Presidential Address: Paradise Lost?

Graham Lister, MB, PhD, Salt Lake City, UT

Where an equal poise of hope and fear
Does arbitrate th' event, my nature is
That I incline to hope rather than fear,
And gladly banish squint suspicion.

John Milton, 1608–1674

Two generations have passed since our founders first met. Unremarkably, therefore, it happened that my grandfather was born in the same decade as Sterling Bunnell. My grandfather was a civil engineer and a poet, a traveler, and an artist. Pursuing one of his dreams, he fell to his death while building a bridge he had designed in Newcastle, Australia. He was 37. Since the family had lost what money they had in the project, my father, the eldest of three children, left school and pedaled the streets of Dundee, Scotland delivering telegrams. He worked for the British General Post Office all his life, pausing only to go to war, that war the ending of which we celebrated on May 8, this year. His intelligence never challenged, his initiative stifled in that ultimate socialist bureaucracy, my father was a brooding, lonely man. He spoke rarely, like all well-reared Presbyterian children, and then usually to criticize, certainly never to praise. Probably as a consequence, I realize now, my only need was for approval. Being blessed with sound intelligence, a fit body, and the universal access to a fine education that was a national heritage in Scotland, I only required to work hard to be assured of that approval, if not from him, certainly from others.

Fame is the spur that the clear spirit doth raise . . .
To scorn delights and live laborious days.

John Milton, 1608–1674

From the Primary Children's Medical Center, Salt Lake City, UT.

Received for publication July 18, 1995; accepted for publication July 24, 1995.

Reprint requests: Graham D. Lister, MD, Primary Children's Medical Center, 100 North Medical Drive, #4500, Salt Lake City, UT 84113-9901.

Work and study became a source of unparalleled peace, a process that lasts to this day. Sharing my father's lack of social ease, I have always been uncomfortable in convivial company. When some of us took a personality test at the recent Academy meeting it came as no surprise to me to be rated high on assertiveness and low on social interaction. Throughout the years it could be said of me, as Branch Rickey said of Joe diMaggio,"He led the leagues in room service."

Two professions were most respected in the Scottish community in my early years—the minister and the physician—and probably because they both stood close to God in the eyes of their respective congregations. The two most imposing buildings in Glasgow were the Cathedral and the Royal Infirmary. The Infirmary, built 200 years ago, had a proud history, including the first use of antisepsis by Joseph Lister and the first hospital department of radiology. It was populated by awesome beings. If you wore a white coat, none challenged your judgment, other than your seniors who were simply bigger gods in your personal pantheon. Surgeons were evidently special gods, because they had better regalia and an inner sanctum. It was only natural, with my need for approbation, that I would strive to join them.

We were proud and jealous gods who obeyed Draconian systems to police our profession, systems that were based on the tenets of Hippocrates, whose oath we had sworn at graduation:

for the good of the patient . . .
never do harm to anyone . . .
to please no one prescribe a deadly drug . . .
preserve the purity of my life and my art . . .
keep myself far from all intentional ill-doing and all seduction . . .
All that may come to my knowledge, I will keep secret and never reveal . . .

If I keep this oath, may I enjoy my life, respected by all men and in all times: but if I swerve from it or violate it, may the reverse be my lot.

My first annual malpractice premium was one Scottish pound, then worth about $4.00.

An administrator was a lackey who came with pad and quivering pencil when a god rang the bell on his desk. There were probably three employed in that 900-bed hospital. A nurse administrator was a poor soul who could not hack it clinically and had been given a clipboard to carry forever as a symbol of her shame. She was cast out from that order of vestal virgins from whom were selected those saintly beings, the ward sisters. Under a sister's eye, all was perfection whatever the crisis. The wooden floors shone, the nurses' uniforms were forever pure and crisp, even the folds in the sheets ran in unbroken lines down the 20 beds on each side of the open ward.

Whatever happened? Where did that paradise go?

I came to the United States in 1974 to preserve my right to practice under that Hippocratic oath that I had sworn. I came to escape the strangling bureaucracy which was tightening its grip on British Health Care. I came with much the same sentiments as the surgeon in *Atlas Shrugged* by Ayn Rand.[1]

I quit when medicine was placed under State control. . . Do you know the kind of skill it demands, and the years of passionate, merciless, excruciating devotion that go to acquire that skill? That was what I would not place at the disposal of men whose sole qualification to rule me was their capacity to spout the fraudulent generalities that got them elected to the privilege of enforcing their wishes . . . I would not let them dictate the purpose for which my years of study had been spent, or the conditions of my world, or my choice of patients, or the amount of my reward. . . . I have often wondered at the smugness with which people assert their right to enslave me, to control my work, to force my will, to violate my conscience, to stifle my mind—yet what is it that they expect to depend upon, when they lie on an operating table under my hands?

Or as Jane Orient expressed it more recently,

You don't want to have your life in the hands of a slave. Nor in the hands of somebody who feels that he has been enslaved (or maybe just robbed), even or especially if you yourself are convinced that he is a fool for being that way.[2]

I came to the land where specialization was the creed, where if you did something better than the next man, you got more to do, you worked harder, you were rewarded proportionately, and you grew in knowledge, skill, and reputation.

