

SPEECH

AMA NATIONAL LEADERSHIP CONFERENCE

PHOENIX, AZ

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GREETINGS, ETC.

**I AM DELIGHTED TO HAVE BEEN ASKED TO ADDRESS THIS
DISTINGUISHED GROUP OF LEADERS IN AMERICAN MEDICINE.**

YOU ARE THE MOVERS AND SHAKERS.

THAT'S GOOD.

WE NEED SOME THINGS --AND PEOPLE-- MOVED AND SHAKEN.

**IT STILL SURPRISES ME, BUT I HAVE BECOME A RECOGNIZABLE
FELLOW. WALKING ALONG THE STREET IN WASHINGTON, IN THE
NEW YORK SUBWAY. ON THIS TRIP - AFTER HEARING AD
NAUSEAM ABOUT SAFE CIGARETTES AND SAFE SEX - A MAN
OFFERED TO CUT ME IN ON HIS INVENTION FOR SAFE
HAMBURGERS.**

PEOPLE COME UP TO ME:

"HI, DOC!", OR "KEEP UP THE GOOD WORK!" OR,

**"I KNOW YOU! YOU'RE THE ATTORNEY GENERAL. KEEP AFTER
THOSE TOBACCO COMPANIES."**

**IF MY PLANE IS DELAYED, I OFTEN END UP HOLDING OFFICE
HOURS IN THE AIRPORT WAITING AREA.**

"YOU ARE THE ONE WHO FINALLY MADE ME STOP SMOKING!"

**OR EVEN, "SAY, I HATE TO BOTHER YOU, BUT I'VE GOT THIS PAIN
IN MY ELBOW..."**

**ON A NUMBER OF OCCASIONS I'VE BEEN RECOGNIZED BY A
STRANGER, AND THEN BOTH PLEASED AND SADDENED BY
SOMEONE SAYING TO ME,**

**"I WANT TO THANK YOU FOR MAKING ME PROUD, ONCE AGAIN,
TO BE A DOCTOR."**

**I'M PLEASED, OF COURSE, BECAUSE I'VE GIVEN MY LIFE TO THIS
PROFESSION, AND IT HAS BEEN GOOD TO ME.**

**BUT I'M SADDENED TO HEAR FROM SO MANY OF MY
COLLEAGUES WHO HAVE LOST THE PRIDE, THE JOY OF BEING A
PHYSICIAN.**

**IF YOU WANT TO KEEP A FINGER ON THE PULSE OF THE
NATION, -- READ**

**THE PRESIDENT'S MAIL. SECOND BEST IS THE SURGEON
GENERAL'S MAIL, ESPECIALLY IF THE PUBLIC THINKS HE IS
THEIR FAMILY DOCTOR, AND THE MEDICAL PROFESSION TAKES
PRIDE IN WHAT HE IS DOING.**

**MY MAIL HAS CONVINCED ME THAT THE PUBLIC IS VERY
CRITICAL OF DOCTORS AND THE HEALTHCARE SYSTEM THAT
SURROUNDS THEM. AND DOCTORS NO LONGER LIKE THEIR
PATIENTS.**

**I HAPPEN TO THINK IT ALL BEGAN WHEN DOCTORS LET
THEMSELVES BE CALLED PROVIDERS, AND PATIENTS BECAME
CONSUMERS.**

**WE NEED TO GET AWAY FROM THE CONSUMER-PROVIDER
MENTALITY.**

**WE NEED TO RESTORE THE DOCTOR-PATIENT RELATIONSHIP.
EACH OF US.**

**"CONSUMER" BRINGS TO MIND SOMEONE SHOPPING FOR
GROCERIES OR CHECKING OUT THE FEATURES OF A NEW CAR.**

**"PROVIDER", ON THE OTHER HAND, SOUNDS LIKE A GARAGE
ATTENDANT PUMPING GAS.**

**IF THE PATIENT THINKS OF HIMSELF PRIMARILY AS A
CONSUMER,**

**GETTING THE MOST FOR HIS MONEY, HE AUTOMATICALLY PUTS
THE DOCTOR IN THE ROLE OF THE SELLER, GETTING THE MOST
FOR HIS TIME.**

**IF THE DOCTOR IS PRIMARILY CONCERNED WITH COLLECTING
HIS FEE,**

**HE AUTOMATICALLY AROUSES THE CONSUMER MENTALITY IN
HIS PATIENT.**

THE NEXT TIME PEOPLE REFER TO YOU AS A "HEALTHCARE PROVIDER", CORRECT THEM.

REMINDE THEM YOU ARE A DOCTOR, AND THAT YOU WORK, NOT WITH CONSUMERS, BUT WITH PEOPLE WHO ARE YOUR PATIENTS.

**RECENTLY, ONE OF MY FRIENDS, QUITE ACCUSTOMED TO
SPENDING HIS TIME WITH OTHER DOCTORS, FOUND HIMSELF
WITH A GROUP OF LAWYERS INSTEAD ---YES, THE TWO CAN GET
TOGETHER!**

**THE ATTORNEYS WERE CONGRATULATING THEMSELVES ON
WHAT THEY WERE ABLE TO DO FOR THEIR FELLOW CITIZENS.
IT HAD BEEN A LONG TIME SINCE MY FRIEND HAD HEARD
DOCTORS SPEAK IN THAT VEIN.**

**IF LAWYERS CAN FEEL GOOD ABOUT WRITING A WILL,
CAN'T WE FEEL PROUD ABOUT POSTPONING ITS USE?**

AMERICAN MEDICINE IS AT A CROSSROADS.

I HOPE YOU KNOW WHAT THE STAKES ARE.

TEN YEARS FROM NOW YOU WILL BE DOING ONE OF TWO THINGS:

(AND WHEN I SAY YOU, I AM ADDRESSING THE PHYSICIANS OF AMERICA. YOU ARE THE LEADERSHIP.)

EITHER YOU WILL BE WORKING WITH THE PUBLIC TO FREE US ALL FROM A HASTILY IMPOSED NATIONAL HEALTH SERVICE,

OR,

YOU WILL BE PRACTICING MEDICINE IN A WAY VERY DIFFERENT THAN YOU ARE DOING NOW, AS PART OF THE BEST SYSTEM OF MEDICAL CARE IN THE WORLD, BUT ONLY AFTER A DECADE OF PAINFUL AND DIFFICULT CHANGE.

THIS HAS NOTHING TO DO WITH YOUR INCOME.

PLEASE DISABUSE YOURSELF OF THIS IDEA. THE SOONER

DOCTORS REALIZE THIS, THE BETTER.

**THEY MUST PUT THE BOTTOM LINE ON THE BOTTOM OF THEIR
LIST OF PRIORITIES.**

**IF DOCTORS PAY ATTENTION TO HIGH QUALITY AND HIGH
EFFICIENCY IN THEIR MEDICAL PRACTICE, IN MOST INSTANCES
THE BOTTOM LINE WILL TAKE CARE OF ITSELF.**

**I KNOW ORGANIZED MEDICINE DOES NOT CONSIDER ITSELF A
UNION.**

BUT WE DO COMBINE FOR COMMON PURPOSES.

AND WE CAN LEARN FROM WHAT HAS HAPPENED TO UNIONS.

**FOR FAR TOO LONG THEIR ONLY CONCERNS WERE INCOME,
WORKING CONDITIONS, AND BENEFITS.**

MEANWHILE QUALITY AND EFFICIENCY WERE IGNORED.

**NOW, BELATEDLY, THEY ARE SCRAMBLING TO ADDRESS QUALITY
AND EFFICIENCY.**

THE AMERICAN AUTO INDUSTRY AFFORDS A GOOD EXAMPLE.

**I IMAGINE THAT MANY DOCTORS WHO USED TO DRIVE BUICKS
AND CADILLACS NOW SIT BEHIND THE WHEEL OF CAMRYS AND
MAXIMAS.**

**I KNOW WE DON'T LIKE TO HEAR --OR VOICE-- CRITICISM OF
OUR PROFESSION.**

**WE USED TO FEEL GOOD ABOUT OURSELVES AND OUR HEALTH
CARE SYSTEM.**

NO LONGER.

