



## **"John Q" is Worth Seeing**

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By David J. Gibson, MD

DENZEL WASHINGTON'S NEW MOVIE, "John Q," is worth watching. It will likely become part of the public discourse on where we go with health care in the future.

There are a few technical mistakes, the plot is a bit strained, but overall the story line is plausible. The dramatic tension is powerful between Washington, who is long overdue for an Oscar; Robert Duvall, who plays an insightful police officer; Anne Heche, who plays to the accepted public perception as a cold-hearted hospital administrator; and James Woods, who redeems himself and reclaims his physician roots.

One of the main points the movie makes is that medicine has lost touch with the society it seeks to serve. Medicine is portrayed as having a corporate culture with a typical obsessive focus on the bottom line. Medicine's costs are now far beyond the means of the middle class. In short, medicine has lost its humanistic soul.

Physicians are depicted as having lost their independence and are portrayed as having been co-opted, or worse — duped by the system. The movie directly attacks the concept of capitation, and the audience overwhelmingly concurred with the premise that, within this system, physicians are no longer primarily committed to their patient's well-being. Rather, they are focused upon their year-end bonus based upon financial outcomes.

Perhaps unfairly, HMOs are portrayed as evil, uncaring, alien businesses. They are perceived as preying upon the working class of this country by diverting health care dollars into the pockets of insurance executives. HMOs have promised full health coverage but limit their exposure using the fine print in the policies they peddle to miserly business purchasers.

The disconnect between what the HMO industry thinks of itself and what the public thinks is truly striking. Most people in the industry believe that they are delivering a higher "quality" health care product. They use NCQA certification, selective credentialing and service bonuses to justify their self-perceived superiority. The public is clearly not buying any of this.

Based upon the reaction of the theater audience, an admittedly limited marketing focus group, the public thinks HMOs are cheap. Just as was the case when Helen Hunt derided HMOs in the movie *As Good as It Gets* (two years ago) the audience was, without reservation, accepting the message that HMOs are villainous. In our pop culture society, perception matters. The public relations hole that HMOs find themselves in is unprecedented in modern market dynamics. No amount of "spinning" by Walter Zelman or the California Association of Health Plans will extricate the industry.

Most of the trade journals are predicting that health care will be far more prominent in the run up to the 2002 congressional elections than has been the case over the past year. This movie will affect that debate. In fact, the issue of health care could determine the control of the next U.S. House of Representatives. HMOs will have fewer champions than Enron in the coming public policy debate. Other than Kaiser, which most people do not view as

an HMO but rather a health system, the entire HMO product has matured and has no future.

The employer wants out of this no win situation. In the movie, the employer is viewed as a cheap, corner cutting, miser that cheats its employees without their knowledge. To the employee, the term "health benefit" is an oxymoron.

Based upon my observation of the audience reaction here in Sacramento, the next patient damages case that comes before the courts, based upon a denial of coverage by an HMO or its subcontracting IPA/Medical Group, will result in a damage reward of biblical proportions. The folks in the audience, those who will serve on the jury, recognize and viscerally hate HMOs. They will go to great lengths to punish them.

Physicians, as a professional group, have some heavy lifting ahead. We must immediately dissociate ourselves from insurance companies and hospitals, both of which are now viewed as corporate despoilers within health care. We are not adversaries of the above two entities, but we dare not carry their water as apologists any longer.

Unless physicians re-establish their public image as being committed to the individual patient's well-being, I fear that we will be caught in this looming civil liability vortex.

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