*Presidential Address*

# The Eternal Spiral*

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A TORNADO, a devastating spiral, will uproot most anything in its pathway and bring it crashing down somewhere. Medicine finds itself in the midst of the tornado of bureaucracy, now spiraling as a political football to fall in the midst of chaos and diminished health benefits.

In 1972, the year I was elected Secretary of this illustrious organization, Dr. Walter Birnbaum spoke of the sigmoid curve. I would like today to project this curve into a spiral, a spiral being a "curve traced by a point moving round a fixed point in the same plane, while steadily increasing or diminishing its distance from it."

Perhaps the principal reason for my thinking of a spiral is the general reference to this type of curve in relation to our inflationary behavior, not only from the economic standpoint, but also from the point of view of practically every facet of life itself, beginning with the spiral of the DNA molecule, to the trajectory of the world around the sun. As we progress in our endeavors, we say we progress upwards, not downwards, nor in a straight line, but more commonly in a spiral; sometimes retreating, sometimes approaching, but always with at least some progress towards perfection. So it has been with medical progress through the years; we have had our dark moments, but most have been bright and shiny, just as our halos should be. Yet it is principally due to this progress that we must blame ourselves for our present situation. The American way of life has taught us to "help the underdog" and to refrain from "beating a man when he is down"; but in the heights we as physicians have achieved, we are an ideal target for anyone who would like to throw a missile our way. It is neither profitable nor edifying to degrade or deride an undefined or unfortunate person or group. Let that person or group be one that has become recognized because of its achievements and enviable position in the community, and all the envy, rancor and hate held in by an opponent will be unleashed in an attempt to discredit and level such "high and mighty."

Medicine has been a target since before 1938, when the profession was declared a "trade" in a suit brought by the Federal Trade Commission. Since that time many other branches of government, federal and state, have joined the bandwagon, not because they particularly wanted to, but because they have been led into it by the increasingly vociferous consumer of health care. It is this demand from the American people that has brought so many proposals for a cure to the Health Care System in the form of bills or legislation by Congress. As physicians, we know that the cure of an ailing Health Care System is not simple; evidence to this effect is given by the numerous proposals published in the *Congressional Record*. As physicians, we are well aware that the more proposals there are for a cure, the less we know of the disease. It seems ludicrous that our leaders cannot come up with a unified solution by getting their heads together and thinking as a united group rather than trying the usual "one-upmanship approach" so prevalent among legislators. Recently, there seems to be an effort to throw everything back into the lap of the consumer by increasing his education in the Health System and thereby telling him to fend for himself in this system, as well as in his choice of the latest medical "gimmicks." This is the reason, I believe, that the Federal Trade Commission wants doctors to advertise their wares, their training, and their prices. Once these items are on record, they claim, the consumer can better choose whom he wants to care for his problem. The Federal Trade Commission has forgotten that the reason advertisement was forbidden for physicians early in this century was that it provided numerous avenues for the charlatanism, false claims, and testimonials which spiraled in the 19th and early 20th century. Personally, I am not opposed to educating the public, but I am opposed to dumping the responsibility for the Health Care System in their

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laps. I believe such responsibility must lie in our hands and that our own AMA should continue to lead in this field. I am, therefore, opposed to advertising.

Another spiral that we face every day as practitioners is the spiral in the world of technology (gimmicks, if you will). It is this spiral that has so greatly increased not only the daily cost of a hospital bed, but also, the charges physicians find themselves forced to make for the added responsibility of keeping up and using newer instruments. I am sure you are all aware that hospitals are being asked by the present administration to decrease the present 16 per cent annual rate of cost increase to a less inflationary one which would be closer to the annual rise in the cost of living. The President wants a 9 per cent figure, but a more equitable one would seem to be in the neighborhood of 12 per cent. It might not be long before physicians themselves will be the target, being requested to comply with annual rises closer to the rise in the cost of living. All this is not so bad really, if we in the Health Care System—physicians comprising only 8 per cent—are not singled out for curtailment of our fees. If government (including all legislators, administrators, and justices), business, and the trades would agree to the same percentage of annual rise in incomes we could have no complaint, but this does not seem to be the case. There seems now to be such scrambling to maintain this spiral of inflation that it has now become "the name of the game."

