

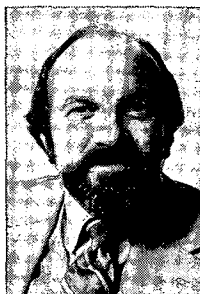
Editor's Page

Gold And Iron

On May 5, 1975, an editorial was published on these pages, which I called "Chains of Gold." It is more pertinent now than ever, and the following are some excerpts from it:

"A revolution of expectations is taking place at this time, as a result of which the population expects, as a matter of right, to obtain good medical care. Yet, society seems to have neither the means nor the personnel to deliver what is directly and indirectly promised."

"Government and third-party payers have come into the picture and have demanded with increasingly loud voices the right to make decisions about the services for which they are paying. 'He who pays the piper calls the tune,' said they in effect. The independent judgment of physicians and the nature of their relationship with patients are being limited in a thousand and one ways by fiscal policies of insurance carriers and government. Reformers and bureaucrats have substituted their own judgment for that of physicians, and have presumed to be capable of deciding what is important and what is not in the practice of medicine. At best, they are well-meaning,



DR. BAR-LEVAV

NON-PROFESSIONAL JUDGMENT IS INCREASINGLY DETERMINING HOW MEDICINE IS TO BE PRACTICED, AND THIS TREND WILL WORSEN UNLESS THE POWER OF THIRD PARTIES, NOT ONLY BC-BSM, IS BROKEN.—

but totally unqualified to make such judgments. At worst they are jealous of the prerogatives of the honored profession of Medicine, the relatively high incomes of the physicians and their prestige."

"Physicians cannot alter such actions of others, except as individuals participating in the political process. But physicians must assume full responsibility for being seduced into participating *with* others in the corruption of their profession. By willingness to accept payments from third-parties, whether insurance companies or government, physicians have in effect given such others a great deal of power to determine how medicine is to be practiced. They have also in effect given up much of their right to decide the value of their time. Worst of all: They have allowed an outsider to come between them and their patient, thus destroying the intimacy and threatening the mutual trust that were the cornerstones of this relationship."

"Had physicians insisted on accepting payments *only* from patients, and categorically refused to accept any and all money sent to them directly from third parties, they would eventually have forced government and insurance carriers to compensate the patient rather than the doctor. But the lure of guaranteed, lump sum payments, was apparently too great a temptation."

"Physicians may not have realized in deciding to accept third party payments that in doing so they are also accepting chains on their freedom to practice their profession with dignity, and to live their lives with self-respect. The chains are chains of gold, but they are chains nonetheless."

Now that a concerted and serious campaign is being mounted by the UAW controlled Blue Cross-Blue Shield of Michigan in its attempt to force physicians to practice medicine according to its dictates, the gold chains begin to hurt as they choke us. At long

DETROIT MEDICAL NEWS

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SPECIAL MEETING MSMS DELEGATES

United Effort Against Blues

**FOLLOWING IS THE REPORT OF
MSMS NEGOTIATIONS CTTE
AND ACTION OF MSMS HOUSE
OF DELEGATES—OCT. 26, 1977
REACTION TO NEW BCBSM
REIMBURSEMENT POLICIES**

**EXTRACTS FROM THE REPORT OF THE
COMMITTEE ON NEGOTIATIONS**

Principles Involved:

- A. The patient's freedom to choose a physician should not hinge on that physician's choice of participation or non-participation in any insurance company program. The Michigan State Medical Society strongly opposes the concept of discrimination in the reimbursement of participating vis-a-vis non-participating physicians. We see this as a restriction in the numbers of physicians available to administer care. This will ultimately lead to the deterioration of medical care in Michigan.
- B. MSMS opposes the attempt of BC/BS of Michigan to influence a patient's choice of physicians by the publication of a list of participating physicians.
- C. MSMS opposes the rationing of medical care in Michigan. The Target Limitation on Expenditures, with its budgetary limitations, restricts the utilization of medical services. The TLE disregards the patients' needs and the quality of medical care.
- D. MSMS opposes interference in the patient-doctor relationship by any commercial firm or government, regardless of intent. BC/BSM's recent efforts to institute the vision and hearing programs clearly indicate to us that this is its direction.
- E. MSMS opposes the unequal benefits for subscribers who pay the same premium.

