12. PATIENTS WOULD BE FURTHER EXASPERATED IF THEY KNEW THAT WHEN THEY COME TO SEE YOU THERE ARE OTHER PEOPLE THERE: THE THIRD PARTY REGULATORS, THE OUTSIDERS WHO EARN THEIR KEEP BY HARASSING DOCTORS. EACH OF YOU COULD COME UP WITH MANY EXAMPLES OF THIS: HAVING YOUR JUDGMENTS SECOND-GUESSED LONG-DISTANCE TO SHAVE A FEW BUCKS OFF THE COST OF A HOSPITALIZATION:

A NEUROSURGEON TRYING TO EXPLAIN TO THE CLERK ON THE OTHER END OF THE TELEPHONE WIRE WHY THE 10 HOUR BRAIN SURGERY SHOULD NOT BE SCHEDULED IN THE AFTERNOON, JUST SO THE PATIENT DOESN'T STAY IN THE HOSPITAL THE NIGHT BEFORE THE PROCEDURE.

MOST OF YOU ARE TRAINED TO ADVOCATE YOUR PATIENTS' INTERESTS, AND YOU ARE BETTER AT CLINICAL DECISIONS THAN ECONOMIC DECISIONS.

ALL TOO OFTEN THESE INTERFERING REGULATORS FORCE DOCTORS TO FIGHT FOR WHAT IS BEST FOR THEIR PATIENTS, TO SPEND TIME ON THE PHONE OR WRITING LETTERS, TIME THAT WOULD BE BETTER SPENT WITH THEIR PATIENTS.

I THINK THIS IS ONE PLACE WHERE THE TIDE OF OPINION MAY BE TURNING IN THE PHYSICIAN'S FAVOR, AS A NUMBER OF RECENT NEWS PROGRAMS HAVE HIGHLIGHTED THE ABUSES OF THE REGULATORS.

COST CONTROL SHOULD NOT MEAN REMOTE CONTROL MEDICINE.

WE DON'T WANT TO SEE MEDICINE TURNED INTO A PUBLIC UTILITY, OVER-REGULATED AND UNDER-RESPONSIVE TO THE NEEDS OF INDIVIDUAL PATIENTS.

BUT, TO MAKE SURE WE ALL GET MORE FOR OUR HEALTHCARE DOLLAR, FOR OUR INSURANCE COVERAGE, WE NEED DO NEED MORE OPEN COMMUNICATION ABOUT THE QUALITY AND EFFICIENCY OF HEALTHCARE.

13. WHAT SOME PEOPLE SAY IS ANOTHER SOURCE OF EXASPERATION IS THAT THEY CALL THE CONSPIRACY OF SILENCE.

THEY NEED TO KNOW WERE PEOPLE CAN GET HIGH-QUALITY AND EFFICIENT CARE.

THEN THE PATIENTS WILL DESERT THE POOR QUALITY, INEFFICIENT SYSTEMS THAT WILL HAVE TO IMPROVE OR PERISH.

THE PUBLIC --AS WELL AS OUR PROFESSION-- IS ALSO EXASPERATED ABOUT GLARING REGIONAL DIFFERENCES. WHY SHOULD HOSPITAL USE IN THE MIDWEST BE 60% HIGHER THAN IN THE WEST? WHY, IN A GIVEN YEAR, SHOULD 10% OF DELIVERIES IN DETROIT BE BY CAESAREAN, BUT IN WASHINGTON DC CAESAREANS FORM 24%?

WHY SHOULD SOME REGIONS ORDER CAT SCANS 7 TIMES MORE FREQUENTLY THAN THE NATIONAL RATE?

WHY DO KNEE REPLACEMENTS VARY 6-FOLD FROM REGION TO REGION?

THE EXPLANATION OR CORRECTION OF THOSE DISCREPANCIES SHOULD COME FROM YOU, AND NOT FROM A SOCIAL PLANNER.

QUALITY, AND EFFICIENCY ARE DIFFICULT TO MEASURE.

BUT THEY ARE MORE IMPORTANT THAN MERE QUANTITY.

