

# How Many Bureaucrats Does It Take to Treat a Patient?

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I never could have imagined that within six short years, the hospital at which I began my residency, and where I now serve as part-time attending, could have taken so much clinical decision-making out of the hands of physicians.

No doubt, the hospital itself is not solely to blame. External pressures have fostered this command-and-control attitude. To that end, I'm often left wondering, have I become a mere cog in the machine that is modern American medicine?

My eyes were first opened to the limited nature of my clinical judgment when I tried to order warfarin for a patient with Factor V Leiden. The patient was admitted to my team on the psychiatry ward for an episode of depression. He had not taken an overdose, and his INR (international normalized ratio) had been well regulated in the outpatient setting. The residents, in a rush to finish piles of admission paperwork, forgot to order the patient's routine evening dose of warfarin. Therefore I sought to order it myself in the morning.

Much to my surprise, the computerized order pathway for warfarin had changed since my days as a resident, only 6 months before this incident. Now warfarin could only be ordered at bedtime. Limited by the confines of this pathway, there was no way to provide an alternate dosing schedule. After a call to the pharmacy, I learned that this restricted pathway was the work of a patient safety committee. Apparently, some patient(s) had been unintentionally "overdosed" with warfarin. Now it was bedtime or bust for *everyone's* warfarin order.

Little did I know that the government and insurance companies weren't the only 800-pound gorillas sitting in each of my patient encounters. Add to the list hospital bureaucrats and "well-minded" colleagues. They were like city officials eager to install more traffic lights whenever an unfortunate accident occurs. How ubiquitous is the bureaucrats' behavior to discount good, responsible citizens! Physicians beware: we are all deemed irresponsible and careless now.

But this mini-warfarin war was not the end of the hospital's ever-encroaching hand. Sometime in April of this year I received my electronically delivered "performance evaluation." After trying to decipher its meaning and intention, I discovered that I had failed to meet "timely discharge" criteria with one patient. Rather than getting this patient out by noon, as mandated by the hospital, I discharged him at 18:49. Woe to me for being such a rebellious young attending.

Fortunately, while my eyes may have been formerly closed to the hospital's dictates, my subconscious was not. I actually wrote a note to myself on the day I discharged this patient, apparently seven hours after the hospital's mandate, but actually nearly a day earlier than planned: the patient asked to be discharged in the evening, during visiting hours, because he wanted to go home with his wife. The resident team and I spoke with the patient and his family to make sure this was the proper plan. We determined that it was, and further that we could not hold the patient against his will since he was not suicidal, homicidal, or unable to care for himself.

As such, the 18:49 discharge order was entered and my "performance evaluation" was tarnished. At the hospital for which I work, "discharge by noon" is the rule. Its intention is to clear hospital beds by noon so admitted patients in the ER can move to the floors. While reasonable at first glance, the "discharge by noon" rule has created a perverse system of incentives. Physicians will actually hold patients an extra day, just so that they can get them out by noon and ensure a clean "performance evaluation," one which will soon be used to determine bonuses—and punishments. And so, rather than see a decrease in the average number of hospital days per admission, my hospital has actually seen a 2.5 percent increase between 2007 and 2008.

Unfortunately, the masochistic nature of the hospital can only be trumped by external dynamics. Rules of the Accreditation Council for Graduate Medical Education (ACGME), which limit resident work hours, have placed priority on getting trainees out of the hospital rather than serving the patients within it. A work ethic and a love of the art that causes residents to actually want to be with their patients "after hours" would be discouraged or penalized by these rules.

Further diminishing time available for patients, rules and regulations from payers and politicians have added countless hours of clinical paperwork to the daily routine. For example, the discharge instructions provided to patients leaving the psychiatry ward have doubled in size just over the past few years. Aside from the obsessive compulsive, what patient is truly going to read seven pages of meaningless directives—all computer-generated at the behest of bureaucrats? Too often I have seen important details get lost in this sea of pointless verbosity. But, I suppose I should be thankful: at least the hospital is getting reimbursed for satisfying a multitude of government- and insurance-based requirements.

On the horizon for my state is additional legislation. Effective July 1, 2009, even the unconscious patient will need two physicians to deem him incapacitated. Under the old law, one physician could determine capacity and obtain consent from the next of kin. Under the new law, two physicians—or a physician and a clinical psychologist—must attest in the medical record that they have examined the incapacitated patient and determined he lacks capacity to make medical decisions. Even in such clear cases, physicians' clinical judgment is not to be trusted.

Servitude comes in many forms, and I am slowly learning my role as a pawn in the medical system. A pleasant fate it is not, but the reasons for our entering the profession are motivation enough to continue. We must persist in our efforts to free medicine of its undue burdens.

Our patients are our passion. To provide them with the best services known to man, we must fight to protect the sanctity of the patient-physician relationship. Within 6 years much has changed at my hospital. And while the speed of our subjugation is alarming, it is also reason to hope that much can be done in a short period to correct the maladies of our discontent.

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