. It will be painful, and we must begin immediately!"*

The patient in this case is our U.S. health care system, and this includes real people, real doctors, real hospitals and health insurance companies.

Doctor Obama and Nurse Nancy Pelosi, assisted by their fellow providers (Dr Howard Dean, White House "interns" and Congressional "residents") have been aggressively pushing a radical treatment plan on the patient. The problem is, it's the wrong plan. And it could be fatal.

As a good first year medical student knows, you begin with a complete history & physical exam. Identifying the symptoms helps make the diagnosis.

Symptom #1: there are too many Americans who cannot afford health care insurance. The 47 million number seems exaggerated (an estimated 12 million of these are illegal immigrants (1) and some others simply choose not to purchase insurance.) Nevertheless, let's try to better take care of those who legitimately need coverage.

Symptom #2: insurance companies deny needy people care because of preexisting clauses, raise premiums for nebulous reasons, may cancel coverage when a patient gets sick ("recission"), and refuse to pay claims

they themselves authorized. A migraine headache is preferable to dealing with their incessant denial, and this migraine needs to be treated.

Hey, Doctor O, the symptoms so far are insurance company related, not health care related.

"Well", the Doc replies, *"the cost of health care is rapidly rising, outpacing inflation, is that not true? We spend twice as much on this as, say Britain or Canada. That's a bad symptom!"*

I concur; financial exsanguinations could be fatal if we do not stop the bleeding. Our present health care model is not exactly a modicum of perfect efficiency; tests and treatments are expensive and waste and redundancy do exist.

We need to find a way to rein in costs. But are England and Canada your poster boys of model care? The British system is infamous for denying state-of- the- art drugs to cancer patients, so combined with fewer diagnostic tests and later detection, cancer survival rates are lower in Britain as well as in Canada. (2, 3)

And the Canada Supreme Court has acknowledged the pervasive medical care rationing that occurs. (4) With a population total less than that of California, there are 830,000 Canadians currently waiting for treatment or to be admitted to a hospital. (5) Want socialized medicine?
Say, "hello rationing".

It is interesting that over the past year, while nearly 6 million Americans lost their jobs, health care added about 300,000 positions for a total of 13.6 million jobs, according to the Bureau of Labor Statistics. Is a robust health care system a bad thing? This is a vital sign that looks good.

"Look, it's not just me, but Big Pharma and the AMA both concur with my treatment plan," says Doc Obama.

Yes, Big Pharma has endorsed your new plan, pledging cost savings but only in exchange for no Medicare drug price bargaining, and a promise not to import cheaper drugs from Canada or Europe. Plus, doesn't 20 years seem like a long time to monopolize a new drug?

The AMA? We need a second opinion, Doc. With only 1 in 5 physicians who are even members, some say they bought a pig in a poke.

I ask you, Doc, how are we going to even afford this new radical procedure? Offering a new government subsidized plan will cost trillions and our children and we will be asked to pay for it.

Nurse Nancy chimes in: *"I believe…there's more to be squeezed from hospitals,… and docs out of this bill."* (6) Squeeze the providers? When the medicine cabinet is empty, it's empty. Have you heard the one about the Golden Goose?

Mandated coverage? Requiring young adults who may not even want insurance to purchase it? Higher taxes? Cost cuts? The underlying method of cutting costs throughout the plan seems to be based on rationing and denying care. Maybe a hospital ER could lower its overhead by closing each day by 4 PM!

Yes, we do have to figure out how to "bend the cost curve." Well, the Congressional Budget Office says that within a few short years it will bend all right, but bend in the wrong direction.

Speaking of geometry, Doc, you may be familiar with the health care cost "wedge". The wedge is the difference between the actual cost of something and the amount the consumer actually pays. (7) When the government purchases health care, the patient does not. Eventually, as more care is demanded at less personal cost, the patient has no motivation to limit costs.

Consider this radical idea: patient centered health care. This puts the patient-doctor relationship at the center, not the government or bureaucratic panels sitting in Washington and allows the two to make medical and economic decisions. Here, the patient knows his own costs, and is invested in how his own money is spent. The government certainly has the right to say what it will pay, but not to determine how a doctor and patient will privately contract.

Doc O replies*: "But if I were a surgeon…."You know what? I make a lot more money if I take this kid's tonsils out."*

Doc, while you are super-likable, your medical acumen is lacking. To suggest that a doctor will favor a tonsillectomy over medical treatment in order to make a few more bucks demonstrates your disconnect from real doctors. And that comment about surgeons whacking off a leg to claim the $50K prize! Do you really not like doctors? We take an ethical oath to protect the patient. Our elected leaders might consider taking one, too!

If you are sincere about reducing unnecessary procedures, consider speaking to your friends in the trial bar about medical malpractice reform.

While we are diagnosing, let's not forget about the estimated $100 billion+ that it costs to pay for defensive medicine, those unwanted tests that doctors order so as to reduce the chance that we will be sued. Why isn't tort reform even being discussed as part of the malady that is making our patient sicker?

