Resignation to Cuts Is Pervasive

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tire as early as I had hoped to. That's a major thing. I think most physicians want to retire around the age of 60 or 62.

"I'm 55 and I just don't see that happening for me."

Dr. Flood said that he worries he won't be able to compensate his small office staff at the level they have come to expect and that he has been proud to offer them.

If the 10% cut to fees under Medicare goes through, "I would probably have to lay some people off in a hurry."

For Dr. Sandeep Gupta, a private practice rheumatologist in Long Beach, N.Y., the most distressing element of the continuing cuts in reimbursement is that "we get paid here to do, not to think." Rheumatology is a cognitive specialty, he said.

Proceduralists will find a way to deal with looming cuts or with reimbursement that doesn't match inflation, Dr. Gupta commented—they'll simply do more procedures. But rheumatologists are in a different situation.

"I actually get paid for my thinking and that seems to be the most endangered portion of medicine. That's the real problem with these cuts. They will teach us to think even less."

Despite his frustration over cuts to Medicare fees, Dr. Gupta, who has been the only rheumatologist in his city of 35,000 people for more than 3 years, said he has become resigned to reimbursement cuts, both those that have already taken place and those slated to take effect this July.

He said he has not felt the need to run a thriftier practice. There is not much fat to cut, anyway. "It just isn't possible. What would you do, you'd start attending all the calls by yourself? That wouldn't happen." He agrees that health care spending is out of control. "A lot of money has to be saved and I'm not against that. But there are lots of other places.

"There are lots of other ways [than cutting reimbursement]."

Nevertheless, despite reports of their colleagues refusing to take on new Medicare patients or even severing ties with their current Medicare patients, none of the three physicians interviewed for this article has opted to go that route—yet.

Dr. Gupta said, "There's no such thing as, 'I'm not going to accept new Medicare patients.'… If one is closer to retirement one [could do that].

"But for people who have a prolonged life in medicine ahead of them, it's very hard to plan to not take patients, unless your practice is absolutely full," he added.

Dr. Goldman agreed. "I have not restricted my access to Medicare patients. They can get appointments any time of day. … I could limit the number of Medicare patients I see, [but] I don't think that's right. There are doctors out here who are not taking Medicare and I say to them, 'What are you going to do when *you're 65*?'"

Especially frustrating to Dr. Goldman is the seemingly widespread perception among the public and lawmakers that physicians afford a lavish living and are merely whining about a cut in already large salaries. "We have a very conservative lifestyle," he said, referring to himself and his wife.

Dr. Flood echoed Dr. Goldman's sentiment. "I come from a really poor family," he said. "When I was an intern I was earning more than anyone in my family had ever earned." But times have changed. "[Now,] I make enough to support myself and my wife. We're fairly frugal," he said. "That allows me to pursue my hobby of rheumatology." ■

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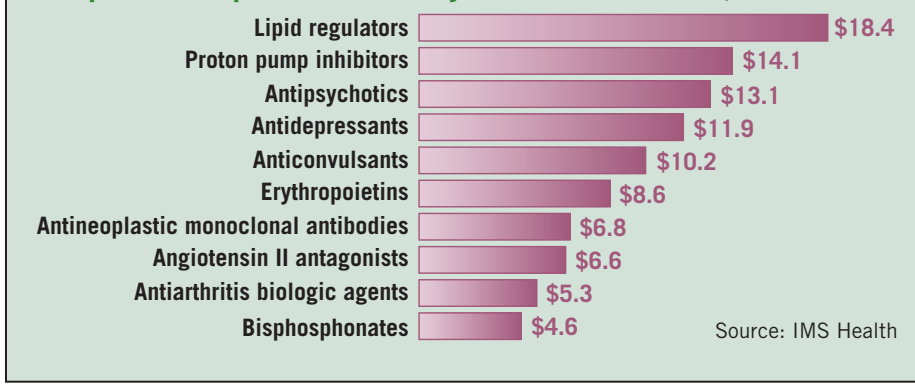

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