WE ARE DEVELOPING TOOLS TO MEASURE MEDICAL NECESSITY,

APPROPRIATENESS, EFFECTIVENESS AND OF COURSE OUTCOMES.

OUTCOMES WILL BE MORE AND MORE PART OF OUR RELATIONSHIP WITH PATIENTS.

BATTING AVERAGES OF PHYSICIANS AND HOSPITALS FOR VARIOUS DIAGNOSES WILL BE COMMON KNOWLEDGE.

BE SURE THEY ARE PROPERLY CALCULATED AND CONVEYED.

DON'T ALLOW THIS TO BE ANOTHER REASON FOR PATIENT EXASPERATION.

MANAGE THE SYSTEM; DON'T FIGHT IT.

MALPRACTICE SUITS CORRUPT THE BASIC EMOTIONAL CLIMATE OF MEDICINE, MAKING THE DOCTOR AFRAID OF THE PERSON SHE OR HE WANTS TO HELP.

MALPRACTICE DOES EXIST, AND WHERE THERE IS MALPRACTICE --BAD, OR NEGLIGENT PRACTICE-- RESTITUTION AND COMPENSATION ARE IN ORDER.

MEDICINE MUST RID ITSELF OF THE BAD APPLES THAT BRING JUSTIFIED CRITICISM TO THE PROFESSION.

YET MANY MALPRACTICE SUITS ARE BROUGHT BECAUSE A TRAGEDY HAS OCCURRED, IN SPITE OF THE DOCTOR'S BEST EFFORTS.

OUR CURRENT SYSTEM DOES NOT SERVE THE PATIENT WELL. EVERY INAPPROPRIATE MALPRACTICE SUIT DRIVES UP THE COST OF MEDICINE FOR ALL PATIENTS AND DOCTORS ALIKE, WHILE NEGLIGENT DOCTORS CONTINUE TO PRACTICE AND SOME VERY GOOD DOCTORS LEAVE.

MALPRACTICE REFORM IS DIFFICULT TO GET BECAUSE CONGRESS AND STATE LEGISLATURES INCLUDE SO MANY LAWYERS, AND THEY AREN'T LIKELY TO ACT AGAINST THEIR OWN.

BUT WE --NOT JUST SURGEONS, BUT ALSO CITIZENS CONCERNED ABOUT HEALTHCARE COSTS-- WE MUST DEMAND REFORM.

WE MUST ELIMINATE AWARDS FOR ALLEGED PAIN AND SUFFERING, AND WE MUST DO AWAY WITH CONTINGENCY FEES WHICH CLOG THE COURTS, BLACKMAIL PHYSICIANS, AND PROMPT INSURANCE COMPANIES TO SPEND OUR MONEY OUT OF COURT JUST TO GET IT OVER.

~~WE NEED TO GET PAST THE STAND-OFF BETWEEN DOCTORS AND LAWYERS.~~

ALTHOUGH WE MUST HOLD OUR PHYSICIANS TO THE HIGHEST STANDARDS,

WE MUST REALIZE THAT HEALING AND RECOVERY ARE NOT PERFECT.

THE HEALTH CARE SYSTEM IN AMERICA TODAY IS A TERRIBLE MORAL BURDEN FOR SOCIETY TO BEAR, IN THAT THE SYSTEM DOES NOT RESPOND AT ALL TO SOME 12 TO AS HIGH AS 15 PERCENT OF OUR POPULATION.

AND IT IS A TERRIBLE ECONOMIC BURDEN FOR SOCIETY TO BEAR, IN THAT THE SYSTEM SATISFIES ITS OWN UNCONTROLLED NEEDS AT THE EXPENSE OF EVERY OTHER SECTOR OF AMERICAN SOCIETY.

WE NEED TO CHANGE THAT SYSTEM.

NOT JUST A LITTLE CHANGE HERE AND A LITTLE CHANGE THERE.

WE NEED TO BRING ABOUT A PROFOUND CHANGE, ACROSS-THE-BOARD, IN THE WAY WE MAKE MEDICAL AND HEALTH CARE AVAILABLE TO ALL OUR CITIZENS.

BUT CAN WE DO IT?