But what went wrong *here* in the past 20 years? Why now are we "under siege," to quote Alvin Toffler?[3]

Patients talk back. They sue for malpractice. . . . Pharmaceutical companies are less deferential. And it is insurance companies, "managed care groups" and government, not doctors, who now control the American health care system.

I see seven causes, of which only one is positive.

There can be no economy where there is no efficiency.
Benjamin Disraeli, 1804–1881

America has changed beyond measure. The idealism that drew me to these shores has increasingly been replaced by the cynicism I left behind. And for identical cause, rampant and inefficient bureaucracy. The "land of the free" is now paralyzed by regulations and by government, as recounted in Philip Howard's "Death of Common Sense."[4] The Federal Register in 1994 contained 64,194 pages of regulations, devised and enforced by 130,000 federal employees working in agencies costing $14.4 billion. OSHA has 140 regulations for wooden ladders. Americans spend one billion hours annually completing mandatory paper work and $607 billion complying with regulations (Fig. 1). The Department of Defense spent more last year processing travel reimbursement than on travel itself, 2.2 compared with $2 billion. Is this a new phenomenon? It would appear not. In 65 AD, Petronius wrote

. . . we tend to meet any new situation by reorganizing and a wonderful method it can be for creating the illusion

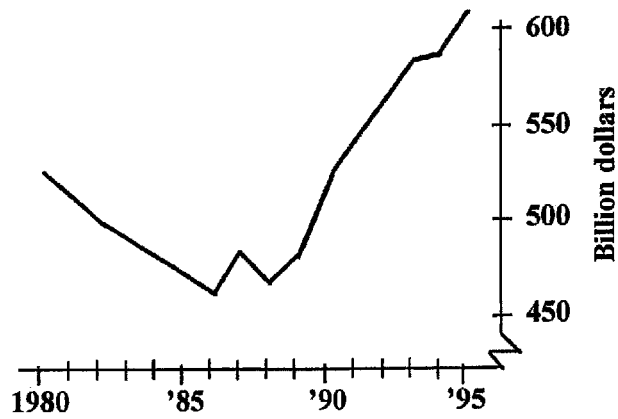

Figure 1. Annual costs of regulation. Source: Thomas Hopkins, Rochester Institute of Technology, cited in *U.S. News and World Report*, February 13, 1995.

of progress while producing confusion, inefficiency and demoralization.

As we are reminded daily, over-regulation abounds in our lives also. Twenty percent of every health care dollar, or $180 billion in 1993, is spent on paperwork.[5] Blue Cross of Massachusetts has more administrative employees than the entire National Health Program of Canada. They can afford them because they deny 54% of requests for preauthorization. We spend a higher percentage of our health care budget on administration than any other nation, twice that of Canada, four times that of the United Kingdom (Fig. 2).

Second, the "Bill of Rights" that guaranteed immunity against harm for all citizens has been confused and sullied by new rights for special interest groups. These so-called "rights" are in fact "entitlements, often in the form of state-sanctioned favors for groups of self-proclaimed victims."[6] Such entitlements can, of course, only be enforced for the few at the expense of the many. But there are so many such favored groups that Wildavsky has calculated that all protected categories add up to 374% of the American population.[4] In education alone, entitlements leave America, among all the industrialized nations, in the ludicrous position of spending least on general education and most on special education, with 25% of the budget going to special schooling and 0.02% to the gifted student.[4] Such "rights" actually caused the Forestry Service to include in its job listings the words "only the unqualified may apply." Rather like the White House Health Care Task Force 3 years ago. "Rights" such as these add to the cost of practicing effective medicine, due to the "medicalization of social problems" (Dr. Leroy Schwarz of Healthcare International, quoted by Cal Thomas, AAOS, 1995). In ironic contrast, "forty years after the United Nations passed the Declaration of Human Rights, which includes the right to access to health care, the United States Government (a signatory to that Declaration), does not guarantee a right that is assured in most other developed countries."[7]

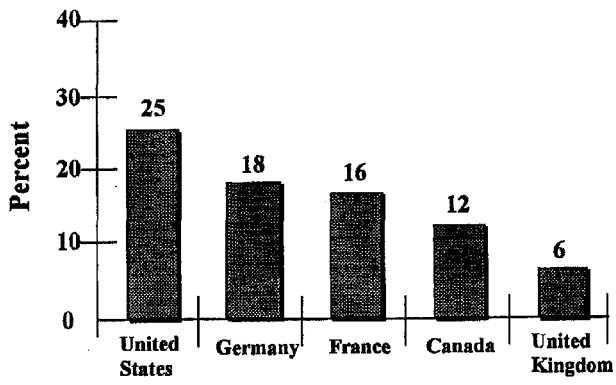

Figure 2. Administrative expenses of health care.

