Journal of American Physicians and Surgeons
Mission Statement
The *Journal of American Physicians and Surgeons*, the official peer-reviewed journal of the Association of American Physicians and Surgeons (AAPS), is committed to publishing scholarly articles related to the practice of medicine and to promoting open debate and scientific integrity.

Subscriptions and Advertising
aaps@aapsonline.org

Subscription Rates:
AAPS Members (included in annual dues)
Non-members $75 per year
Institutions $125 per year
Students/Residents $15 per year
Foreign $200 per year (US currency only)

AAPS
Omnia pro aegroto

Copy Editor
Stuart Faxon

Cover Design
Rachel Eck

Typesetting and Printing
Skyline Printing Co., Inc.
Tucson, AZ

Website
www.jpands.org

Webmaster
Jeremy Snavely

POSTMASTER:
Send address changes to:

1601 N. Tucson Blvd, Suite 9
Tucson, AZ 85716

Journal of American Physicians and Surgeons (ISSN 1543-4826)
is published quarterly.

Correspondence

Soma-tizing America

I just finished re-reading your article "Soma-tizing America."[1] I loved reading it both times. I even read the Huxley article 1962 in its entirely. Your message is so clear and contemporary.

As a psychiatrist, I started retiring from practice in 1982 when contracting with insurance companies became legal in California. After that, insurance companies could demand patient records and notes, and confidentiality was gone. As a cognitive conversational communicating psychiatrist who used but minimized drug therapy, I couldn't give up the confidentiality it required to take insurance money. So I left practice and I took up another related career, but always followed the economics of medicine. I was active in the LA County Medical Association, when a businessman told me, "We will control you docs as providers and buy your services like we buy nuts and bolts." I thought he was nuts and bolts, but in a way he was correct.

When I retired, I went to talk to a Blue Cross executive, hoping to get some consultation work in program design. When I mentioned the phrase "patient-physician relationship," which was a mantra in the 1980s, he told me they didn't want that, they wanted the "insurance- subscriber" relationship. That didn't make sense then, but it does now.

I applaud the AAPS for bringing ideas and thinking to those physicians who want to know more about today's medical systems. This generation is so naïve, as was I starting out in medicine.

Laurence Brody, M.D.
Rolling Hills, Calif.

1. Singleton MM. Soma-tizing America. *J Am Phys Surg* 2016;21:13-16.

Opting Out of Medicare

I was happy to read Dr. Huntoon's editorial "Opting Out of Medicare."[1]

About 4 years ago Dr. Huntoon guided me through the Medicare opt-out process safely and efficiently. Since that time I have never looked back.

I wondered (not worried) back then whether my practice would suffer from not participating in Medicare or other third party insurers. Almost 4 years later I have just about the same number of Medicare patients in my practice as prior to opting-out, but I privately contract the fee and services directly with them. The freedom this allows me as a physician is priceless.

If you are unhappy or burned out with the third-party healthcare system, there is another way. AAPS can help. Go to one of the "Thrive Not Just Survive" workshops or view recordings at www.aapsonline.org/freedom. Make a viable business plan that succeeds in allowing you once again to be a physician that your community values and respects.

I have been third-party free now since 2008, and Medicare opted-out since 2012. I am often quoted as saying that, "I have my dream practice" and "I look forward to going into work every day!" How many physicians can say that in 2016?

Thank you again Dr. Huntoon and AAPS for all your help and support of physicians!

Steven Horvitz, D.O.
Moorestown, N.J.

1. Huntoon LR. Opting out of Medicare. *J Am Phys Surg* 2-16;21:2-6.

The System Will See You Now

Reading Dr. Dobken's article[1] struck a chord—the memory of my physician father discussing his terminal heart condition with me as a teenager. I wish Dr. Dobken all the best.

In particular, Dr. Dobken, in

discussing his current experience as a patient, reports being called by his first name from doctors' waiting rooms. I haven't heard another physician bring this up, but it is a sore point with me every time I visit a doctor's office today.

It is not that I am being pompous and need always to be addressed as "Doctor," but I grew up in small-town traditional rural America where no one addressed adults by their first names unless they were friends. It was common courtesy then and "old-fashioned" courtesy now. I make sure to always address patients as Mr., or Mrs., Miss, or Dr. and have instructed my office staff to do the same. I remember being a medical student at the University of Rochester in 1979 (maybe the only one) who addressed my interns by "Dr." until they gave me permission to use their first names.

Of course the social norms in medicine change with those of society, and it is routine now for kids to call their elders by first names—but it makes me cringe to hear it.