IN A WORD --WE HAVE BIG PROBLEMS.

**SOMETIMES I USED TO WONDER IF THERE SHOULD NOT HAVE
BEEN ANOTHER SURGEON GENERAL'S WARNING:**

**"WARNING! THE AMERICAN HEALTH CARE SYSTEM CAN BE
HAZARDOUS TO YOUR HEALTH!**

TO BEGIN WITH, THIS IS A TIME IN WHICH WE HAVE VERY HIGH EXPECTATIONS FOR MEDICINE AND HEALTH.

WE'VE PUT A GREAT DEAL OF FAITH INTO NEW TECHNOLOGIES, NEW PHARMACEUTICALS, NEW SURGICAL PROCEDURES, AND SO ON, AND WE CONTINUE TO HAVE FAITH IN WHAT I LIKE TO CALL THE MAGIC OF MEDICINE.

THE PUBLIC ROUTINELY EXPECTS MIRACLES TO HAPPEN -- EVEN THOUGH THE REAL WORLD OF MEDICINE ISN'T ALWAYS ABLE TO DELIVER.

WE HAVE THAT SITUATION RIGHT NOW WITH AIDS.

FOR THE PAST 8 YEARS, SCIENTISTS AND CLINICIANS HAVE BEEN WORKING AROUND-THE-CLOCK TO UNDERSTAND AND CONQUER THE DISEASE OF AIDS. BUT IT STILL REMAINS SOMEWHAT OF A MYSTERY AND I DOUBT THAT WE'LL GET FULL CONTROL OVER THE AIDS VIRUS BEFORE THE TURN OF THE CENTURY.

BUT, AS FAR AS THE GENERAL PUBLIC IS CONCERNED, THE AIDS SITUATION IS THE EXCEPTION AND NOT THE RULE.

**THE AMERICAN PEOPLE STILL MAINTAIN HIGH HOPES FOR WHAT
MEDICINE AND HEALTH CARE CAN DO FOR THEM.**

**BUT I THINK IT'S ALSO BECOMING CLEAR THAT THOSE HIGH
EXPECTATIONS ARE FAST OUT-RUNNING OUR ABILITY TO PAY
FOR THEM.**

**IN OTHER WORDS, WE HAVE A CLEAR GAP IN OUR SOCIETY
TODAY BETWEEN WHAT WE WOULD LIKE TO SEE HAPPEN IN
HEALTH CARE ... AND WHAT CAN REALISTICALLY HAPPEN IN
HEALTH CARE.**

**MANY OF OUR GREAT EXPECTATIONS COME FROM OUR ABIDING
FAITH IN EVER-IMPROVING MEDICAL TECHNOLOGY.**

**BUT NOW, I BELIEVE THE PUBLIC WONDERS IF MEDICAL
TECHNOLOGY MIGHT BE A MIXED BLESSING.**

**THANKS TO AN EXPLOSION OF NEW KNOWLEDGE IN SCIENCE
AND TECHNOLOGY OVER THE PAST SEVERAL DECADES, WE KNOW
HOW TO DO MANY NEW AND FASCINATING THINGS.**

**BUT KNOWING HOW TO DO SOMETHING HAS NEVER BEEN
ENOUGH.**

PEOPLE ALSO WANT TO KNOW WHY ... OR WHY NOT?

**AND TODAY, AS THE COST OF OUR MAGIC TECHNOLOGY SOARS,
THEY ARE ASKING "WHY?" MORE OFTEN AND MORE INSISTENTLY.**

**IN REGARDS TO PROLONGING LIFE, FOR EXAMPLE, BOTH
THE LAY PUBLIC AND THE MEDICAL PROFESSION ARE EVEN NOW
DEBATING THE WISDOM OF USING SO-CALLED "EXTRAORDINARY"
MEASURES TO SAVE OR PROLONG THE LIVES OF PERSONS
PROFOUNDLY TRAUMATIZED OR TERMINALLY ILL.**

**FOR MANY PEOPLE WHO MUST DECIDE THE FATE OF LOVED
ONES, HIGH-TECH MEDICINE SOMETIMES ACTS LIKE A FRIEND ...
AND SOMETIMES IT ACTS LIKE AN ENEMY.**

**HENCE, SOME PEOPLE ARE TURNING TO LEGAL INSTRUMENTS
LIKE THE SO-CALLED "LIVING WILL" AND THE "DURABLE POWER
OF ATTORNEY" TO PROTECT THEMSELVES FROM RUNAWAY
MEDICAL TECHNOLOGY, IN THE EVENT THEY ONE DAY HAVE A
TERMINAL ILLNESS OR INJURY.**

HENCE, IN MANY REAL-LIFE SITUATIONS, TECHNOLOGY IS A MIXED BLESSING ... AT BEST ... AND CAN BE A CURSE, AT THE WORST.

IS OUR SOCIETY STILL READY AND WILLING TO DELIVER HIGH-QUALITY, TECHNOLOGY-INTENSIVE MEDICAL CARE TO EVERYONE, REGARDLESS OF COST?

I'D HAVE TO SAY THE ANSWER I GET AS I TRAVEL AROUND THE COUNTRY IS, "PROBABLY NOT."

**WHAT WE HAVE, THEN, IS A RISE IN THE NEW TECHNOLOGIES
AVAILABLE TO PHYSICIANS ...**

**BUT, AT THE SAME TIME, A DECLINE IN THEIR SIGNIFICANCE FOR
A SUBSTANTIAL NUMBER OF PATIENTS.**

**IN ONE OF HIS PLAYS, GEORGE BERNARD SHAW ASKED WHY WE
PAY DOCTORS TO TAKE A LEG OFF BUT WE DON'T PAY THEM TO
KEEP A LEG ON. NOW, ALMOST 80 YEARS HAVE PASSED AND WE
STILL HAVEN'T COME UP WITH A GOOD ANSWER.**

**OUR TECHNOLOGY-DRIVEN REIMBURSEMENT SYSTEM --
WHETHER BY GOVERNMENT OR OUT-OF-POCKET -- IS STILL
PREDICATED ON TAKING THE LEG OFF.**

**THE STRUGGLE BETWEEN OUR ASPIRATIONS AND OUR
RESOURCES HAS COME AT THE WORST POSSIBLE TIME,
A TIME WHEN DEMOGRAPHIC TRENDS ARE RUNNING AGAINST US.**

**IN A CLIMATE OF SCARCITY AMERICANS WILL HAVE TO WORK
OUT AN EQUITABLE SHARING OF NEEDED MEDICAL RESOURCES
BETWEEN ONE POPULATION GROUP THAT IS GROWING -- THAT IS,
THE ELDERLY, PEOPLE OVER THE AGE OF 65 -- AND THE
POPULATION GROUP THAT IS COMPARATIVELY SHRINKING --
THAT IS, CHILDREN UNDER THE AGE OF 18.**

OVER THE PAST 8 YEARS I'VE DEALT WITH ADVOCATES FOR CHILDREN AND I'VE DEALT WITH ADVOCATES FOR THE ELDERLY. THEY ARE BOTH VERY DEDICATED AND VERY PERSUASIVE GROUPS. AND BOTH WILL BE QUITE RIGHTLY COMPETING FOR A LARGER PIECE OF A SMALLER PIE.

THIS HAS CHILLING ETHICAL IMPLICATIONS, AND WE MUST GUARD AGAINST LETTING OUR ETHICS BE DETERMINED BY OUR ECONOMICS, AND NOT THE OTHER WAY AROUND.