Be that as it may, we physicians can start the ball rolling towards a reduction of the cost of medical care by showing more responsibility in eliminating the unessential frills that we have become used to in our delivery of health care. Perhaps where we fail most is in our complacency and acceptance of the so-called routine testing of a patient. As an example, let us take a hemorrhoidectomy on a 40-year-old man who gives a history of normal health prior to his present problem and who has normal physical and sigmoidoscopic findings. We hospitalize him, and then comes the barrage of routine tests: EKG, chest x-ray, SMA-12 or Hycell-17, urinalysis, and, in most instances, a barium enema or perhaps even a colonoscopy. I'd like to postulate that 99 times out of 100 we can do the same procedure (as we used to) with only the information given by a CBC and urinalysis. You may answer that the shorter way may lead to missing colonic polyps in one of 200 40-year-olds or even an early cancer in one of 500. But does this justify subjecting all the rest of these patients to barium enemas and/or colonoscopies? You may say that one can miss an early asymptomatic heart or pulmonary lesion, abnormal blood changes, etc., but the point is that we have come to rely on a more expensive computerized medicine when we should, as we were taught, rely on history and physical examination, and when found necessary, then go ahead with the appropiate tests. This, of course, is not favored by the hospital laboratories, x-ray departments, or EKG stations, because these tests help to pay for the rising cost of hospitalization and for the enormous increase in hospital personnel deemed necessary nowadays to run these institutions. This might help unemployment, but it certainly creates havoc in any attempt to decrease the cost of health care.

One other example I would like to present to you is that of a 20-year-old girl who has been having lower abdominal pains for several years, is constipated, is an A student in school, is involved in many social school functions, as well as athletics, eats on the run, and has no time for breakfast. How many of this type of person have you seen in your practice, not too many probably, but a few no doubt. So you perform your usual exam, including an abdominal palpation that reveals a "ropey" tender sigmoid. A sigmoidoscopy is negative except that it reproduces the abdominal pains complained of by the patient. You then put the girl on bran, give her some fatherly advice as to the benefits of a good sensible diet, and follow her for a time. The total cost of this care should be around $50.00 maximum. Now compare this with an aggressive diagnostic routine: physical examination, sigmoidoscopy, GI and small-bowel series, colonoscopy and, perhaps, rectal biopsy to the tune of somewhere about 300 or 400 dollars. I will agree that the simpler diagnostic attempt may fail to discover an early Crohn's disease, but the chance that this disease is causing the patient's problem is remote. In the early stages, Crohn's disease in not life-threatening, and the expenditure of the added health care dollars is uncalled for because of the rarity of this particular trouble.

These are just two examples of what we can do to lower individual costs of caring for patients; there are many others I could give that would focus on the use of tests used because of fear of malpractice litigation, dependency on daily "routine" blood or x-ray studies in the follow-up of postoperative patients, etc.. The new sophisticated machines will also be used, not because of absolute need, but because of our medical curiosity for new gadgets and because we have learned to rely on machines rather than on having to think. Much of this has really been forced upon us by the clamor for excellence in health care and by the peer-review systems we now have. It is difficult to try to be reasonable about lowering the cost of illness and at the same time to avail oneself of all possible helpful means to expedite diagnosis and recovery; simply, we

want Shangri-La, but we don't want to pay for it. The advent of the President's boost for preventive care, in my estimation, is not going to reduce the overall expenditure for health care, it is only going to shift the responsibility for it to another bureau in the Department of Health, Education, and Welfare. The more the government becomes involved in health care, the more it is going to cost the American people. Why? Because and assuming that health care will be of the same quality as that we now have from a private sector, the need for the added monitoring and administering of this care will be enormous. Look at how Medicare and Medicaid have failed to lower the cost of health care in their own segments of population. Outside of medicine, look at how the Social Security and postal systems have failed to realize economic feasibility. Our government fails to take notice and learn from other nations that have been burdened by a national health system. This nation seems to strive for bankruptcy and self-destruction, and there may be very little we can do about it, in spite of what one hears to the contrary. Medical care is today the most controversial subject in this country, and it most likely will be for some time to come. Fortunately, health care is only part of the spiral of progress and therefore inflation. Other professions, trades, and businesses will have their respective days as targets once medicine has been swallowed up by National Health Insurance.

