



Voices of Medicine



By Del Meyer, MD

Insurance leeches, the way doctors think, and the weaponry of numbers.

Medicine's Parasite

In the *The Bulletin* of the Humboldt-Del Norte County Medical Society, October 2007, Dr. Emily Dalton discusses "Leeches in Medicine."

"According to Stedman's medical dictionary, a parasite is an organism that lives on or in another and draws its nourishment there from. Leeches suck nutrients from the host - not enough to cause death - yet they have no beneficial effects for the host.... Insurance companies are the parasite of our times, and like the leeches, it is time for insurance companies to get out of healthcare.

"Twenty percent of the money spent on health care premiums gets pocketed by the insurance companies. They collect the money and they dole out medical care (also known as the "medical loss ratio") in capricious and self-serving ways. Insurance companies create barriers to care by denying payment to doctors and by denying medical care to patients...

"The insurance model does not apply well to medical care. Insurance works best for catastrophic problems that are unlikely to actually happen. For situations such as home-destroying disasters or automobile crashes, the insurance model works well. Most people do not have damaging house fires or severe auto accidents on a regular basis. People get covered for losses that could be financially ruinous, insurance companies make their profits, and it all works out fairly well. Healthcare is different! Healthcare is something that everyone needs on a regular basis. Preventative care, treatment for minor illnesses, and treatment for catastrophic illnesses are basic human necessities.* Serious illnesses will occur for each one of us at some time in our lives. We deserve better than to be at the mercy of a cold-hearted insurance company when that time rolls around.

"The insurance model is a poor way to structure the delivery of efficient and sensible healthcare. The time has come for medicine to become leaner and more efficient, which can only be accomplished by eliminating the parasitic growths that insurance companies have become, and replacing them with a single payer system."

Go to www.humboldt1.com/~medsoc/images/bulletins/OCTOBER%202007%20BULLETIN_for%20web.pdf for the original article.

**[If Dr. Dalton had continued the analogy so nicely made with houses and autos, the article would have ended on a positive, instructive and optimistic note: "Serious illnesses will occur for each of us at some time in our lives. But only serious illnesses are insurable. Treatment for preventative care, minor illnesses and routine health care should be paid*

out of pocket, like car maintenance and home repairs. Then health insurance would be appropriate and affordable just like car and home insurance." - D.M.]

Art and Science of Medicine

Dr. John Toton reviews the book, "How Doctors Think," by Jerome Groopman, MD, in *Sonoma Medicine*, the Magazine of the Sonoma County Medical Association.

"In *How Doctors Think*, the much-published Dr. Jerome Groopman uses multiple case histories (all of them initially misdiagnosed or mistreated) to highlight the perceived inability of doctors to think and communicate effectively with their patients - an issue of great importance in these times of medical stress and change. Groopman is a reluctant apologist for this issue, and he argues for corrections that he feels are needed. The case histories he presents are a sad journal, particularly since - from his perspective - all were preventable. Groopman also chronicles his own experiences with 'aggressive back surgery' and a long effort to diagnose scaphoid-lunate ligament injury as the source of his own chronic wrist pain.

"After much patient suffering or risky delays, the cases Groopman describes are almost always resolved by 'open communication,' including listening, open-ended questioning, systematic thinking, patient activation and engagement in the process, and exclusion of good patient-bad patient prejudices...

"Groopman accepts that we are in a time of rapid change in how we practice the art and science of medicine. The 'older' generation, he explains, acquired their skills primarily by the Socratic method of sharing knowledge, questioning and responding, learning from our experience and that of our mentors, and on-the-job honing of these skills. We trust our experience; we learn from our errors. We search for the ONE diagnosis that seems to fit the data and explain the symptoms (Ockham's Razor). We always look for patterns and similarities so we can shortcut to the diagnosis. From there, it's just a short leap to developing 'confirmation bias,' often based on recent experiences, leading in turn to 'diagnostic momentum.' As a result, we sometimes give short shrift to atypical symptoms, especially with alcoholic, diabetic, or other stereotypical patients.

"The 'younger' generation is in transition, but with much the same burden. They are taught to depend on algorithms, 'diagnostic certainty,' evidence-based diagnosis and treatment, computerized records and formulas, all available in one nice BOX (PalmPilot or Blackberry). They may be worshiping the science and ignoring the art of medicine..." For the complete review, go to www.scma.org/magazine/scp/Fall07/toton.html

The Numbers Game

Thomas H. Lee, MD, writes on "Dangerous Numbers: Misconstrued Data Hazardous To Health Care" in *Vital Signs*, official publication of the Fresno-Madera Medical Society and Kern County Medical Society

"\$2 trillion. Forty-four million uninsured. Sixteen percent of gross domestic product. Respectively, that's how much the U.S. spends on health care each year, how many people are uninsured and the portion of the GDP that health care consumes. To those of us who follow health care, these numbers are more than just familiar - they are macroeconomic symbols of our woeful health care system. As health care reform continues to burn near the top of political issues in the U.S. presidential race, these numbers increasingly are being used as weapons. Weapons against insurers, pharmaceutical companies and providers.

"These numbers can be somewhat misleading. For example, just a few weeks ago, the *New York Times* published a controversial article - 'Sending Back the Doctor's Bill' by Alex Berenson - about how many health care economists believe that both political parties were missing the real source of cost savings: physician incomes. The article argued that physician incomes were more than double those of their European counterparts and that health spending could be reduced significantly if doctors were paid less and were salaried rather than being paid per procedure.

"Not surprisingly, the article drew plenty of criticism, including some from noted economist Uwe Reinhardt. Reinhardt counter argued that physician take-home incomes represent only 10 percent of health care spending and that even a 20 percent reduction in incomes would reduce national health care expenditures only by two percent.

"Regardless of how you think physicians should be compensated, health care reform inevitably will be determined by the politics and economics of change.... Numbers increasingly will be wielded as fact, argument and weapons of ideology..." The entire article is on page 8 of www.fmms.org/pdf/Oct07_VS_FINAL.pdf

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