Bruising the bond between patient, doctor

By AMY J. ROSENBERG
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WE ARE New Jersey residents who utilize the health-care system. How are we any different than other patients? We are health-care professionals. Dealing with health-care aggravations involves both our personal and professional lives. To us, the biggest loss of all is the doctor-patient bond.

Before managed care, insured patients had choices of doctors and hospitals, no pre-authorization for procedures or services, no networks, and unrestricted psychotherapy sessions.

Today insurance companies restrict these choices, and doctors are usually powerless to override them. Daily, we see restrictions to out-of-network specialists who patients have seen for years, and physical therapy or psychotherapy is cut short due to limits on covered sessions. One friend's insurance company periodically threatens to withhold life-saving medication, requiring her physician to phone, fax, and write letters to reinstate treatment. Patients are often surprised by these restrictions.

Although it is employers who purchase insurance plans and patients who select plan specifics, the physician is perceived as the one denying services. Doctors feel that we have failed because patients cannot get what they need and patients feel betrayed. Those of us trying to help often become targets of anger and frustration. Sometimes we are thrown aside or traded in like a commodity that is easily replaceable. As one patient said, "It's nothing personal."

It is personal. Research shows that patient compliance and satisfaction with health care are associated with the doctor-patient bond. Sacrificing the relationship worsens health-care problems. Keeping this in mind is a start to resolving the health-care crisis.

New Jersey is a forerunner in patient protection legislation. Mother/newborn hospital stays have been extended. Likewise, "drive-through mastectomies" are no longer permitted. Insurance discrimination based on pre-existing health conditions was illegal even prior to federal legislation. Genetic information cannot be used adversely in some circumstances.

We both know doctors no longer doing obstetrics. Without the ability to charge to cover actual costs, malpractice premiums cannot be paid. Likewise, we know gynecologists who have moved to states with lower malpractice premiums, largely due to legislative reform.

Our legislature wrestled with malpractice reform during the 2003 session. Reform failed because of disagreements about limiting awards for non-economic pain and suffering. The Senate passed a bill limiting awards to $300,000. The Assembly tabled the Senate bill with a party-line vote: Republicans were for and Democrats were against. The Democrats, significantly funded by trial attorneys, currently control the legislature, and their version, with no caps on non-economic awards, was passed on March 29, 2004. We fear that with increasing malpractice premiums and other adverse working conditions, circumstances for New Jersey physicians will continue to deteriorate.

Three physicians were elected to our state legislature. We need them to explain the details of the health-care crisis to the public. To have quality health care for ourselves and future generations, we must understand that physicians cannot continue to function effectively with the suffocating costs, the inability to make complex decisions without the threat of personal retribution, and without the rewards inherent in a strong doctor-patient bond. As a result of these circumstances, there soon may be a physician shortage.

We call on New Jersey residents to demand improvement in our health-care landscape. Insist on respect for both doctors and patients. We must all strive to recapture what has been lost. It behooves us all to take a hard look at the way we treat each other and to do something about it. It is personal.

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