APPROVED ACTION:

That the Council of the Michigan State Medical Society, in consultations with Legal Counsel, undertake on behalf of MSMS members and their patients, legal activities, including lawsuits, expeditiously and in such courts as they deem appropriate. And further resolved to take proper steps to fund those activities.

**APPROVED FROM THE WAYS
AND MEANS COMMITTEE:**

A dues increase of \$35.00 to be billed on December 1, 1977. These funds will be used to fund these legal activities.

APPROVED ACTION:

That the House of Delegates recommend that all physicians in Michigan withdraw their participation from BCBSM.

That the House of Delegates instruct the Committee on Negotiations to begin direct dialogue with key BCBSM subscriber groups in order to provide medical input into service benefit programs.

That the House of Delegates instruct the Council to urge Michigan business and industrial employers to seek MSMS advice in selecting carriers for health insurance programs (Resolutions 77A-19 created an MSMS health Insurance Evaluation Program.)

If the differences that currently exist between BCBSM and physicians cannot be resolved, that the House of Delegates authorize the Council to recommend the membership no longer complete BCBSM claim forms, but complete acceptable and approved forms, and further that the House of Delegates authorize the Council to investigate a model health insurance plan to replace the BCBSM 94000 group plan for MSMS members via the Michigan Physicians' Mutual liability Company or other carriers.

last, when no other choices remained, the difficult step of de-participation with the Blues has been taken. The lure of the single "screen," eliminating area and specialty differentials, which was cleverly introduced to trap some physicians into participation has failed. The seductive carrot did not hide the threatening club. This well-timed effort to divide and conquer and the designs on Ophthalmology, Otolaryngology and Psychiatry, the weaker fringes of the profession which, Amalekite fashion, were attacked first, were recognized for what they really were. But, the plan to pressure physicians to yield and to join is still very much alive. Quite understandably, like consumers everywhere, they would like to determine how much they will pay for what they are buying. They are trying, in this blatant power play, to impose their wishes on physicians, who up to now were known to be naive and divided.

Non-physician negotiators of big business and of big labor arbitrarily decide on budgetary, rather than on medical, grounds which benefits to offer, and how much they will pay, and they expect physicians to deliver under the force of their economic pressure. BCBSM is used as their handmaiden in an attempt to coerce physicians to go along. Arbitrary new limits on out-patient psychotherapy have also just been set, for they can easier understand the importance of in-patient hospitalizations in the treatment of mental illness, ignoring the fact that it is much more expensive in the long run. They are not willing to pay for what they do not understand. Non-professional judgment is increasingly determining how medicine is to be practiced, and this trend will worsen unless the power of third parties, not only BCBSM, is broken. The historic decisions taken by the Michigan State Medical Society House of Delegates on October 26, 1977, in defense of good medicine, are but a beginning. The war starts now in earnest.

Young physicians, foreign graduates with language difficulties, inner-city and hospital based physicians have all accepted too easily the available money from third parties, ignoring the price. Extra hardships would be imposed on such physicians if they courageously refused payment from anyone but their patients, because of the special circumstances of their practices. But it is becoming increasingly clear, even to them, that the alternatives will soon force them into the role of powerless employees, lacking the ability to exercise independent professional judgment. Their financial rewards would also soon be determined by arbitrary decisions of hostile administrators, always short of funds.

The editorial of May 1975, seemed extreme to some, strange to others. It no longer is. Medicine as an independent profession is now being tested. Those willing to continue accepting arbitrarily imposed practices and fees will find life easier for awhile, like contented cows, but it should surprise no one if they will soon be led to professional slaughter.

If medical education did anything, it should have imbued us with a basic appreciation for the uniqueness of every individual and for the need to treat him respectfully as such. Bureaucratic guidelines are not a suitable substitute. The only practical choice is de-participation. Physicians will have to trust their patients again to pay them directly. Patients will be responsible for collecting from insurance carriers, and they, not physicians, will struggle with them to be paid. The intimacy of the doctor/patient relationship which is an essential ingredient of good medical practice will be restored when third parties are left out of it.