**WHEN I OR OTHER PEOPLE TALK LIKE THIS, OUR CRITICS COME
BACK AT US AND SAY THAT THINGS REALLY AREN'T THAT BAD ...
THAT ALL WE NEED TO DO IS PUT A REIMBURSEMENT CAP ON
THIS ... OR CHANGE THE ELIGIBILITY REGULATIONS FOR THAT ...
OR CUT BACK A LITTLE HERE ... OR PRUNE BACK A LITTLE THERE.**

DURING 8 YEARS AS YOUR SURGEON GENERAL, I'VE LISTENED TO THESE DEBATES AND I'VE THOUGHT ABOUT THE TRUE HUMAN COSTS ASSOCIATED WITH THAT KIND OF A PATCHWORK APPROACH.

AND TODAY I'M MORE CONVINCED THAN EVER THAT OUR WHOLE HEALTH CARE SYSTEM NEEDS TO BE STUDIED WITH AN EYE TO MAKING A NUMBER OF VERY MAJOR CORRECTIONS.

NOW, I CAN ALREADY HEAR THE CRITICS SAYING,

**"WAIT A MINUTE, DR. KOOP. THE SYSTEM AIN'T BROKE, SO DON'T
FIX IT."**

**TO WHICH I WOULD REPLY, "YOU'RE WRONG. THE SYSTEM IS
BROKEN ... AND IT MUST BE FIXED."**

BAND-AIDS WON'T DO.

HOSPITAL COSTS ARE STILL CLIMBING ... AND NO ONE CAN PROVE TO THE AMERICAN PEOPLE THAT THE QUALITY OF HOSPITAL-BASED CARE IS UNIFORMLY GOING UP AS WELL. ON THE CONTRARY, OUR PEOPLE COMPLAIN THAT THEY ARE PAYING MORE AND MORE FOR MEDICAL CARE, AND ARE GETTING LESS AND LESS.

WORSE STILL, AS THE COST OF HOSPITAL-BASED CARE INCREASES, SOME HOSPITALS THEMSELVES ARE TRYING TO NARROW THEIR PATIENT POOL ... FOR EXAMPLE, ELIMINATING THE NEED TO PROVIDE IN-PATIENT MEDICAL CARE FOR POOR AND DISADVANTAGED AMERICANS.

**I SAY THERE'S SOMETHING TERRIBLY WRONG WITH A SYSTEM OF
HEALTH CARE THAT SPENDS MORE AND MORE MONEY TO SERVE
FEWER AND FEWER PEOPLE.**

**AND WE HAVE MUCH THE SAME PROBLEM IN RESPECT TO
PHYSICIAN SERVICES AND FEES.**

**I KNOW THAT MANY OF YOU, MY FRIENDS AND COLLEAGUES IN
MEDICAL PRACTICE, ARE TRYING TO DO WHAT YOU CAN TO
INCREASE THE QUALITY OF CARE YOU DELIVER WITHOUT
INCREASING THE COSTS.**

**I KNOW YOU ARGUE THAT YOU HAVE LITTLE OR NO CONTROL
OVER SOME OF THE INFLATIONARY THINGS YOU DO.**

AND THAT'S TRUE.

I'VE BEEN THERE - I PRACTICED SURGERY FOR 40 YEARS - SO IT'S NOT JUST GIVING YOU THE BENEFIT OF THE DOUBT.

BUT THE FACT STILL REMAINS THAT PHYSICIAN FEES ARE GOING UP, AND THEY DO ADD TO A BURDEN ON THE PUBLIC THAT IS BECOMING INSUPPORTABLE.

AND, AGAIN -- AS WITH HOSPITAL-BASED CARE -- THE AMERICAN PEOPLE HAVE NOT BEEN ASSURED, IN ANY RATIONAL AND MEASURABLE WAY,

THAT THE HIGHER COSTS OF A PHYSICIAN'S CARE WILL IN FACT BUY THEM A PROPORTIONATELY HIGHER QUALITY OF SUCH CARE.

**BEFORE I GO ANY FURTHER, LET ME SAY THAT IN GENERAL I
SUPPORT THE CONCEPT OF A LAISSEZ-FAIRE MARKETPLACE AND
I BELIEVE IN A FREELY COMPETITIVE ECONOMY.**

**NOW, HAVING SAID THAT, LET ME GO ON TO SAY THAT THE
HEALTH CARE MARKETPLACE IS LAISSEZ-FAIRE ...**

**BUT IT'S NOT FREELY COMPETITIVE AND, HENCE, IT HAS
VIRTUALLY NO MODERATING CONTROLS WORKING ON BEHALF
OF THE CONSUMER,
THAT I STILL PREFER TO CALL, THE PATIENT.**

**IN MOST OTHER AREAS OF OUR ECONOMY, THE MARKETPLACE
DOES EXERCISE SOME CONTROL OVER ARBITRARY RISES IN
CHARGES TO THE CONSUMER. THERE REALLY IS COMPETITION.
HERE AND THERE IT MIGHT BE RATHER THIN ... BUT IT DOES
EXIST AND IT DOES PROVIDE SOME ASSURANCE THAT
INEFFECTIVE, UNCOMPETITIVE, HIGH-COST, LOW-QUALITY
ENTERPRISES WILL FAIL.**

**BUT IN HEALTH CARE, RIGHT ACROSS THE BOARD, PRICES HAVE
GONE UP IRRESPECTIVE OF THE QUALITY OF CARE BEING
DELIVERED OR OF ANY OTHER MARKETPLACE CONTROL.**

**TRY AS THEY MIGHT, I DON'T SEE THE MEDICAL PROFESSION
ACHIEVING MUCH SUCCESS IN SELF-REGULATION.**

GRANTED, IT'S NO SIMPLE TASK. BUT, UNTIL THE PURCHASING PUBLIC "BUYS RIGHT"-- AS WALTER MCCLURE PUTS IT-- THE MARKET CANNOT CHANGE.

PHYSICIANS CAN HELP PUT THE BRAKES ON SOME GENERAL EXPENDITURES, BUT THERE ARE VERY FEW PHYSICIANS WHO CAN HONESTLY AND EFFECTIVELY CONTROL EVEN THE DELIVERY OF SERVICE -- MUCH LESS CONTROL THE COSTS OF THAT SERVICE -- WHILE CARING FOR A SPECIFIC, INDIVIDUAL PATIENT AT THE BEDSIDE.

WE SEEM TO HAVE, THEREFORE, A SYSTEM OF HEALTH CARE THAT'S DISTINGUISHED BY A VIRTUAL ABSENCE OF SELF-REGULATION ON THE PART OF THE PROVIDERS OF THAT HEALTH CARE -- THAT IS, HOSPITALS AND PHYSICIANS -- AND DISTINGUISHED AS WELL BY THE ABSENCE OF SUCH NATURAL MARKETPLACE CONTROLS AS COMPETITION IN REGARD TO PRICE, QUALITY, OR SERVICE.

WHAT IS THE EFFECT OF SUCH A SYSTEM ANYWAY?

**OUR PROBLEMS HAVE RESULTED IN A THREE-TIER FRAMEWORK
OF HEALTH CARE.**

**WE'VE ALWAYS SAID WE NEVER WANTED EVEN A TWO-TIER
SYSTEM.**

BUT WE HAVE IT ... AND A THIRD TIER, ALSO.

**IN THE FIRST TIER ... THE BOTTOM TIER ... ARE UPWARDS OF
PERHAPS 30 MILLION AMERICANS -- ABOUT 12 PERCENT OF THE
POPULATION -- WHO FALL BETWEEN THE CRACKS AND HAVE NO
HEALTH INSURANCE COVERAGE ... NO HIGH OPTIONS ... NO LOW
OPTIONS ... NO OPTIONS AT ALL.**

**THEY'RE NOT OLD ENOUGH FOR MEDICARE AND NOT POOR
ENOUGH FOR MEDICAID.**

**WHAT, THEN, DOES THIS "HEALTH CARE SYSTEM" OF OURS DO
FOR THE UNINSURED?**

**IN THE VAST MAJORITY OF CASES THE ANSWER IS ... VERY LITTLE
... OR NOTHING.**

**AND THEY ARE SUFFERING THE CONSEQUENCES. AS YOU KNOW,
STUDY AFTER STUDY INDICATES THE CORRELATION BETWEEN NO
MEDICAL INSURANCE AND INCREASING HEALTH PROBLEMS.**

**THE HEALTH PROBLEMS OF THE LOWEST TIER,
IF IGNORED BY SOCIETY NOW, WILL BE BORNE BY SOCIETY
LATER.**

THEN WE HAVE A SECOND TIER.

