

From the President:

We Can Win the Battle to Maintain the Practice of Private Medicine

George R. Watson, D.O.

First, “thank you” to all the people who have encouraged and backed me in the transition to president of the Association of American Physicians and Surgeons. Most people “go through the ranks,” but I was given a battlefield promotion one year ago, when President-elect Hilton P. Terrell, M.D., Ph.D., died unexpectedly, at age 63, on Feb. 2, 2009. We remember Hilton as an eloquent defender of ethical private medicine. I pray God’s comfort and blessings to his family.

Just four months ago, many thought that it was inevitable that Obamacare would be signed, sealed, and delivered by Thanksgiving. Then the delivery date was slipped to Christmas Eve. Then Scott Brown crashed the party!

There are so many fronts in the war against the Constitution that we must do our part and, as much as possible, support and encourage fellow patriots who are fighting on other fronts.

Here in Kansas, I am working with state senators and representatives who are moving forward an amendment to our state constitution called the Healthcare Freedom Amendment. One of them reported that 34 other states were in the process of doing the same thing. Arizona will have its Health Freedom Amendment on the ballot in November. Congratulations to all the doctors who worked with their legislators in Arizona to get that on the ballot. One of the proponents, who spoke in Topeka for the Kansas bill, identified himself as a “Medicare recipient” and then amazed many in the group by saying the best way to control costs is to get the government out of medicine. He, and others, reminded people that we have Medicaid for the truly desperate situations, but insisted that private contracting was the way to bring down medical costs.

What do *we* need to accomplish our part in protecting the practice of private medicine? We need more doctors who understand exactly where their finances are right now, as they hang precariously on the government nipple.

The “Medicare recipient” held up a copy of the EOB (explanation of benefits) that detailed his wife’s stay in the hospital. He said, “Medicare only paid the doctor 17 percent of his bill. How long will he be able to stay in business?”

Obama supporters, with the lawyer mentality of “someone has to pay!” want *control* to make the decisions of who will or will not get care.

If more doctors realize that rationing, like charity, is best decided at the local level, they will stop hurrying to grovel for their “place at the table.” I reminded a doctor friend who is “at the table” on behalf of the AOA, “Your hands are already in cuffs with the

thousands of pages of Medicare regulations. Are you hoping that the 2,000 page Obamacare will give you *padded* leg irons?”

What should we be promoting?

1. Patients, not their employers, should *own* their health insurance, just like their auto and life insurance. Layoffs or job changes would then be less challenging, because patients would not lose their health insurance along with their job.

2. Health insurance premiums should be tax deductible for their individual owners, not just for employers.

3. Allowing tax deductions for doctors who regularly provide charity care would help answer the question, “What about those too poor to buy insurance?” By the way, our mission clinic seed has produced a bumper crop of financial blessing in our practice.

4. Tort reform is often suggested, but hardly necessary if you contract directly with your patients. In the past 6 years I had one patient who complained that he did not get the care he thought he should have gotten. I said, “I gave you my time, for which I would like to be compensated, but would you be satisfied if I sent you a full refund for your testing and injections?” He calmed down on the phone and said, “Yes I would!” I sent him the check. A refund is much preferable to hard feelings.

So, how do we help other doctors make the “big step” to independence?

I like to ask, “What percentage of your practice is Medicare (or BCBS)? Now, what if you cancel your contract and lose 20 or even 50 percent of those patients?” If you are getting 17 percent of what you bill (as in the Medicare example above), you could set your new cash fees at 25 to 50 percent of your previous fees and be much better off. Years ago, 10 percent of my monthly revenue came from Medicaid. When I cancelled my contract with Medicaid, the very next month I received *twice* as much revenue in the time slots that Medicaid had previously taken.

I also like to ask, “What will another 21 percent cut in Medicare payments do to your bottom line?” Or, “How much will you get paid when the global payment goes to the hospital to be divided among the ‘providers’?”

And best of all, “Is your medical practice what you dreamed of when you went to medical school?” My practice *is* what I dreamed of. And we have many other doctors who will help *you* have the practice *you* dreamed of when you started medical school.

Won’t you join us in pledging our lives, our fortunes, and our sacred honor to preserve the Republic we received from the original Patriots, so we can present the Republic to our children’s children?

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