The real test is now. Short-term financial advantages of participating in BCBSM plans will all have to be paid back, with very high interest, once the Blues gain the power to control the profession. The glitter of gold should not blind any of us to the need to forge weapons of iron required in this war. Courage and an iron determination will eventually break the gold-plated chains.

R. Paul Levin M.D.

MICHIGAN CRANIAL, FACIAL, CERVICAL PAIN DYSFUNCTION SOCIETY
MICHIGAN ACADEMY OF GENERAL DENTISTRY
ST. JOSEPH HOSPITAL MEDICAL EDUCATION DEPARTMENT
present

MULTIDISCIPLINARY MANAGEMENT OF CHRONIC HEAD, NECK AND JAW PAIN DYSFUNCTION

JANUARY 20, 21, 22, 1978

ST. JOSEPH MERCY HOSPITAL
900 Woodward Avenue, Pontiac, Michigan 48053

Introduction

Recent research and surveys have shown that over 50% of all patients who are admitted to hospitals under the care of a physician or dentist are suffering from some form of chronic head, neck and jaw dysfunction.

This three day symposium is designed for physicians and dentists to better understand the altered pathological, physiological, psychological and biochemical mechanisms which have created this diseased state and the treatment of these conditions.

— PROGRAM —

FRIDAY, JANUARY 20

8:30-11:30 **Dr. George Goodheart**, Author of "Applied Kinesiology" Topic: "Applied Kinesiology Temporomandibular Joint Syndrome"

11:30-12:00 **Questions**

12:00- 1:30 **Lunch**

2:00- 3:15 **Dr. Fred Mitchel**, Dept. of Biomechanics, Mich. State Col. of Osteopathy Topic: Cranial Osteopathy

3:30- 5:00 **Dr. Al Fonder**, Asst. Prof. of Dentistry Topic: Craniocervical Mandibular Syndrome Relating to Systemic Stress and Spinal Posture

5:00- 5:30 **Questions**

SATURDAY, JANUARY 21

8:30-11:30 **Dr. Hans Kraus**, Formerly Clinical Assoc. Prof. Emeritus of Rehabilitation Med., N.Y. Univ. Col. of Med., Topic: Back and Neck Pain Etiology Diagnosis and Treatment

11:30-12:00 **Questions**

12:00- 1:30 **Lunch**

2:00- 3:15

Dr. Simon Markovich, Clinical Assoc. Prof. of Neurology, Univ. of Miami, School of Me., Miami. Topic: Craniofacial Pain

3:30- 5:00

Dr. Harold Arlen, Clinical Asst. Prof. of Surgery (Otolaryngology) CMDNJ—Rutgers Med. School. Dir. of Otolaryngology, Raritan Valley Hosp., Green Brook. Diplomate of the Amer. Board of Otolaryngology. Topic: The Otormandibular Syndrome

SUNDAY, JANUARY 22

8:30- 5:30

Dr. Harold Gelb, Clinical Prof., Dept. of Prosthodontics, CMDNJ—New Jersey Dental School. Dir. of Temporomandibular Joint Clinic, Dept. of Otolaryngology, N.Y. Eye and Ear Infirmary. Topic: Cranio Mandibular Ophthalmics Diagnosis & Treatment.

— GENERAL INFORMATION —

Meeting Place—St. Joseph Mercy Hospital, Pontiac, Michigan

Tuition—\$300.00 (Lunches included); \$250.00 if paid before January 1, 1978.

Credit—21 hours credit for American Academy of Family Practice

21 hours credit for American Academy of General Dentistry

21 hours credit in Category 1 for physicians

Inquiries—Dr. Joseph Gantz, 37380 Glenwood Rd., Westland, Mich. 48185 (313) 722-5130.

MULTIDISCIPLINARY MANAGEMENT OF CHRONIC HEAD, NECK AND JAW PAIN DYSFUNCTION

Name _____

Office Address _____

City _____ State _____ Zip _____

Telephone No. _____

Name(s) of additional guests attending _____

Accommodations desired Yes No