

# Editorial: Time for Atlas to Shrug

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Written in 1957 by Ayn Rand, *Atlas Shrugged* foretold the degradation, devaluation of professional services, and destruction of the practice of private medicine that physicians are experiencing today. One of the characters in the book, a neurosurgeon, quit practicing when medicine was placed under state control. His oft-quoted explanation wonders at the smugness of those who assert their supposed right to enslave him and violate his conscience while at the same time depending on his virtue. Dr. Hendricks concludes:

Let them discover...that it is not safe to place their lives in the hands of a man whose life they have throttled. It is not safe, if he is the sort of man who resents it—and still less safe, if he is the sort who doesn't.

The entitlement mentality has, unfortunately, become so ingrained in the minds of people in this country that it is doubtful that thought and reason alone are sufficient to dislodge it. Government-sponsored looting of medical services has become a "right" in the minds of many. Degradation of the profession and devaluation of services are merely politically expedient ways for politicians, who pander to the something-for-nothing crowd, to pay for promises that they recognize are beyond their ability to fulfill long-term. The economic impossibility of everyone living at the expense of everyone else is a non-issue for those who steadfastly believe that voting can overcome economic reality.

In her novel, Ayn Rand explained how entitlement worked: "The communities that accepted as their rightful due the confiscated clothing of a town to the east of them, found, next week, their granaries confiscated to feed a town to the west." Her novel explored the consequences of acceptance of "need" as the standard of value, the coin of the realm, "more sacred than right and life."

Ben Franklin warned us of the consequences of pure democracy if ever the majority decided to vote itself public largesse at the expense of the minority. "When the people find that they can vote themselves money, that will herald the end of the Republic." Yet many today do not know the difference between a Republic and a pure democracy or even that there is one. And, as far as the inevitable collapse of a government-sponsored system based on political entitlement is concerned, many, especially our politicians, choose to simply live in a state of total denial. After all, when the system implodes, they will probably not be around to be held accountable.

In the current issue of our Journal, our AAPS President, Dr. Chester Danehower, asks the question: "When is an increase a decrease?" Aside from considering the simple math of recent "Medicare fee updates," an average of negative 3.8 for 2002 and 2003, perhaps the real question we should ask is: If Medicare physician fees were increasing instead of decreasing, would physicians complain? Is government price fixing acceptable or even good when the numbers are positive but deplorable when the numbers are negative? Is our professional moral code driven by simple positives and negatives—or by something else? These are hard personal questions that physicians must confront if our profession is to survive.

Compromise, the "go along to get along" approach, has unfortunately been employed by many physicians and "mainstream" medical organizations to rationalize participation in the Medicare program. To refuse to participate in Medicare may, after all, be viewed by some as "irrelevant selfishness" (as Dr. Hendricks called it), greed, or arrogant independence in total disregard of the "greater good of the State." Despite recent indications that more physicians are considering becoming non-participating physicians in Medicare or opting out altogether, the participation rate remains quite high. But how does one compromise with what one knows to be evil or

harmful? How does one rationalize putting one's medical decision making at the disposal of medically untrained and uncaring government bureaucrats? Doesn't this type of compromise simply confirm and promote an unethical and unwise mode of medical practice? Moreover, to participate in a system of government-sponsored looting is to become a supporter of looting itself. The problem, of course, is that many physicians have viewed government-sponsored looting as acceptable as long as they benefited by positive numbers that allowed them to live in comfort. But, when the process of looting takes its ultimate course and the beneficiary of the loot becomes looted victim, viewpoints change. It then becomes the physician's "duty" to work, "to serve," often under adversity and compulsion.

Changes in the "Medicare marketplace" will occur during the next decade as millions of baby boomers begin to retire. Medicare physician fees will continue to plummet, and Medicare will implement increasingly restrictive regulations so as to achieve cost-containment objectives. Cost containment will be achieved at the expense of physicians who will continue to struggle to provide care to the elderly while trying to cope with increasing office expenses and learning how to live on less and less income. Access to medical care by the Medicare population is already beginning to suffer, and it will continue to suffer as government price controls squeeze the economic life out of medical practices.

These changes in Medicare, however, will present new opportunities for escape for dependent beneficiaries and new opportunities for expansion of a free market in medicine. As Medicare beneficiaries will have an increasingly difficulty time finding physicians willing to take care of them, they will be motivated to seek opted-out physicians who will provide them with the type of care that they want and need. Quality and true accountability in the patient-doctor relationship will be enhanced.

For those physicians who have longed for a divorce from the Medicare program for years, there is no time like the present. If you have not had the chance to review the Non-Participation Program of the AAPS as published in the Principles of Medical Ethics of the AAPS, I would urge you to do so. It has been in place for the past 38 years and sets forth the ethical principles and rationale for the program. It can be found under "Brochures" on the AAPS website—[www.aapsonline.org](http://www.aapsonline.org). Since 1997, the ability of physicians to opt out of the Medicare program has been officially recognized (Sec. 4507 of the Balanced Budget Act of 1997). Escape from the tyranny of 132,000 pages of Medicare regulations, constant threats of allegations of fraud and abuse, the increasing expense of dealing with the bureaucracy, and government-sponsored degradation and devaluation of your services is not only a legal reality but will become an economic reality for more physicians over the next few years.

The process of opting out of Medicare is quite simple and straightforward. AAPS has made the step-by-step procedure for opting out of Medicare available under "How To Opt Out of Medicare" on the AAPS website. If you have questions, we have the legal expertise available to help you.

After the Declaration of Independence was signed, Ben Franklin uttered his now-famous words: "Gentlemen, we must now hang together or we shall most assuredly hang separately." As creeping socialism is upon us and the road to freedom is well marked, the survival or demise of the free market and the practice of private medicine in this country is in the hands of its physicians. Physicians, we must now stick together or we shall most assuredly be stuck, one at a time, separately.

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