

## PRACTICING SANELY IN A MAD WORLD.

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Recommendations made in a recent article (1.) that physicians take more time with their patients have been criticized as being utopian and unrealistic. As Medicine is being practiced now they really are. There would have been no problem in the first place were this a rational world that allocated its resources in a sane way. But our world is not a sane one. The revolution of expectations that has occurred, especially since World War II, has encouraged people to expect more for less, and to be very impatient at not being given immediately what they wish.

As a result of fantastic promises made by dreamers and politicians, medical care is no longer considered a privilege but, instead, is increasingly being looked upon as a basic right. Greater availability of third party payments have dramatically increased the demand for medical attention both in public facilities and in private practices. Patients often do not have to pay directly for services rendered, although they do so indirectly through taxations and the payment of insurance premiums. As a result, medical care is considered by many to be "free", and patients come with relatively minor symptoms, and then they come back and back again. Federally funded "outreach" programs that encourage the population to avail itself of various services, further aggravate the problem. Even if the supply of doctors were to increase dramatically and suddenly, the situation would most probably not basically change for the better. It has repeatedly been shown that patients tend to come more frequently and in increased numbers as more services become available.

Our age is an iconoclastic one in which large segments of the population delight at the sight of fallen heroes. The medical profession as one of the most respected institutions of our society is being criticized and harassed by parts of the public, the

media and government. We are envied, criticized and humiliated, even as the services of physicians are sought ever more eagerly.

In this charged atmosphere it seems impossible to take more time with patients. A basic dilemma is thus faced by every practicing physician, whether in private or institutional practice: Is he or she going to treat each patient as an individual, deserving of dignified and proper medical attention, or is a patient to be treated as a statistic, not as a whole human, but as part of a "patient population"? Are physicians going to treat every patient properly according to his or her needs, or will the mode of practice be determined by administrators, setting minimum patient quotas and maximum hospital stays, or by the clamor of patients for an appointment?

More time cannot be taken unless it is made free first. This is realistic and can be achieved if a basic change in the philosophy of practicing medicine is instituted. Physicians must decide the absolute minimum time that must be spent with each patient to provide him or her with proper medical care. Every patient seen would be allocated such time, regardless of the number of people seeking help. It takes the patient a few moments to overcome his fears and to mobilize his courage so that a minimum of trust is developed. He should not be rushed through before he has a fair chance to do so. Only true emergency care would be available without delay. Many patients would have to wait months for a regular appointment.

Physicians' incomes need not change for the worse. The unit of charge for medical services has always been time. It still is. The highly skilled time of physicians, coupled with their willingness to assume the heavy responsibility for the very lives of others is what they are compensated for. The concern and interest shown by physicians has no price tag attached to it.

Some physicians will charge more and some will charge less per unit of time, depending on their skill, experience, prestige, reputation and specialty. Still and all,

only a limited number of hours is realistically available, and only a limited number of patients can realistically be taken care of properly. We must limit our practices not only to types of patients we see, but also to numbers of patients we can treat without mistreating.

Patients come again and again with minor symptoms and with more serious problems, not only for specific treatment but also in search of something else. What they seek is a meaningful contact with another person to reassure them that in spite of great fears their continued existence is not in danger. Most patients suffer from much anxiety, either of a primary nature or secondary to physical symptoms. When reassurance is not forthcoming from their own doctor, they go to another. When they do not get it on the first visit, they come for more, especially if the cost of such visits is largely borne by someone other than the patients directly. Assembly-line medical care promises more than it can deliver. The patient is not seen at all, only his pathology. He leaves hungrier and angrier than he was before.

It is possible that if physicians took a little extra time with each patient, the total need for visits to doctors might be reduced enough to compensate for it. Computers and new technologies help the physician in evaluating the patient's situation more efficiently and in reaching an accurate diagnosis more quickly. They are of no direct help to the patient who will always need a sympathetic and understanding human being to stand by him at moments of stress and fear. By seeing a smaller number of patients per day and by taking a little extra time with each, the total number of calls upon doctors everywhere might well be decreased.

But even if this is not the case, physicians must still be true to themselves, to their patients and to the old and honored tradition of Medicine. So many promises have been made to so many of our citizens that disappointment is bound to occur. Irresponsible politicians seeking office have exploited the collective yearnings of a discontented citizenry. A collective insanity prevails as impossible expectations repeatedly crash

against hard reality. Are physicians not duty bound by the Hippocratic Oath and by their own humanity to treat each individual properly, rather than attempt to make up and fulfill promises made by others, a task in which no one can succeed anyway?

Each physician must eventually choose. Is he to practice in a sane way that allows not only for the making of a reasonable living, but also for living reasonably, or is he, too, going to be swept into the whirlpool of insanity that is threatening to engulf all? A physician should be able to stop long enough in his practice to contemplate, think and evaluate choices. To not do so turns the physician into a highly efficient, diagnosing, dispensing and money-making machine, flitting from one examining room to another, without making human contact. As patients are rushed through, hurried and impersonal care is given to all. With increased pressure, the quality of care proportionately decreases. More and better medical care may not be possible. It may have to be more or better.

Such is not a new choice for Medicine. Physicians in battlefield conditions have had to make similar choices since the earliest days of Man. The Triage system of sorting patients is cruel but necessary. It minimizes casualties. It is based on the principle that those who are beyond hope get only symptomatic relief of pain, and those who have only minor complaints are forced to shift for themselves. The limited available resources are directed to those who stand to benefit most from such efforts. These patients are given the attention that is medically indicated to save lives, avoid crippling, if possible, and minimize suffering.

Physicians must state clearly that their response to the ocean of demands will be dictated by rationality and reason, not by guilt ~~X~~ or by greed. We have not made the promises, and we cannot keep them. The complaints will have to be redirected at those who deluded the public into thinking that more and better medical care ~~can~~<sup>could</sup> be provided by political fiat.

1. Bar-Levav, R. : Patients Need More of Their Doctor, Michigan Medicine, February, 1975, pp. 106-108.