

Medicine can't keep silent about money

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Imagine Bill Farmer, his son, David, and several other kids at Yankee Stadium celebrating David's birthday. The Yankees are David's heroes. Farmer spends \$650 for tickets, refreshments and souvenirs.

The score is tied and Derek Jeter is up. Bases are loaded. Jeter strikes out. David is devastated. His birthday is a disappointment. His hero has fallen from the pedestal. Imagine now that Farmer sues Jeter and the Yankees for pain and suffering for failing to deliver what David wanted. Far-fetched? Not in the world of medicine.

Today, as New Jersey physicians again protest rising malpractice premiums, the combination of unmet expectations and money continues to create a dilemma. As a society, we demand immediate access to high-quality medical care while often ignoring the elephant — the cost of that care — standing in the middle of the examining room. Money is an ever-present force in health care, but the topic makes everyone so uneasy that it is rarely discussed openly or directly.

Who should pay for health care? Who is responsible and at what price when the outcome is disappointing? What does it cost physicians to deliver quality health care?

The astonishing increases in malpractice premiums highlight this dilemma. Let's consider the facts. From the beginning, it is expensive to be a physician. The cost of attending medical school varies from \$50,000 to \$100,000 a year, with an average debt of \$92,000 at graduation. Physicians often work 80 hours or more a week, and the costs of maintaining an office vary from \$25,000 to \$35,000 per physician per month.

In the days of generous insurance, the money-caring dilemma was almost invisible. Insurance covered most costs for any health care visit.

Today, payments to physicians are ever decreasing. Yet a patient may discuss multiple problems in addition to the identified complaint to avoid a second visit and co-payment. The physician is expected to listen compassionately and thoroughly but in reality may resent spending the uncompensated time. The invisible force of money is felt but not discussed by both parties.

In all jobs, in all walks of life, there is the expectation of adequate payment for services. Why should that expectation be different in health care?

Psychologists have spoken and written about the money-caring dilemma. It is a reflection of the need to be cared for and comforted unconditionally, particularly

during illness or stress. Patients question if physicians truly care when they are getting paid to do so.

Indeed, physicians provide comfort and are nurturing. But they are paid caretakers as much as both parties might wish caring could be free. Physicians have not sufficiently spoken out about the money aspect of the caring relationship for fear of appearing self-serving. As a result, physicians inadvertently colluded with public expectations that they can, and should, work more hours than the average person, that their sacrifices know no bounds and that money is unimportant.

Anger and discontent about money threaten the very fabric of health care. Research shows that patients' compliance with medical regimens is influenced by their perceptions of their doctor-patient relationship. They are more satisfied with their health care when their physicians are more satisfied professionally. One cause of physician dissatisfaction is decreasing payments. It's a topic discussed in research literature but not in public. So it ends up that both physicians and patients are dissatisfied.

Physician strikes in New Jersey are but one symptom of the money-caring dilemma. Consider Farmer's expectations for Jeter. Does he have the right to sue because he did not get the perfect outcome

although the game was played in good faith? For how much? Will Yankee fans accept higher ticket prices as a result? What is the message to David about heroes falling from their pedestals?

Expectations for physicians have always been high. This is the heart of the matter. As a society, and as individuals, we expect miracles, and modern medicine often delivers. But this cannot always be the case.

As we must come to terms with the malpractice premium crisis in our country, so we must come to terms with physicians' objections to getting paid at increasingly reduced rates that are not commensurate with the demands, risks and sacrifices inherent in their profession. Ignoring the fact that a medical practice is an expensive and time-consuming business does not change that fact.

Forcing physicians to finally speak out about the costs of practice runs the risk of validating patients' notions that physicians are self-serving. Discussions about money and health care must be brought out into the open and dealt with directly. Then we can all get back to the business of really caring.

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