For instance, a seminal Harvard Medical Practice Group study analyzed data on more than 30,000 hospital patients from New York and found that the majority of medical-malpractice suits did not involve a medical injury and when there was an injury, rarely was it due to physician error. (8) (Physicians and hospitals are not the only lucrative sources targeted by trial lawyers: non-profit health care facilities, nursing homes, managed care companies and drug companies alike can produce the big bucks.) When our med-mal liability system punishes so indiscriminately, rather than help people, it would seem to reduce the supply of doctors and encourage expensive and often unnecessary procedures.

Here's a new funding source: how about capping medical malpractice awards and then taking 50% of the trial attorney winnings from medical lawsuits, and reinvesting it back into the pool for the legitimately uninsured? Now that money would actually be doing something good in America!

Doc's brow furrows: *"Hey, hold onto your horses. I do not advocate caps on malpractice awards which are "unfair" to patients."*

Doc Obama, what I cannot fathom is why **real** doctors, the ones diagnosing and treating real living patients every day, have been sent to the waiting room. Most of us became doctors in order to help people and to make a difference, not to get rich. But part of this debate centers on costs. Real doctors also have bills to pay. Some procedures that paid $1600 when I

began practice 25 years ago now pay $400. How many businesses can survive on radical cuts like this? Coupled with the average debt of a medical student, $120,000 (9), and the many years of training required to finish a residency, how many aspiring students will decide it's just not worth it anymore?

Doctor Dean has a solution as he implores: ***"All Physicians Should Be on Salary***"

Many real doctors do not want to be on salary, Howard. We are an independent bunch, like many of our country's founders, like my father who provided family medicine in a small town for almost 40 years. Now we're losing some frustrated doctors to early retirement. Don't forget that about one-half of medical school entrants are women. The average career of a woman in medicine now is only 8-10 years and more women physicians work part time. (10) You don't need a fortuneteller to predict an upcoming shortage of doctors.

So, Doc, maybe we need to examine the patient a little more carefully, make an accurate diagnosis, and then we can plan the treatment course. You've got part of it right but not the standard of care this patient deserves. You would not want to be accused of political malpractice, would you? John Edwards, Esq. is looking for work, you know.

What Americans really want are measurable plans that will make health care more accessible and affordable but not by jeopardizing quality, personalized care or choice. And we are a compassionate people, and sincerely want to help those who legitimately need health care coverage. Don't forget that the medical profession has a long tradition of helping provide care for those who cannot afford to pay for it.

So what's the answer? It won't be a White House miracle tonic in a little bottle. It will be a long rehab, carefully planned step-by-step, requiring perseverance and fortitude. How about a prescription that:

1. Identifies those working poor who really do need government help via carefully constructed health care coops administered by states, not the federal government
2. Encourages private contracting using high deductible rollover plans and Health Savings Accounts that are portable across state lines. (but

no mandatory public plans)

3. Addresses the health insurance behaviors that increase waste and hassle and also places limits on subsidies under the Medicare Advantage program (using that money to fund other proposals, including a fix to the flawed Medicare payment plan)
4. Begins meaningful tort reform that includes limits on judgments and trial attorneys' collections
5. Provides anti -trust reform that will allow collective bargaining so physicians can negotiate with insurance companies on a level playing field.
6. Removes the tax differential (penalty) between employer -paid insurance and individual purchasers

Doc Obama, think the patient is sick? Your treatment plan will put him in the ICU, with no prognosis for recovery. And arrogantly calling for a complete body organ transplant when a lesser procedure is indicated is not responsible medical care; nor is pushing through a hastily cobbled bill true leadership. It is malpractice.

So with the wrong diagnosis, and the wrong treatment plan, imposing this on America could be worse than doing nothing.

And this would be the unkindest cut.

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(1) Pew Hispanic Center, August 2009 report

(2) Arduino Verdecchia et al., "Recent cancer survival in Europe : a 2000–02 period analysis of EUROCARE-4 data," Lancet Oncology, 2007, No. 8, pages 784–796.

(3) http://news.bbc.co.uk/2/hi/health/6955545.stm#graphic
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(4) (Chaoulli v Quebec Attorney Gen, 2005
http://www.law.uh.edu/Healthlaw/perspectives/September2005/(TC)ChaoulliComment.pdf

(5) Investors Business Daily,
http://www.investors.com/NewsAndAnalysis/Article.aspx?id=503233

(6) http://abcnews.go.com/Politics/story?id=8138359&page=1

(7) Arthur B Laffer, "How to fix the health care wedge", www.lafferhealthcarereport.org.

(8) Troyen A. Brennan, et al., *Incidence of Adverse Events and Negligence in Hospitalized Patients: Results of the Harvard Medical Practice Study I & II*, New Engl. J. Med. 324, 370-84 (1991); *see also* Richard Anderson, *An "Epidemic" of Medical Malpractice? A Commentary on the Harvard Medical Practice Study*, 27 CIv. Just. MeMo (Manhattan Inst. Center for Legal Pol'y, July 1996), *available* at http://www.manhattan-institute.org/html/cjm_27.htm

(9) Association of American Medical Colleges. Medical student education: cost, debt, and resident stipend facts, October 2005. Available at: http://www.aamc.org/students/financing/debthelp/factcard05.pdf.

(10). Zane Pollard, MD, www.AmericanThinker.com August 2009