THIS TIER RECEIVES A NARROW RANGE OF BASIC MEDICAL AND HEALTH SERVICES WITH MORE OR LESS FIXED LEVELS OF REIMBURSEMENT.

THIS IS LOW-OPTION COVERAGE ... MEDICARE AND MEDICAID COVERAGE ... WITH THE PATIENT PAYING MANY COSTS OUT-OF-POCKET OR WITH THE HELP OF SOME FORM OF SUPPLEMENTAL INSURANCE, WHICH IS -- IN MY BOOK -- JUST ANOTHER KIND OF OUT-OF-POCKET EXPENSE.

FINALLY, WE HAVE THE THIRD TIER, THE TOP TIER.

THE PEOPLE IN THIS TIER RECEIVE A FULL RANGE OF MEDICAL AND HEALTH SERVICES. THEY ARE COVERED BY HIGH-OPTION HEALTH INSURANCE AND ALSO HAVE A FEW DOLLARS LEFT OVER TO PAY THE 15 OR 20 PERCENT DIFFERENCE BETWEEN THE ACTUAL BILL FROM THE DOCTOR AND THE CHECK FROM THE INSURANCE COMPANY.

**BUT BUSINESS IS FINALLY COMING AROUND TO UNDERSTAND
THAT IT CANNOT CONTINUE TO BURY INFLATED COSTS OF
HEALTH CARE IN THE PRICE-TAGS OF THEIR GOODS AND
SERVICES.**

**SINCE 1984 THE AVERAGE PREMIUMS FOR EMPLOYER-PROVIDED
HEALTH INSURANCE HAVE APPROXIMATELY DOUBLED... TO \$3,117
PER YEAR,
AND HAVE RISEN FROM 8 PERCENT OF BUSINESS PAYROLL COSTS
TO 13.6 PERCENT LAST YEAR.**

**BUSINESSES CAN'T ABSORB THESE COSTS AND ALSO EXPECT TO
BE COMPETITIVE.**

**AMERICAN BUSINESSMEN AND LABOR LEADERS ARE FINALLY
COMING TO UNDERSTAND WHAT THIS MEANS.**

**THERE IS A "HEALTH BENEFITS SURCHARGE", IF YOU WILL, ON
EVERY MANUFACTURED PRODUCT.**

**FOR EXAMPLE, ON EVERY CAR THAT GENERAL MOTORS
MANUFACTURES IN THIS COUNTRY, IT AMOUNTS TO WELL OVER
\$600 PER CAR.**

**IN CONTRAST, CARS MADE AT THE NEW NISSAN PLANT IN
TENNESSEE , THE "HEALTH BENEFITS SURCHARGE" IS ONLY SIXTY
DOLLARS PER CAR.**

**THE GENERAL MOTORS HEALTH PLAN IS A GENEROUS ONE, AND
IT COVERS RETIRED EMPLOYEES AS WELL AS ACTIVE WORKERS.
NISSAN, ON THE OTHER HAND, OFFERS A LIMITED PLAN THAT
DOES NOT EVEN PROVIDE MATERNITY BENEFITS OR PEDIATRIC
CARE FOR ITS ACTIVE EMPLOYEES.**

THIS SITUATION, THIS DISPARITY BETWEEN RESOURCES AND ASPIRATIONS, THIS SENSE OF COSTS OUT OF CONTROL, HAS PLACED AMERICAN MEDICINE UNDER THE GUN.

MOMENTUM IS BUILDING FOR RESTRUCTURING THE FINANCING AND DELIVERY OF HEALTHCARE IN THE UNITED STATES.

EVEN BUSINESS LEADERS WHO CRINGE AT THE THOUGHT OF GOVERNMENT INTERVENTION ARE ASKING FOR A SYSTEM OF NATIONAL HEALTH CARE AS A SOLUTION TO RISING INSURANCE COSTS.

**A SURPRISING AND VERY SIGNIFICANT EVENT TOOK PLACE AT
THE BEGINNING OF LAST SUMMER.**

**TWO GROUPS, UNLIKELY PARTNERS IN THIS SORT OF ISSUE,
EACH CALLED FOR A NATIONAL HEALTH SERVICE.**

**THE FIRST WAS ONE OF THE MAJOR AUTOMOBILE
MANUFACTURERS,**

**AND THE OTHER WAS THE HERITAGE FOUNDATION, A MOST
CONSERVATIVE BODY.**

**NEVER BEFORE HAVE THERE BEEN SO MANY VOICES CLAMORING
FOR RADICAL REFORM OF THE AMERICAN HEALTHCARE SYSTEM.**

**IN CONGRESS, IN LABOR, IN BUSINESS, IN PHYSICIANS' OFFICES
PEOPLE AGREE: SOMETHING MUST BE DONE.**

**RECENTLY I'VE NOTICED A STRANGE INTEREST IN THE CANADIAN
SYSTEM.**

**EVERYWHERE I GO PEOPLE SAY TO ME, "WE NEED THE CANADIAN
SYSTEM." SO I SAY, "TELL ME, WHAT IS IT YOU LIKE ABOUT THE
CANADIAN
SYSTEM.?"**

**THEY ALWAYS ANSWER, "I DON'T REALLY KNOW, BUT IT'S A GOOD
SYSTEM."**

THE GROWING INFATUATION WITH FOREIGN NATIONAL HEALTH SERVICES IS BASED MORE UPON DISSATISFACTION WITH OUR SYSTEM THAN UPON UNDERSTANDING OF ANOTHER ONE.

BUT IF WE DON'T HEED THE CALL, THE AMA LOGO MAY BE REPLACED BY THE MAPLE LEAF.

**IF WE DON'T OFFER SOMETHING BETTER, WE WILL GET A
GOVERNMENT CONTROLLED MEDICAL SYSTEM, AND LOSE
FOREVER THE PRESENT POTENTIAL FOR THE BEST SYSTEM
POSSIBLE.**

**MOST AMERICANS DO NOT REALIZE THAT ANY NATIONAL
HEALTH SERVICE, IS BASED UPON PLANNED SCARCITY.**

**EXPERIENCE THE WORLD OVER HAS SHOWN THAT WHEN
GOVERNMENT ECONOMIC CONTROLS ARE APPLIED TO HEALTH,
THEY PROVE --IN TIME-- TO BE DETRIMENTAL.
EVENTUALLY THERE IS AN EROSION OF QUALITY, PRODUCTIVITY,
INNOVATION, AND CREATIVITY.
THIS IS ESPECIALLY TRUE OF RESEARCH.
THEN, LACK OF RESPONSIVENESS TO PATIENTS.**

FINALLY, RATIONING AND WAITING IN LINES.

**AMERICANS DO NOT PATIENTLY QUE UP FOR ANYTHING,
ESPECIALLY FOR MEDICAL CARE.**

**THE MAJORITY HAS BECOME ACCUSTOMED TO AVAILABLE CARE,
IF NOT ACCESSIBLE CARE.**

WE ARE IN A PERIOD OF TIGHT FINANCIAL CONSTRAINTS, AND IF YOU READ THE LIPS OF THE PRESIDENT -- NO NEW TAXES.

IF THAT WERE NOT SO, I THINK CONGRESS WOULD TAKE THE FIRST STEPS TOWARD A GOVERNMENT-CONTROLLED NATIONAL HEALTH SERVICE ALMOST IMMEDIATELY.

WE'D HAVE IT AS A RESULT OF CONGRESSIONAL FRENZY, AND IT WOULD SEEM MARVELOUS AT THE BEGINNING. BUT DISSATISFACTION WOULD COME UNTIL YOU COULDN'T WAIT TO CHANGE IT AGAIN.

