

Editor's Page

Gold And Iron

On May 5, 1975, an editorial was published on these pages, which I called "Chains of Gold." It is more pertinent now than ever, and the following are some excerpts from it:

"A revolution of expectations is taking place at this time, as a result of which the population expects, as a matter of right, to obtain good medical care. Yet, society seems to have neither the means nor the personnel to deliver what is directly and indirectly promised."

"Government and third-party payers have come into the picture and have demanded with increasingly loud voices the right to make decisions about the services for which they are paying. 'He who pays the piper calls the tune,' said they in effect. The independent judgment of physicians and the nature of their relationship with patients are being limited in a thousand and one ways by fiscal policies of insurance carriers and government. Reformers and bureaucrats have substituted their own judgment for that of physicians, and have presumed to be capable of deciding what is important and what is not in the practice of medicine. At best, they are well-meaning,



DR. BAR-LEVAV

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but totally unqualified to make such judgments. At worst they are jealous of the prerogatives of the honored profession of Medicine, the relatively high incomes of the physicians and their prestige."

"Physicians cannot alter such actions of others, except as individuals participating in the political process. But physicians must assume full responsibility for being seduced into participating *with* others in the corruption of their profession. By willingness to accept payments from third-parties, whether insurance companies or government, physicians have in effect given such others a great deal of power to determine how medicine is to be practiced. They have also in effect given up much of their right to decide the value of their time. Worst of all: They have allowed an outsider to come between them and their patient, thus destroying the intimacy and threatening the mutual trust that were the cornerstones of this relationship."

"Had physicians insisted on accepting payments *only* from patients, and categorically refused to accept any and all money sent to them directly from third parties, they would eventually have forced government and insurance carriers to compensate the patient rather than the doctor. But the lure of guaranteed, lump sum payments, was apparently too great a temptation."

"Physicians may not have realized in deciding to accept third party payments that in doing so they are also accepting chains on their freedom to practice their profession with dignity, and to live their lives with self-respect. The chains are chains of gold, but they are chains nonetheless."

Now that a concerted and serious campaign is being mounted by the UAW controlled Blue Cross-Blue Shield of Michigan in its attempt to force physicians to practice medicine according to its dictates, the gold chains begin to hurt as they choke us. At long

last, when no other choices remained, the difficult step of de-participation with the Blues has been taken. The lure of the single "screen," eliminating area and specialty differentials, which was cleverly introduced to trap some physicians into participation has failed. The seductive carrot did not hide the threatening club. This well-timed effort to divide and conquer and the designs on Ophthalmology, Otolaryngology and Psychiatry, the weaker fringes of the profession which, Amalekite fashion, were attacked first, were recognized for what they really were. But, the plan to pressure physicians to yield and to join is still very much alive. Quite understandably, like consumers everywhere, they would like to determine how much they will pay for what they are buying. They are trying, in this blatant power play, to impose their wishes on physicians, who up to now were known to be naive and divided.

Non-physician negotiators of big business and of big labor arbitrarily decide on budgetary, rather than on medical, grounds which benefits to offer, and how much they will pay, and they expect physicians to deliver under the force of their economic pressure. BCBSM is used as their handmaiden in an attempt to coerce physicians to go along. Arbitrary new limits on out-patient psychotherapy have also just been set, for they can easier understand the importance of in-patient hospitalizations in the treatment of mental illness, ignoring the fact that it is much more expensive in the long run. They are not willing to pay for what they do not understand. Non-professional judgment is increasingly determining how medicine is to be practiced, and this trend will worsen unless the power of third parties, not only BCBSM, is broken. The historic decisions taken by the Michigan State Medical Society House of Delegates on October 26, 1977, in defense of good medicine, are but a beginning. The war starts now in earnest.

Young physicians, foreign graduates with language difficulties, inner-city and hospital based physicians have all accepted too easily the available money from third parties, ignoring the price. Extra hardships would be imposed on such physicians if they courageously refused payment from anyone but their patients, because of the special circumstances of their practices. But it is becoming increasingly clear, even to them, that the alternatives will soon force them into the role of powerless employees, lacking the ability to exercise independent professional judgment. Their financial rewards would also soon be determined by arbitrary decisions of hostile administrators, always short of funds.

The editorial of May 1975, seemed extreme to some, strange to others. It no longer is. Medicine as an independent profession is now being tested. Those willing to continue accepting arbitrarily imposed practices and fees will find life easier for awhile, like contented cows, but it should surprise no one if they will soon be led to professional slaughter.

If medical education did anything, it should have imbued us with a basic appreciation for the uniqueness of every individual and for the need to treat him respectfully as such. Bureaucratic guidelines are not a suitable substitute. The only practical choice is de-participation. Physicians will have to trust their patients again to pay them directly. Patients will be responsible for collecting from insurance carriers, and they, not physicians, will struggle with them to be paid. The intimacy of the doctor/patient relationship which is an essential ingredient of good medical practice will be restored when third parties are left out of it.

The real test is now. Short-term financial advantages of participating in BCBSM plans will all have to be paid back, with very high interest, once the Blues gain the power to control the profession. The glitter of gold should not blind any of us to the need to forge weapons of iron required in this war. Courage and an iron determination will eventually break the gold-plated chains.

R. Ben-Lermin, M.D.