> Corporations cannot commit treason, nor be outlawed, nor excommunicate, for they have no souls.
>
> *Sir Edward Coke, 1552–1634, representing a patient Sutton in his action against a hospital*

> . . . Evil likes Paradise every bit as much as Good does.
>
> *Wallace Stegner in* All the Little Live Things

> . . . truly extraordinary changes in the rules of the professional game are taking place as American capitalism flexes its muscles on the $650 billion industry we used to call medicine.[5]

Without embracing a socialist philosophy, we must be aware of the malign influence of capitalism in health care. "The health care industry is now the largest employer in the country. The total number of jobs in this sector increased by 639,000 from May 1990 through May 1992, while (those in the market at large) fell by almost 1.8 million."[7] This rapid expansion in our "industry" made health care a major target for corporate America, especially

> ...when President Bill Clinton embraced managed competition. [When he did so], signaling that health care businesses would not just linger but flourish, he unleashed an unprecedented torrent of mergers and acquisitions. Each month, thousands of physicians are forced into a bizarre variant of musical chairs; join up now, or be left out for good as patients are herded into restrictive managed care systems.[8]

In 1994 HMOs, the top nine of which have excess cash upward of $9.5 billion,[9] engaged in 13 acquisitions worth over $4 billion. In pharmaceuticals, Glaxo bid $14 billion for Wellcome. In hospital corporations, Columbia-HCA and NME bid $6.8 billion for their two competitors (Fig. 3). The profits from such deals go to the corporations, their officers and shareholders, the losses to the patients and their physicians.

> . . . the prices being paid in the acquisitions will lead shareholders to expect big returns . . .[10]

As well as being the largest employer, health care is the nation's most profitable industry according to *Forbes Magazine* (Fig. 4). The top 20 drug companies saw their profits increase 15% per annum over the past 10 years, compared with 3.2% for the top Fortune 500 companies.[7] In a sinister editorial the *Financial Times* (July 7, 1995), observing that no

	Columbia-HCA / Health Trust	NME / AMI
Hospitals	311	71
Combined net revenues	$15 billion	$5.3 billion
Merger / acquisition cost	$3.5 billion	$3.3 billion

Figure 3. Hospitals controlled, net revenues and merger/acquisition cost. Source: *American Medical Association News*, under the caption "Hospital behemoths: two chains will control more than half the nation's 677 for-profit hospitals."

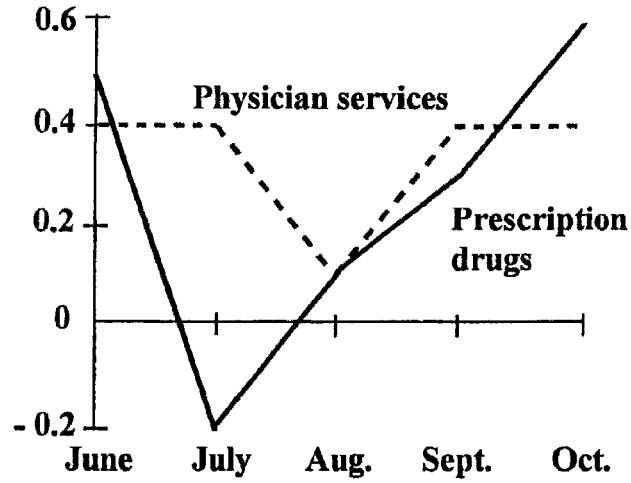

Figure 5. Charges during 5 crucial months in 1994. Source: Bureau of Labor Statistics, cited by *American Medical News*.

new cures had been developed in over 50 years, suggested that

...an ... explanation for the shortage of new cures is that long-term treatments are much more rewarding . . .

The discounts that these companies offered while health care reform loomed on the summer horizon in 1994 vanished with cynical rapidity when the threat passed (Fig. 5). The commercial insurance companies take 20–36 cents of every premium dollar as dividends. They have massive assets: Prudential $116 billion, Metropolitan Life $94 billion, Aetna $49 billion, Travellers $30 billion, and so on. In contrast to my Glasgow of the 1940s, Boston's two tallest buildings in the 1990s are the headquarters of insurance companies, the John Hancock Tower and the Prudential Center. James Lynn, the CEO of Aetna, earned $23 million in 1990. The highest paid person in the United States in 1993 was Thomas J. Frist, Jr, the CEO of HCA, who made $127 million.[7] The CEOs of HMOs also do fairly well, the top eight taking home from $2.8 to $15.5 million each in 1994 (Fig. 6). These obscene earnings make even more reprehensible the fact that 32% of health care employees in the United States do not have health insurance.[7] The *Wall Street Journal* suggested that there may be some justice, if only in heaven.

Leonard Abramson, CEO of U.S. Healthcare, (arriving in heaven) tells God what a great place it is. "Don't get too comfortable," God advises. "You're only approved for three days. "[11]

No. 1	Return on Equity	Sales Growth	Earnings Growth
Health Industry	17.3%	12.7%	9.5%
Drugs	22.8%	12.7%	14.3%
Health care services	18.6%	23.6%	10.8%
Medical supplies	14.9%	9.5%	- 5.4%

Figure 4. Health care is the nation's most profitable industry. Source: *Forbes* magazine's "Annual Report on American Industry," cited in *American Medical Association News*.

