

# Letters to the Editor

## The practice of medicine in 2023 is corporate business

*(Renewing the commitment to professionalism in the House of Medicine, The Pharos, Summer 2023, pp. 2-7)*

Many inspiring doctors in my generation foresaw a world where physicians and patients formed a mutual bond of trust and privacy.

We aspired to being physicians in the mold of Sir William Osler, Dr. Fuller Albright, and for me at Strong Memorial Hospital, Rochester, NY, Dr. William Morgan (AΩA, Harvard Medical School, 1951).

We presented patients at their bedside, had discussions among peers about management decisions, and provided humanism to our patients who were scared and uncertain about their future.

Over the many years in practice, medicine has changed, and, in my opinion, not to the benefit of our patients.

We are given 15 minutes for a patient if we are employed by a corporation or an academic institution, and those 15 minutes are in large part consumed by the need to concentrate on the electronic health record rather than concentrate on our patient's body language, eyes, or mannerisms that convey how they are hearing our brief message.

Visits are abrupt, and God forbid if a patient brings up a totally separate issue other than what their short appointment was designed to be for (e.g., "Doc, last week my husband died"). "Make a second visit," may be the physician's reply. How defeating is this?

Most, if not all physicians do not want to practice this way—it's not how we were trained.

Yet, financial pressures preclude spending more time, a pressure most often not in the physician's control.

Patients sense these abrupt visits, and are unhappy.

Inadequate compensation has led many very good internists to move to concierge medicine, which is understandable given the inability to financially keep an office open in a fee-for-service practice, but, concierge medicine restricts physician availability to the wealthier.

I wish I could offer a concrete answer to this dilemma.

As a specialist seeing complex patients, I see seven patients/day, most of whom are Medicare patients, which does not give me a high income, my patients are happy with their care and become educated as to the variances of their disease.

I am at a point in my career where I do not need as high an income as I needed when I started, so my situation is not tenable to younger physicians.

So, the takeover of the practice of medicine by large corporations is becoming more prevalent, and the corporations dictate the time their employees can take with patients.

As time evolves, we will see whether this corporate model sustains the fulfillment of physicians and patients alike.

I do not think the corporate practice of medicine is sustainable.

I pray not.

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Dr. Byyny's essay on "Good isn't good enough" in the Spring 2023 issue of *The Pharos* (pp. 2-8) was wonderful, and I am hoping that the initial part of the essay is published in each issue of *The Pharos* until the problems he described are resolved.

I believe his solution is too complicated for the average politician to understand, and would take forever to implement. I think we already have enough bureaucracy (e.g., Department of Health and Human Services; Center for Medicare and Medicaid Services; Federal Drug Administration; Centers for Disease Control and Prevention) to implement a feasible solution. As a start, I suggest AΩA create a committee of five to seven leaders in health care who understand the political process of the United States (e.g., Anthony Fauci; Scott Gottlieb, etc.) to develop a plan of action with a timeline for the implementation of a national plan for health care for all Americans.

Concurrently, I think it is time for us physicians to realize that an underlying disease prevalent in society is responsible for the defects in our system that caused the breakdown in delivering healthcare. The disease is greed. It is time we members of AΩA spend less time on the esoteric and begin focusing on ways to understand and immunize society.

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