WE NEED TO TAKE SOME IMAGINATIVE STEPS.

FOR EXAMPLE, WE NEED TO SOLVE THE PROBLEM CAUSED BY THE ENORMOUS EDUCATION DEBT THAT MOST YOUNG DOCTORS HAVE TO SHOULDER AS SOON AS THEY BEGIN PRACTICING MEDICINE.

MOST MEDICAL STUDENTS GRADUATE FROM MEDICAL SCHOOL WITH A DEBT THAT SHAPES THEIR PRACTICE OF MEDICINE FOR THE NEXT 20 YEARS.

BUT I DO HAVE A SIMPLE SUGGESTION ABOUT THE PROBLEM OF MEDICAL SCHOOL DEBT.

WHEN A MEDICAL STUDENT GRADUATES, AN ACCOUNT COULD BE ESTABLISHED BY THE FEDERAL GOVERNMENT, AND EVERY TIME THE DOCTOR SEES AN UNINSURED PATIENT WITHOUT CHARGE, THAT DEBT IS LOWERED BY THE AMOUNT EQUIVALENT TO A FAIR COMPENSATION FOR THAT SERVICE.

THIS SOLUTION HAS SEVERAL ADVANTAGES:

IT'S GRADUAL;

IT DOESN'T REQUIRE A BIG OUTLAY BEFOREHAND;

IT OFFERS CARE TO THE UNINSURED WHO NEED IT;

IT ENCOURAGES PHYSICIANS TO OFFER CARE WITHOUT FEE;

AND IT LOWERS THE DOCTOR'S DEBT.

IT SEEMS TO ME THAT <u>EVERYBODY</u> GAINS.

WE ALSO NEED TO DO SOMETHING ABOUT THE INFLATIONARY ASPECT OF RECRUITMENT MONEY, WHEN HOSPITAL "X" WANTS THE SAME KIND OF SURGEON AS THE HOSPITAL ACROSS TOWN, AND THEN LURES SOMEONE FROM ACROSS THE COUNTRY WITH AN ASTRONOMICAL PACKAGE, FORCING COSTS UP ALL AROUND.

I REALIZE THAT THIS IS A COMPLICATED PROBLEM, INVOLVING REGULATIONS, JOINT COMMITTEES OF ACCREDITATION OF HOSPITALS, ETC., BUT COMPLEXITY SHOULD NOT KEEP US FROM GETTING A HANDLE ON A SOLUTION.

WE NEED TO DO SOMETHING, TO DO MANY THINGS,

BECAUSE WE ARE AT A CROSSROADS.

WE CANNOT AFFORD TO DO NOTHING, TO CONTINUE BUSINESS AS USUAL.

THE PRESSURE FOR RADICAL CHANGE IS COMING FROM ALL DIRECTIONS:

FROM MEMBERS OF CONGRESS, FROM BUSINESS, FROM LABOR, AND FROM THE GENERAL PUBLIC.

INCREASINGLY WE HEAR THE DEMAND FOR RESTRUCTURING THE FINANCING AND DELIVERY OF HEALTHCARE IN THE UNITED STATES.

EVEN SOME BUSINESS LEADERS WHO NORMALLY CRINGE AT THE THOUGHT OF GOVERNMENT INTERVENTION OR REGULATION FIND THEMSELVES CALLING FOR A SYSTEM OF NATIONAL HEALTH CARE AS A SOLUTION TO RISING INSURANCE COSTS.

EXASPERATION WITH OUR SYSTEM LEADS SOME PEOPLE TO SEE GREENER GRASS ON THE OTHER SIDE OF THE FENCE.

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 ACS LOGO MAY GET REPLACED BY THE MAPLE LEAF.**~~

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.

AMERICANS DESIRE, NOT ONLY AFFORDABLE HEALTH CARE, BUT ALSO MEDICAL ADVANCES.

BUT MEDICAL RESEARCH IS NOT CHEAP, AND SOMEONE MUST PAY FOR IT. AMERICANS ARE NOT LIKELY TO TOLERATE HEALTHCARE SAVINGS IF IT MEANS SKIMPING ON AIDS OR ALZHEIMER'S RESEARCH.