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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.

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On the Physician Scientist

Indeed, "A good physician-scientist may be able to serve two masters, but he or she cannot serve them both at the same time."[1] However, many physicians now derive much of their income by pretending to do so in drug trials. Dr. Brooks has raised a subject that needs to be debated so that practices can be changed.

I believe that the U.S. Food and Drug Administration has helped to cause this conflict of interest by excessive requirements, which still cannot assure safety. Patients would be safer if they could self-manage their care, with Health Savings Accounts and the data needed to make informed choices.

My epidemiology professor told me, "You will never make a good public health official" because I put individual benefit before societal benefit. He was right.

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[1] Brooks MA. The moral tension of the physician-scientist, *J Am Phys Surg* 2005;10:120-121.

Third-Party-Free Practice

I'd like to thank Dr. Lawrence Huntoon and AAPS for publishing material about third-party-free practices. I am in complete agreement. Indeed, a lot of your words are almost an echo of ones I have used over the past several years. I have been a private doctor now with no ties to the insurance industry or the government for the past 4 years, and it was the best decision I ever made. Practicing medicine is fun again, there is virtually no stress involved, and I have very happy patients.

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The average family physician has more than four full-time employees and an annual overhead of about $300,000. By being third party free, I need only one employee and have about one-third the overhead. Most doctors, however, are afraid that they can't make a secure, comfortable living if they don't sign third-party contracts. Also, they have come to prefer patients with low deductibles and low co-pays to the self-paying patient. For one thing, they are used to ordering unnecessary tests and expensive therapies, thinking they will thereby be shielded from liability; self-paying patients are much more likely to question them. Physicians around here usually exclude uninsured patients from their practices. Those who are willing to see self-paying patients have to charge 40 to 150 percent more than I do because of their higher overhead.

The tax exclusion for employer-owned health insurance is the primary factor making private care unavailable to the self-paying patients, who have nowhere to go except the emergency room for routine care. Without this exclusion, most patients would not be able to afford the dead-weight costs of low-deductible policies. Most would then choose to pay routine costs out of pocket because that is the most economical way.

If all 300,000 primary care physicians changed to direct payment, the cost savings could amount to $60 billion per year for doctors' costs alone. About 1 million office personnel could be redeployed into productive activity—not a trivial matter considering the nursing shortage. Total savings could be more than three times as much if employers' and insurers' costs and the effects of patients' economizing with their own money are taken into account.

If we eliminated the tax exclusion for health insurance, we would unravel the whole convoluted system. It is truly the one smooth stone that could topple the third-party Goliath. More than any other single measure, it would defuse the power of insurance companies and hospitals, return power to patients, cause doctors to serve patients rather than payers, decrease the cost of medical care, and keep us away from the inexorable path to "single payer."

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