

## Musings on Healthcare Reform

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Over the past few months I have been captivated by the healthcare debate. The stakes are high, as the future for both physicians and patients hinges on the outcome. Therefore, regardless of political persuasion, the whole process is sure to be rife with uncertainty and anxiety. When I discuss the issue of healthcare reform with other physicians, they have many questions. With changes to the system, how will our ability to make treatment choices be affected? In our current system, one of the most burdensome tasks is obtaining prior authorizations for procedures or medications. We like our autonomy; will this change for the better, worse, or not at all? How will our income be affected? Physician reimbursement is one of the major sources that will be evaluated as entities try to curb cost. Will the government be any better than insurance companies? To use a simile, would it be just like the new boss in *Animal Farm*.

As with the advent of a new scientific discipline, we have been introduced to a new lexicon: deficit neutral, robust public option, not-so-robust public option, sustainable growth rate formula, cooperatives, level playing field, “Cadillac” insurance plans, death panels, negotiated versus non-negotiated rates, Olympia Snowe, US Senate Finance Committee, reconciliation, filibuster, and so on. Sometimes you need a dictionary just to keep up.

As the debate has progressed, several thoughts have come to mind as I try to make sense of everything.

1. Will I have to pay more taxes to fund a healthcare system that will pay me less?
2. Can you spend more than \$1 trillion and yet come out even? If so, I would like to learn that trick.
3. If there is all this fraud in Medicare, why didn't anybody deal with it yet?
4. If insurance companies wasted less money in requiring prior authorizations that they usually approve anyway, could they charge less for premiums?

5. Insurance companies would make fewer profits if they always paid physicians according to our contracts with them.
6. Some politicians claim that the government can run healthcare more efficiently, yet Medicare will be bankrupt soon. If Bernard “Bernie” Madoff told me he had some new ideas and asked me to invest with him now, I probably would not do it.
7. In Canada the physicians make less, but they get more vacation time. Just a little consolation.
8. If we put a tax on some of our politicians' cosmetic procedures, we could raise a lot of money. That is, if they remember to pay their taxes.
9. When I watch cable news network interviews, I hear many things that I do not entirely believe.

In the battle over healthcare, there are several principles upon which many agree. We should find ways to insure those who cannot afford healthcare insurance or those who have lost or been denied coverage. We should find ways to regulate insurance companies so that they provide the proper care that their covered individuals expect and deserve. Most physicians want to see tort reform and want to maintain their autonomy and income. As for the rest, time will tell. It should be noted that the American Academy of Dermatology (AAD) has done an admirable job in representing our interests in Washington, DC. With every major political movement around healthcare, the AAD has communicated with the membership. The updates have summarized the content of the particular bills and decisions, and have discussed the AAD's stance and actions related to these particular issues.

When I was in medical school, one professor aptly described the problem with healthcare in the United States: limited resources, unlimited demand. Twenty years later, the issues still remain. There are no easy answers; only difficult choices. What we are witnessing now is probably only the first step in an incremental process that will take many years to evolve, as processes such as Medicare and social security did. I urge everyone to actively follow and stay involved so that we may help to shape the best system possible.

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