

# What We Need is True Medical Care Reform

by Norman Makous, MD

*Time to Care: Personal Medicine in the Age of Technology*

The proposed health care reform legislation that has been under consideration in Congress is concerned largely with health insurance coverage reform. In the march toward universal care, the intention has been to cover more people through changes in the health insurance system. This legislation has little to do with medical care quality and cost control.

The problem that is barely touched in the proposed legislation relates to *how* we provide medical services. The main driver of increases in costs is the technological basis of our medical care system. This has caused an economic squeeze that has already required rationing of medical services. If health coverage becomes universal and is essentially viewed as an entitlement, the cost of medical care will continue to rise even more. Even with improved efficiency in the delivery of care, ultimately the only way that costs will be controllable will be through more intense rationing than we now have.

Medical technology itself has replaced the patient as the focus of care, despite the denials of those responsible for dispensing medical care dollars. The individual patient should be at the heart of medical care and everyone should be under the care of an independent primary practitioner. This is a proven effective and ethical method for humanely providing the care acceptable to the patient. Having a personal care practitioner reduces unnecessary and expensive tests and procedures, improves the quality and provides greater satisfaction for patients.

I have reached these conclusions through observing the changes in medicine while delivering primary care cardiology as a solo practitioner over a 60-year span. In my book, *Time to Care: Personal Medicine in the Age of Technology*, I provide many examples of how the personal relationship between practitioner and patient was essential to successful diagnosis and treatment.

Primary care should be personalized, not just individualized. The science of medicine is based upon

objective, measurable data. It identifies group norms based upon shared genetic, biochemical, physiological and anatomic characteristics. The importance of a disease is based upon the deviation it produces in the individual as compared to the group norm.

As most medical practitioners know, pure science is usually overly simplistic. The multiple conditions from which many suffer are rarely factored into statistically based treatments. For example, treatment varies for those with combinations of hypertension, heart disease, diabetes and liver disease. Addressing all of these differences is the basis of *individual* medical care.

*Personal* medical care goes beyond individual care. It takes the important individual medical differences and adds many others factors that are difficult to quantify but significantly affect disease manifestations and responses to treatment. Every person has his or her personal theory regarding what they believe is essential to their own good health, as well as the nature of illness and how it affects them. This personal attitude is the result of a combination of factors: cultural background, religion, education, vocation, standard of living, circumstances, experience and world view.

Such personal attitudes are difficult to quantify but can significantly modify the response to drugs and other therapies. Essentially, the attitudes give rise to placebo responses. Attention to these important personal differences makes medical care an art based on science and places it firmly in the realm of the primary care practitioner with a personal relationship with the patient. Unfortunately, the technological cost of care has placed the personal care practitioner on the endangered species list.

Society today has attempted to address the rising costs of technology through insurance mechanisms. By turning the medical purse over to a third party, however, this approach removes the patient from the decision about the affordability of their own medical services.

Herd care may be fundamental to the health of our financial system, but for healthier and happier people in our society, care can and should be personalized, not just individualized.

*continued on page 16*



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continued from page 15

Protected from understanding the costs as well as financial responsibility for them, patients develop unrealistic expectations and demands.

The third party, whether an insurance company or government, in turn is concerned with the medical care of not one individual, but a group, a *herd*. The insurers meet the high costs by limiting access to medical services and technology through various rationing techniques that are largely subversive to recommended treatments.

Many people without a personal medical practitioner go directly to specialists, who are usually unable to fill that role. Consequently, more tests and procedures are conducted, the patient is more likely to become dissatisfied, and therefore is more apt to become litigious. These unnecessary costs are preventable.

Herd care may be fundamental to the health of our financial system, but for healthier and happier people in our society, care can and should be personalized, not just individualized. The humanity and importance of the individual's personal experience during the health-care process must prevail.

Cost control will always require rationing of care, but the currently proposed legislation creates broad methods of rationing that are built into the payment approval process for care providers. This rationing process is hidden from the public. Instead of ignoring the realities regarding the rationing of care, any medical reform process should recognize that rationing exists and should openly discuss the rationing methods so as to determine how much of each type of care will be provided and to whom.

The currently proposed health insurance reform legislation is just a beginning. As it stands, the U.S. healthcare system will continue its wasteful and ineffective practices.

If the medical reform movement recognizes the importance of the patient-practitioner relationship, however, and makes it a permanent, essential part of our health system, medical care will be more humane, and unnecessary spending will be greatly reduced. Also, instead of denying the existence of rationing, the reform process should recognize and openly discuss it.

If these measures are included in healthcare reform, we will have a society that is not only happier and healthier, but also more financially capable of affording broader coverage for a greater number of people.