



## Voices of Medicine

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By Del Meyer, MD

**On patient unhappiness, physician influence on opinion, and health care in the Netherlands.**

### **Growing Public Dissatisfaction**

Harris Interactive, best known for the Harris Poll, has a special report in *Southern California Physician* on "Why Public Opinion on Healthcare Changes." It suggests at least nine forces trigger these changes. Those wanting to increase public support for policies or positions should consider all of them.

- Personal experiences related to the cost, quality and service of providers and insurers are of fundamental importance.
- Both the volume and nature of medical coverage can change public opinion dramatically.
- Advertising and advocacy campaigns (*e.g.*, the Harry and Louise TV campaign in 1994 turned the public against the Clinton healthcare plan).
- Impact of events (*e.g.*, after Sept 11, chemical and biologic weapons leapt in importance while Medicare issues probably receded).
- Physicians conversing with patients are an important conduit of anecdotes and horror stories, on such topics as managed care, to the media, Congress and legislatures.
- Political issues and attacks during an election campaign. "Saving Medicare" in 1998 was an issue for one candidate which forced it to be addressed by the other.
- Out of pocket costs have a big impact, rather than total costs. The public does not believe wages and salaries are lower because health insurance is part of total compensation. As employers increase the cost of health insurance to their employees over the next two years, Harris Interactive predicts an increase in the public's hostility to the healthcare system.
- The aging baby boomer population has a higher expectation of the healthcare system, increasing the gap with reality.
- The public believes it should have decent, quality care at an affordable cost and that it will be there when they need it. This increases the gap between perception and reality of both employee benefits and Medicare.

The unfortunate conclusion is that very likely public dissatisfaction with the healthcare system will increase over the next several years.

## Physician Influence on Public Opinion

Russell Jackson interviews a number of physicians on "How Physicians Can Influence Public Opinion." The report notes, "physicians have played an important role in shaping public attitudes, particularly in conversations with their patients." He cautions physicians to not use their "bully pulpit" to increase their incomes.

Max Stearns, MD, Oxnard urologist and immediate past president of the Ventura County Medical Association, says, "I don't think it's the physician's role to lobby every patient who comes into the office. Our purpose is to give appropriate and scientific advice to patients about their healthcare — and the healthcare system, unfortunately, impacts on that greatly." He also notes that organized medicine isn't actually all that organized. We must also make sure our efforts don't backfire. "We still make 20 times what the average person makes," he notes. "We're not going to garner a lot of sympathy over our incomes."

According to Lytton Smith, MD, president of the Orange County Medical Association and a family practitioner at Yorba Linda's California Heritage Medical Group, the problem with criticism of the system is coming up with a credible alternative. "The hardest part, as we become antagonistic toward the system, is to understand what will replace it. If we destroy the system in place, what will fill the vacuum?"

Daniel B. Borenstein, MD, a Los Angeles psychiatrist and immediate past president of the American Psychiatric Association, agrees. "Employees have become accustomed to early-dollar healthcare, which has been part of the problem from the onset. It will take a major educational effort to help employees understand that health insurance should be for catastrophic illness, certain screening exams and well baby care."

Anmol S. Mahal, MD, a Fremont gastroenterologist and vice chair of the CMA Board of Trustees, quotes surveys that patients are suspicious of the healthcare system — and doctors. The biggest problem for patients is access — even the insured wait for days and weeks for appointments. "It's a great thing consumers are better informed," but it "sometimes takes more time to answer their questions...you have to redirect their impression of things all the time. They get information from innumerable sources, not all of which are accurate. So we spend a lot of time trying to repair the damage."

Marie G. Kuffner, MD, a UCLA anesthesiologist and CMA past president, states that "quite honestly, physicians never speak with one voice. There are physicians out there who think the present system is so bad that the only thing that will fix it is a single-payer system. There are other physicians out there who vehemently disagree with that position....What's lacking today — which saddens me deeply — is what used to be the fraternity of medicine....We were all the same, treating patients, doing our thing. Today, so much of medicine is a business, which has been forced upon us, and some physicians have lost sight of their noble and idealistic early feelings about medicine....Patients have become so used to the entitlement of medicine and to somebody else paying for it that they simply cannot abide paying for what they want....Complicating matters is physicians' lack of time to educate patients on the inequities of the healthcare system."

Should physicians relinquish their opinion-shaping role? Dr. Kuffner feels we have to find other avenues, and reflects on her talk to the Rotary Club that week. She concludes: "If physicians really have a message, they need to get out to their pulpits wherever they are and be more involved in the community."

## Dutch Treatment

In the San Diego Physician several issues back, James T. Hay, MD, President of the San Diego County Medical Society, suggested members talk to their patients. He then followed his own advice. One patient, Evert P. van de Ven, former executive vice president of Novellus Systems, responded by putting his story in writing. A native of the Netherlands, he offered to help us avoid "national health" in any way he could.

Van de Ven states that the Dutch government started to promote socialized medicine about 30 years ago. Now everything related to healthcare is government-controlled,

including physician compensation, hospital budgets, medication prices, even the hours (36 per week) that healthcare workers can work. Government also controls the medical schools and limits admissions. Although 30 percent of the population has additional insurance from work, it is of no benefit to patients because the government goes to great lengths to make sure that everybody gets the same low level treatment. Here is the summary of three of the five cases he recites.

- A 78-year-old female with TIA's was seen by a neurologist who ordered an MRI. During the six-week wait, she had a stroke with paralysis on the right. The family physician arrived within two hours but was unable to get her admitted to a hospital. It was Saturday and not enough beds and personnel were available. Patients cannot call an ambulance except for an accident. A physician has to check the patient, make a diagnosis and check for hospital and specialist availability before an ambulance can be called.
- A 79-year-old female with CHF and insulin-dependent diabetes ran out of Zaroxolyn and gained weight. She had a myocardial infarction and was hospitalized. She received no treatment and was sent home to die. Today, she is doing fairly well thanks to Zaroxolyn from the United States. Van de Ven's discussion with pharmacists highlighted a serious problem: Price restrictions were implemented after the government decided that the pharmaceutical companies were charging too much. The result: a significant reduction of medicines available and reluctance of pharmaceutical companies to go through the approval process for costly new medications.
- A 77-year-old female broke her hip in an assault and had to wait until the next year for a hip replacement. The reason given for the delay? Local hospitals had reached the quota for hip transplants for the year.

Van de Ven concludes: "It is amazing how a good, well-run medical system can be ruined in a few decades by ignorance and increased government control. The only thing done to limit the suffering of the elderly was to legalize euthanasia and allow physicians to prescribe a 'suicide pill.'"

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