When the Health Insurance Portability and Accountability Act (HIPAA) was first announced, we were told we wouldn't be able to use anyone's name publicly in calling patients from our waiting room. My office staff were in a panic until I proposed a solution that mirrored the absurdity of the problem. I said that if we couldn't use patients' real names we would invent temporary fake ones. We'd have a basket with plastic name plates in sets of two—everything from Rasputin to Annie Oakley. Then, at the time of check in, the patient could choose his new persona for the day's appointment. One plate would be given to the patient so he could remember who he was, and the other would be attached to the chart. The patient's real name would only be revealed in the inner sanctorum of the doctor's exam room.

There are many many faults of this new modern healthcare system, but personally, I am most saddened by the loss of simple common courtesies.

Lee D.Hieb, M.D.
Logan, Iowa

Dr. Dobkens's article[1] brought me to tears. I too dreamt of nothing as a child but to become a physician. Even after fracturing my neck at the age of 18 and becoming quadriplegic, I pursued my dream and achieved it. After nearly 30 years of private practice, I continue to marvel at the special privilege I have as a physician to enter the lives of my patients in ways that no other professional can. To reread the oath of Aesculapius struck my heart with the depth of the obligations I have to the people who trust me with their lives.

As a private physician, I have eschewed the potential for great wealth and struggle with the rules and regulations that crush a solo practitioner. However, I have soldiered on because I have the freedom to spend time with my patients, to listen to their concerns, and to impart my knowledge. I have felt their pain, shared their struggles, and sacrificed my time to help them when they are in need. It has been this part of the practice of medicine that has produced the greatest rewards.

When I am a patient, I talk to a nurse, a physician assistant or, if fortunate enough, a physician, all of whom are typing on a computer. There is rarely time for me to share my concerns or to receive information about my problems. Unfortunately, it appears that the future of medicine is an assembly line with decisions about treatment based on algorithmic models.

I thank Dr. Dobken for his concise description of the true purpose of the "healing art" of medicine. I appreciate AAPS for its dedicated efforts to preserve this form of practice. I will remain a loyal supporter of AAPS and will continue to strive to practice the healing art.

Shane M. VerVoort, M.D.
Pensacola, Fla.

1. Dobken J.H. The system will see you now. *J Am Phys Surg* 2016;21:22-24.

EHR + ICD-10: the Straw That Broke the Camel's Back

Dr. Donald Miller's comments about the industrialization of medicine were right on target.[1] Unfortunately, physicians are being forced to become more like assembly-line workers serving the needs of an electronic health record (EHR) than healers serving the needs of individual patients. As Dr. Miller observes, physicians often spend more time entering data into an EHR template than they spend actually talking to and examining a patient.

When my rural hospital was gobbled up by a large entity that forced compliance with all that the Affordable Care Act (ACA) demands, I tried to be a working partner. I figured it was just inevitable modernization. But in reality, the intent is to destroy the patient-physician relationship. I found myself looking at a computer screen more than the patient. While it would usually take just a few minutes to complete a paper chart, the EHR was overbearing and prone to mistakes. A 15-minute patient visit turned into a 40-minute charting experience. I quickly figured out that almost every completed EHR had an element of fraud caused by self-populating fields. In addition to the lengthy initial charting, it could take much longer to review and correct all the misinformation that is artificially generated. Recently when a resident went to see a patient and returned just minutes later to complete a full electronic exam I asked if he had done all that was reported. His answer was, "No, but it is already electronically charted. Do you expect me to review everything? We have too many patients for that." I believe this viewpoint is commonplace with EHRs. I responded that only what was done should be reported.

In response to decreasing patient satisfaction. the hospital administration simply looked at the now-required patient satisfaction survey and adjusted desired thresholds to meet acceptable score minimums. When that cannot be achieved, the answer is to blame the physician. This prompts unending meetings and "education" sessions. I do not know how national satisfaction standards are going to be met by small hospitals. It is simply a numbers game at this time.

Corporate-empowered ACA, subsuming everything medical as part of a "fundamental change," is utterly destroying the patient-physician relationship, to the benefit of no one.

Going to the EHR was difficult enough for a 60-year-old who has successfully practiced for 30 years without a malpractice case or administrative complaint (and almost no patient complaints), but the mandatory ICD-10 is definitely the last straw. Do you know there are codes for injuries caused by [extra-terrestrial?] aliens?

As a result of EHR, ICD-10, and ACA, I am retiring five years earlier than planned.

Ted Yaeger, M.D.
Daytona Beach, Fla.

1. Miller DW Jr. Modern medicine at the crossroads. *J Am Phys Surg* 2015;20(3):83-89.