

Medical Doctors Have It Within Our Power To Substantially Eliminate The Current Health-care Crisis

by Richard Fried, M.D.

Medical doctors have it within our power to substantially eliminate the current health-care crisis. Overnight. And without legislation. How? By eliminating unnecessary tests and procedures. Does this sound simplistic? Here are but a few examples of the absurd way medicine is practiced in this country, drawn randomly from my daily experience as a family doctor trying to practice sensible, sustainable medicine:

1. A patient came to see me this week with a small soft lump in her cheek. Her dentist had ordered an MRI and referred her to a surgeon, who ordered a CT scan and, some months later, another MRI. From feeling it, I could immediately identify it as a lipoma, a harmless fatty growth. So I called the surgeon to find out why he had run all the tests. He didn't really answer, but admitted that he knew all along it was a lipoma. She wasn't even interested in having it removed; just wanted to know what it was. The cost: over \$10,000, just for the scans.
2. The U.S. Preventive Services Task Force (USPSTF) recommends screening women of average risk for osteoporosis at age 65. Yet in my experience most gynecologists begin screening already at or near menopause. The yield? According to a recent review article in *American Family Physician*, you would have to screen more than 4,000 women aged 55 to 59 over five years to prevent one fracture. That's 12,000 DEXA scans. The cost: at \$700 per scan (HMO's pay less), that comes to \$8,400,000.
3. Local emergency rooms routinely perform CT scans on patients who present with abdominal pain or any degree of head trauma. Yet most of these patients, if they presented to their family doctor (who of course does not have a CT scanner in the office) would be examined and mostly sent home with directions on what symptoms would indicate the need for more testing. The cost: \$1800 for a CT of the head, \$3400 for the abdomen, not counting the ER visit. By the way, one CT scan of the abdomen equals the radiation exposure of some 400 chest x-rays.

It's not only the big cost overruns that anger me (and should anger you); this week I saw a woman who had a host of blood tests done in the emergency room, only to have these same tests repeated a few days later by the rheumatologist they referred her to. According to a recent report of the PricewaterhouseCoopers' Health Research Institute, up to \$1.2 trillion of the \$2.2 trillion spent on healthcare annually represents wasteful spending, with the largest single item being defensive medicine. But it's much more than that. It's not that I don't think the vast majority of doctors have the interests of their patients at heart, and believe they are practicing the best possible medicine. So why do we order so many unnecessary tests and procedures?

First of all, the culture of medical training emphasizes thoroughness in diagnosis. Nobody is criticized for ordering too many tests, but wrath and humiliation fall upon the student who fails to consider a possible diagnosis and order the relevant test. Thus we all learn that being a good doctor means being complete and never missing a diagnosis. Unfortunately, in real life, this approach is economically unsustainable.

Financial self-interest represents the second reason for overutilization of medical resources. Gastroenterologists universally recommend colonoscopy over fecal blood sampling (a much cheaper method) for routine colon cancer screening, although there is no good evidence that it is superior. The cost difference is huge. Dermatologists recommend routine yearly skin surveillance in older patients (at a cost of \$250 or more for exam and biopsy), although the USPSTF has concluded that there is insufficient evidence to recommend for or against this procedure. They always seem to find something to biopsy, even if they know that it is benign. This reinforces to the patient the importance of the visit and assures a recheck in 6 to 12 months.

Defensive medicine is the reason most often quoted for unnecessary procedures. And while I'm sure this plays a role, it's also a convenient way for doctors to duck the blame. Indeed, I believe the most outstanding reason is that those who are ordering the tests and procedures are totally divorced from responsibility for the financial burden which

results. Like polluting industries, we earn our profits and serve our constituency (here, patients rather than stockholders) and leave the toxic clean-up to others downstream.

Doctors know in our hearts when we are overutilizing services. We rationalize it as “good medicine,” or fault the litigious society, or blame our patients for demanding the latest tests, but we know. What most doctors (and almost all patients) don’t know is that unnecessary tests and procedures are not only economically unsustainable; they also represent bad medicine, increasing the risk of unnecessary invasive procedures, raising unnecessary fears (which, ironically, only more tests can alleviate), and contributing to physician burn-out.

Tuesday evening in his press conference, President Obama identified health care as the greatest threat to our economic future. So lest I be accused of suggesting that we bell the cat, I hereby offer a real-life solution: To my colleagues: think before you reflexly order that test. We simply can no longer avoid responsibility for the economic consequences of our decisions. Talk to your patients instead, and utilize the clinical problem solving skills we all learned in med school. You’ll actually reduce the likelihood of a malpractice suit, and find you are enjoying your practice more at the end of the day. To patients: question the need for expensive and invasive procedures. They may well cause you more harm than good. Avoid feeling that you have a “right” to that test because you are paying such high insurance premiums anyway. I reckon (admittedly without statistical proof) that every unnecessary CT or MRI forces one more person into the ranks of the uninsured.

Some will say this is a naive “just say no” solution to the crisis, destined to be no more successful than Nancy Reagan’s cure for teenage drug use. Can it really be that we are no wiser than that target group? It is ultimately in our self-interest, all of us, to reduce wasteful overutilization. Would we really rather it were done by governmental regulations which we won’t like, and whose consequences are unforeseen? By the way, it’s also the right thing to do.

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