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## A DOSE OF COMMON SENSE

By Lawrence D. Blum, M.D.

After coping with cardiovascular disease for 38 years my father-in-law suffered a massive stroke that killed almost the entire left side of his brain, leaving him irreversibly comatose. His doctor conscientiously, graciously, came into the hospital at two o'clock in the morning, but then, alarmingly, told me, "Don't worry, we'll do everything we can to assure a full recovery." Although it was obvious that recovery was impossible and Max would never again be able to talk, understand, feed or toilet himself, in the next couple of weeks he was given further CAT scans and MRIs, cardiac evaluations, and other tests. My father-in-law did not want to be a "vegetable," and by nature he was frugal. He would have been furious. Americans paid a whopping bill. But at least we were going to *do* everything.

Americans like action. While European movies can be "talky," ours are full of shootings, explosions, and chases. American medicine follows suit. It is full of procedures, be they life-saving, useful, needless, or harmful. Insurance companies and medicare pay American hospitals and doctors and to perform procedures, but they pay almost nothing for listening, talking, and thinking. Ordering a new test is much easier than thinking about, or discussing, the results of yesterday's test.

Aging and ill Americans now have the benefit of remarkable, but expensive, new medical technologies. This *doing* can be lifesaving, but costs a fortune when done thoughtlessly, and even more when done with a profit motive. American doctors reflexively order many more tests and procedures than their counterparts in other developed countries. They order still more procedures when they own, and profit from, the facilities that perform the procedures. Yet the United States lags far behind on measures of both public health and satisfaction with care.

Insurance companies add to the problem, extracting healthcare dollars for investor profits, stock options, and advertising. In vain efforts to rein in the costs of so many tests and procedures, they employ armies of non-productive functionaries and force doctors to do likewise; it may take ten people to record, bill, justify, and pay for your medical visit. Ultimately, insurance companies add 20 to 30 percent to the healthcare bill, compared to the 2 to 3 percent overhead for the non-profit, government-administered Veterans Administration and Medicare systems. (They are, however, similar to medicare in that they overvalue procedures and undervalue listening, talking, and thinking.) To compensate, insurers ration care. They deny it to those with pre-existing conditions, and of course to the scores of millions who can't afford the premiums. They even limit (ration) the choice of doctor. For many of our citizens, we have the most rationed healthcare in the developed world. And the rationing raises costs further: the uninsured

receive their healthcare in the most expensive places - emergency rooms, refined temples of urgent *doing*.

In psychiatry, ill-considered attempts to decrease costs have rationed the thinking approach almost out of existence. Psychiatrists who work with insurance companies are required to *do*, to write a prescription, in minutes. Insurers require that listening, talking, and thinking - such as psychotherapy - be done by those with the least training, the cheapest to hire. This is not only a victory for action over thought, but also the triumph of unfettered free-market ideology in medicine. The short-term savings are transferred to investors; the costs of illness and poor treatment are borne by everyone.

There are no simple solutions, but attention to a few principles would help enormously. First, doctors must be paid to listen, talk, and think. This would promote more humane medical care, better doctor-patient relationships, and better understanding of patients' concerns and conditions. With this better understanding fewer unnecessary tests and procedures would be performed. (When Dr. Jones has the time to understand that Mrs. Smith's periodic headaches occur mainly when her husband angers her, an MRI may be less urgent.) Requiring doctors and hospitals to rely on expensive procedures for income must be corrected.

Tort reform would help doctors not to order extra tests out of anxiety about lawsuits. And proper regulation could stop drug companies from pushing consumers to demand, and doctors to prescribe, fantastically expensive new drugs that have no advantage over safe, cheap, older drugs. Correcting the thinking-doing disparity can bring us better care at lower cost.

We should also give up on the tremendously costly fantasy that healthcare is a market commodity. It takes only a moment's thought to recognize that doctors' and patients' decisions about medical care are not, and should not be, simply based on economics. The unthinking free market fantasy also appears to justify the existence of for-profit insurance companies in the area of healthcare - a questionable notion that it is usually taken for granted.

Adopting these principles might save enough money to pay for healthcare for all. Although my father-in-law benefited greatly from advances in medical technology, in his last days he was subjected to well-intended but unthinking, heedless, costly excesses of it. Let's find a better way.