

# How the AMA and Local Medical Societies Failed to Serve Their Constituents

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Most of America's private physicians have always wanted health insurance to be available for *all* Americans. Doctors earnestly endorsed health insurance portability and competition across state lines, as well as other reforms. Unfortunately, however, the new Patient Protection and Affordable Care Act (PPACA)—commonly referred to as ObamaCare—does not make the needed reforms, and will likely have devastating implications for American physicians. Yet this new law was endorsed—and promoted—by doctors working at the local, state, and national level *within medical societies and medical organizations* that succumbed to the allure of greed and power. Instead of simply pursuing the best interests of their doctor constituents, the American Medical Association (AMA) and many local and state medical societies fought to preserve their “delegate” status, their positions of influence, and their misguided sense of self-importance.

The AMA has a membership of, at most, 17 percent to 20 percent of the practicing physicians in the United States. The AMA has an exclusive contract with the federal government to own, distribute, and charge for the coding books that all medical specialties must use to bill for insurance cases, both government and private. This exclusive deal for the CPT (current procedural terminology) codes nets the AMA between \$70 million and \$100 million annually via compact disc and book sales. Coupled with the sales of disability and life insurance policies, the AMA makes a true profit each year of several hundred million dollars—money it has not spent wisely.

The AMA, whose dwindling membership consists of mostly primary-care doctors and medical students, does not need the support of the majority of the nation's physicians to carry on the work of its choosing. It has had more than enough money to position itself as the stalwart defender of physicians' and patients' rights, but instead decided to stake out a decidedly left-of-center agenda. Long considered unfriendly to more highly paid medical specialists, whose training is understandably more lengthy and rigorous than of primary-care practitioners, the AMA Board abandoned its true national constituency of all physicians, and continues to support federal price controls. The AMA had ample opportunity to reverse course in its support of PPACA, but failed to do so.

Intrinsic to PPACA are provisions intended to increase pay to primary-care medicine, which is experiencing shortages in manpower. It also puts into effect drastic decreases in pay to surgical specialties and some medical specialties such as cardiology.

The AMA, it seems, needed only the money it receives from its exclusive coding book contract, and the perception in the mainstream media that it is the primary mouthpiece for doctors nationwide, to disregard the majority dissent within its ranks. At the heart of the AMA's power structure are the community doctors who rise up through the ranks of county and state medical societies as AMA “delegates.” Some may call these doctors enablers, as they help to promote an agenda that is out of touch with America's mainstream doctors. These individuals are charged with writing policy, voting on member resolutions, and meeting with local and national politicians; some are paid to campaign on behalf of the AMA and its state feeder societies, or at least compensated for their non-clinical time and expenses.

The position of AMA delegate or trustee can be highly coveted. Sadly, the urge to put one's own perceived sense of importance above the requests and needs of the greater physician community was just too great to overcome for some medical leaders. Despite internal tensions, and with full knowledge of the dissent within the ranks of doctors nationwide, the AMA elite betrayed their own. Multiple polls, grassroots doctor organizations, and physician forums across the nation (such as AAPS, Docs4PatientCare, Sermo, and Physicians Against Obamacare) have demonstrated the concern and consternation of doctors at being sold out by their traditional medical associations.

Betrayed by their supposed advocates, many medical practitioners have already opted out of participation in Medicare and Medicaid, and many more will follow. Physicians will restrict their practice hours and consider retiring early. The reality behind the grand vision of Obamacare is that this legislation will cut payments to specialist doctors, impose onerous new regulations and restrictions, and squeeze the life out of thousands of medical practices in America.

In September 2009, months before the March 2010 passage of HR 3590 (the multi-thousand page PPACA), *Investors Business Daily* published a study (the IBD/TIPP poll) showing that 45 percent of doctors would likely quit or retire early if the bill passed. Seventy-two percent of the doctors

polled disagreed with the White House's claim that 47 million more people could get quality healthcare without decreasing the quality of care for everyone else while increasing costs. The AMA was hoping to show that it can "play ball," and be seen as a willing partner to historic legislation. Instead, its leadership engaged in a dangerous game of politics that may ultimately lead to a vastly diminished pool of qualified physicians and a decreased quality of medical care for all Americans.

We are witnessing an ever-increasing chorus of Americans—from think tanks to tea partiers to accountants—who are decrying the underhanded tactics used by the Democrats and the Administration in getting the "healthcare reform" legislation passed. The AMA signed on to promises that all doctors would receive some sort of permanent fix to the way doctors are paid by the government, commonly known as the SGR (sustainable growth rate formula). Seven years of "fixes" to the SGR were abandoned on April 1. The ObamaCare law provides no such permanent fix to the SGR, and doctors' practices are limping along with temporary delays of the impending across-the-board cut that looms sometime after the November 2010 elections—and will by then be even deeper than 21 percent.

So much money is required for ObamaCare that Congress is reluctant to add more spending to the federal deficit. ObamaCare was not fully thought out, and was sold disingenuously to the American people. The AMA was complicit to this act. Assuming no changes to the law, almost every American, starting in 2013, will have to be able to show a

medical insurance card (unless a penalty is paid to opt out). The real question, however, is what that card will actually represent in terms of quality and access to care.

The President's ultimate goal, it seems, has been to force the expansion of physician extenders, demote doctors to mere "healthcare personnel," and edge the nation toward a single-payer medical system. Corporations will be inclined to drop their health plans because of the overwhelming burden of increased costs, fees, and taxes, and employment will stagnate. With an exponentially increasing national debt and a handicapped economy, Washington is likely to resort to some form of value-added tax. The end result will likely be a European-style social democracy—a far cry from the vision of America's Founding Fathers.

The "change" is hardly a reform. There is certainly no tort reform, the area of greatest concern to physicians. Rather, the "protection" of the Act is for the interests of trial lawyers, rather than of patients or of those who care for them. If the AMA had done its job of representing its physician constituents, then the American people and Congress would have known what doctors really thought about ObamaCare before the final vote was taken. The people and doctors of America have been betrayed by self-serving medical leaders.

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