



Voices of Medicine



By Del Meyer, MD

On moving on, more drug than beer ads, enormous numbers of the overweight, ties of Maryland physicians to drug companies, unpaid hours for physicians, and turf battles.

Swan Song

The last "Voices" column was to be my final contribution to *Sierra Sacramento Valley Medicine*, completing a 10-year labor of love. When I mentioned this to our new editor and managing editor, they asked me to continue reviewing the other county and regional society journals. So I will continue to report on the "Voices of our colleagues in medicine," as gleaned from these journals.

My reason for moving on was that during this past year, I started MedicalTuesday, a column e-mailed every other Tuesday to more than a thousand physicians and other interested members of the business and professional community. Tuesday was the night our county and various specialty societies formerly met on a monthly basis.

Prevailing wisdom is that members won't come to monthly society functions. However, that may be a local and regional phenomenon.

At a recent meeting in New Orleans, I sat next to a doctor from Alabama. He said his medical society had about 30 members, met monthly (also on Medical Tuesdays), and everyone showed up unless out of town or caring for patients. Doctors will attend society meetings if the agenda is important to them; *e.g.*, fighting managed care or single-payer medicine. If you're interested in doctors reclaiming the high ground in medicine and wish to receive MedicalTuesday, just send me an email.

Direct to Consumer Drug Ads

Last summer, Dr. Erica Brownfield, MD, and colleagues of Emory University, Atlanta, taped the three major networks for one week to find out how much of the estimated \$2.5 billion annual drug company marketing budget is spent on TV advertising. She reported the results at the 25th annual meeting of the Society of General Internal Medicine.

Her team reviewed every hour of the 84 cassette tapes. They found 907 ads for OTC products with an average length of 22 seconds, and 428 ads for prescription drugs with an average length of 44 seconds, reflecting the longer length needed to meet FDA requirements on disclosure.

Hence, there were 642 minutes of air time for direct-to-consumer drug ads, exceeding advertisements for beer, clothes, shampoo, deodorant and even the services of trial lawyers. The peak times were between 2–4 and 6–8 p.m.

The most advertised drugs are the statins and allergy medications. With the average American watching TV four hours a day, Dr. Brownfield contends that physicians must

understand and be ready to deal with all the information given to their patients.

Internists and Pharmaceutical Companies

Bimal H. Ashar, MD, and colleagues at John Hopkins University School of Medicine studied the relationship between internists and pharmaceutical companies that spend about \$6 billion every year on clinical studies conducted by office-based physicians.

Of 1,000 Maryland internists who are members of the ACP-ASIM, 835 had office-based practices and were selected to receive mail surveys. After 3 mailings, 444 responses were received. Half were dissatisfied with their income and one-fourth made less than \$101,000 per year.

Asher said 37 percent of responders had a business relationship with pharmaceutical companies: 27 percent were paid to give lectures and 22 percent participated in clinical trials. Harold C. Sox, MD, editor of the *Annals of Internal Medicine*, while registering surprise, found nothing "inherently unethical" about physicians participating in such trials.

However, this should not be confused with pharmaceutical company largesse which frequently violates the AMA guidelines on gifts from industry to physicians.

The Economics of Obesity

Michelle Singletary, in her column "The Color of Money" appearing in *Southern California Physician*, gives us the economics of obesity. On average, about 60 percent of Americans are overweight, including 64 percent for blacks, 43 percent for white women, 65 percent for Hispanics to 62 percent for white men. Approximately 30 percent of Americans are obese; the excess cost of heart disease increases 164 percent and diabetes increases 170 percent.... In the same issue, Arthur D. Silk, MD, points out that fast-food restaurants are catching up with tobacco vendors in the Great American Morbidity Race. Tobacco killed 500,000 Americans last year, obesity-related diseases will kill 300,000. No one is currently analyzing whether group insurance plans, which spread the risks of diseases, can continue to afford to share the increased cost of self-induced excess risks.

More Work for Less Pay

In a recent issue of *Sonoma Medicine*, Kathryn D. Scott, DrPH, and Steve Osborn, MA, managing editor, report on their survey of "Uncompensated and Underfunded Care."

With a 21 percent response, they found, in a 12-item survey to all 974 practicing physicians of the Sonoma County Medical Association, that uncompensated and underfunded time accounts for nearly one-half (46 percent) of total physician work hours.

The value of those hours — mostly spent on direct patient care and patient-related emails, phone calls, and paperwork — amounts to at least \$40,000 per physician per year. The survey also found that physicians would prefer this be reduced to about 12 percent or 1/8 of their time.

Scope of Practice

A number of the various county medical societies have articles on the enlarging scope of practice of psychologists, podiatrists, and optometrists.

The podiatrists want to enlarge the area of their surgical practice to include amputation of the foot. There seems to be a pause in their march towards the knee. The optometrists want to do more medical treatments and even minor surgical procedures of the eye.

The psychologists want to have prescribing as well as admitting and discharge privileges. I asked a psychologist what he would do if his patient had a cardiac arrest while being treated. He said, "I'd walk fast to the nursing station and have them get an internist."

Maybe the turf battle should be settled once and for all by defining the team players. Psychologists can be valuable team players for psychiatrists in the total evaluation of the

psychiatric patient, just as podiatrists can be and frequently are great adjuncts in an orthopedic practice; similarly, optometrists can be and frequently are a great help in an ophthalmologic practice for routine diagnostic evaluation.

Wouldn't patients be best served by these team players working together with MD supervision in each case, thereby improving the standard of care? Shouldn't we place these three in the physician assistant category? The podiatrists would be an orthopedic PA, the optometrist an ophthalmologic PA, and the psychologist a psychiatric PA.

Thereafter, the politicians who love to practice medicine would no longer be involved in the continuing turf battle because we're all on the same playing field.

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