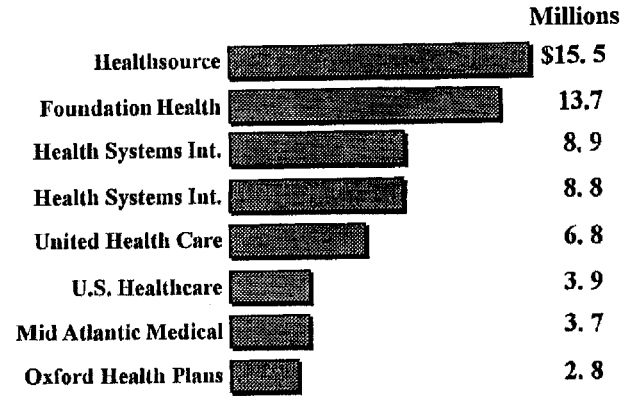

Figure 6. Chief executive officer compensation in health maintenance organizations. Sources: Johnson Associates; Industry Reports; Warren Surveys (Industry Average) cited in *The New York Times*.

American medicine. . .has become hostage to a reimbursement system that leaves both doctors and patients frustrated and estranged.[12]

Frustration and estrangement. Even the most flagrant corporate profiteer must be unaware of the crippling and enduring impact such negative sentiments will have on health care in this country. Otherwise, even the most selfish would realize that they risk killing the goose that lays their golden egg.

Is managed care more efficient? Does "managed care" guarantee a reduction in health care costs? "Eighty-two percent of health care is already under some form of managed care," so the data are available and are not encouraging. "Costs in such systems have grown from 16% to 20% per year, more than twice the annual rate of inflation during the last 13 years,"[7] and double the 7.8% increase in health care expenditure in 1993. What we are engaged in here is not "cost containment" but "profit shifting" from physician's incomes to the inhabitants of corporate boardrooms.

Whereas we once spent more than necessary on testing, treatment and administrative expenses, we are now replacing these inessential expenses with . . . millions of dollars for marketing, vastly inflated salaries of managed care executives, and payments to insurance company stockholders. Imagine what could be done if there was no such waste.[23]

Corruption, the most infallible symptom of constitutional liberty.

The Decline and Fall of the Roman Empire,
Edward Gibbon, 1737–1794

So why was "managed care" by the medical industrial complex ever proposed by Government? The corporate class, which Navarro defines as those whose income is derived primarily from property rather than personal effort, constitute 1.3% of the total labor force, but 44% of the House of Representatives, 60% of the Senate and 70% of the Cabinet. As Senator Barbara Mikulski has noted, "we have the best Congress that money can buy."[7] As *The New York Times* editorialized in the 1970s, the decision "to retain the insurance companies' role was based on recognition of that industry's power to kill any legislation it considered unacceptable."[14] In the 1992 Presidential race, "the directors of the health components of both the Bush and Clinton campaigns were Washington lobbyists for the insurance companies."[7] And when "managed care" was embraced by Government, why were its flaws not exposed by the media? *The New York Times,* which by 1993 had published 9 editorials and 62 articles in favor of managed care, then had a 12-member board, 4 of whom also sat on the boards of health insurance companies. The major television networks focus on the politics rather than the facts of health care. Of 208 people interviewed on the subject by the major networks in 1 month, 141 were political officials, 16 businessmen, 9 insurance company spokesmen, and 8 physicians.

"Dreadful!" we may say. "Immoral!" But where was organized medicine situated in this struggle to control health care and its costs? In the 1970s, American physicians commanded the highest income of all the professions while health care costs rose at a rate 100% higher than inflation. And the trend continued. Between 1981 and 1992, the average physician's income continued to rise much faster than inflation, from 90 to 164 thousand dollars per annum. Paternalism, the touchstone of Hippocratic ethics, became perceived as *exploitation*, tailor-made to maximize the income of the providers, who would go to great lengths to protect that income. Now, admittedly, most hand surgeons did not see such dramatic rises in income, for as George Phalen observed in 1962,

Surgery of the hand has been the most financially unremunerative branch.[15]

We all knew that much of the inflation was generated by the unscrupulous minority who were guilty of performing unnecessary surgery, unbundling, gouging, and downright fraud, fraud that *Time* magazine estimates to have accounted for $75 billion in 1991, fraud that is second only to violent crime in the current priorities of the Department of Justice, which estimates that 10% of physician claims are intentionally dishonest. Lin Puckett, writing of his time on the Ethics Committee of the American Society of Plastic and Reconstructive Surgeons, commented that ". . . the assignment has brought me into confrontation with an alarming number of unethical individuals . . . (guilty of) raffling of aesthetic plastic surgery operations, blatant and flamboyant advertising campaigns, fee gougers of dizzying proportions, sex offenders, unimaginative tax evaders, drug and alcohol abusers, and overt felons."[16] ". . .One General Accounting Office study indicated that physicians with an ownership interest . . . ordered 25% to 54% more tests than those without such stakes."[17] Examples of fee gouging abound in surgery of the hand, the most egregious of which was that in which carpal, radial, and cubital tunnel decompressions were performed at one sitting—charge, $28,750! And what of those colleagues who climb into bed with industry? Bruce Margulis,

an internist, earned $2 million per annum as a salesman for Caremark, retiring at 39 when he sold out his interest for $23 million.[18]

While we have declaimed our righteous indignation at such persons and practices and have denounced them, have we done anything meaningful to regulate and punish the miscreants in our midst? Or have we been paralyzed by perfectly valid fears of litigation, in a society that calls the censure of fee gougers "restraint of trade" and action against the unethical "defamation of character?" Have we, to quote Julio Taleisnik, simply been "sleeping with the enemy?"[19]

While not actually qualifying for the corporate class, since we generate our income by personal effort, our profession all too often has behaved as if we did belong. Among all Political Action Committees, our American Medical Association came a close second in donations to political candidates in the 1992 election, at $2.9 million, giving significantly more than either the Teamsters or the Association of Trial Lawyers.[7] But it is surely naive to suppose that such relatively paltry sums buy influence that can compare in any way with that exercised by the corporations whose control of government I detailed above.

