

Fear and Loathing Amongst Physicians

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Fear sells. Government, big hospitals, and big multispecialty clinics or corporate insurers use it on physicians and have done so for some time now.

This fear instilled in physicians is a necessary component of the breakdown of the traditional patient-doctor relationship. This breakdown is necessary for those who would turn modern medicine into a corporate, top-down mill for patients, one that combines poor quality and cheap care with maximum profits. Patient choice and real competition must first be eliminated in order to achieve these goals, and that is what we have been witnessing for many years.

Fear is actually instilled into us as prospective medical students, when admission to medical school is largely out of the control of the applicant. The overwhelming amount of didactic material presented in medical school in the first 2 years generates fear and uncertainty as well, as recall of all of the material presented is impossible. Following this first 2 years of school are typically the clinical years where student evaluations are frankly subjective and the product of sleep-deprived, angry, and fearful residents.

All of this pales in comparison to the fear of the first night on call as a house officer in a hospital. Knowing that the outcome of a "code" is in your hands for the first time is quite unsettling.

Failure of "boards" at the end of this road represents years wasted, and can be career-ending. It is no mystery that having finished medical training and completed "boards" leaves many physicians susceptible to fear tactics down the road, and those in healthcare administration and government know this.

The physician fear generated by the Clinton Totalitarian Health Plan in the 1990s served the corporate medical cartel managers well, as HPOs (hospital-physician organizations, usually referred to, deceitfully, as "physician-hospital organizations" or PHOs) made their appearance. Hospital administrators told us that unless we stuck together and embraced this new healthcare paradigm, we would be devoured. Many physicians fell for this. More and more physicians began accepting positions as hospital employees for the "security" it brought them.

Medicare cuts in the early '90s were unnerving for many doctors. Their specialty choice seemed like a mistake now that they were no longer paid reasonable amounts. For the last open-heart anesthetic I delivered, I was paid less than \$300. It was tough for me to walk away from cardiac cases, but I really had no choice with such nonremunerative fees.

Every few months physicians have received a newsletter announcing their new Medicare fee schedule, always a reduction.

Every year Congress has had physician fee cuts on the table, only to delay them at the last minute. Fear of loss of payment, fear of pay cuts, fear of lawsuits: What a great fund-raising strategy! Doctors are ripe for those seeking hostile takeovers.

Now we have the government takeover of medicine known as "ObamaCare." Once again, many physicians are seeking the "safety" of working for a hospital or a giant multi-specialty clinic. Unfortunately, many taking this path find themselves trapped, unable to escape this decision that virtually all would undo if they could. Here is my message to those of you that are staunchly refusing this path and to those who would have the courage to reconsider, having taken the doctor-as-employee path:

I have never been more excited about the practice of medicine than right now. Despite all attempts to control or destroy it, the free market, based on immutable forces of human nature, always wins in the end. There is no stopping it. Certainly they can be derailed for a time, but market forces are always at work. Failure to respect them results in all sorts of perversions and adverse consequences.

The current cartel-like healthcare system is coming unhinged. The involvement of government in healthcare threatens to bankrupt the country. The entitlement, third-party-payment system is unsustainable. Policymakers are finally entertaining true and free-market solutions to the provision and financing of medical services. I don't believe this would have been possible until we had hit bottom—as I think we have.

I believe that big hospitals' and big insurers' nightmare of price transparency, that element of the market that shines the brightest light on all that is false, is here to stay. What we have done at our independent physician-run surgery center (see prices posted at www.surgerycenterok.com) is just the beginning. There is perhaps no better tool than price transparency to expose the scheming of the members of the health cartel.

Once prices are known, more and more healthy competition will occur. Better value and quality will result. Those who embrace the free market will thrive, and those who don't will wither and die, just as in other areas of the economy.

I hope that those of you who are desperate now, struggling with your fears, will take heart. I believe we are on the brink of a better and brighter, albeit much different, practice environment, one that is better for patients and the physicians who care for them.

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