

## Editorial

This letter by Dr Linda Y. Buchwald, chief of neurology at Mount Auburn Hospital in Cambridge, Massachusetts, was published by the *Boston Herald* on June 19, 1994. (Reprinted with permission.)

## Defining Patient Care

*I am heartsick when I see what is happening to medicine. It is becoming an industry, and that is a terrible thing. New layers of management have increased costs and limited access. Health-care proposals from President Clinton and others vigorously tackle cost and access, but are silent on threats to quality. I see my colleagues buried under odious paperwork and ever-changing regulations, and tied up by voice mail by non-educated bean-counters. Patients of 15 to 20 years' standing are not mine anymore; they belong to the insurance companies. One patient with a long history of cancer with neurological complications has had to find 17 new providers.*

*Many of our patients are under more and more stress, and we need more time to collaborate and communicate with them. Yet some top health maintenance organizations aim to keep appointments to 12 minutes. I recently dropped out of a plan that wanted comprehensive neurological evaluations in 15 minutes. It takes an hour.*

*Insurance companies are changing themselves rapidly into or are buying healthcare plans, and medical decision-making by non-physicians, clerks, and "practice extenders" is growing with little to check it. Many of us have nightmares about patients being told to call a computer for case management!*

*I know of one injured worker incorrectly classified by workers' compensation managed-care plan, thus denying him a magnetic resonance image scan. A nurse friend brought in a neuro-surgeon. The MRI showed a spinal tumor.*

*Thirty or 40 years ago, when medical knowledge began to explode, we gave up the idea of the general practitioner delivering most care. I am not sure the GP is up to it today, even though many proposals assume that.*

*A colleague recently saw an elderly woman who had been given expensive medicine by her primary care physician for Parkinson's disease. It made her feel badly, so she read up on Parkinson's, suspecting that she did not have it. Paying out of her own pocket, she came to my colleague, who determined that she was right. This is not uncommon.*

*A business school student was brought to my office after being dismissed three times by a nurse practitioner of his university health service on the grounds he was not coping with stresses of graduate education. A diagnosis of brain tumor was screaming to be made, and was. Errors on the front line like these can be catastrophic.*

*HMO medicine often leads to "diagnose and adios"—a single visit to a specialist. Often two or three visits are needed to establish the diagnosis, make sure tests confirm the clinical impression, establish a*

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management plan, and make sure it is working. One HMO from which I resigned required 90 percent of specialty work to be completed in one visit.

I was recently admonished by the director of a practice association not to take on any more multiple sclerosis patients in roughly these words: "They are too expensive an item for us—one more expensive item for us is one fewer expensive item for our competition. We're talking financial integrity. We're talking survival." This, from a dedicated young physician, reflects just how insidiously "managed-care" biases physician behavior.

We doctors are too familiar with incentives to give less care to achieve corporate goals. This should be considered no more ethical than fees for prescribing certain drugs and not others: that is, not ethical at all.

How can patients trust us if this keeps up? What is at stake is our freedom to practice according to our best clinical judgment.

Medicine must reaffirm that care of the patient comes first. It must remain steadfast to its ethics. Once we have done that, we can negotiate satisfactory arrangements — with the government, with insurers, among ourselves — that will let us stop working as business people. Then we will be able to achieve better health care than ever before.

But first, as a people, in crafting much needed reform, we must do no harm.

How many of us feel the same as Dr Buchwald in our daily practice of dentistry? With the increasing number of HMOs, PPOs, insurance companies, and other third parties becoming the darkening shadow in clinical practice, we must find a way to address the interception of those who would diminish the quality of care and the decision making that should take place only between patient and doctor. If insurance companies sell policies that purport to "insure" patients, what are they insuring, minimal health? If HMOs are health maintenance organizations, are they maintaining health by decreasing the essential quality of care that the patient may need?

All health professionals should take the time to challenge every decision made by third parties that they feel are not in the patient's best interests. Instead of throwing up our hands at the problem or accepting minimal standards, it is now time to say, "Enough!"

But with this firm statement, our responsibility will increase by treating every patient with the quality of dentistry that is the only answer to a new world of health care.

GMK