

Doctors Must Preserve the Art and Science of Medicine

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As I pass the gavel to Dr. Melinda Woofter and assume the role of AAPS past-president, a political battle is raging for the heart and soul of America. The next presidential election may well determine whether we remain a free people, or descend into tyranny.

We have witnessed over the last six years an almost complete un-mooring of our central government from constitutional restraints. We are more and more being governed by a ruling elite that is unresponsive to the needs and demands of the citizenry.

The American people rose up in 2010 and 2014 to return control of Congress to the Republican Party. Yet, party leaders just pushed through a two-year budget that funds all of dictator-in-chief Barack Obama's priorities. Congress has relinquished its constitutional powers of the purse, impeachment, and approval of treaties, thus aiding and abetting our unlawful president in destroying our Republic. And the Supreme Court has become a legislative branch, rewriting and inventing new laws on the fly.

"ObamaCare" remains a huge issue for Americans; many have seen their premiums increase while their access to medical care has declined. A relative handful of people have obtained "coverage" under this frightfully expensive and complex law. It's abundantly clear this was never the purpose of the Affordable Care Act (ACA). Rather, the goal was and always will be about increasing central control over medical care. It's also abundantly clear that one of the main reasons Republicans lost the 2012 presidential election is their choice of the only candidate who, as governor, pioneered the "ObamaCare" format in Massachusetts.

The AAPS mission goes beyond politics. No matter who wins any given election, we must protect and defend the art and science of medicine, both of which are under withering assault. But elections do matter, so while I don't think it is proper to use this forum to endorse a particular candidate, AAPS members are encouraged to be politically active in determining the candidates for 2016.

The art of medicine predates the science by millennia. Fundamentally, it is an art of clinical observation combined with experience over years to define patterns of disease known as diagnoses. The accumulated knowledge of physicians, transmitted over the years, enables modern clinicians to make very accurate diagnoses with little more than a directed history and physical exam. The art of medicine includes a large dose of faith healing—that is, the ability of doctors to make patients actually feel better by the simple act of caring. Like all placebo effects, it is large,

and very real. It is also essential and irreplaceable.

The art of medicine is under attack on several fronts. Physicians' time is stolen by unremitting calls for "prior authorization" for routine medications and procedures. The recent change to the ICD-10 coding system eats more physician time. Payment for services has declined steadily, creating the need to increase patient volume, with less time allotted to each patient. Careful diagnosis and creative treatment, not to mention hand-holding, becomes challenging under these circumstances. And the imposition of the electronic health record, with ever more complex "meaningful use" reporting requirements, further erodes the patient-physician interaction. It's hard to find doctors, or patients, who are happy with the EHR.

The scientific basis of medicine had its start during the Enlightenment, and progressed mightily during the 20th century. Gross and microscopic anatomy, biochemistry, physiology, genetics, and pharmacology remain the backbone of the clinical sciences. Molecular biology has opened the window on the almost unimaginably complex workings of the cell, providing some therapeutic options along the way.

But since the start of the 21st century, the science of medicine is being replaced by the cult of "evidence-based medicine." This movement has hijacked the language of science to promote treatments based on population studies. Results from such studies cannot reasonably be applied to individual patients, yet that is exactly what is pushed through "clinical practice guidelines." The latter are little more than drug marketing through the back door and have led to millions of people being treated unnecessarily. These guidelines will be finding their way into algorithms inserted into the EHR to further push this agenda. In their excellent book *Tarnished Gold: the Sickness of Evidence-Based Medicine*,¹ Steve Hickey and Hilary Roberts state:

Evidence-based medicine enjoys considerable support from corporate medicine, governments, and the medical establishment. It is of particular use to such organisations, as its statistical approach provides a legal framework that *aids the management and governance of medicine* [emphasis added]. EBM supports the medical industries in offering a structure for the development and introduction of new drugs and treatments....

