



**RI MEDICAL SOCIETY
EXECUTIVE COMMITTEE**

- PRESIDENT**
Diane R. Siedlecki, MD
- PRESIDENT-ELECT**
Vera A. DePalo, MD
- VICE PRESIDENT**
Gillian Pearis, MD
- SECRETARY**
Margaret A. Sun, MD
- TREASURER**
Jerald C. Fingerut, MD
- IMMEDIATE PAST PRESIDENT**
Nick Tsiongas, MD, MPH
- AMA DELEGATE**
Michael E. Migliori, MD
- COUNCILLORS AT LARGE**
Andrew J. Dowd, MD
Martin R. Papazian, MD
Gary Bubby, MD
Nitin S. Damle, MD

RHODE ISLAND MEDICAL NEWS
is the newsletter of the
Rhode Island Medical Society
235 Promenade Street, Suite 500
Providence RI 02908
Phone: 401-331-3207
Fax: 401-751-8050
Email: RIMS@rimed.org
Website: www.rimed.org

SUBSCRIPTION INFORMATION
A one year subscription to
Rhode Island Medical News
costs \$50. The publication is
free to members.

EDITOR
Newell E. Warde, PhD

GRAPHIC DESIGNER
Marianne Migliori

The Rhode Island Medical Society
was founded in 1812 to promote
the art and science of medicine.
RIMS is the eighth oldest state
medical association in the country.

In cooperation with the Brown
University School of Medicine,
the Rhode Island Department
of Health, and Quality Partners
of Rhode Island, the Society also
publishes a monthly magazine,
Medicine and Health Rhode Island.

FROM THE PRESIDENT

Cost is in the driver's seat now



DIANE R. SIEDLECKI, MD
PRESIDENT, RI MEDICAL SOCIETY

Some sage is supposed to have said, "Don't ever get good at something that doesn't make you happy, because people will never let you stop doing it."

A corollary might be, "Don't base your livelihood on a set of skills that make you so indispensable to society that you lose your freedom."

Well, it's too late for most of us. We physicians long ago largely lost control of our business model, if not exactly of our destiny. What's more, as I look ahead, I

am reminded of that mythic Chinese misfortune cookie that warns "A change for the better will be made against you."

Don't get me wrong! I absolutely love what I do and would not swap my lot in life for anything in the world. (I am a general internist, which means I am on the extinction list.) But at some point in the last 25 years it became difficult for me to look a young person in the eye and advise them to choose medicine as a career. It kills me every day to see how the intensely personal and profoundly valuable care we provide to our grateful patients is obstructed, delayed, devalued and demeaned by various extraneous parties.

At the same time, I have to concede that some of those other parties are not totally extraneous. After all, the health insurance premiums that we pay (more and more) do mostly go for care (about 88% of the time if we are talking Blue Cross; about 80% if we're talking United, who has its investors to pay, after all, some of whom are also us). The insurers and the regulators have a legitimate obligation to make sure the premiums we all pay are applied responsibly and do not go for excessive utilization, fraud, abuse or mismanagement on the part of anybody, anywhere in the food chain.

The point is that while physicians these days justifiably feel frustrated and abused, we must also have an eye to the bigger picture and maybe even find ways to embrace the profound changes that may be coming. The public is now aware that physicians have good reasons to be unhappy, especially in Rhode Island. But there are also limits to public sympathy for groups who will always be regarded as elite professionals.

When President Obama held his health care reform summit at the White House on March 5, Rhode Island had the singular distinction of having 50% of its Congressional Delegation in attendance among the President's 120 invited guests. Senator Sheldon Whitehouse and Representative Patrick Kennedy were both there, and that's where Senator Whitehouse made his well publicized joke about how we've moved from Harry and Louise (remember the insurance industry's TV ads that helped sink HillaryCare in 1994?) to Thelma and Louise (the 1991 road movie that ends with the car flying off the cliff).