THERE IS A BETTER WAY.

**AS I EXPLAINED TO THE PRESIDENT BEFORE HIS ELECTION,
AS I HAVE WRITTEN IN EDITORIALS IN NEWSWEEK AND OTHER
JOURNALS, AS I HAVE SAID FROM MANY PODIUMS ACROSS THIS
LAND,....**

**IF WE DO THINGS IN A FOCUSED AND DELIBERATE WAY, WE CAN
HAVE EXCELLENT AND AFFORDABLE MEDICINE WITHOUT THE
FURTHER INTRUSION OF THE GOVERNMENT INTO THE DELIVERY
OF HEALTH CARE.**

**AND THE MONEY SAVED BY INCREASED EFFICIENCY,
ECONOMISTS TELL ME, WOULD TAKE CARE OF THOSE
CURRENTLY WITHOUT ACCESS**

**A MARKET-BASED STRATEGY MUST ADDRESS THE FORCES
DRIVING COSTS UPWARD WHILE AT THE SAME TIME ATTACKING
BARRIERS TO ACCESS.**

**WE HAVE THE PARADOX OF TOO MUCH CARE AND TOO LITTLE
CARE FOR DIFFERENT SEGMENTS OF SOCIETY AT THE SAME
TIME.**

**AS HIGH-TECH MEDICINE GROWS OUT OF CONTROL, UNBRIDLED
BY INFORMED PURCHASERS, MANY PEOPLE ARE DENIED BASIC
PREVENTIVE AND PRIMARY CARE.**

**TWO THIRDS OF OUR POPULATION - ABOUT 160 MILLION
AMERICANS ARE COVERED BY EMPLOYER-PURCHASED HEALTH
INSURANCE.**

**EMPLOYERS AND WORKERS TOGETHER MUST IDENTIFY THE
LEADERSHIP TO BRING HEALTHCARE COST UNDER CONTROL.**

**SUCH A NATIONAL ALLIANCE HAS BEEN FORMED AND IS
GROWING.**

**AS THIS REFORM IN THE PRIVATE SECTOR IS TAKING PLACE
THERE MUST BE FURTHER JOINING OF FORCES WITH
GOVERNMENT - AT FEDERAL AND STATE LEVELS - WHERE
MEDICARE AND MEDICAID ARE ADMINISTERED,IF WE ARE TO
RESTRUCTURE THE ENTIRE SYSTEM OF PURCHASING AND
PROVIDING HEALTHCARE.**

**THEN, INSTEAD OF REWARDING POOR QUALITY AND
INEFFICIENCY -- WITH DOLLARS, AS WE NOW DO,-- HIGH
QUALITY, AND EFFICIENCY WILL BE REWARDED WITH PATIENTS.
THE PATIENTS WILL COME FROM THE POOR QUALITY,
INEFFICIENT SYSTEMS WHICH WILL HAVE TO IMPROVE OR
PERISH.**

**WE WILL NEED - AND THEY ARE BEING DEVELOPED - TOOLS TO
MEASURE MEDICAL NECESSITY, APPROPRIATENESS,
EFFECTIVENESS AND OF COURSE OUTCOMES, QUALITY, AND
EFFICIENCY ARE DIFFICULT IF NOT IMPOSSIBLE TO MEASURE.**

**FOR THOSE WITHOUT ACCESS, THE GOAL IS UNIVERSAL
COVERAGE TO BE ACHIEVED THROUGH COMPREHENSIVE
REFORMS OF GOVERNMENT PROGRAMS FOR THE POOR AND
UNINSURED COMBINED WITH RISK POOLING.
MEANWHILE INTERIM STEPS INCLUDE MEDICAID EXPANSION,
UNDER EXISTING LAW, AND TAX INCENTIVES TO ENCOURAGE
SMALL BUSINESS INSURANCE COVERAGE.
THESE LATTER ELEMENTS ARE THE ONLY ONES THAT REQUIRE
PUBLIC POLICY REFORMS.**

THE OPPORTUNITY IS NOW.

THE TIME IS SHORT.

THE STAKES ARE HIGH.

THE ALTERNATIVES UNDESIRABLE.

**IT REMAINS TO BE SEEN WHETHER OR NOT THE AMERICAN
MEDICINE, THE AMA, SEIZES THIS ONE AND ONLY OPPORTUNITY.**

WE ALL NEED TO BE A PART OF THE EFFORT.

BUT THERE IS NO QUICK FIX.

**FROM HERE TO THERE COULD TAKE A DECADE, BUT WE'D
IMPROVE YEAR BY YEAR ALONG THE WAY.**

**OF COURSE, MEDICINE IS NOT ALONE IN ITS RAPIDLY RISING
COSTS. BUT OUR PRICES MAKE PEOPLE ANGRY.**

**RECENTLY, I ASKED THE CONTRACTOR BUILDING MY NEW HOUSE
TO MOVE THE OUTLET FOR AN OVERHEAD LIGHT 18 INCHES --
BEFORE THE CEILING WAS FINISHED. THE CONTRACTOR
WANTED TO CHARGE ME \$450!
WHEN PEOPLE HEAR THAT, THEY MAY LAUGH KNOWINGLY,
OR GROAN IN SYMPATHY,
BUT THEY DON'T GET ANGRY.**

THE SAME IS TRUE FOR THE ESCALATING COSTS IN PRIVATE EDUCATION. ALTHOUGH NO ONE IS HAPPY ABOUT THE RISING COST OF A COLLEGE EDUCATION, IT DOES NOT CREATE THE SAME ANGER OR RESENTMENT AS THE RISING MEDICAL COSTS. STUDENTS PAY THE PRICE FOR PRIVATE HIGHER EDUCATION BECAUSE THEY FEEL THEY ARE GETTING QUALITY IN RETURN, EVEN THOUGH THE EXPECTATIONS IN EDUCATION ARE LOWER THAN IN HEALTH, AND THE FAILURES MORE FREQUENT.

**THE STUDENT-TEACHER RELATIONSHIP HAS NOT BECOME ONE
OF
CONSUMER-PROVIDER.**

**THAT IS BECAUSE STUDENTS DO NOT SEE TEACHERS AS THE
DIRECT BENEFICIARIES OF THE RISING COSTS, THE WAY
PATIENTS SEE DOCTORS.**

**A HIGH QUALITY EDUCATION, STUDENTS AND PROFESSOR ALIKE
WILL SAY, IS SOMETHING YOU CAN'T EVALUATE IN DOLLARS AND
CENTS ALONE.**

**PATIENTS USED TO FEEL THE SAME ABOUT RESTORED HEALTH.
BUT NOW THEY ARE ANGRY.**

**PART OF THE ANGER, THE DISSATISFACTION MAY BE
UNAVOIDABLE.**

**NO ONE WANTS TO BE SICK,
AND TO HAVE TO PAY FOR IT MAKES IT WORSE.**

BUT PART OF THE ANGER IS OF OUR OWN MAKING.

**NOT LONG AGO I READ AN ARTICLE IN THE NEWSPAPER OF MY
OLD HOMETOWN, PHILADELPHIA, WHICH POINTED OUT THAT
WHILE THE PRESIDENT OF THE UNIVERSITY OF PENNSYLVANIA
MIGHT BE A TRIFLE OVERPAID AT \$220,000 A YEAR, FIVE
PROFESSORS OF SURGERY MADE BETWEEN \$440,000 AND \$620,00.
THE REPORTER LOST SIGHT OF THE FACT THAT HE WAS WRITING
ABOUT THE SALARIES OF COLLEGE PRESIDENTS AND TOOK OFF
ON DOCTORS' INCOMES INSTEAD. HE OBVIOUSLY WANTED THE
PUBLIC TO HAVE A HARD TIME SWALLOWING THAT.
THE PUBLIC HAS A HARD TIME SWALLOWING THAT.**

IF WE COULD SEPERATE INCOME FROM THE PUBLIC'S PERCEPTION OF DOCTORS, A LOT OF THE PUBLIC HOSTILITY WOULD DISAPPEAR, EVEN THOUGH DOCTORS DON'T MAKE AS MUCH AS TOP CORPORATE EXECUTIVES, ENTERTAINERS, AND ATHLETES. BUT THE PUBLIC IS MORE CRITICAL OF DOCTORS. THAT SEPERATION ISN'T POSSIBLE, BUT I KNOW A LOT COULD BE DONE TO LEAD THE PATIENT TO BELIEVE HE IS GETTING HIGH-QUALITY, HIGH-EFFICIENCY, CONSIDERATE, SENSITIVE CARE FOR HIS MONEY, INSTEAD OF THE PATIENT'S PRESENT BELIEF THAT HE IS PAYING MORE AND MORE FOR LESS AND LESS.

