

From the President: **Will Atlas Shrug?**

Alieta Eck, M.D.

Atlas was a Greek mythological character commonly shown holding up the globe of the earth on his muscular shoulders. Today Atlas is a symbol of stoic endurance and strength.

In 1957 Ayn Rand authored one of the best selling novels of the 20th century, depicting Atlas as representing those who produce, and whose work and ingenuity support the rest of the world. The novel *Atlas Shrugged* has a resurgence of interest every time government gets more intrusive and people sense they are less free. Hauntingly prophetic, the book projects the inevitable result of the government whittling away the freedoms Americans have fought for and enjoyed these past 235 years.

The last century is replete with examples of nations that were destroyed because of this mentality. Tens of millions were killed. Ayn Rand witnessed first-hand the horror of the many forms of collectivism. Born in Russia in 1905, she watched Communism take away the family business, and sensing the danger, she emigrated to the United States. She reveled in her newfound freedom, but was soon horrified by our creeping collectivism. In an effort to warn the American people of what lay in store if the trends were not reversed, and to promote the philosophy she called objectivism, she wrote her most famous works, *The Fountainhead* and *Atlas Shrugged*.

In *Atlas Shrugged*, two groups of characters were clearly depicted—the producers and the looters. The first group were the educated, hard-working entrepreneurs—the inventors, who enhanced the lives of those who became the benefactors of their brilliant minds. The second category consisted of politicians and those who benefited from the work of others without having to barter or pay for the services. In the name of redistribution and “fairness,” politicians garnered votes by making promises, controlling and over-regulating the producers, and constantly raising taxes to fill the government coffers. Finally the producers had enough, and one by one they disappeared, leaving the people poorer and more destitute, lacking in skills to help themselves. Depression and economic decline ensued.

When reviewing the progression of American medical practice in the past 50 years, it is safe to say that there has never been a more hostile work environment for physicians.

The medical community could be considered a modern-day Atlas.

Will Atlas Shrug?

In the United States, government has been on an inexorable path of increasing control, increasing restriction, increasing scrutiny, and ever-increasing distrust of doctors. Once the decision was made in 1965 to tax the people and then have government decide on the appropriate care for the elderly, the

disabled, and the poor, infinite demand met finite resources. Rather than offend the large electorate, politicians and regulators found it much easier to subdue the smaller pool of physicians—and so regulations, decreasing payments, delay in reimbursement, and a general degrading of our once proud profession ensued.

The time and expense required to become a physician has never been greater, yet the public is led to believe that it needs the government to closely monitor what care should be rendered. While people are perfectly capable of choosing where to live and what car to drive, are they really unable to make decisions on how to stay healthy, choose the best health insurance, and contract for the best medical care when they are sick?

Physicians have been placed in an untenable position. Unless something changes, a mass exodus of middle-aged physicians will soon occur. A recent regulation will require that physicians hire a government-approved rating agency to distribute surveys to measure patient satisfaction. As if patients cannot vote with their feet to voice their own displeasure, the government wants to “protect” them, but probably also wants an excuse to lower physician payments further. A general lack of respect is quite evident—and one wonders if this is not part of a master plan to subdue and control a once noble profession.

Will Atlas shrug?

Physicians are expected to provide perfect care. They must pick up every nuance, understand the patient’s frame of mind, note every subtle physical finding, think of a complete differential diagnosis, and order every relevant test—all at the first encounter—in five minutes. If a physician misses something and delays an important diagnosis, it is cause for a potential lawsuit. He is responsible for those who are working under him—the physician’s assistants, nurses, orderlies, and transporters—for if they make a mistake, the physician is ultimately responsible.

It has only been in the last 10 years that failure to order screening exams has been a cause for a lawsuit. We must make the suggestion, and if the patient states that he does not want to get that colonoscopy, we must dutifully document that fact lest lawyers blame the physician when the dreaded disease is diagnosed. The patient is the last person to be deemed negligent. If we see a heavy smoker, we ought to order regular CT scans of the chest, as the diagnosis of lung cancer could certainly have been caught earlier.

At the same time, the American Board of Internal Medicine has issued a “Choosing Wisely” list—of tests we tend to order too often. Physicians must be mindful of the aggregate healthcare budget, and conserve resources whenever possible. CT scans, MRIs, chest radiographs, and many cancer screening tests are

probably ordered too much—especially when they come back negative. But we can all remember surprise results that make us heave a sigh of relief that we chose to schedule that test. After all, a delay in diagnosis is the most common cause for a medical malpractice lawsuit.

Will Atlas shrug?

When third parties are paying the physician fees, the fees tend to get as low as possible—until physicians simply drop out. The best example is Medicaid, a program with dismal physician fees in most states. Ironically, if the Patient Protection and Affordable Care Act (PPACA) is upheld in the Supreme Court, the Medicaid rolls will increase by 50 percent. Physicians who do not enroll are considered greedy by those who want to use their Medicaid “insurance.” Thus the public simply does not understand that, like any business, revenues need to exceed expenses, or the practice will close. Atlas *will* shrug.

Accountable Care Organizations (ACOs) are being formed. These will wield top-down control with money flowing in at the top, siphoned off by well-paid administrators, and trickling down to those who actually see patients. Physicians cannot choose whom they see and are being told what they must do and what they cannot do for the patients. Their minds are being controlled by many forces, and they will be asked to do things that might be against their better judgment.

Will Atlas shrug?