Having tried to play in the major leagues using minor league capital we have predictably failed, if, using the only capitalist yardstick, our falling reimbursement is a valid indicator. But with whom do we wish to be identified in our lives? Is it really with the denizens of board rooms? Let me remind you of whom I speak. A 1994 Gallup poll on trustworthiness ranked corporations second last, just above Government. Blue Cross of Massachusetts recently paid $2.75 million to settle allegations that it submitted false Medicare data.[20] The *Guardian* of January 29, 1995, described

> . . . a board of directors whose incompetent behavior and naked greed would be greeted by approbation in today's business environment.

As James Stewart, Pulitzer prize-winning author, declares in his book, *Den of Thieves*,[21]

> Like organized crime, the Wall Street suspects prized silence and loyalty over any duty to tell the truth and root out corruption.

The more physicians cuddle up with corporate America, the more we turn a blind eye, or at most a wrist-slap, on our immoral colleagues, the more it is likely that we will be perceived as being one of them. If we wish to avoid being brushed with the same tar, if it is not already too late, we need to always remember the words of James Urbaniak from this podium in 1992.[22]

> We are doctors with patients, not providers with customers.

For there *is* a fundamental difference between professionals and those engaged in commerce:

> . . . when a difficult decision is to be made, you can depend on the one who is in a true profession to efface his or her self-interest.[23]

That simple.

Would we not feel more at home, more in keeping with our commitments, if we were identified with the sick and the injured? We have, as a profession, come dangerously close to losing that natural ally, the patient. While he has watched our tawdry efforts to prevent our average income from falling out of the top 1% in the nation, what has been happening to him? For the bottom 60% of the labor force, real wages have fallen by 20% since 1973. In the decade commencing in 1979, the average man's income fell $1.33 per hour, or 10.1%. Since 1989, the median income for all workers has fallen 7%. Forty percent of young men cannot make enough to support a family of four. Between 1950 and 1990, federal taxes on the average American family with children rose from 2% to 24%. Spending on social services rose from 7% to 14% of the Gross National Product. Despite this evidence of increased federal government, during the same period pregnancies in unmarried mothers have risen sixfold and violent crime fivefold, to the startling point where an American citizen has a statistically higher probability of being murdered than an American soldier had of being killed in World War II. Similar victimization is seen in the availability of health care. Between 1980 and 1993, the proportion of the population not covered by health insurance increased by 22% (Fig. 7) and the amount of direct out-of-pocket expenses by 43%.

This inequity between the earnings and rights of the upper brackets and those below continues to increase. In 1985 the top executives of the 26 most profitable health care corporations made on average 54 times the salary of a nurse. In 1992 that multiplier had risen to 85. Such gross inequities have been shown to cause severe dysfunction in a society. Not all that recently, Plato advised his pupil Aristotle that nobody within an organization should earn more than five times as much as the lowest paid worker. Modern social statisticians similarly compare the income earned by the top 20% with that earned by the bottom

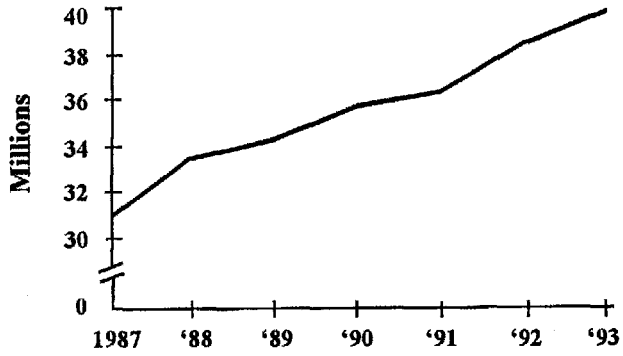

Figure 7. Inexorable rise in the number of Americans without health insurance.

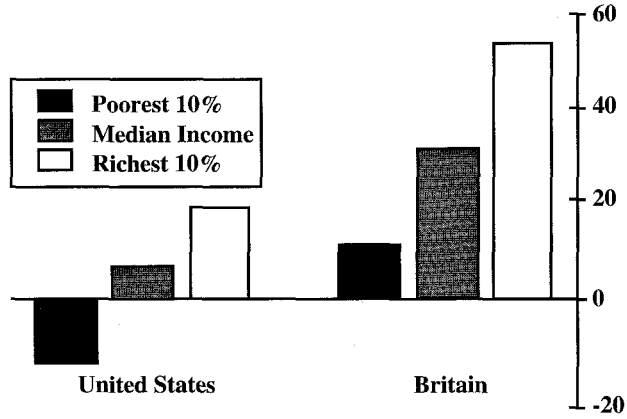

Figure 9. Percentage change in real family income 1973–92 in the United States and Britain. Source: the *Economist*, November 5, 1994.

