

# We Are Not the Enemy: A Medical Opinion

A doctor argues that by demonizing physicians, the Clintons can't really reform the system

BY MELVIN KONNER, M.D.

**W**hat is going to happen to health care? Hillary Rodham Clinton is a brilliant lawyer and leading child advocate; in health, she is an amateur—her previous experience is minimal. No matter how quick a study she is, or how many people she consults, she can't learn enough in three months to solve this enormous set of problems.

Mrs. Clinton's biggest mistake is that she is evidently declaring war on doctors. Doctors are not the enemy. They are the officer corps of our own health-care army. Their morale is so low you can barely find it anymore. They are overwhelmed with insults and bureaucratic hassles—especially from 1,500 superfluous private insurance companies. True, some doctors are greedy. But most are making low to reasonable incomes doing the hardest job in the world—and the one that requires the most training. We have got to stop attacking them.

At least the Clintons consult top soldiers about force in Bosnia and gays in the military. Where are the liberal leaders of American medicine and public health? I'm not talking about the profitmaking doctors who dominate the AMA; I'm talking about the dedicated, selfless women and men who badly want real change. The key consultants to the task force are insurance-company executives. There was a photo in *The New York Times* under the title, HILLARY CLINTON'S POTENT BRAIN TRUST ON HEALTH REFORM. Of the 11 named, four were insurance-company executives, two more were from PepsiCo and General Electric and one was from the Pharma-

ceutical Manufacturers Association. Some brain trust; it should have been called the profits trust. No wonder they tried to hold their meetings secretly. Patient choice and physician morale are the two lowest items on their agenda. The people Mrs. Clinton is consulting most actively are the same people other countries have simply kicked out of health care—with excellent results.

Doctors of course do not have all the answers, but the Clinton people clearly have very few of them. The tragedy of the uninsured and the comedy of cost control are only two of the major ills:

■ Trust between doctor and patient has broken down on both sides. Increasingly cold and transient encounters characterize what was once called healing. Millions of people go to quacks just for a kind word.

■ Grotesque imbalances tilt medicine away from primary care and prevention and weigh heavily against public health. Dubious high-tech procedures displace proven tactics any family physician or nurse practitioner can perform.

■ Doctors live in fear of litigation and defensively drive costs up, trying to leave no can unturned. Yet litigation compensates few of the wronged patients and punishes few of the bad doctors.

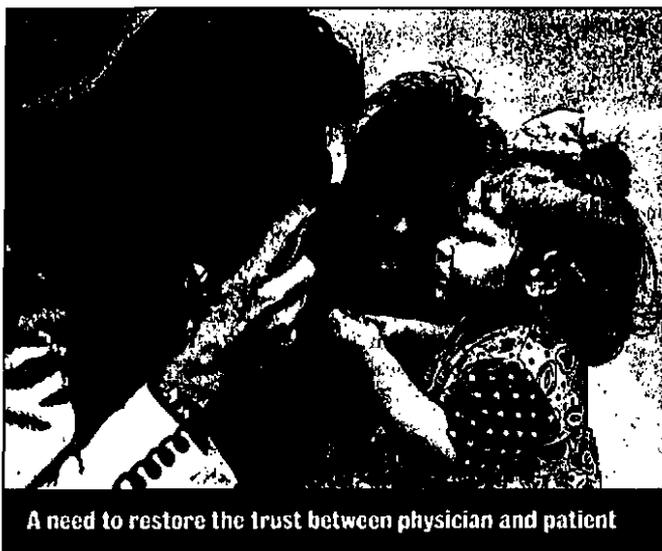


■ While experts bicker about whether the FDA moves too slowly with new drugs, surgical and diagnostic procedures are implemented and paid for year after year with no scrutiny at all. Coronary bypasses, angiograms, Caesarean sections, prostatectomies and other invasive procedures are done thousands of times a year more often than they are indicated.

■ We tie health insurance to employment, a disastrous choice in every way, keeping people in jobs they detest and giving employers the most unfair sort of leverage.

■ And we shovel a fifth of our precious health-care dollars into the administrative furnace of private insurers, a vast, parasitic bureaucracy that dumps truly sick patients and those at serious risk, almost at will. Insurance-company bean counters and health-care "providers" dance around each other in a macabre minuet that saps the spirit of health professionals.

Most of these problems will not be solved by anything the Clintons are doing, but there is a solution under discussion in the Congress. It's the American Health Security Act of 1993, introduced by Sen. Paul Wellstone of Minnesota, co-signed by Sens. Daniel Inouye, Howard Metzenbaum and Paul Simon. This is real reform, not minor tinkering under the direction of the insurance companies. It resembles, but does not mimic, the Canadian plan—a single-payer system administered at the state and local levels. It leaves patients free to choose, while controlling costs and covering everyone. Most important, it takes the insurance companies out of the decision-making loop, freeing doctors to do what they love best: doctoring. Paradoxically,



A need to restore the trust between physician and patient

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doctors will have far more independence under the Wellstone bill than under the Clinton reforms. If we don't pay attention to this kind of reform now, we'll simply be forced to after the Clinton reforms fail.

The current health-care crisis is a major illness. Managed competition is a Band-Aid. America urgently needs a more sensible, serious and informed intervention—not the minor tinkering of managed competition that leaves the greatest inequities and waste of our present system virtually intact. In Canada, payment is government regulated; medicine is private, doctors independent and patients free to choose. We've heard that the Canadian plan would give us the compassion of the IRS and the efficiency of the post office. More likely, it would be the prices of the post office and the efficiency of H. Norman Schwarzkopf's army—good enough for government work or any other sort of work. As for compassion, it would be hard for us to do worse than we do now.

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