

“The Future of Medicine Will Never Be the Same”

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At the AMA's annual meeting in Chicago in June 2006, the AMA took up the issue of mandatory health insurance for Americans, with a “tax penalty” to enforce compliance.

A committee of the AMA, the Council on Medical Services (CMS), issued a long-awaited report that advised rescinding the AMA's policy that specifically opposed a mandate, and called for tax incentives to expand health insurance. Simultaneously, another—ultimately successful—movement was proceeding to make an AMA priority “...comprehensive health system reform, which achieves access to quality health care for all Americans....”

In Reference Committee testimony, support for this insurance mandate was overwhelming, and few dared rise to oppose it. Having followed the issue closely, I felt obligated to mount an opposition and, at the very least, go on the record to the entire AMA House of Delegates to oppose the plan.

I was offering an amendment that would have removed the mandate, preserved the current AMA policy, and studied the roll-out of health insurance mandates in Massachusetts for two years. Sensing that many physicians would support a “wait and see” approach, I prepared a speech to support that position, thinking that an emotional appeal to their basic instincts as an over-regulated physician community was the only chance.

I sought to deliver my speech to the House of Delegates, but this would have required the permission of my delegation. At the insistence of a veteran AMA leader and friend, I was prevented from making my remarks. The battle, it was felt, was already lost—and it was. I believe that my friend's intentions were good—to preserve my ability to be an effective advocate in the AMA in the future. Unfortunately, a golden opportunity was missed to attempt to persuade the House of Delegates that the AMA was taking a dangerous course.

As has been detailed in the pages of *AAPS News*, a health insurance mandate is a prelude to larger bureaucracies and third-party interference in the practice of medicine. With the AMA's willing support and its new focus on “health system reform,” surely a de facto socialized medicine system can't be far off. Ironically, above the speaker's podium of the House of Delegates, and prominently displayed on the street outside the hotel, were the following words with an AMA logo: “The Future of Medicine Will Never Be the Same.”

The AMA reported that: “The AMA voted to support a requirement that individuals and families earning greater than 500 percent of the federal poverty level obtain, at a minimum, coverage for catastrophic health care and evidence-based preventive health care, using the tax structure to achieve compliance. Upon implementation of a system of refundable tax credits or other subsidies to obtain health care coverage, this requirement would apply to individuals and families earning less than 500 percent of the federal poverty level” (see “Reference Committee Highlights” at www.ama-assn.org).

This is my never-delivered speech, which I entitled “The Future of Medicine Will Never Be the Same”:

I rise to speak for amendment of CMS Report 3 to allow the AMA to monitor the individual Mandate of Health Insurance in Massachusetts. The CMS proposes requiring all Americans to purchase health insurance. This proposal would rescind current and valid AMA policy opposing any mandate for health insurance.

The report, while modified to sound more palatable, nevertheless will have such repercussions that, as stated on the street sign and banner at the podium, “The Future of Medicine Will Never Be the Same.”

The requirement for health insurance, endorsed by the AMA and imposed through the federal government, sets us at the top of a slippery slope towards nationalized medical care. That is the goal, as expressed by many at the reference committee. What will be required is the creation of large bureaucracies to track compliance with the mandate and increased tax subsidies to rescue those who can't afford the mandate. More importantly, as we have seen with the Massachusetts plan, we will see large bureaucracies created to impose so-called “best practices” and “cost-cutting measures” on doctors and patients.

In the end, the mandate will not expand care; rather, it will ration care and deny it to save money for someone other than the patient. The mandate will have us serve a “system” rather than our patient, and drive out doctors who have the audacity to serve their patient. Just as predicted by Dr. Ed Annis in 1962, it will create a different system of medicine for all Americans.

American doctors are looking over a precipice. We are faced with denial of payment for our services, trial lawyers attacking our practices, and increased regulation and expenses. We are overwhelmed by a system that has worn us down. Just witness the dozens of resolutions here attempting to address the draconian “system” built by insurance companies and the government—groups to which this mandate will yield control. We are getting beaten down and are looking for an escape, and we see two roads that indeed will mean that the future of medicine will never be the same.

We see one road, based on current AMA policy, that leads to a hopeful future. In this future, patients are in control of their own medical interests. In this future, physicians are compensated fairly for their services, and interference by government and corporate interests is eschewed. Down this road, the physician is the healer and advocate for the patient. This is the road we should take.

The other road leads to a fearful future. This future has some vague “social” goal, and coerces compliance with cookbook medicine, and efficiency and cost-cutting measures. In this future, physicians serve the interests of large corporations, and also attempt to bail out a government that cannot deliver on its unfunded promises in Medicare. If we follow this road—which is based on fear—our patients will no longer trust that we are considering their best interests when we make a recommendation for treatment. They will know that we have checked in with the government and corporate planners to make sure that it does not cost too much money. We will no longer be healers and patient advocates. We will be mere functionaries in a complex “system.”

I urge you not to rescind current AMA policy. Instead, let us amend the CMS proposal so as to allow us to wait and see how the great social experiment plays out in Massachusetts. If we rise up and vigorously defend the individual rights of our patients, and not some nebulous “system,” our patients will ride to our rescue and snatch us back from the precipice.

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