20%. As detailed in the *Economist* of November 5, 1994, in 1982 the top 20% earned 7.5 times that of the bottom. In 1992 the multiple had risen to 11 (Figs. 8, 9). Being callous, we might ask "So what?" In a survey of 56 countries, it was shown that there was a strong negative relationship between income inequality and growth in Gross Domestic Product per head (Fig. 10). Another study has shown that societies with high inequality have more social stress, more crime and more ill health, precisely the problems that confront us today.

And so there you have them, the six causes of our plight: bureaucratic regulation, costly entitlements, corporate power, greed, failure to discipline the unethical, and alienation of our natural ally, the patient. I had said there was one other, good, source of our loss of prestige and esteem. That, of course, is technological advance. As Robert Chase pointed out in 1984:

> The tempo of progress has increased exponentially . . . like a fire: at first a small, smoldering spark . . . it has burst into full flame in the last two decades and presently seems ready to explode. . . .[24]

Such progress has blazed most brightly in this land. And as knowledge grows exponentially, so must grow specialization simply because the human brain has a finite capacity. As Daniel Patrick Moynihan wrote in *The New York Times* August 28 1994:

> We are not swamped with specialists; we abound in them.

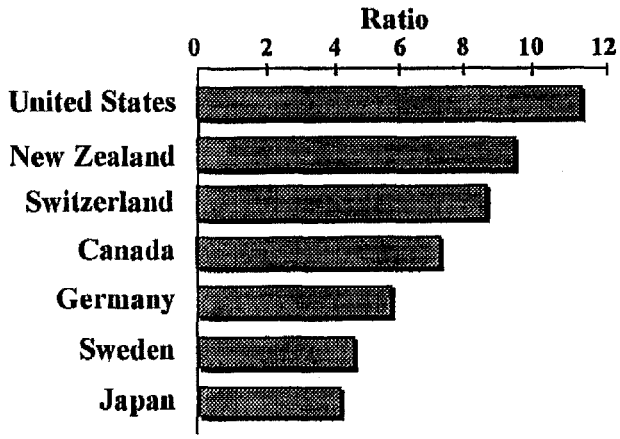

Figure 8. Income inequality in the top seven industrialized nations, as expressed as a ratio of the income of the top 20% over the bottom 20%. Source: the *Economist*, November 5, 1994.

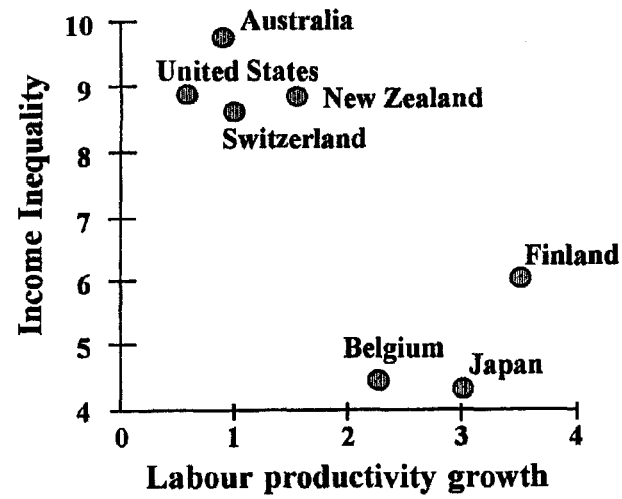

Figure 10. Labor productivity as influenced by income inequality. Source: the *Economist*, November 5, 1994.

And that is surely the glory of this great moment of medical discovery. The cost of research is nothing compared with the cost of the diseases.

Or, as Benjamin Franklin put it more succinctly:

If you think education is expensive, try ignorance.

As critics within Hillary Clinton's Task Force wrote:

. . . controlling demand by limiting supply is perverse.[25]

And further, from Walter Reich, director of the Program on Health, Values, and Public Policy at the Woodrow Wilson International Center for Scholars:

The idea that one should avert the expense of medical procedures by getting rid of the specialists who understand or carry them out . . . makes as much medical sense as getting rid of the possibility that a person will experience future illnesses by prophylactically removing all of his healthy organs at an early age.[25]

With regard to escalating health care costs, is there anything intrinsically wrong with the fact that in this age of rapid medico-technologic advance we spend a higher proportion of our Gross National Product on health care than any other nation (Fig. 11)? I would argue not, provided only that the money is spent wisely and benefits all. I personally would budget for an incremental *increase* in health spending to pay for the level of medical research of which America has been rightly proud in the past, and to pay for the advances it would inevitably bring. As Mark Hatfield remarked in the budget debate on May 18, 1995:

A cure is the ultimate in cost control.

The fact that the entire cost of building the 555 feet of the Washington Memorial would, in 1995, pay for but 1 minute of the nation's health care is breathtaking, but it should rightly be a source of national pride, provided only that we produce a nation healthy enough to visit that monument.