Perhaps one of the reasons we physicians were first on the line is because illness is something no one in his right mind asks for, as opposed to his asking for legal care of worldly goods, the comforts of life, entertainment, and the satiation of his various appetites, these being things for which we will work, beg, borrow, or steal.

One other thing that physicians are accused of is the poor distribution of our members. We seem to congregate in urban centers and have little desire to go to small communities, which would not afford the type of life most doctors are exposed to during their training years. The era of the itinerant pioneer doctor is over, for the simple reason that we know too much to be satisfied with the way it was. We are used to modern hospitals, and the thought of going to places where the nearest hospital is 100 miles away does not seem to attract very many of us. In our specialty, of course, there is the added fact that it takes a community of 100,000 or more to necessitate a specialist in colonic and rectal surgery.

So it would seem that the profession of medicine has no friends outside of its ranks. We must be aware of the fact that even though our many patients may love us individually, they do not hesitate to raise their voices individually or in conjunction with civil, consumer or community groups. Why? Because they want all bills that pertain to health care to be paid by someone else, be that the insurance company, Medicare, or Medicaid. Years ago, in order to help pay the bills, the Blue Shield programs were started by dedicated physicians who pledged a delay in the payment of their charges to prevent an early bankruptcy of the program and who took time out from their practices to run what, in reality, were separate insurance companies. The doctors involved associated themselves with people who knew the insurance business and who, along with other specialists, served as advisors and members of the boards of directors. Physicians now compose less than 50 per cent of most of these boards, and there is a clamor by state legislators to reduce their numbers still more. It should be no surprise that in the past year, there have been numerous examples of the role the Blues are playing in joining the mud-slinging games against the medical profession and in trying to disallow procedures that "they" say are unnecessary, without consultation with representatives of the specialties most involved in these procedures. The aim of the Blues is to reduce the expenditure of monies collected for health care coupled with an increase in premiums, so that there will be more money for capital investments and construction of plush buildings for their home bases. They don't mention that the cost of administering these companies is constantly rising.

As the Tower of Babel that came crashing down because of lack of communication, and because of fragmentation, so too seems the spiral of medicine. Due to "spiraling" demands for prolongation of life and improved general health, we have come upon a fragmentation through specialization: the amount of sophisticated knowledge needed and the involved development of techniques demanded today are too much for one person to handle alone. This fragmentation once seemed satisfactory, as our specialty can attest, but fragmentation continues not in medical specialization alone, but in bits of medical practice that are being chipped away from the main body by the independence of nurses, who now are allowed their own practices, by the physician's assistant who may take away parts of practice so as to free the physician for other chores, by the podiatrist who is taking the feet away, the rescue squads who have assumed the initial emergency care, the government who is trying to tell us how and when to practice, the optometrists who want all eye treatment and more recently, the midwives who are trying to take over normal deliveries, etc.. In the future I see endoscopy going the same way; sigmoidoscopy is now in some

areas in the hands of technicians. Fragmentation and the lack of a unified front in medicine (which some physicians in the Southwest have tried to correct by forming a medical union) may ultimately result in the fall of a progressive medical spiral and the creation of a computerized, mechanical medical world controlled by buttons and a lay bureaucracy (a static world, sure, but without that quality we call progress).

I see the erosion of the image of the doctor and the decreasing control of the health care system by the physician as two continuous problems to be fought and, at least, delayed in the medicine of the future. Such a legacy is hard to swallow, since medicine has been a profession particularly admired and respected for generations, ever since the first witch doctor raised a rattle against the evil spirits in us.

In conclusion, we have been singled out once again by the administration, this time to start the ball rolling for the control of the eternal inflationary spiral. We have been asked to stop the waste that is innate to a society that depends so much on disposable materials; we are asked to stop unwarranted procedures, tests, and hospitalization. If we do not make progress along these lines the administration will see to it that legislation is passed to regulate our ways of practice in order to reduce the cost of health care. We have made some progress in reducing hospital costs in the past year, but more progress is needed to show that, we as physicians, can cope with this situation and do not need the extremely expensive "helping" hand of big brother to do our job for us.

One thought I would like to leave with you is that now is the time to start and continue a grass roots revolt by yourselves and your patients by writing or talking to your elected officials and expressing disapproval of the way government is trying to interfere with and take over the practice of medicine. We still have time. What are you going to do about it?

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