Change may be coming because otherwise we seem to be headed for that cliff. There is one issue driving that car and driving the national debate on health care: it is cost. Even before the global financial meltdown, cost was the primary issue. America spends more than \$2 trillion a year on health care, and at the rate we are going it will be \$4 trillion ten years from now. (Remember when trillion seemed like a big number?) That would be 20% of GDP. And despite spending twice what other countries do, the U.S. ranks 19th out of 19 developed countries

in mortalities that could be prevented by health care, while 46 million Americans are uninsured and another 29 million are underinsured. Health care costs are the leading cause of bankruptcies in the U.S. The status quo is hard to defend.

Now, with the global downturn, concerns about cost are absolutely all-consuming and may create the political conditions that bring major change.

It is fine to remind ourselves of the definition of a cynic: someone who knows the cost of everything and the value of nothing. But we have reached a point in this country where no one is willing to listen to that anymore. It's all about cost now, and that is why physicians need to be constructive participants in the coming debate; for while our services account for 21% of the health care dollar, what we order accounts for a much larger piece of the pie. What's more, government already pays for 48% of health care costs in this country; so to think we can keep government out of health care financing is naïve.

Believe me, I am no advocate for government-run single payer. I am just saying that medicine has to be constructively engaged, and we need to move forward from where we are, not from where we wish we were. Interestingly, the new administration in Washington seems to have learned something from history. It looks like the President is going to let Congress hash out health reform in an open process; and yes, medicine is already at the table this time. Even the health insurance industry has been saying for months now that it too favors comprehensive reform.

That said, I personally am not so sure the indefensible status quo won't find ways to persist for a while yet. There may be a broad consensus that change is needed, but when push comes to shove, there usually seems to be a broad consensus against any particular change. That is where we have mostly been in this country for decades. Moreover, if 46 million Americans are without health coverage, that means that another 258 million (85%) do have coverage – and are afraid of losing it if things change too much. That's why, politically, the issue is not the uninsured, but cost. And because the cost shoe pinches every foot, physicians must play a role in addressing that pain.

U.S. presidents do not control events, and neither do medical societies. Both have strong ideas about where they want to go, but both are buffeted by powerful headwinds and cross currents that force them to react and recalibrate constantly. That is how things work in a free society where there is always competition for limited resources. It's messy, frustrating, wasteful and prone to pitfalls. We may never get what we think we need, but if we persist, accept the inevitability of change, and recognize opportunities when they present themselves, we will gain some measure of success.

Whatever comes, we do well to be guided by the words of Rabbi Hillel: "If I am not for me, who will be for me? If I am only for me, what am I?" ❖

BRIEFLY NOTED

PATRICIA R. RECUPERO, MD, JD, has been elected President of the American Academy of Psychiatry and the Law. Dr. Recupero is CEO of Butler Hospital in Providence.

G. ALAN KUROSE, MD, is the new President of the Coastal Medical group, succeeding Robert A. Carnevale, MD.

PAUL B. LIEBERMAN, MD, received the 2008 Robert J. Westlake Award for Physician Excellence from Butler Hospital. Dr. Lieberman is chief of the Psychiatric Partial Hospital Program at Butler and chair of the hospital's Ethics Committee.

MICHAEL E. MIGLIORI, MD, was elected by the Trustees of the AMA to a seat on the Board of Directors of the American Medical Political Action Committee. Dr. Migliori's 2-year term began December 1, 2008. (More information is available on the RIMS website, www.rimed.org)

HERBERT RAKATANSKY, MD, is the first recipient of a new Rhode Island Medical Society award recognizing medical professionalism, ethics and humanitarian service. The award was established by vote of the Council and will be known as the Herbert Rakatansky Award.

MICHAEL GILSON, MD, FACC, has been elected Governor-Elect of the Rhode Island Chapter of the American College of Cardiology. Steven R. Fera, MD, FACC, is Governor.

BARBARA ROBERTS, MD, FACC, was one of five cardiologists in the northeastern U.S. named a "Top Doctor for Women" by Women's Health magazine.

NEWELL E. WARDE, PHD, Executive Director of RIMS, was elected by his peers to serve on the Executive Committee of the Litigation Center of the American Medical Association. ❖