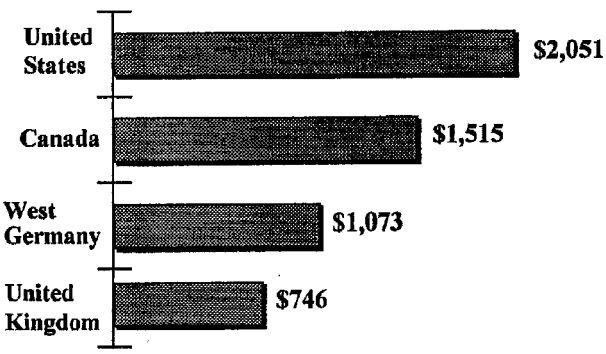

Figure 11. Per capita spending on health care in four industrialized nations in 1987.

But why should it be that our patients hold us in much lower esteem as a profession, when fresh knowledge and new technology assists us to do so much more for them than in the days of William Osler? This paradox is akin to that of medical publishing. In this era, when personal computers are 171 times faster than the original 1981 IBM PC, when a new network goes on-line every 10 minutes, it takes so long to publish a paper that we find ourselves reading it with interest until we realize that we wrote it. Compare this with 100 years ago this November. In that month Roentgen discovered x-ray films. By January his paper had been published and circulated to the world media. One year after his experiments, 50 books and over 1,000 papers were available on the application of x-ray films.

This new technology gives patients valid cause for cynicism. Physicians and hospitals over-use new technology for greater profit. Witness the different availability of magnetic resonance imaging scanners in Alberta, Singapore, Utah, and the United States as a whole. Heaven alone knows how common they are in Idaho—almost every patient I see from there brings a magnetic resonance image but no x-ray films!

This advanced technology also takes more of our time and makes our thought processes more removed from those of our patients. Recent articles in *Journal of the American Medical Association* have dealt with the causes of malpractice suits[26] and with the complete failure of our profession to apply the considerable body of knowledge on the inevitability and management of mistakes.[27] They showed that there was no relationship between the quality of care and the filing of a complaint. Rather was it due in 70% of cases to the physician's attitude and his failure to communicate. It can be argued that the new technology makes us so.

The doctor-patient relationship, once considered the basis of therapy, has been subverted by technology . . . and . . . by the intrusive demands of managed care.[12]

So what should we do to address these seven causes of the health care predicament that our nation faces?

. . . by our failure to monitor excessive surgery, unethical billing, and improper advertising, the rest of us are inviting unwanted regulation, along with a bad image and declining public trust.[28]

We can surely censure more vigorously those among us who are greedy and/or unethical. We can be persistent and eloquent in condemning the obscene profits of "medical industrialists." In com-

batting corporate profiteering we should join with our natural ally, the patient, in insisting that all should have access to the best treatment. If, by exclusive contracts, any of us are not permitted to treat any patient, is that not the most flagrant restraint of trade? We should encourage and support patients as a class to take action against that breach of contract committed against thousands of them each day when insurance companies fail to honor the commitment made when their premium was paid. If they do not, what will be the next device practiced by these profiteers—prior approval to die or death benefits will be withheld?

We live in a highly sophisticated society, the faults of which are balanced by its benefits. If we develop new techniques and greater skills to heal the sick, but they are denied to any single American, or more powerfully, any group of Americans, can anyone believe that our lawyers will be long in challenging and reversing that denial? Perhaps now is the time to forge an unprecedented and potentially irresistible bond with that other great profession to work together in righting the wrongs being wreaked on our patients, their clients.

We must ourselves, in all wisdom and in our primeval urge to survive, hunker down as this maelstrom blows unabated. I believe it to have all the characteristics of a hurricane. We were first lashed by the powerful, though ill-considered, forces of the Clinton health care plans and the many tornadoes it spawned. The 1994 elections represented the eery, damp stillness of the eye of the storm. We are currently experiencing the storm surge of the second side of the cyclone, from the diametrically opposite direction of corporate America, equally powerful but much more damaging in our already weakened state.

May I suggest that the rock to which we can cling is our Hippocratic oath? Now more than ever it may be our one salvation. If we ease our hold to reach out for material gain or economic advantage we will, I fear, be swept inexorably away in the rushing flood of commercialism that has overcome other formally noble professions. Cal Thomas, in addressing the AAOS this year, used a similar metaphor:

> Physicians are heirs to a distinguished moral tradition, but its ancient values have never been more urgent and practical than at this moment. These principles are anchors in a storm of change and controversy.

Euclid's Elements of mathematics remain as true today as they were 2,500 years ago. Equally, I contend, the Hippocratic oath has served our patients and profession well through the same millennia. Additions and modifications were made necessary only recently, and only by our own failings. Those failings were first the inhuman experiments performed by a minuscule and appallingly aberrant group of physicians during the world war that spawned this society. Second, we forfeited our patients' affection by arrogance and greed, or at the least by silently condoning these traits in our colleagues. If we can reassert collective discipline, responsibility, and accountability, if we reject any suggestion that we ration the care our patients require and have the courage to say to hell with the economic consequences, we may avoid the circumstance predicted by Marx and Engels in their "Communist Manifesto."

> . . . the bourgeoisie has stripped of its halo every occupation hitherto honored and looked up to with reverent awe. It has converted the physician, the lawyer, the priest, the poet, the man (and woman) of science, into its paid wage laborers.[29]

Who knows, we may be able to reclaim the solid and simple tenets of the Hippocratic oath, based as it is on trust among our patients that we will respect and protect their human rights while treating their physical infirmity. We *can* regain the high moral ground of the time-honored patient-doctor relationship, and for the best possible reason. Our patients long for us to do so.

