Letters to the editor

"Resilience and leadership for the challenges ahead"

In the Autumn issue of *The Pharos (*pp. 2–4*)*, Darrell G. Kirch, MD, writes movingly about physician burnout, depression, and suicide. In the same issue (pp. 66–7), Paul D. Miller, MD, laments the rise in authority of insurance companies and hospital administrators whom he sees as muscling doctors and patients aside in making medical decisions. While most would agree that what is ailing American medicine is overdetermined, it seems to me that there is an important nexus between the thoughtful observations of Drs. Kirch and Miller: In recent decades, while doctors were busy taking care of patients, corporate actors seized the opportunity to assume a dominant role in the culture of medicine, resulting in many of today's dystopian realities.

What is wrong with the rise of corporate medicine is that free market values, which may be perfectly fine in the making of automobiles (things like the allocation of capital to pay shareholders, advertisers, and executives) have little legitimate place in medicine. The private health insurance industry offers an excellent example: For insurance companies, any thoughtful, market-driven business plan calls for delay, if not outright denial, of benefit payment. The virtually universal experience of doctors, patients, and hospitals bears testimony to this. Yet more problematic is the industry's shameless use of a metric called "medical loss ratio." Defined as that portion of the premium dollar that actually goes to provide care (as opposed to being siphoned off to executives, shareholders, and other overhead), this measure reflected a headlong race to the bottom in the industry until the Affordable Care Act (ACA) limited these excesses.* In short, market-driven insurance all but assures uncertainty and dysfunction in the delivery of care. Health care should be financed as are other public goods like fire and police protection, not in a manner more appropriate to discretionary consumer spending.

Sadly, the wasteful excesses of free-market medicine are not limited to the private sector. In order to survive in this byzantine system, nonprofits have had to bulk up, hiring armies of billing specialists, middle managers, and executives (the latter command salaries that are often commensurate with the excesses of the private sector).[1] While adding lots of cost to the nonprofit's balance sheet, these workers typically deliver no patient care.

What has not changed in contemporary medicine is that doctors, nurses, and other clinicians who work with patients continue to deliver the goods. What *has* changed is that the efforts of these clinicians (the billable life blood of the system) must now support the burgeoning army of non-clinical personnel needed to run the hospital or the practice—is it any wonder that solo practitioners are vanishing? The math simply won't work. Doctors then inevitably fall under the lash of "productivity metrics," feel subjugated by their corporate overseers, and are prone to becoming demoralized. This existential state, of course, looks phenotypically very much like depression.

Kirch looks hopefully to medical leadership. Unfortunately, much of the training of tomorrow's physician leaders seems to emerge from and to replicate the very corporate models that are weighing us down. More unfortunately, the seduction of the board room and of inflated compensation (the golden handcuffs that often seem to bind physician leaders to the corporation) appear at times to distract these leaders from the primacy of patient care and from loyalty to colleagues. If leadership is the answer, it lies more in the model of Moses than of Donald Trump.

Despite this carping, I share Kirch's hope for American medicine. (I *would* do it all over again.) The science that informs our work is breathtakingly exciting, and is just getting better. The scope of our ability to help patients is growing apace (consider the example of childhood

* The ACA penalizes private insurers who deliver less than 80%–85% of premium dollars to actual health care and quality improvement activities. In striking contrast, Medicare, which is what a publicly funded alternative to private insurance might look like, boasts an administrative overhead of 2%.[2] In the gulf between 2% and the 15%–20% overhead of "for profit" systems lies prodigious waste that drives a large part of our country's inordinate spending on health care. Our failure to enact a Medicare-for-all system comes, in other words, at the expense of maintaining a system of corporate welfare for the insurance industry.

leukemias). And we continue to attract medical students and residents who, if anything, are better than we were. I just hope that the excesses and inequities of free-market medicine don't steal their idealism. And I hope, perhaps against reason, that there may be among them a Moses or two who can lead us out of our bondage to the corporation.

References

1. Hartocollis A. At New York-Presbyterian Hospital, its ex-CEO finds lucrative work. New York Times 2014 July 15.

2. A Primer on Medicare Financing. Henry J. Kaiser Family Foundation 2011 Jan 31. http://kff.org/health-reform/issue-brief/a-primer-on-medicare-financing.

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"The tragedy of the electronic health record"

I couldn't resist placing captions on the cover of the Summer 2015 issue of *The Pharos.* I feel it truly represents a capsulized interpretation of the major problems with the use of electronic health records.

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