

More, or better, care may be the choice

By Reuven Bar-Levav, MD

The revolution of expectations that has occurred, especially since World War II, has encouraged people to expect more for less, and to be very impatient at not being given immediately what they wish.

As a result of fantastic promises made by dreamers and politicians, medical care is no longer considered a privilege but, instead, is increasingly being looked upon as a basic right.

Greater availability of third party payments has dramatically increased the demand for medical attention both in public facilities and in private practices. Patients often do not have to pay directly for services rendered, although they do so indirectly through taxations and the payment of insurance premiums. As a result, medical care is considered by many to be "free," and patients come with relatively minor symptoms, and then they come back and back again.

Our age is an iconoclastic one in which large segments of the population delight at the sight of fallen heroes. The medical profession as one

of the most respected institutions of our society is being criticized and harassed by parts of the public, the media and government. We are envied, criticized and humiliated, even as the services of physicians are sought ever more eagerly.

In this charged atmosphere it seems impossible to take more time with patients. A basic dilemma is thus faced by every practicing physician, whether in private or institutional practice: Is he or she going to treat each patient as an individual, deserving of dignified and *proper* medical attention, or is a patient to be treated as a statistic, not as a whole human, but as part of a "patient population?" Are physicians going to treat every patient properly according to his or her needs, or will the mode of practice be determined by administrators, setting minimum patient quotas and maximum hospital stays, or by the clamor of patients for an appointment?

More time cannot be taken unless it is made free first. This is realistic and *can* be achieved if a basic change in the philosophy of practicing medicine is instituted. Physicians must decide the absolute minimum time that must be spent with each patient to provide him or her with *proper* medical care. Every patient seen would be allocated such time, regardless of the number of people seeking help. Only true emergency care would be available without delay. Many patients would have to wait months for a regular appointment.

Physicians' incomes need not change for the worse. The unit of charge for medical services has always been time. It still is. The highly skilled time of physicians, coupled with their willingness to assume the heavy responsibility for the very lives of others is what they are compensated for. The concern and interest shown by physicians has no price attached to it.

Some physicians will charge more and some will charge less per unit of time, depending on their skill, experience, prestige, reputation and specialty.

Still and all, only a limited number of hours is realistically available, and only a limited number of patients can realistically be taken care of properly. We must limit our practices not only to *types* of patients we see, but also to *numbers* of patients we can treat without mistreating.

Patients come again and again with minor symptoms and with more serious problems, not only for specific treatment but also in search of something else. What they seek is a meaningful contact with another person to reassure them that in spite of great fears their continued existence is not in danger.

Assembly-line medical care promises more than it can deliver. The patient is not seen at all, only his pathology. He leaves hungrier and angrier than he was before.

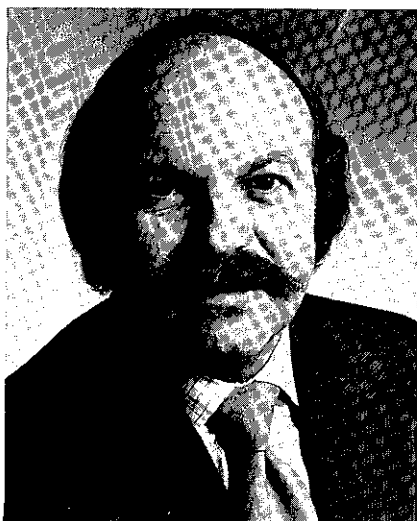
It is possible that if physicians took a little extra time with each patient, the total need for visits to doctors might be reduced enough to compensate for it.

By seeing a smaller number of patients per day and by taking a little extra time with each, the total number of calls upon doctors everywhere might well be decreased.

Each physician must eventually choose. Is he to practice in a sane way that allows not only for the making of a reasonable living, but also for living reasonably, or is he, too, going to be swept into the whirlpool of insanity that is threatening to engulf all?

As patients are rushed through, hurried and impersonal care is given to all. With increased pressure, the quality of care proportionately decreases. More and better medical care may not be possible. It may have to be more *or* better.

Physicians must state clearly that their response to the ocean of demands will be dictated by rationality and reason, not by guilt or by greed. *We* have not made the promises, and *we* cannot keep them. The complaints will have to be redirected at those who deluded the public into thinking that more *and* better medical care could be provided by political fiat.



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