



Voices of Medicine



By Del Meyer, MD

Not-so-humble physicians, thoughts of a 1,999-year-old, and problems in the ER.

Vanity, thy Name is... MD?

The *Harvard Medical Alumni Bulletin* has published "The Seven Deadly Sins." This is from one of them, called "Vanity Fair," by Peter Klass, MD. It appeared in the California Society of Anesthesiologists' *CSA Bulletin*, Winter 2007. See www.csahq.org/pdf/bulletin/issue_15/Klass_064.pdf for the entire article.

"Tell physicians you're writing an essay about doctors and pride, and they immediately start to snicker. One doctor friend launched into his favorite joke: How many medical students does it take to change a lightbulb? One - to stand there and wait for the world to revolve around him. Several others offered anecdotes - the arrogance of a physician who doesn't bother to learn the names of non doctor colleagues, the rudeness of a doctor who never returns calls, the boorishness of a doctor who leaves his dirty dishes in the conference room.

"I protested, a little weakly, that character is more complicated than that. Those doctors may simply be plagued with a weak memory, or poor social skills, or bad manners; it wasn't fair to interpret everything as just more evidence of the massive medical ego. But these were all doctors telling the stories, and, truth be told, they were more than a little self-satisfied in the telling - they were, each and every one of them, profoundly *proud* of having a keen eye for overly arrogant colleagues.

"The issue of pride - and the perception of pride - permeates medical practice. You could call it doctors' besetting sin. It's part of almost every cliché about our behavior - and misbehavior. I can think of two jokes right this minute about doctors and our overweening pride - one is completely unprintable, while the other opens with a fellow making it up to heaven. While the recently deceased is standing at the Pearly Gates, St. Peter points out a bearded gentleman strolling by in a long white coat. 'Look!' St. Peter says. 'There goes God. Sometimes he just likes to play doctor...'"

And Now for Something Entirely Different

The same *CSA Bulletin* contains a spoof called "Laughing Gas: The 2,000-Year-Old Anesthesiologist," by Kenneth Y. Pauker, M.D., Chair, Division of Legislative and Practice Affairs, Associate Editor.

"With apologies to Mel Brooks and Carl Reiner."

"Recently I was privileged to interview with Dr. Methuselah Z. Heffenweisser, an ancient man of healing, who is here in Southern California to promote his book, 'How To Be Weiss Without Really Trying.' Reported to be 2,000 years old, Dr. Heffenweisser also

claims in his book to be the one to give the first general anesthesia.

"**KP:** Dr. Heffenweisser, welcome to Orange County. It is a great honor for me to meet you after hearing for so many years of your exploits around the world.

"**MZH:** Thank you so much, sonny. It's just great for me after all my travels all over the world to make it to your California Riviera, although I must say that I have often layed out in da true Riviera, and diss, my son, is no Riviera. And where are the oranges?

"**KP:** Oh, the oranges ... Well, doctor, Orange County has changed. You'll have to go to Florida now for oranges, but I'd like to ask you a few questions about your amazing life. So if I may, I'd like to ask the question that is foremost on everyone's mind. How could you possibly be 2,000 years old?

"**MZH:** Two thousand years old? What are you talking about? I don't know who told you that. NO, NO, NO, and NO! I'm not 2,000 years old!!

"**KP:** You're not?

"**MZH:** Two thousand years old?! Look at me, sonny. Do I look 2,000? Come on! I'm not going to be 2,000 until next summer!

"**KP:** So you are 1,999 years old?

"**MZH:** In years, dat is correct, but inside beats da heart of a 28-year-old man.

"**KP:** OK, then. Everyone would like to know how you have lived so long. Would you say that to stay young, you must be young at heart?

"**MZH:** A young heart, yes!

"**KP:** So it's really about one's attitude and one's enthusiasm?

"**MZH:** Who knows? Who cares? I had a heart transplant two years ago, and dey put in da heart of a 28-year-old man. Actually I had it done in India. Very economical. No waiting on lists. Done right in my hotel room, very convenient..."

To read the entire spoof, please go to
www.csaq.org/pdf/bulletin/issue_15/laughgas_064.pdf.

The Trouble with ERs

Mohammed Arain, MD, discusses "EMR, ER Calls and Reimbursement" in his President's Message, in the April issue of *Vital Signs*, published by the Fresno-Madera Medical Society. It is at www.fmms.org/pdf/Apr07_VS_FINAL.pdf.

"There is talk all over about emergency room coverage by physicians and specialists. Increasingly, a number of hospitals have had to reinvent methods to keep their ERs open. Some hospitals have tried to close their ER, but due to loss in revenues from government-funded programs, they are forced to keep them open.

"Emergency room patients used to be a source of support to new physicians to help them build up their practice. This has now become more of a liability. Patients who come to the ER are either using them as a free walk-in clinic or they are noncompliant and seek care only when their illness becomes serious. There are patients who are acutely ill and need help, but ER patients are no longer a stabilizing source for physicians' practices.

"Taking the ER calls puts more strain on physicians' already limited income and time. Many hospitals have recognized the need to work with the physicians and accommodate their needs, but even in this day and age, some hospitals have no guidelines for taking ER

call. Some require staff to take ER call, irrespective of their age or health condition and they refuse to relocate some budgets and work with physicians. There are no other professions where one is forced to provide free service. One has to have some returns to survive.

"Health insurance companies like any other businesses, have always kept up with the profits. The best buildings in any city are either banks or insurance companies. They keep increasing insurance premiums, keep cutting the benefits and keep on reducing the reimbursement to physicians. Since the rise of HMOs, the standard of payment has been Medicare or Medi-Cal. BCCMP and healthy family programs pay even less than Medi-Cal. Even PPO insurance compares their payments with Medicare and Medi-Cal.

"Office overhead is increasing every day due to increased paper work, more calls and more requirements by insurance carriers. Patients demand prescriptions and procedures which require pre-authorizations. Just to get authorization for needed procedures takes hours of calls. A full-time secretary is needed to have this done with no returns. Malpractice insurance carriers keep increasing their premiums and do not hesitate to drop clients depending on their own discretion.

"All insurance carriers want electronic billing. The cost to set up can be up to \$100,000, and the system can become obsolete the moment it is installed. The New York Medical Society is helping to fund physicians to set up an electronic system. Our California Medical Association is also seeking funding sources, including insurance companies, to assist California physicians in setting up their system."

delmeyer@healthcarecom.net

Sierra Sacramento Valley Medical Society
5380 Elvas Avenue #100 • Sacramento, CA 95819
916.452.2671 PH • 916.452.2690 FX • Email: info@ssvms.org

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