In doing so we should be proactive, working to develop valid methods of reducing costs without diminishing care, for who else has the knowledge to do it? Such efforts may restore us to that position in health care that best serves our patients, for as Francis Bacon stated, and Alvin Toffler, the Gingrich guru, echoes in his writings,

> Knowledge itself is power.

We should develop solutions for treatment of the uninsured. What, for example, is wrong with the suggestion from the University of Southern Illinois that a negotiated percentage of unpaid accounts be eligible as a tax deduction?

> I hold every man a debtor to his profession.
>
> *Francis Bacon, 1561–1626*

The American Medical Association tells us that we already give over 12% of our time to charity care. If the flow of funds from providers to managers can be

arrested, or reversed, we could give more. For that is our privilege and our proud tradition.

We must also nurture our own. We must recognize the deep wounds inflicted by the ignorant, arbitrary but unremitting challenges to our judgment. Those wounds clearly include great financial stress, particularly to those in the middle years of their practice. But there are more subtle wounds, in many ways more damaging both to ourselves and to society—diminished self-esteem, increased cynicism about the practice of a profession we love with a passion, and unwanted free time for the habitual workaholic.

And what of paradise? If your perception of paradise is based on unquestioned power or escalating wealth then yes, paradise is lost. But surely, if the choice lies between profit and our traditional ethics, there is no choice. In 1991, Paul Brand spoke of tides in his address on the Pursuit of Happiness.

> I sense a tide that is running against the happiness and sense of fulfillment of the members of our profession. It is a tide that is separating doctors from patients. Because time is money, some will take the path of minimizing the time to maximize the money. Contrary to what some may think, making money is not basic to the pursuit of happiness. When it assumes a high priority, it may prove incompatible with the real joys of being a physician.[30]

In the movie "Love Affair," Katherine Hepburn said it a different way.

> The secret of happiness is not in getting what you want, but in wanting what you get.

Paradoxically, our present troubles may drive us back to those real joys of being a physician. They may also drive away those who have sullied our good name by their unethical pursuit of dishonest profit, for it will be less easily acquired. All storms pass. Before they do, they clear away the dead wood and bring the rains that make the good earth green.

If, rather than from power and wealth, our true fulfillment comes through observing the ineffable beauty of human anatomy as seen through a surgical incision, or from the simple, unique, and intimate privilege of holding hands, that age-old symbol of trust and affection, then, I suggest, this may prove to be paradise regained.

So let us give thanks and rejoice, for we are 50, we have achieved much together, we are vigorous, and in so many ways we inhabit paradise. We hold it in our hands.

References

1. Rand A. Atlas shrugged, 35th anniversary edition. New York: Signet, 1992:687.
2. Orient JM. Your doctor is not in. New York: Crown, Inc., 1994:126.
3. Toffler A. Power shift. New York: Bantam, 1990:5.
4. Howard PK. The death of common sense: How Law is suffocating America. New York: Random House: 1994.
5. Marmor TR. Understanding health care reform. New Haven: Yale University Press, 1994.
6. Elshtain JB. Democracy on trial. New York: Harper Collins, 1994.
7. Navarro V. Dangerous to your health: capitalism in health care. New York: Cornerstone Books: 1993.
8. Woolhandler S, Himmelstein DU. Book review. N Engl J Med, 1994. 331:1779.
9. Wall Street Journal, December 21, 1994.
10. Wall Street Journal, March 30, 1995.
11. Wall Street Journal, September 6, 1994.
12. DeVita E. The decline of the doctor-patient relationship. American Health, June 1995;24:63–7, 105.
13. Kassirer JP. Academic medical centers under siege. N Engl J Med 1994;331:1370.
14. New York Times, Health plan progress, April 7, 1974.
15. Phalen G. Presidential address. J Bone Joint Surg 1962;44A:1031–3.
16. Puckett CL. An ethical dilemma: some will get through. Plast Reconstr Surg 1994;93:852–3.
17. Wall Street Journal, July 12, 1994.
18. Wall Street Journal, November 11, 1994.
19. Taleisnik J. Sleeping with the enemy. J Hand Surg 1995;20A:527–33.
20. Wall Street Journal, September 29, 1994.
21. Stewart JB. Den of thieves. New York: Simon & Schuster, 1991.
22. Urbaniak JR. Physician accountability: winning the public trust. J Hand Surg 1993;18A:379–87.
23. Pellegrino E (quoted by Lundberg, GD). The failure of organized health system reform: now what? JAMA 1995;273:1539–41.
24. Chase RA. The development of tissue transfer in hand surgery. J Hand Surg 1984;9A:463–77.
25. Will GF. Medieval cap on doctors. Washington Post, November 17, 1994.
26. Levinson W. Physician-patient communication: a key to malpractice prevention. JAMA 1994;272:1619–20.
27. Leape L. Error in medicine. JAMA 1994;272:1851.
28. Strickland JW. Building bridges: responsibility in health care reform. J Bone Joint Surg 1995;77A:655–60.
29. Marx K, Engels F. The Communist manifesto. New York: Monthly Review Press, 1964:6.
30. Brand PW. The pursuit of happiness. J Hand Surg 1992;17A:593–7.