LET ME SAY IT AGAIN, THAT THE RESTORATION OF THE DOCTOR-PATIENT RELATIONSHIP IS MOST ESSENTIAL.

MANY THINGS WOULD HAVE TO CHANGE IN ORDER THAT IT BE RESTORED, BUT ONCE RESTORED, MANY OTHER THINGS WOULD FALL INTO PLACE.

DOCTORS AND PATIENTS MUST STOP VIEWING EACH OTHER AS AN ECONOMIC THREAT.

**WE CAN'T HAVE PATIENTS WONDERING IF DOCTORS MAKE
BEDSIDE OR EMERGENCY ROOM DECISIONS ON CARE BASED
UPON INSURANCE COVERAGE.**

**WE CAN'T HAVE DOCTORS WONDERING IF THE PATIENT ON THE
EXAMINING TABLE WILL NEXT MEET HIM IN COURT,
SURROUNDED BY MALPRACTICE LAWYERS.**

**I AM DEEPLY SADDENED WHEN DOCTORS TELL ME THAT THIS
NEW ADVERSARY RELATIONSHIP HAS MADE THEM DISLIKE THEIR
PATIENTS.**

AND THAT THEIR PATIENTS DISLIKE THEM.

**I AM MORE THAN SADDENED WHEN A PHYSICIAN BRAGS THAT HE
TALKED HIS SON OR DAUGHTER OUT OF GOING TO MEDICAL
SCHOOL.**

**I NEED NOT EXPLAIN IN GREAT DETAIL TO THIS GROUP THE
SORRY RELATIONSHIP BETWEEN RISING COSTS AND THE
MALPRACTICE MESS.**

**REFORM IS IMPERATIVE, BUT IT MAY BE IMPOSSIBLE IN THE
FACE OF ENTRENCHED INTERESTS,
DOCTORS PROTECTING DOCTORS, LAWYERS DEFENDING
LAWYERS.**

**PERHAPS A BLUE-RIBBON PANEL OF RETIRED ATTORNEYS AND
PHYSICIANS, MEN AND WOMEN WITHOUT A PERSONAL
FINANCIAL STAKE IN THE SYSTEM, COULD SERVE THE PUBLIC
INTEREST BY ADJUDICATING CLAIMS,
DECIDING WHETHER OR NOT THE CASE SHOULD GO TO COURT.**

**EVEN THOUGH THE TORT SYSTEM IN CANADA AND THE UNITED
KINGDOM IS DIFFERENT FROM OURS, IT IS NOT POSSIBLE IN
EITHER OF THOSE COUNTRIES FOR A CONTINGENCY FEE TO
TEMPT THE LEGAL PROFESSION.**

**SOMETIMES, FOR EXAMPLE, AFTER A MAJOR ILLNESS IN A
PREMATURE NEWBORN, THE CHILD IS RESTORED TO THE
FAMILY, NOTHING WENT WRONG, BUT THE FAMILY IS NOW
IMPOVERISHED. WE HAVE TO FIND A WAY TO FOR THOSE
FAMILIES TO COVER THEIR CATASTROPHE IS SOME WAY OTHER
THAN SUING A DOCTOR FOR IMAGINED GRIEVANCES IN ORDER
TO PROVIDE FOR THE CHILD'S FUTURE AND TO CLEAR THE
FAMILY DEBT.**

**I'M SURE THAT BOTH THE DOCTOR AND THE PATIENT WOULD
PREFER TO HAVE THAT OLD RELATIONSHIP OF TRUST THEY USED
TO HAVE.**

**UNLESS WE RESTORE THE DOCTOR-PATIENT RELATIONSHIP, WE
HAVE LOST OUR WAY COMPLETELY.**

IT CAN BE RESTORED.

**BUT IT WILL TAKE COMMITMENT BY PEOPLE ON BOTH SIDES OF
THE STETHOSCOPE.**

**THERE ARE OTHER THINGS WE CAN DO, AS DOCTORS,
EACH DAY WE PRACTICE.**

**I AM AWARE, OF COURSE, ABOUT THE DIFFERENCES WITHIN OUR
PROFESSION. "THE MEDICAL PROFESSION" IS NOT MONOLITHIC.
AMONG THE DIFFERENCES I NOTE IS ONE ALONG THE LINES OF
GENERATIONS.**

**I BELIEVE THE PHYSICIANS OF MY GENERATION HAVE A
STRONGER SENSE OF THE "ART" OF MEDICINE, AND TEND TO
GIVE LESS VENERATION TO THE "SCIENCE" OF MEDICINE.
MAYBE WE CONDUCT OURSELVES THAT WAY BECAUSE WHEN WE
WERE FIRST STARTING IN PRACTICE, THE SCIENTIFIC
UNDERPINNING FOR OUR PRACTICE WAS, TO BE HONEST, RATHER
MARGINAL.**

**BUT WHAT'S THE REAL SIGNIFICANCE OF THE STATEMENT THAT
"PREVIOUS GENERATIONS OF DOCTORS PRACTICED THE ART,
RATHER THAN THE SCIENCE, OF MEDICINE?"**

**PRIMARILY, I BELIEVE IT MEANS THAT WE SAW MEDICINE AS A
RELATIONAL ENTERPRISE. WE ASKED THE KINDS OF QUESTIONS
THAT REFLECTED CONCERNS ABOUT RELATIONSHIPS:**

HOW DID WE REACT TO PATIENTS?

HOW DID WE TREAT THEM?

HOW DID THEY RESPOND TO US?

DID WE CARE ABOUT THEM?

DID WE CARE ABOUT THEIR FAMILIES?

**WE HAD TO BE PEOPLE-ORIENTED BECAUSE, WITHOUT THE
BENEFIT OF C.A.T. SCANS OR N.M.R.s, JUST ABOUT EVERYTHING
WE LEARNED ABOUT OUR PATIENT CAME FROM THE TAKING OF
GOOD HISTORIES . . . THROUGH SENSITIVE DEALINGS WITH
FAMILY MEMBERS.**

**FOR ME THAT WAS THE FUN OF MEDICINE. EVERY PATIENT WAS
A CHALLENGE.**

**TODAY, YOU HAVE ALL THAT TECHNOLOGY TO HELP YOU OUT. IF
A PATIENT IS UNCOMMUNICATIVE FOR ANY REASON --INCLUDING
THE PATIENT'S AGE --YOU'RE NOT TERRIBLY UPSET BECAUSE
YOU'LL GET MOST OF THE INFORMATION YOU WANT FROM A
VARIETY OF MACHINES, LABORATORIES, AND TECHNICIANS.
NO DOUBT THESE DIAGNOSES ARE SPEEDY AND ACCURATE.
THE SCIENTIFIC ADVANCES IN MEDICINE IN THE LAST
GENERATION ARE MAGNIFICENT.**

**THEY HAVE PROLONGED MANY LIVES. WE HAVE ALL MADE FULL
USE OF THE ADVANCES IN MEDICAL SCIENCE FOR OUR PATIENTS**

...

AND OURSELVES.

