From the President

Dialectic of Deceit

Juliette Madrigal-Dersch, M.D.

I received a packet in the mail from one of the big insurers, asking that I consider joining their network. To amuse myself I opened it and read. Attached was a 15-page contract, prefaced by the usual vague assumptions about the insurer and the manner in which it would tell the doctor what to do. The rest, paragraph after paragraph, began with the words, "Doctor shall submit…."

Doctor shall submit. Over and over. The language was so—hypnotic in its repetition and cadence. Doctor shall submit. Like a chant, or a hymn. Doctor shall submit. I thought to myself as I tossed it in the trash, "I will not submit."

Little Subtle Lies

I have been thinking lately about the jargon surrounding the medical field and how the subtle naming of things ensnares the physician into bondage to insurance companies, the government, and pharmaceutical companies, impelling him to act on the demands of everyone except himself and the patient. This contrived and manipulative style reflects the retreat of rights and autonomy.

We are called "providers" instead of doctors. This single, seemingly non-threatening word instantly erases our years of top grade scores, entry exams, expensive and intensive education, highly competitive testing, and unbelievable residency hours—and lumps us in with the physician assistant or nurse practitioner who completes a part-time two-year course.

We "file a claim for reimbursement" instead of expecting payment. For one, it isn't a claim. The doctor actually saw the patient. It is a fact, not a claim. Therefore, when the physician's claim is denied, it implies that the doctor falsely asked for money. If the "claim is clean," the physician is "reimbursed." The term implies that the physician expensed some item on the company tab and the insurer may or may not pay him back. Shouldn't it be a bill and a payment, instead of a claim and a reimbursement?

The term "credentialed" is used by insurance companies to mean we have signed their contract. I have personally never taken insurance, and when patients who do ask their companies how to get reimbursed for my care, they are told by their insurers that I am a "non-credentialed physician." It sounds as if I am not certified to be a doctor. If I heard the term "non-credentialed" about a teacher, I would immediately think less of him; it suggests he is not fully qualified. Perhaps he did not finish school, or lost some credential he used to have. This purposeful misuse of language paints those who don't contract with the insurance company as lesser doctors.

We beg for "pre-authorization" instead of telling patients, "Your insurance company's profits are more important than your health, and it doesn't want to pay for that." Also, pressured by insurers and hospitals, we find ourselves participating in "Quality Control Initiatives" instead of honestly telling patients that cost-cutting measures mean they can't have that treatment. We hear about a QALY (quality adjusted life year) index for deciding when human beings ought to die. "Patient Privacy Protection" is used to describe patient chart confiscation. "Meaningful Use" is used to mean we are following orders. It is the bait-and-switch wherein doctors are bribed, coerced, and threatened into switching to electronic medical records. Upon taking the bait, physicians find themselves targeted by insurers, Medicare recovery audit contractors (RACs), and even prosecutors, who accuse them of fraudulent upcoding. When we adopt these deceptive terms with patients, we ally ourselves with those who would destroy us. We line up against our patients, and we help in our own destruction.

Cursing Our Own House

It isn't just the payers. Hospitals and medical organizations use their own manipulative language. We keep "privileges" at a hospital, as though it is some great honor to work there, as though hospitals could survive without doctors. We participate in "Maintenance of Certification," a fiction perpetuated by once-useful professional organizations that entitles the bearer to claim publicly that he is more "certified" than other doctors. (Meanwhile this same public calls the physician assistant next door "Doctor Cindy," and doesn't seem to mind that Cindy has only two years of training.)

We are called on the floor for "Utilization Review," meaning, "You did too much to try to save that patient." (Yes, the hospital feeds its coffers with overpriced unnecessary procedures, tests, and unwarranted charges, but these are blamed entirely on the doctor.) Indeed in the land of the free, even "free" no longer means freedom. It means "without," as in "sugar-free," "fat-free," and "guilt-free."

Little wonder that Great Britain, so often used as the model for American medicine, has raised the euphemism to Orwellian levels. Britain's National Institute for Health and Care Excellence (NICE) "Liverpool Care Pathway" sends 130,000 elderly to their deaths annually by sedating and starving them. NICE doesn't quite seem the right acronym.

Become a Number, Please

While noting the way carefully crafted words redefine and disrupt the relationship between doctors and patients, I have also been thinking about the numbers we are forced to assign to patients. Individuals and illnesses are reduced to numbers and statistics by the manipulators—gauzy health insurance advertisements with puppies notwithstanding. This is another way industry warps the caring, intensely human art of medicine into a purely analytical, faceless factory. When each person is reduced to a series of procedural and diagnostic codes, there

is no patient, no human being, and no suffering—and caring is not part of the equation. When human beings are reduced to numbers, it does not end well for the numbered.

This Is How We Fight

Language and media have long played key roles in guiding public support of, or opposition to policy, and they are rife with propaganda. Given recent research indicating that coherent thought may be impossible outside of the structure of language, it is extremely dangerous for us to ignore the power of words to mold and direct thought. We must learn to identify deceptive and manipulative language, and avoid falling into arguments or discussions founded on terms designed to mislead. To allow manipulative language to remain unchallenged is to engage in a dialectic of deceit, a debate in which logic is useless and the truth can never be revealed. Adopting the language of our opponents automatically concedes the fight. Are you a "provider" or a doctor? Are you giving away your skills for free, or are you third-party-free?

When encountering manipulative language, mentally identify its strategic purpose, and counter it wherever possible. "Your insurance refuses to cover the medication you need; I'm sorry you have such lousy insurance." When we are aware of the strategy of our opponents, when we are conscious of manipulative or deceptive language, we can refuse to give it validity by repeating it or using it. I don't submit a claim. I send a bill. Better still, point out the farce to patients and colleagues by refusing to use these carefully constructed terms for callously destructive actions.

Agencies survive in one form or another, and grow. Doctors always face interference from those who would insert themselves between us and our patients, but we must make them fight for every syllable. Whether they call themselves Accountable Care Organizations, Medicare Contractors, Ministry for Internal Affairs, National Security Agency, Schutzstaffel (protection squad), or NICE, beneath the veneer of the harmless-sounding name great evil grows unconfronted.

No matter what they call themselves, powerful forces are taking over American medicine and are winning the war of words. Their goal is complete control of our profession, and to that end they have already convinced the public that our labor is the right of every citizen. How long until any transaction between those needing care and those able to give it is strictly limited to the terms of a single paymaster? How long until seeing a patient who pays you directly is a crime?

In the words of Murray Rothbard, who is considered the dean of the Austrian School of Economics, "It will be small consolation to future victims, incarcerated or shot for committing capitalist acts between consenting adults, that their oppressors will no longer be the state but only a People's Statistical Bureau."

We can keep our profession alive, but we must fight the war of words and have the courage to sever ties with third-party puppeteers. Submitting a claim is the same as submitting your training, your experience, your very profession, to the whims of the lowest insurance clerk. I can tell you that this doctor, that this organization, will never submit.

Juliette Madrigal-Dersch, M.D., practices pediatrics and internal medicine in Marble Falls, Texas, and serves as president of AAPS. Contact: julesmadrigal@hotmail.com.