Another pressure placed on physicians is the command to certify and re-certify over and over to prove one’s competence to care for patients. Rather than depend on the character and diligence of the physician who has worked so hard to achieve so much, the assumption is made that his skills and expertise will wither and die unless continuous expensive testing take place. A new wave of regulations being considered is the imposing of exams taken at regular intervals to maintain one’s license.

Will Atlas shrug?

This is not new, for the world has always consisted of people yearning to breathe free while others would try to control them, lining their own pockets in the process. Legislators gain power by pleasing the most people. Taking from one group to redistribute wealth to another sounds fair to those on the receiving end, and so the legislator gains popularity. The capitalist system of economic and political freedom is constantly under attack by those who want us to work for the collective rather than the individual.

In *Atlas Shrugged*, physicians are depicted as producers. A famous monologue was given by one of Rand’s characters, Dr. Hendricks, a surgeon who simply stopped practicing medicine. The few paragraphs have become a well written description of the collective approach to the practice of medicine—one that rings true today.

I have often wondered at the smugness with which people assert their right to enslave me, to control my work, to force my will, to violate my conscience, to stifle my mind—yet what is it that they expect to depend on, when they lie on an operating table under my hands?¹

Can the physician labor under the burden of CPT codes, ICD-9s or 10s, documentation mandates, timed face-to-face

encounters, and other superficial compliance measures and still be able to think through the complicated maze of decision making to act in the best interest of his patients? Ayn Rand seemed to predict such bureaucratic control and mused,

Let them discover, in their operating rooms and hospital wards, that it is not safe to place their lives in the hands of a man whose life they have throttled. It is not safe, if he is the sort of man who resents it—and still less safe, if he is the sort who doesn’t.¹

Rand’s analogy fits, for physicians are expected to carry the healthcare system in an ever more hostile environment. Unless we make a huge paradigm shift, doctors just may gradually disappear from the care of patients rather than submit to what will amount to slavery. Will they just shrug and bail out of the system, or will they take charge, revamp the way medicine is practiced, and push the controllers away?

Freedom Is Available

Physicians do not have to capitulate. A fresh wave of freedom is beginning in the state of New Jersey. It will move across the land as doctors begin to wake up to the reality that they hold the keys and can take control of their profession. They *can* break the chains that bind them.

It will begin in the most unlikely places—where physicians care for the poor. Small non-profit, non-government charity clinics are being formed where the poor are getting one-on-one care apart from any bureaucracy. Physicians are learning that they can volunteer their time and provide very efficient care without the burdensome paperwork and coding that comes from having to submit bills.

These clinics cost the taxpayer nothing, a huge benefit when compared to the wasteful, ineffective Medicaid system. Today’s Medicaid system consumes fully one-third of the average state budget. Politicians from both parties are concerned that expansion of PPACA will bankrupt their states and are finally seeking real solutions.

Volunteer nurses and support staff are stepping up to facilitate the medical care of the poor. We are finding that with real charity, the cost of care can be extremely low. But how will we get enough physicians to volunteer? Common sense tells us that physicians cannot be expected to provide charity care if they are always subject to the threat of malpractice litigation that currently plagues them. So a social contract is being crafted with the New Jersey government: Provide protection for the *entire practice* of a doctor who donates four hours a week in or through a non-government free clinic, and physicians will take charge to care for the needs of the poor.

This is not new, for it existed before 1965, the year Medicaid began.

There are several reasons why this care must occur in non-government free clinics (NGFCs).

- First, patients can know that there is a place that they can go when they are sick and have no funds. They do not need approval of a government entity.

- Second, the venue can be established where retiring Baby Boomers can lend their expertise to help those in need—in ways other than simply providing medical care. Support groups, baby-sitting, classes for diabetics, practical advice—these are all services that volunteers can give to each individual that comes in. There are thousands of variations in the reasons people find themselves poor, and a personalized approach by people who genuinely care is the best way to lift someone out.
- A third reason we will need many NGFCs is that the physician will be able to care for the poor without having to bear the cost of paying staff. He will just be donating his time. Allow the generosity of the churches, synagogues and communities to build, fund, and equip the clinics—giving many the opportunity to help.
- Finally, the taxpayers can no longer afford to hire government workers, paying salaries and lavish benefits, so that they can fill in forms, sign people up, and regulate and control medical care for the poor.

As doctors show that they can care for the poor without taxpayer dollars, they will be empowered to have private practices where they simply charge a fair fee and patients pay outright. Turning the clock back to the way it was before 1965 will be our way out. Patients who have benefitted from the kind physicians in the NGFC will know whom to see when they are eventually able to pay. In addition, the 10,000 Baby Boomers who

are retiring each day will make up the volunteer pool to run the clinics. They will also meet and volunteer with the same kind physicians and will be drawn to these good doctors when they need care.

This is the complete opposite of what a huge bureaucratic government program would look like. And the Accountable Care Organizations and Insurance Exchanges of PPACA will not be able to compete with the kindness, accessibility, and affordability of the one-on-one interaction between patient and physician.

While it might be time for Atlas to shrug away the burdens of government control, it is not time for physicians to disappear. We must think of the next generation of young physicians and our patients and families that need us. We can shrug off the chains that would restrict and restrain and just go back to caring for those who are sick. That is why we went into medicine. Every generalist and specialist will be free to act in the best interest of our patients, and the entire economy of our nation will return to the productivity and freedom that made us the envy of the world.

We have had the blessings of liberty for hundreds of years and must act quickly lest we lose them.

Alieta Eck, M.D., practices internal medicine in Somerset, N.J., and serves as president of AAPS.

REFERENCE

1 Rand A. *Atlas Shrugged*. Plume Books; 1992:744.

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