**BUT THE SCIENCE OF MEDICINE SHOULD NOT ECLIPSE THE ART
OF MEDICINE.**

**IN OUR SCIENTIFIC PROGRESS SOMETHING MAY HAVE BEEN
LOST ... SOMETHING VERY IMPORTANT TO THE CONTINUED
STRENGTH OF THE MEDICAL PROFESSION: THE RELATIONAL
BOND BETWEEN PHYSICIAN AND PATIENT.**

A FRIEND OF MINE WENT TO HER PHYSICIAN'S OFFICE

RECENTLY, AND AFTER A BRIEF HISTORY WAS TAKEN, WAS TOLD,

"I'LL SEE YOU NEXT WEEK."

THE PATIENT ASKED,

"AREN'T YOU GOING TO EXAMINE ME NOW."

THE DOCTOR RESPONDED,

**"NOT UNTIL THE TESTS COME BACK. MY NURSE WILL TELL
YOU ABOUT THEM."**

**I UNDERSTAND THAT SOME OF TODAY'S BUZZ-WORDS AMONG
MEDICAL STUDENTS ARE "CARING", "COMPASSION", "DIGNITY",
"HUMANE"**

**AND THOSE ARE CERTAINLY SOME OF THE MOST BEAUTIFUL
WORDS IN OUR VOCABULARY.**

**BUT I'M AFRAID THEY CO-EXIST WITH SOME OTHER MODERN
BUZZ-WORDS LIKE "DAMAGE CONTROL", "DEFENSIVE MEDICINE",
"MALPRACTICE" ... TERMS THAT ARE AMONG THE UGLIEST IN THE
LANGUAGE.**

**THEY CONVEY THE IDEA THAT THE PATIENT AND DOCTOR ARE
ADVERSARIES.**

**INSTEAD, WE MUST VIEW OUR PATIENTS AS HUMAN BEINGS, AS
ALLIES,
WORKING WITH US IN THE STRUGGLE AGAINST DISEASE.**

**THIS INCLUDES PREVENTION AS WELL AS TREATMENT AND
REHABILITATION.**

**THE DENTISTS HAVE DONE A MUCH BETTER JOB IN THIS THAN
WE HAVE, JOINING WITH THEIR PATIENTS IN PREVENTIVE
DENTAL HABITS,
EVEN THOUGH THIS HAS THE EFFECT IN SOME WAYS OF
WORKING THEMSELVES OUT OF A JOB.**

**MOST AMERICANS REALLY FEEL THEIR DENTIST WANTS THEM TO
HAVE FEWER CAVITIES.**

**THEY DON'T VIEW THEIR RELATIONSHIP WITH THEIR DOCTOR IN
THE SAME WAY.**

FOR EXAMPLE, IF OVER THE LAST DECADE, DOCTORS HAD QUIZZED THEIR PATIENTS ABOUT SMOKING, AND THEN HAD GIVEN SOUND ADVICE, WE MIGHT ENJOY THAT SAME ALLIANCE IN PREVENTION.

AFTER ALL, IT HAS BEEN KNOWN FOR MANY YEARS THAT THE MOST LIKELY CAUSE OF SMOKING CESSATION IS FOR A DOCTOR TO LOOK HIS OR HER PATIENT IN THE EYE AND TELL HIM, "SMOKING IS GOING TO KILL YOU." AND I HAVE NOT EVEN MENTIONED THE LIVES SAVED.

**TREATING OUR PATIENTS LIKE ALLIES IN THE FIGHT AGAINST
THEIR DISEASE MEANS BEING CLEARER AND MORE COMPLETE
ABOUT INFORMED CONSENT.**

**THAT MAY MEAN TELLING MORE ABOUT WHAT WE KNOW IN
SOME CASES, SHARING OUR UNCERTAINTIES IN OTHERS.**

**EARLY IN MY OWN PEDIATRIC SURGICAL PRACTICE, I
DETERMINED THAT I WOULD MAKE MY PATIENTS' PARENTS
ALLIES WITH ME AGAINST THEIR CHILD'S SURGICAL PROBLEM.
I'VE SAT DOWN AND TALKED WITH THE PARENTS OF MY TINY
PATIENTS.
WE'VE SWEATED OUT THE HOURS TOGETHER IN RECOVERY.
WE'VE BEEN ON THE PHONE TOGETHER WITH COMMUNITY
SERVICES AND VOLUNTARY AGENCIES TO SEE WHAT KIND OF
HELP WILL BE OUT THERE WHEN THE FAMILY TAKES ITS BABY
HOME.**

HAS IT BEEN WORTH IT? YES, IT HAS. . . ON MANY LEVELS.

**FOR ONE THING, I'VE GOTTEN TO KNOW DOZENS OF
COURAGEOUS, GENEROUS, COMPASSIONATE FAMILIES.**

**I MAY HAVE HELPED THEIR CHILDREN OVERCOME SOME
DISABILITY . . . BUT THEY ALL HELPED ME OVERCOME
PESSIMISM, DEFEATISM, FRUSTRATION, AND DISCOURAGEMENT .
. . FEELINGS THAT ARE COMMON ENOUGH AMONG HARD-
WORKING PHYSICIANS.**

**I DID THIS SIMPLY BECAUSE I THOUGHT IT WAS GOOD MEDICAL
PRACTICE, BUT IT ALSO HAD THE UNFORSEEN DIVIDEND OF
HAVING NO ONE SUE ME FOR 39 YEARS WHEN I WAS IN PRACTICE.**

OF COURSE WE'LL BE DISAPPOINTED NOW AND THEN. THERE ARE AMONG PATIENTS THE SAME PERCENTAGE OF CHUMPS, CHEATS, FOOLS, AND BLOW-HARDS AS THERE ARE AMONG DOCTORS, OR IN THE POPULATION IN GENERAL. AND, DEPENDING ON YOUR PARTICULAR PRACTICE, YOU JUST MIGHT DRAW MORE THAN YOUR SHARE OF DEADBEATS AND MALCONTENTS.

**BUT IT'S STILL NO EXCUSE FOR DISCARDING FROM YOUR
ARMAMENTARIUM THE KEY ELEMENTS OF THE ART OF
MEDICINE:**

THE ELEMENT OF PERSONAL ATTENTION AND INTEREST

THE ELEMENT OF TRUE CARING

THE ELEMENT OF SINCERE HUMAN FEELING

AND THE ELEMENT OF GENEROSITY OF SPIRIT.

WE ALSO MUST DO BETTER IN POLICING OUR OWN PROFESSION.

**AS I SAID EARLIER, FOR A VARIETY OF COMPLEX REASONS, THE
NORMAL COMPETITION OF THE MARKETPLACE DOES NOT
ALWAYS OPERATE IN MEDICINE TO GET RID OF THE BAD APPLES.**

I KNOW A SURGEON IN A CITY WHERE ABOUT 40 SURGEONS DO A SPECIFIC OPERATIVE PROCEDURE. 16 OF THESE DO MOST OF THEM. THE SURGEON IN QUESTION HAS MORE SUITS AGAINST HIM AT PRESENT THAN THE OTHER 15. THEY SHOULD DO SOMETHING ABOUT IT. HE COULD TEACH ANATOMY, RUN A DIAGNOSTIC CLINIC, DO ADMINISTRATION, BUT NOT OPERATE - AT LEAST THAT OPERATION.

THE POWER LIES IN THIS: "IF YOU DON'T, WE'LL BE THE EXPERT WITNESSES AGAINST YOU, NEXT TIME AROUND."

**AS PHYSICIANS, AS WELL AS CITIZENS, WE NEED TO DO
SOMETHING FOR THOSE AMERICANS WHO, UNDER OUR PRESENT
SYSTEM, ARE DENIED ACCESS TO REASONABLE CARE.**

**WHILE WE WAIT FOR NATIONAL OR EVEN STATE LEGISLATIVE
SOLUTIONS, WE CAN DO OUR PART BY REVITALIZING THE
PRACTICE OF OFFERING FREE CARE TO APPROPRIATE PATIENTS.**

**I'M DISTURBED WHEN I READ THOSE ADVERTISEMENTS IN A
COUNTY MEDICAL SOCIETY BULLETIN, PLEADING WITH DOCTORS**

**TO GIVE HALF A DAY EACH WEEK AT A FREE CLINIC. I KNOW THE
MANY REASONS THEY DON'T - IT'S NOT ON THEIR FAULT**

IN MY DAY --I GUESS I SOUND, AND LOOK, LIKE AN OLD-TIMER --

I FOUND MYSELF EXTRAORDINARILY FORTUNATE IF I GOT PAID

FOR 40% OF WHAT I DID.