EBM provides data that is more suitable for use by governments and large organizations than by practicing doctors. For governments and other

major organizations, limiting the scope of doctors' responses tends to mean that treatments are standardized. This suits politicians, protecting them from claims that different patients get dissimilar treatment. However, it may also mean that the doctor's role becomes restricted to the provision of set treatments, largely determined by EBM....

Gaining administrative control over healthcare may be a primary driving force for the uptake of EBM. In 2006, Dr. Bernadine Healy, former Director of the National Institutes of Health, criticised EBM, suggesting that "the autonomy and authority of the doctor, and the subsequent variability in care, are the problems that EBM wants to cure"....

Not surprisingly, bureaucrats and their medical equivalents love EBM, because of its central planning aspects. Given an opportunity, apparatchiks will take control and exercise their power. Those who support authoritarian control would do well to remember the fate of the former totalitarian regimes, based on central planning. EBM is highly supported by

the medical industries, particularly pharmaceutical companies.

Thus, both the art and science of medicine are undermined by central control of the medical system, which is nearly complete. The only way to preserve these is by maintaining an independent, private medical option. Through a brazen attack on fee-for-service medicine, political authorities and academic medical elites have made clear their intention to destroy private medical practice. The mission of AAPS to defend independent medical practice is based on the finest traditions of our profession.

It is a battle that has never been more critical. We need to use all the available communication tools, including social media such as Twitter (see @dramerling) and Facebook to defend private medicine.

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REFERENCES

1. Hickey S, Roberts H. *Tarnished Gold: the Sickness of Evidence-based Medicine*. Newlyn Research Group; 2012.

AAPS PRINCIPLES OF MEDICAL POLICY

Medical care is a professional service, not a right. Rights (as to life, liberty, and property) may be defended by force, if necessary. Professional services are subject to economic laws, such as supply and demand, and are not properly procured by force.

Physicians are professionals. Professionals are agents of their patients or clients, not of corporations, government, insurers, or other entities. Professionals act according to their own best judgment, not government "guidelines," which soon become mandates. Physicians' decisions and procedures cannot be dictated by overseers without destroying their professionalism.

Third-party payment introduces conflicts of interest. Physicians are best paid directly by the recipients of their services. The insurer's contract should be only with subscribers, not with physicians. Patients should pay their physician a mutually agreed-upon fee; the insurer should reimburse the subscriber according to the terms of the contract.

Government regulations reduce access to care. Barriers to market entry, and regulations that impose costs and burdens on the provision of care need to be greatly reduced. Examples include insurance mandates, certificate of need, translation requirements, CLIA regulation of physician office laboratories, HIPAA requirements, FDA restrictions on freedom of speech and physicians' judgment, etc.

Honest, publicly accessible pricing and accounting ("transparency") is essential to controlling costs and optimizing access. Government and other third-party payment or price-

fixing obscures the true value of a service, which can only be determined by a buyer's willingness to pay. The resulting misallocation of resources creates both waste and unavailability of services.

Confidentiality is essential to good medical care. Trust is the foundation of the patient-physician relationship. Patient confidences should be preserved; information should be released only upon patient informed consent, with rare exceptions determined by law and related to credible immediate threats to the safety or health of others.

Physicians should be treated fairly in licensure, peer review, and other proceedings. Physicians should not fear loss of their livelihood or burdensome legal expenses because of baseless accusations, competitors' malice, hospitals' attempts to silence dissent, or refusal to violate their consciences. They should be accorded both procedural and substantive due process. They do not lose the basic rights enjoyed by Americans simply because of their vocation.

Medical insurance should be voluntary. While everyone has the responsibility to pay for goods and services he uses, insurance is not the only or best way to finance medical care. It greatly increases costs and expenditures. The right to decline to buy a product is the ultimate and necessary protection against low quality, overpriced offerings by monopolistic providers.

Coverage is not care. Health plans deny payment and ration care. Their promises are often broken. The only reliable protection against serious shortages and deterioration of quality is the right of patients to use their own money to buy the care of their choice.