

Editorial:

The Four Cs of Physician Slavery

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The litany of physician complaints hardly needs repeating: Physician autonomy is gone. Fees for physicians' services are plunging fast. Unfunded government mandates and bureaucracy inflicted upon physicians are rapidly increasing. Our ability to provide excellent care to individual patients, one at a time, is fading fast. And, risk of government prosecution, ruinous fines, and jail time for inadvertent violation of some vague, poorly defined government regulation is an ever present threat.

Prosecution of physicians by government has clearly become a growth industry. Prosecutorial abuse has gathered steam like a freight train and is speeding down the tracks. Anyone who gets in the way of a conviction may be crushed. An innocent physician may be positioned like a stalled car on the tracks. Meanwhile, the majority of physicians cower near the tracks, hoping that if they blend in with the herd, the train will pass them by.

While physicians hear the sound of the government's "fraud locomotive" in the distance, and wonder whether they will be next to be flattened by the train, Ms. Theresa Burr observes in part 2 of her "Report from a Medicare Whistleblower" that "if you are a Medicare carrier, fraud pays." Although the government vigorously pursues physicians for extrapolations of small dollar amounts in dispute, it turns a blind eye to Medicare carrier discrepancies as long as they don't exceed the "acceptable threshold"—which was \$200 million at the time of her case.

At the same time, as Dr. Chester Danehower points out in "Et tu, Brute?", Physicians for a National Health Program and its sympathizers are at it again, doing their best to grow a "crisis" just in time for the upcoming national election. With sufficient fertilizer supplied by the Robert Wood Johnson Foundation, we anticipate that they will grow a Jack-and-the-Beanstalk size plant, which members of the left-leaning media will eagerly climb. And while the gullible will choose to see a beautiful big flower growing in the land of utopia, the fact remains that socialized medicine is nothing more than a noxious weed that will choke off anything resembling freedom around it.

How did we come to this pass?

Unfortunately, with honorable exceptions, the only two pieces of equipment needed to diagnose the cause of our problem are a collective professional conscience and a mirror. Staring back at us from the mirror we see those who traded their professional integrity for material success via what appeared to be the path of least resistance to the money. That very path, however, leads to the dead-end street of physician slavery.

There are four signposts along the way:

Comfort

Let's face it. Material success provides a considerable level of comfort. There is, of course, absolutely nothing wrong with pursuing a better life for oneself and one's family, as long as one is

not parting with something of greater value, like professional integrity, to achieve it.

Convenience

In a system dominated by government and other third parties, in which someone other than the patient is considered responsible for the bill, it is unquestionably more convenient and more comfortable to get the money from the third party instead of having to ask the patient for payment. "Participating" physicians have trained patients quite well in this regard, even to the point of accusing their colleagues of greed if they ask for payment at the time of service.

Complacency

Physician apathy thrives in an environment where comfort and convenience reign supreme. After all, as long as the food is good and the quarters comfortable, why concern oneself with such uncomfortable and inconvenient things as ethical principles, professionalism, and needlessly impious terms like "physician slavery"? Besides, as any complacent physician will tell you: "Someone else will fight the battles against those who would enslave physicians. I'm simply too busy to be bothered."

Compromise

Compromise is undoubtedly the worst of the Four Cs, because it allows complacent physicians to rationalize choices made for the sake of comfort and convenience. Physicians who participate in HMOs and Medicare, for example, must learn to compromise certain aspects of patient care and go along to get along, because that is the only way they will get paid. Treating the "documentation" and adhering to formularies, utilization parameters, and bottom-line clinical pathways take precedence over treating the patient, when the third party is the source of payment. Increasing patient volume at the expense of decreasing time spent with individual patients becomes a compromise of necessity, if income and comfort levels are to be maintained.

The Destination

Each and every physician needs to be cognizant of the signposts on the path of least resistance to the money, and the ultimate destination to which this path leads. In moments of quiet reflection, each needs to ask: What did I do this past year to promote the integrity of my practice and profession? What can I do in the future to further the cause? What am I willing to sacrifice to maintain my own professional integrity and to promote freedom and integrity in medicine?

Although personal reflection may be uncomfortable and inconvenient, it will cause some to consider leaving the path of least resistance, in order to pursue the straight-and-narrow RR—a Return to Rectitude.

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