**BUT I WAS HAPPY IN MY PRACTICE, MY PATIENTS APPRECIATED
WHAT I DID, AND I CERTAINLY ENJOYED WHAT I DID FOR THEM.**

**BUT ONCE ENTITLEMENTS CAME ALONG, DOCTORS WHO HAD
BEEN VERY HAPPY TO PERFORM A CERTAIN AMOUNT OF FREE
SERVICE BEGAN TO FEEL THAT THEY HAD TO BE PAID FOR
EVERYTHING.**

**I SEE NO REASON WHY CERTAIN FREE CLINICS COULD NOT
OPERATE UNDER LAWS THAT FORBID LITIGATION.**

**GIVING, CHARITY, HAS ALWAYS BEEN PART OF OUR CALLING. WE
OUGHT TO FIND WAYS TO DO IT WITHOUT PENALTY.**

**FINALLY, IN ADDITION TO ALL WE MUST DO, WE NEED TO MAKE
CLEAR WHAT WE CANNOT DO.**

**IN A MODERN SOCIETY, THE PRACTICE OF MEDICINE HAS
BECOME COMPLICATED.**

**IT INVOLVES NOT ONLY DIAGNOSIS AND TREATMENT, BUT ALSO
THE RELATIONSHIP BETWEEN HEALTH AND SOCIO-ECONOMIC
FACTORS.**

**INCREASINGLY PEOPLE LOOK TO MEDICINE TO SOLVE THESE
DEEPER PROBLEMS, PROBLEMS THAT ARE BEYOND THE ABILITY
OF MEDICINE OR DOCTORS TO SOLVE.**

**DOCTORS CANNOT ELIMINATE THE POVERTY FROM WHICH
PATIENTS COME; THEY CANNOT KEEP PATIENTS' CHILDREN OFF
DRUGS;**

**THEY CANNOT BRING BACK THE HUSBAND WHO HAS DESERTED
THEIR PATIENT. . .**

A YEAR OR TWO AGO I WAS ASKED TO TAKE GRAND ROUNDS IN PEDIATRICS AT A MAJOR TEACHING HOSPITAL.

WHEN I WAS FINISHED LISTENING TO THREE CASES, HAVING DONE THE BEST I COULD WITH THE PROBLEMS, I HAD TO REMIND THE RESIDENT STAFF WHEN THE AUDIENCE LEFT THAT I WOULD NOT HAVE GOTTEN AWAY WITH PRESENTING THOSE THREE PATIENTS WHEN I WAS IN THEIR POSITION BECAUSE THEY WERE NOT STRICTLY MEDICAL PROBLEMS:-- WHAT THEY HAD PRESENTED TO ME WERE SOCIO-ECONOMIC PROBLEMS THAT HAD COME TO THE HOSPITAL BECAUSE THE PATIENT HAD AN ILLNESS.

**FINALLY, LET ME REMIND EACH OF YOU, THAT IN THIS CRITICAL
HOUR FOR AMERICAN MEDICINE, EACH OF YOU, EACH OF US,
CARRIES THE ENTIRE PROFESSION ON HIS OR HER SHOULDERS.**

**NOT LONG AGO, AFTER I HAD FINISHED AN APPEARANCE ON CBS
AND WAS ABOUT TO DO A PIECE FOR NATIONAL PUBLIC RADIO IN
CONNECTION WITH CRITICAL CARE WEEK, I WAS SPEAKING
WITH TWO YOUNG WOMEN, BOTH BRIGHT, KNOWLEDGEABLE,
ARTICULATE HEALTH REPORTERS.**

I ASKED THEM EACH THE SAME QUESTION:

"ARE YOU SATISFIED WITH YOUR HEALTH CARE?"

ONE SAID SHE WAS;

ONE SAID SHE WASN'T.

I ASKED WHY.

THE ONE WHO SAID SHE WAS SATISFIED SAID,

"MY DOCTOR LISTENS TO ME, AND HE TELLS ME WHAT THE PROBLEMS ARE, WHAT HE'LL DO, AND I HAVE A LOT OF CONFIDENCE IN HIM."

THE ONE WHO WAS DISSATISFIED SAID, "I'M FURIOUS AT MY DOCTOR.

IN ORDER TO HAVE SOME SURGERY DONE, I SAW HIM 7 TIMES IN 2 WEEKS, HAD VARIOUS TESTS AND CONSULTATIONS, AND WHEN I CALLED HIM TO ASK A QUESTION, HE SAID, 'NOW REMIND ME WHO YOU ARE AND WHY I KNOW YOU.'"

I SAID TO THEM BOTH,

**"IN OTHER WORDS, WHEN I ASKED YOU 'ARE YOU SATISFIED
WITH YOUR HEALTH CARE'?,**

ONE OF YOU SAID "YES", ONE SAID "NO",

**BUT WHAT YOU REALLY WERE SAYING IS THAT ONE OF YOU
LIKED YOUR DOCTOR AND ONE OF YOU DIDN'T. ONE HAD
CONFIDENCE IN YOUR DOCTOR, ONE DID NOT."**

THEREFORE, MY MESSAGE TO THE DOCTORS IN AMERICA IS:

WHEN YOU ARE DEALING WITH A PATIENT,

YOU ARE REPRESENTING ALL OF AMERICAN MEDICINE, YOU ARE

REPRESENTING AMERICAN HEALTH CARE.

THIS IS SUNDAY MORNING - AND I FEEL UP TO DELIVERING A

SERMON - AND IT WOULD BE BETTER THAN THE TWO I HEARD

PARTS OF BEFORE COMING HEAR THIS MORNING.

I WON'T - BUT I WILL GIVE YOU THE TITLE - YOU KNOW ENOUGH

TO FILL IN THE REST. "THE LEADER AS SERVANT."

**WE HAVE MUCH TO DO, BUT LET'S NOT LOSE OUR POSITIVE
ENERGY.**

**THE MESSAGE WE HAVE TO SHARE WITH OURSELVES AND WITH
THE AMERICAN PEOPLE IS A POSITIVE ONE.**

**WE DON'T NEED THE PAST TENSE,... NOSTALGIA ABOUT "THE
GOOD OLD DAYS";**

**NOR DO WE NEED SOME FUTURISTIC MANIFESTO PROMISING
WHAT WE INTEND TO DO.**

**WE NEED CLEAR AND PERSISTENT AFFIRMATION OF THE MANY
GOOD THINGS WE DO,
DAY IN AND DAY OUT,
TO MAKE OUR SYSTEM OF MEDICINE --ONCE WE TAKE THINGS IN
HAND -- POTENTIALLY THE BEST IN THE WORLD.**

I HAVE NEVER REGRETTED GOING INTO MEDICINE.

I'D DO IT AGAIN TOMORROW.

**AND I TELL THAT TO ANY YOUNGSTERS WHO ARE CONSIDERING
IT.**

OURS IS A CALLING.

IT IS NOT A BUSINESS.

WE COULD HAVE MADE MONEY DOING OTHER THINGS.

**WE CHOSE MEDICINE BECAUSE IT COMBINED A QUEST FOR
KNOWLEDGE WITH A WAY TO SERVE, TO SAVE LIVES, AND TO
ALLEVIATE SUFFERING.**

WE HAVE TO CONVINCING THE PUBLIC WE STILL MEAN IT.

YOU'LL HAVE TO TAKE STEPS INDIVIDUALLY AND COLLECTIVELY.

THANK YOU

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