LETTERS TO THE EDITOR

The Silence of the Doctors: A Voice in Support of Managed Care

To the Editor:—The editorial by Drs. Himmelstein and Woolhandler, "The Silence of the Doctors,"¹ strikes me as an enormously one-sided attack on managed care. Physicians have always had difficulty weighing the needs of the patient against other interests. The private practitioner whose patient has no health insurance, the former traditional model, encounters restraints. The patient may not be able to afford optimal treatments. Under fee-for-service reimbursement, the ethical problem for the physician may be to restrain from unnecessary treatment that will drive up the cost of premiums and make it more difficult for patients to afford insurance. In both of these methods of reimbursement, the physician must struggle to fight the self-interest of ordering unnecessary tests or performing excessive procedures.

Physicians have worked for others long before managed care. Public hospitals have limited resources and budgets. The physician in such hospitals must balance the patient's needs against available resources. To avoid this dilemma means avoiding working in the institutions that serve the most needy. The same applies to the increasing number of physicians working for non-profit institutions.

Profit-making organizations are not necessarily more insensitive to the patient's needs than nonprofit organizations. The issue is not whether shareholders make a profit, but whether the patient is better served. Is it axiomatic that profit-making institutions are less efficient and effective than nonprofit ones, or individual practitioners? Do pharmaceutical companies in socialist countries bring us more improved new drugs than capitalist companies? Are public hospitals our clear role model for optimal care? Is the fee-for-service Medicare system a model of ethical, efficient care?

We physicians should not assume we are ethically superior to others and do not need checks and balances. Health care is too important to be left to physicians. The day is long past when we physicians called the tune. Rather than rail against the tide, Canute-like, we should participate constructively in the reorganization of the health care system. However it ends up, I feel certain there will be some restraint on the physicians' decisions. To some extent we brought this on ourselves by abusing the unmonitored fee-for-service system. Let's accept the fact that unfettered medical individualism doesn't work, and strive to work with the gov-

ernment, insurance companies, and the public to devise a better system.—**ARTHUR RIFKIN, MD**, *Department of Psychiatry, Hillside Hospital, Glen Oaks, N.Y.*

REFERENCE

1. Himmelstein DU, Woolhandler S. The silence of the doctors: fifty years after Nuremberg. *J Gen Intern Med*. 1998;13:422-3.

In reply:—We neither deny nor defend the shortcoming of the old fee-for-service system. Under fee-for-service, physicians' cupidity threatened the primacy of the patient. Yet managed care has not only inverted but also amplified financial incentives to physicians. In addition, shareholders and HMO executives have entered the examining room as powerful decision makers, unrestrained by professional norms, fear of liability, or the need to look the patient in the eye.

Many managed care arrangements (e.g., risk sharing through bonuses for lowering utilization) are not the inverse of fee-for-service but of fee splitting (kickbacks for referrals), a practice banned as too dangerous. Moreover, the stakes in risk sharing dwarf those of fee-for-service, or even fee splitting. In the past, nearly every doctor made a good living; some made a great living. Now a handful will make millions by investing in risk-assuming groups, and some will boost their incomes by suppressing utilization. Many more of us, our practice styles (or our patients' illnesses) too costly, will become unemployable. While both fee-for-service and risk-sharing incentives prod doctors to shun the uninsured, only risk sharing penalizes doctors when they care for the expensively ill. Aetna's Primary Care Physician of the Month for July was terminated by autumn when he accumulated too many sick patients.

Physicians and patients always face outside constraints related to the availability of resources, knowledge, and time. But risk sharing seeks to enlist physicians as collaborators to enforce restraints, rather than as patients' allies struggling against resource limits. Moreover, the limits are not set by nature or by society through a reasonable democratic process, but imposed by investors so that they may profit.

Having spent our entire careers in public hospitals, we are well aware of their failings and have often criticized our employers in public. But only private HMOs have tried to "gag" or "terminate" us. We have the right to attend the city council meetings that decide our hospital's fate, and even to vote to change the councilors. We have no right to even know when Columbia/HCA's board meets.

Physicians have an obligation to work to improve the health care system. We believe that a single-payer national health insurance system would improve health, constrain costs, and help build a more just and caring society. Such a system might reasonably shift resources to public health and prevention (but not to shareholders and executives) and circumscribe the resources available in our clinical work. But this civic role must not interfere with our obligation to fight fiercely for each of our patients.—

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