

Health Care Reform— Let the Right Voices Be Heard

Peter D. McCann, MD

In the din over health care reform, many voices are competing to influence the agenda. Two aspects of the reform have particularly piqued my interest and call out for a clear voice in the cacophonous debate.

The first is the so-called “death panels” describing a provision in the original House of Representatives bill recommending that a patient and his/her physician engage in “end-of-life” discussions. That such an important and frequently neglected topic be included in the health care reform debate was not only reasonable, but imperative, as 30% of the annual Medicare budget is spent on patients’ last 6 months of life. Better that patients make such end-of-life decisions themselves with the help and counsel of their physicians before being incapacitated by illness and unable to make informed choices. That such discussions were deemed “death panels” was irresponsible and misguided. A “panel” of experts to determine who will live and die was never suggested. What was recommended was Medicare financing for some discussions between the patient and physician regarding how the patient, not the government, wished to determine his or her course at life’s end.

In fact, such “discussions” regarding patients’ rights to review options and set the terms of their own care at the end of life have been standard practice in hospitals (and law in New York State) for many years in the form of advance directives (ie, instructions made by an adult relating to the provision of health care in the event the adult becomes incapacitated), do-not-resuscitate orders, and hospice care. That this provision was dropped from the health care reform bill does a serious disservice to patients and to society at large. The patient has lost a voice in the health care debate.

My second concern regards “ineffective” care. It has been estimated that 30% of the \$2 trillion our country spends on health care is wasted. That \$600 billion in waste is thought to be more than enough to cover the cost of providing coverage to the estimated 50 million Americans who currently are uninsured. I believe all



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of us would agree that there is plenty of fat in our current system that could be trimmed with no compromise in quality—whether or not it is 30% of total expenditures may be disputed, but none of us would doubt that there is considerable unnecessary care that affords no benefit to the patient.

My concern is who determines what is “wasteful” treatment? I believe that practicing physicians and surgeons must become involved in these discussions and not relegate indications for assessment and treatment to governmental agencies or insurance bureaucrats. For example, who better to determine the appropriate evaluation and treatment of a patient with, say, a rotator cuff tear than an orthopedic surgeon? The American Academy of Orthopaedic Surgeons (AAOS) maintains a strong voice in the debate, and one can review the Academy’s stance in its *Position Statement: Principles of Health Care Reform and Specialty Care* (available at: www.aaos.org/about/papers/position/1176.asp).

The AAOS has taken an active role in the setting of evidence-based guidelines for the appropriate treatment of musculoskeletal conditions. By “guidelines,” I mean principles of treatment based on “best practice” in the published literature, not rigid dogma dictating one particular treatment, that help individual orthopedic surgeons make the best decision in the care of our patients.

At this crucial time in the health care debate, Congress needs to listen to the “right” voices: those of patients and doctors. Patients need a proper forum to discuss end-of-life decisions, which are never easy but are best made by them themselves with the help of their physician. Doctors must have a seat at the table in the health care debate and not cede the decisions on effective treatment to nonmedical personnel. Only through direct involvement and the peer review process can physicians and surgeons insure that our society achieves cost savings in health care reform without sacrificing quality of care. ■

Dr. McCann is Editor-in-Chief of this journal and Chair, Department of Orthopaedic Surgery at Beth Israel Medical Center, New York, New York.

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