North Coast Physician

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Cover Photo

"X-MAS Mannequin"
STEPHEN KAMELGARN, M.D.

The Editorial and Publications Committee encourages our member's comments for publication. Please submit electronically prior to the 15th of the month preceding publication. hdncms@sbcglobal.net

North Coast Physician is published monthly by the **Humboldt-Del Norte County Medical Society**, 3100 Edgewood Road, P.O. Box 6457, Eureka, CA 95502. Telephone: (707) 442-2367; FAX: (707) 442-8134; E-Mail: hdncms@sbcglobal.net
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In My Opinion

It's Time to Get Healthcare OUT of Medicine

Stephen Kamelgarn, M.D.

Just in case you weren't aware of it, during the past thirty-five years or so, Medicine in the United States has found itself overrun by Healthcare, and that's bad for Medicine. Aren't the two terms synonymous, I hear you cry. Well, no actually.

Medicine is the career we all trained for. It's a profession that taught us to take care of people in an effort to improve their health. Medical jargon is filled with terms like: syndrome, disease, treatment-algorithm, history, physical exam, specialized studies. No where is there the mention of co-pay, HMO, productivity or deductibles.

The MD or DO after our names contains the word "Doctor." This word implies that a personal relationship exists between physician and patient, not merely a business transaction. Doctors are teachers as well as pill dispensers, and this is the crux of the mystery of a patient-physician interaction. We actually take the time to interact with our patients in order to effect positive change.

Healthcare, on the other hand, is a Capitalist neo-liberal economic model that apportions medical care to those who can afford it.

Healthcare causes moral injury among medical practitioners by denying essential diagnostic or therapeutic services, in direct contravention of our Hippocratic Oaths. I personally retired from daily medical practice when a nameless insurance entity forced me to take five steps backward and de-stabilize two patients of mine with severe Crohn's Disease. I didn't become a physician to make people sicker. I quit at that moment.

Healthcare causes burnout among practitioners by adding ever more paperwork and intermediaries with no improvement in delivery of services. Physicians now spend at least twenty-five percent of their workday sitting at the computer filling out forms, filing appeals and fulfilling increasing documentation check-box requirements. Yet we see no improvement in patient care, merely increasing frustration on the part of both practitioner and patient.

Healthcare is electronic medical records systems designed for billers and auditors and not physicians. If you wonder why you can't do anything without putting in the right ICD-10 code (accurate to five digits) this is the reason. It's not for research or improved patient care; it's to make some biller or auditor's job easier, while we waste precious minutes looking up some irrelevant code number.

Healthcare is a non-physician led corporate entity that has turned doctors into wage slaves whose incomes are dependent upon:

- productivity–how many patients an hour does one see,
- physician adherence to vast books of patient-care guidelines to which the Healthcare administrators believe their physicians must be "accountable." These guidelines might mean documented Pap smear and mammogram frequency, weight management and exercise, colonoscopies for patients over 50, and getting that LDL below 99 by any means possible. The operant word is "documented, nothing about the discussions around these "guidelines" – only, did the patient have the test or didn't they? Yes/No, On/Off, another instance of human beings being as digital as a computer.

Nowhere do I see health practitioners being compensated for the work they actually perform –namely, taking care of patients, as opposed to merely "seeing" them in the confines of a seven minute office visit.

Of course it's important that we see patients both efficiently and effectively, not efficiently or effectively, as if the two terms are antithetical. But we give our professional lives meaning by switching the terms, and we take care of patients effectively (not cost effectively) and, maybe if we're lucky, efficiently. Our job satisfaction relies on how well we take care of our patients, and not how many we can process through the healthcare machine every day.

At what point does delivering healthcare "efficiently" and "cost effectively," finally engage in winner-take-all combat with our need to maintain our humanity and our need to interact with other live human beings? We ostensibly went into this business to become healers. Well, healing requires relationships—relationships which lead to trust, hope, and a sense of being known.

But healthcare doesn't deliver healing. It doesn't deliver relationships. Increasingly, it delivers commodities that can be sold, bought, quantified, and incentivized. While the whole—whole people, whole systems, whole communities—gets worse. Meanwhile governments, medical care systems, and individuals spend more and more on healthcare, receive less Medical care for less and less value.

Our corporate overlords know our commitment to providing good patient care, and applaud it, while laughing all the way to the bank. The system is rigged so that a significant plurality of people receive adequate medical care, just enough to keep Congress paralyzed in dealing with improv-

"TIME", Continued on Pg. 19

CDPH, Continued From Pg. 16

The following have a change in reporting requirement:

· Dengue virus infection now required to be reported within one working day of identification (previously immediately reportable)

· Escherichia coli: shiga toxin producing (STEC) including E. coli 0157 now required to be reported within one working day of identification (previously immediately reportable)

· Influenza-associated deaths in laboratory confirmed cases now only reportable in persons less than 18 years of age (previously ages 0-64)

· Yellow Fever now required to be reported within one working day of identification (previously immediately reportable)

· Zika virus infection now required to be reported within one working day of identification (previously immediately reportable)

Changes to Content of Reports

The following changes have been made to what information must be reported:

· Sex changed to gender

· Pregnancy status now required to be reported (if known)

· Complications of gonorrhea of chlamydia infections no longer included

Changes to Definitions

o Several of the definitions of Section 2500 have been updated. These include the definition for Case, Drug susceptibility testing, Epidemiologically linked case, Foodborne disease, Foodborne disease outbreak, Laboratory findings, outbreak, Sexually Transmitted Diseases, Suspected case, and Waterborne disease outbreak

"TIME", Continued From Pg 4

exerts increasing pressure on practitioners to produce, according to their monetary metric of productivity.

Without better legal oversight it's blatantly obvious that Healthcare will not improve itself, except in ways to bleed increasing resources into its financial coffers. It's time to separate medical care from the corporate construction that is Healthcare.

We, as practitioners, must raise our voices and campaign, strike if we must, for the autonomy and the time to practice the medicine we should– irrespective of whatever type of medical financing structure the nation finally adopts. For ultimately, that's all healthcare is – a scheme to finance medical care. And like any good Ponzi scheme, we practitioners are at the bottom sacrificing all so the upper echelons can get rich. §

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