

# Health Care Reform

## What We Risk Losing

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There is much discussion of late about the current efforts at healthcare reform. Strong words have been penned and some of the strongest are directed towards doctors and their views on the matter. As if this discourse were not adequate, we are also asked to focus attention towards bailouts and state budget deficits and trillion dollar price tags hanging on all the options. In such cacophony, it is near impossible to pause and reflect, let alone make associations between and among these major topics. Chief among these commonalities is that the under-appreciation of risk in the financial world with its attendant devastation is being repeated, but in the form of the assignment of value to various parts of the healthcare system. In the former tragedy, risk was quantified and traded and tranced, and yet no one ever imagined that some element of risk, and the certain later loss, could ever be missed by the “quants” working in their offices and lighting the night sky on Wall Street. In healthcare, we speak not of collateralized debt obligations and credit default swaps but access and quality and cost. Just like the failure of Wall Street to fathom fundamental risks, those proffering a rapid confluence of opinion on health care reform are similarly in danger, apparently also blind to the unintended consequences of what they espouse. With any significant change to the healthcare system, the risk to patients (that is, to all of us) is not quantifiable. This merits serious consideration. The goal of healthcare reform is, of course, to help people, but history is littered with the detritus of efforts intending to help, but instead, hurting or destroying those subjects of our benevolence. So, before doctors are singled out for any views they may hold, a serious effort towards understanding the risk to people (also known as patients) is in order.

Medicine is a profession. At the core of medicine’s culture lies the devotion and dedication to people of all races, colors, backgrounds, financial status, and life goals. Medicine’s *culture*, simply stated, is: Physicians choose to devote their learning and skills towards the benefit of others. If that culture is devalued in the process of our reform efforts, then the risks—the *outcomes*—of that devaluation may be devastating. What is at risk? This is shockingly hard to quantify, thus its under-appreciation by the reform quants now working the nights away in Congress.

## What We Risk Losing (cont'd)

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I want to share the essence of a two-year project that we undertook at our hospital in an effort to try to define our own medical staff culture. Without knowledge of this starting point, I knew that our efforts at local reform (called “quality improvement,” which is also a central pillar of the Obama plan for long-term cost containment) would fail outright. Although physicians may be among the first at any dinner party to complain about long days, endless patients, poor payment contracts, and hospital politics, these same doctors show a dedication to their work that is very difficult for nonphysicians to appreciate. This dedication is what I reaffirmed as a result of this project.

In response to the question of how one would define one’s job, we learned that an internist feels that she is “a *guide*,” while another “*helps the sick and injured in their time of fear, need, and weakness without regard to anything other than what ails them.*” We also found that even on their worst days, our doctors tell us that their jobs are “*gratifying, edifying, and delightful*,” and that another doctor on the verge of retirement says that “*this [job] has been very satisfying and had I to do it again, I wouldn’t change a thing.*” A similar sentiment was voiced by a recent addition to our medical staff: “*The best thing I could have done with my life.*” The results of this project strike me as marvelous, saddening, joyous, and at all times deeply affecting. These snippets reflect the culture of medicine in action, the tip-of-the-spear of a millennia-long quest simply to help others. Reform and change carry risk. Unfortunately, some of us at times feel smug in thinking that our ability to quantify and enumerate and parse and reduce medicine to dollars and cents somehow shows that we have measured and scored the risks. This is both dangerous and false.

The essence of medicine is embodied in the narrative above. One doctor tells us that he defines his job as “*obsessive selflessness.*” How much savings are worth the loss of *that* sentiment? The best message, though, is really the capstone to this story. An obstetrician practicing for over 50 years tells us that his job is “*...demanding on my time, difficult for my family, intellectually and physically challenging, fatigue engendering and stressful, saddened at times by profound tragedy, enriched other times by tears of joy, but ultimately is the only thing that is worth doing. Helping others to lead a happier, healthier, more successful life.*” By not taking this heroic verse into account, we do indeed risk more than we understand, and much more than we can afford to wager.

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