

# *Peering over the Ether Screen*

## **Health Care Reform: Not Yet “As Good as It Gets”**

*By Karen S. Sibert, M.D., M.P.H., Associate Editor*

**D**o you remember the movie *As Good As It Gets*? It was a hit in 1997, starring Jack Nicholson and Helen Hunt as an unlikely romantic couple. Despite the joy of watching Nicholson at his quirky misanthropic best, and the show-stealing dog, what I still recall from that movie is the scene with the doctor. The background is that the heroine, a waitress, has a young son who is severely asthmatic. She has no insurance and is constantly in and out of emergency rooms with him. Jack Nicholson's character, a well-to-do author, arranges for a doctor to make a house call—no kidding, a real house call—and start the child on medication that enables him to play soccer and start to lead a normal life. The mother's gratitude is beyond words. For many American audiences, I suspect that it was novel to feel such empathy with a struggling working-class mother trying to get health care for her child.

Now let's go to a darker scenario—from real life this time. If you live in southern California, odds are that you've heard the name of Lily Burk. She was a 17-year-old high school student who was abducted and murdered in July in a robbery attempt. By all accounts, she was a lovely, talented girl, and her loss has touched many people beyond her immediate circle. Who wouldn't feel sympathy for her bereaved parents, who have lost their only child in a completely random tragic event? But that's superficial sentiment, easy to say and to forget. If you think more deeply, it becomes infinitely worse to imagine yourself in the place of Lily's parents; to walk into the room that was your child's, to see her things there, to smell the fading essence of her, and know that she will never come home again. I can say those things because I've been there. I've had that experience—to walk into the room of my dead daughter, and try to figure out how to live the rest of my life with that pain. Believe me, there's a club you never want to join.

But in my opinion, a thinking person needs to try to understand that level of despair before we can get to the point of why health care reform matters. My daughter died suddenly and prematurely, but not because of any medical care she lacked or anything that her family couldn't afford to give her. What I can't imagine is being the mother—or the wife, or the daughter—of someone who died in need of medication or treatment that was available to others who were richer, more successful, or just luckier. I can't imagine having to choose between making my rent payment and filling a prescription, or risking the loss of my job in order to wait for hours with my child in an emergency room because there is nowhere else to get care. Or the grief of knowing that someone

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I loved had cancer or heart disease that was diagnosed too late to make a difference in the outcome because regular, thorough check-ups weren't an option. That is tragic when it happens anywhere in the world, but unconscionable in America.

Now I am not saying for an instant that I buy into the concept of a public plan that will pay anesthesiologists at Medicare rates. Like so many anesthesiologists, I've worked hard to establish my place in a successful group, and spent years making very little when my friends who went straight through the MBA or law school track were enjoying the good life in the '80s. I don't want to see my income drop precipitously, and I especially resent legislators (who seem to enjoy the perpetual largesse of lobbyists) acting holier-than-thou over how much money we make or declaring it's wrong for us to accept a ballpoint pen or a sandwich from a drug company.

Yet much is rotten in the current system. If you read Atul Gawande's recent *New Yorker* article about the Texas town with the highest Medicare spending rates,<sup>1</sup> then you understand one essential fact: Clever people will figure out a way to work around any set of rules. If Medicare keeps cutting payments so that each procedure brings in less for its provider, then somehow more procedures will end up being done, and costs will continue to rise. If an office visit doesn't pay for itself, pragmatic people may choose not to go into fields like family medicine or pediatrics that consist largely of office visits. More Medicare cuts will produce more unintended consequences. General surgeons now receive from Medicare exactly \$16 more—in actual dollars, not adjusted for inflation—for an inguinal hernia repair than they made in 1993. Not surprisingly, general surgery residency slots are going unfilled.

Incentives have very predictable results. For an academic anesthesiologist on salary, the longer your workday, the less money you make per hour. There is every reason to angle for more non-clinical time. The private practice anesthesiologist, if paid proportional to units generated, is motivated to pick up any extra case, and to learn every billing maneuver that can maximize reimbursement. It has not escaped the attention of people in Washington that fee-for-service medical care creates the incentive to provide more medical care. Although it may not happen before I retire, I think that fee-for-service as we know it will fade away. Whether the end product in America is a single payer system, or a network of competing organizations like Kaiser and the Mayo Clinic, will remain to be seen.

The incentives for insurance companies are obvious. They make more money when they deny coverage to sick people, and pay doctors and hospitals as little as possible. The decisions they make can be cruel, and we can only hope

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that future reform measures stop the worst abuses. The employer-based health insurance system worked well for a long time when people went to work for a company like General Motors or IBM, stayed there for decades, and retired with health insurance and a pension. Those days are gone. The hundreds of thousands of jobs lost during this recession are not coming back soon, and the loss of those jobs is accompanied by the loss of homes and health insurance. We have not yet seen the full impact of these events.

Here's my daydream: Just for once, let's look at health care reform and ask ourselves what is the right thing to do? What is the most ethical way to benefit the greatest number of people? In my opinion, that would be to create a system that guarantees essential medical care to all, provides ready access even in the poorest areas, and strongly promotes education and behavior modification to improve health. It would include national tort reform, protecting doctors from having to order every possible test for fear of lawsuits. It would be a system that looks for the most intelligent, dedicated people, helps them undertake the years of training to become physicians, compensates them fairly, and relieves them of the unrelenting financial pressures of fee-for-service medicine. None of this should be impossible in a country like ours, which defines itself by faith in a more perfect union.

What are the odds? Not good, I'm afraid, with health care reform in the hands of legislators and lobbyists, and cynical manipulation of public opinion. The only thing we can be thankful for, as anesthesiologists, is that drastic change for the worse seems less likely as negotiations stagnate. However, the future is far from rosy. My son is a college student hoping to go to medical school. I think he'll be a good doctor someday. I hope he goes to work for the government, because it looks as though that's the only business certain to survive.

1. Gawande, Atul. The Cost Conundrum: What a Texas town can teach us about health care. *The New Yorker*, June 1, 2009.

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