

Healthcare 2010: A Physician's Perspective

Has anyone even thought about the rights of the Physicians in this bill? Obviously not. When your healthcare becomes a right that I as a physician must deliver, then where are my constitutional rights? When can I say "No I do not wish to treat you for this condition"? What if no one is willing to treat that condition, such as an abortion? Then the Doctor will be violating your right to have the abortion, and she will be liable for imprisonment, fined, or taxed as a veiled fine. To be imprisoned in the past for doing abortions, and now to be imprisoned for not doing abortions warms the cockles of a liberal's heart. Where will it end? At my door step is the answer. The physician. The physician is the target of the administration of hospitals, governments, law firms, and insurance executives. Those high-paid, pesky physicians; they are the real problem. We have to control them; they are making too much money.

No one seems to notice that physicians like me are already working for 28 to 30 cents on the dollar. You don't hear complaints from physicians because they are too busy working to get their heads above the water to even speak out. As a busy breast surgeon, I treated in excess of 500 women with breast cancer this past year. I have made ground breaking strides to be able to provide high quality outpatient surgical care at a price of one tenth that of Hospital care. As an academician I published 8 papers, 2 book chapters, conducted 10 training sessions with operative clinics in my specialty, raised over \$50,000 in philanthropic funds, performed the first skin and nipple sparing mastectomy in China, lectured at four major meetings nationally and internationally, and opened a new office with a new staff this year. That is busy!

I have calculated that I must do 15 cases of surgery a week to maintain my salary (with no raises in the past 7 years) and pay for a nurse, PA, secretary, scheduler, and pay an additional 36% Tax to the institution for the privilege of working at a University. I am able to do about 10-12 cases/week and am in jeopardy of losing my practice. I have no supportive staff of residents and fellows because they are not covered by the healthcare system at an ambulatory center. I wrote a Komen grant that funds 2/3 of the salary of the breast fellow but can only use her services for one month out of the year. I am privileged to have the support of some gracious benefactors and have foundation funds that support my research endeavors and have helped with start up funds while I re-established my new office. Those reserved funds that got me through are now spent, and the practice is in danger of closing.

To put it into perspective, a few years ago our 40 man department of surgery made a total of \$15M net revenue, of which \$15 was profit. That is one 10,000th of 1% profit. I defy any American business to survive on that revenue. One business man commented on that statistic saying, "You must have a very high overhead." To which I commented, "Yes indeed, 36% off the top is taken to support that overhead." The administrators are helping by improving our insurance contracts. Indeed I do get paid about 30% more than my private practice counterparts but at a 36% net loss to my bottom line, pretty much a wash.

Physicians are smart, hard working people. How many of you tried to get into medical school? How many of you succeeded and got through the gauntlet with an average debt at the end of \$200,000? How many have had to then go through another 5-8 years of residency training at \$30,000-40,000/year

and then assume another debt of \$250,000 to open a practice and another mortgage payment for a home? Most young people coming out are strapped with two or three mortgage payments a month and as noted above are working for 30 cents on the dollar. As you can imagine, they are working very hard for their subsistence with a lot on the line. Malpractice accounts for yet another \$50,000 – \$150,000/year before you, as a physician, can take home your first dollar. Where is the relief in this bill, passed by a group of attorneys, for Tort reform and relief from frivolous malpractice claims? That alone would reduce medical costs by %30 for all the unnecessary tests ordered to CYA. For the attorneys of Congress, the Senate and the Presidency, that was the third rail for them; but it is the only solution for the practicing physician and the sweeping effects that it would have to American business in general. Minimal formulas for medical device costing are at 8 times the actual manufacturing costs just to cover the liability insurance for the sale of the device, not to mention the cost to get it through the FDA approval cycle.

This is the crisis medicine faces and where the rubber meets the road for the hard working, dedicated physician. Cut backs in money are coming with the new health bill, and there is no slack in the system for the physician. The physicians are, by design, becoming the chattel of the hospitals; having to leave the independence of their practices to survive. They are subsidized by the hospitals which, in this gambit, have feathered their beds and played the game with the lobbyists to survive and succeed. You can believe that the 7 figure salary of the Hospital CEO is not going to be affected by the new healthcare bill, nor will the 8 figure salary of the insurance company CEO. They have the wherewithal to make sure their lobbyists have greased the skids for them. Look in your communities. How are your hospitals? Are they dilapidated, shabby facilities? Are there new ones being built and old ones being refurbished? What are the salaries of their administrators? Don't get me wrong, they are working hard to maintain the quality of their systems and in general do an excellent job. But the only chip in the game that a physician has is where he will take his/her patients. The physician has otherwise no independence.

Billing has for years been tied to Medicare and, for all intents and purposes, reimbursement is socialized. If a physician's costs go up, can he raise his fees like the hospital? No, that already is against the law. The only option for the physician is to see more patients, do more procedures or, as in the case of rising malpractice insurance fees, he may have to move to a State where the fees are less so that he can practice. That is what happened a few years ago in Florida. As the then President of the Florida chapter of the American College of Surgeons, I was witness to the loss of over 60 surgeons who had to leave the State to survive financially.

These are desperate times; the "age wave" of the "baby boom" is upon us as a society. The number of breast cancers treated 10 years ago was 110,000. In the next ten years we will see our current 208,000 cases almost double to 410,000 cases as will most cases of cancer and chronic diseases of the elderly. Physicians are tapped out, and new physicians with serious debt are in over their heads before they have even begun. Only institutional medicine will be available; and the pride of this country, its medical achievements and stature as an international leader in healthcare, will be all but lost. The final nails in the coffin will indeed be the new healthcare bill. Is change needed? Yes. Is this the way? Without partnership of the healthcare providers in change, I fear for the care of the patient. Getting consensus from a diverse and desperate group of people struggling to make ends meet is difficult at best. I would

say that a two-tier system will, of necessity, emerge. It works in every other country that I have ever visited. If not allowed in this country, then there will be no possible way for young physicians to ever repay their debts.

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