American Physicians and Meiji-era Samurais: Is History Repeating Itself?

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In The Death of the Guilds, which concerns the decline in power of a number of professions in Western countries, Elliott Krause points out a peculiar paradox: Even while doctors were increasing their power to control disease, the medical profession as a whole was losing autonomy and its powers of self-determination and self-regulation.

For many years physicians enjoyed very high social status, and understandably so. The training required to become a physician was always very intensive, difficult, and costly. The oldest and most famous aphorism about medical education says it all: Ο βιος βραχυς, η δε τεχνη μακρη: Ho bios brachys, he de technè makre. This translates as, “Life is short (to live), (medical) art is long (to learn).”

Formal education in medicine is not only extremely competitive; it also lasts longer than education for any other profession. To become an independent medical subspecialist with full earning potential, one has to spend many years as a meagerly paid trainee. Most physicians do not work from 9 to 5 as the majority of “white collar” professionals do. Physicians have to be on call, and they have to attend emergencies around the clock. Most importantly, physicians provide services that are not just valuable, but indispensable for society. From birth to death, everybody is at risk of needing a physician.

Because of their sophisticated education, grueling duties, and valuable services, one might expect that society’s high appreciation of physicians would remain forever unchallenged. This is obviously not the case.

For hundreds of years, patient-physician interactions were based upon mutual interest. Physicians offered to patients something of value, and in exchange, patients compensated doctors for their services. Those who were poor or affected by sudden or grave medical problems could not always receive the best medical care. However, the charity care offered by many physicians assisted those in need. The system, though not ideal, worked reasonably well.

Certain mistakes in political thought caused numerous social, political, and cultural changes. Today, the mutual interest between patient and physician has largely disappeared. Despite all the wishful thinking, there is now an adversarial character to patient-physician interaction. Although there may be more than one culprit in this grim reality, one reason appears to be distinctly important. The introduction of third parties into the patient-physician relationship has grotesquely deformed the practice of medicine.

Reliance on government or an employer for payment for medical services appeared to some to be a logical solution. It was reasoned that governmental entitlement programs would provide a quick fix for expensive medical services. However, the resulting reliance on third-party payment violates one of the fundamental laws of human interaction, and makes conflict unavoidable. Those who deliver care and those who profit from withholding care (insurers and government) have contrary interests. When paid by a third party, physicians no longer work for the sole benefit of their patients; they actually work for the third party. They serve at the pleasure of the insurer or the government.

Sadly, most patients are unwilling or unable to understand this reality, and third-party payers have amply profited by capitalizing on this public ignorance. Patients become irritated by exponentially rising costs of medical services. They see their insurance premiums steadily rise, while more and more payments for services ordered are being denied as “not medically necessary.”

Patients are also outraged by what appears to them to be a disproportionate increase in fees their doctors are now charging. Many of them are oblivious to the true reasons behind those increases in charges. The bureaucratic burden imposed on physician practices by third-party payers inflates costs, while squeezing profits to a fraction of their previous amount.

Americans are accustomed to high-quality medical care and take it for granted. Our immediate-gratification society, which is accustomed to “factory outlet stores,” cheap but acceptable food, and discount-priced electronic devices, imagines that we can also obtain “bargain-basement prices” for high quality medical care.

Wal-Mart stores have replaced many independently operated private shops. Many wonder whether it still makes sense to rely on the cottage industry of private medical doctors. If such a mindset were to prevail, it is very likely that Wal-Mart-based walk-in clinics, and emergency rooms staffed by physician assistants will soon replace the current diverse and sophisticated medical marketplace.

Highly trained subspecialists such as endocrinologists would become as obsolete as Samurais in 19th century Japan. There are some people who believe that this would be a good thing. They think that no one would even notice a difference—except for “greedy” physicians who would rightfully lose their “exorbitant” income and social status. They are gravely mistaken—and in time society will learn just how mistaken.
The current “health care crisis” is not about “falling physician incomes” as some would like to represent it. It is about unfair payment schemes and decreasing physician control over medical decision-making—which will inevitably lead to decreased access to good medical care. Patients will ultimately suffer much more than physicians.

Sadly, physicians have failed to govern themselves, and have lost control over both their own and their patients’ destinies. It is simply shocking that highly educated and hard-working medical professionals have allowed themselves to be controlled and manipulated by bureaucrats.

We live in times when a poorly educated “utilization review nurse” can override medical decisions made by an extensively trained and experienced university professor of medicine. I have not seen a law practice in which a paralegal or secretary would override a decision made by the firm’s senior partner. Undoubtedly, the litigation record of such a “cost-effectively managed” law practice would be dismal. Yet, society allows such absurd schemes in medicine. Grim consequences of this situation are inevitable, although the enthusiastic and “cost-effective” nurse practitioners and physician assistants may create an illusion of good medical care for some time.

The comparison of the declining position of physicians to the fall of the Samurai caste is educational. Indeed, during the beginning of the so-called Meiji Era in Japan—which marked the beginning of the end of the Samurai—no one initially missed this snobbish group of scholar-warriors. Those well-educated swordsmen indeed appeared to be obsolete in the era of modern firearms. However, after some time, it became clear to the Japanese Empire that even the best-equipped army of uneducated peasants, led by equally uneducated petty officers, is ineffective. Eventually, a class with the Samurai’s characteristics was restored in the form of high-ranking officers and administrators.

There is still some time for organized medicine to wake up, and to at least try to prevent our own version of the Meiji Era. Time, however, is running out. Those who have not learned the lessons of history are bound to repeat them.

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