## editorial



## The future of private practice is frequently discussed with deep concern. It isn't what it used to be a generation ago, when it was free of hospital competition and of third party de-facto regulation. Practitioners were independent entrepreneurs, generally respected and deeply involved with their patients, the envy of all. No more. Many physicians now fear that private practice is doomed and that they are, in fact, members of an endangered species that nobody seems to have any interest in preserving. Pessimism is rampant. I know a good number of physicians who advised their children to seek their fortunes and fulfillment in other fields.

I do not share this deep concern. I have a vision of private practice flour-ishing more than ever when the dust of the current upheavals will have settled.

The reasons for my optimism are both philosophic and practical. Throughout history, most of Man's affairs have passed through cyclical changes, with ups always followed by downs and then by ups again. That which is useful and valid usually returns, perhaps in a somewhat modified form. The private practice of medicine in one form or another is

## An Optimistic Note about Private Practice

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among the earliest professions in the world, seriously challenging in seniority even what is known as the oldest way of earning a living. It continued to exist in its many religious, magical and scientific forms throughout all the ages and all the civilizations, because it served a necessary and vitally important function.

Physicians and their predecessors took care not only of Man's ailments but also of his anxiety. No CAT scanner can do that. Even the most competent "delivery" of medical care in the best equipped and staffed medical center cannot fulfill the function of personal contact between a caring physician and a troubled and worried patient. Working in large and impersonal medical centers does not in itself suddenly implant empathy and genuine concern in the chests of the physicians who are employed there. Personal contacts in a relatively small private practice encourage this more, even if stimulated by the necessity to hold on to patients for economic reasons. This is why private practice will both survive and come back in greater force.

Practically speaking, most private practitioners are reasonably well off economically even today. Since third-party payers increasingly limit their ability to earn a living, two options still remain open to them:

1. They can become employees of others: hospitals, entrepreneurs, clinics, industrial complexes, unions, etc. The productivity of each clinician in such a setting is always lower and the cost per patient visit is always higher than before, with the total cost to society undoubtedly rising. Employees do not work as efficiently as those who work for themselves, and physicians are no exception. This system will eventually become so ex-

pensive that it is bound to collapse from within, later if not sooner. It cannot continue forever. Once collapsed, a new system of medical care will have to be created. From the ashes of the old a new form of practice will develop. We will start where we have left off several decades before, but it will take time to again become as efficient as we used to be. Till then, both patients and society will suffer.

2. In the meantime, private practitioners need not disappear either. As third-party payers lower physicians' incomes, plenty of room still exists for conscientious and non-greedy physicians to practice privately as always: By insisting on being paid directly by the patient. The latter will collect whatever he legitimately can from third parties. Physicians will have to forego the large monthly checks from insurance carriers and again learn to collect directly from patients, as they used to do for thousands of years. But it is possible to earn a decent living this way even today, as this writer can testify from personal experience.

Patients and physicians will struggle, as they always have before, and the insanities of no co-pay and of "free" care will vanish in the process. Everyone will surely be better off: After the initial shock has been absorbed, it will be clear that society's resources are not wasted as much, that patients are getting better and more humane care and that physicians are making as good a living as honest, hard and responsible labor in an affluent society deserves.

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