

# *Passages #16*

by Janet Larson, 1659 Huntsman Drive, Aiken, SC 29803; telephone (803)642-3227, email jdlarson@bellsouth.net. Produced for SFPA 230. Today is November 24, 2002.

## *Natter, natter.....*

It's hard to believe that it's been 5 years since I rejoined SFPA. I think I've been a member longer this time than I was the first time! Every time I produce a mailing, I ask myself, why do I keep doing this... It's just such a unique form of communication; in a way, it's exciting that you people actually read (some of you) what I write, and care about it, and maybe even think about it a little.... And then you allow me into your own unique lives. What an incredible group of human beings we are! Maybe I'm old fashioned, but I still prefer having paper to hold in my hands and pages to turn. And a chance to get some ranting off my chest.

## *Speaking about ranting.....*

I've been hearing a lot of doctor-bashing lately, and I think it's a symptom of the depersonalization of medicine. Your doctor is no longer your personal doctor; he or she is the "health care provider" that your insurance company told you that you could see. This same insurance company has cut your doctor's reimbursements and forced him to increase his overhead so that he has had to double or triple his volume of patients or else take a pay cut. So now you feel like a number instead of a person, your waiting times have increased, and your chances of getting a personal phone call with your results have diminished.

Look at it from your doctor's point of view. The insurance company came in with what sounded like a good contract. Then when the doctor signed on the line, they proceeded to drop his rate every year, and place so many restrictions on him that he's had to double or triple his office staff. If he dropped the insurance contract, he would lose all his established patients, so he feels stuck.

Remember the good old days, when your doctor's office was staffed by a receptionist and a nurse? Now the receptionist also has to precertify your insurance, so there's also a lady to check you out and reschedule. The check out lady also has to translate your visit into codes for the biller to send to your insurance company, which is a full-time job in and of itself. Thanks to new technology, the nurse now needs help from a technician or two, and because of the increase in volume, there's a nurse's assistant or two. The biller needs a collector to help her, since the insurance company is bad about actually paying the bills that get sent to them. And since there are so many charts now,

there's a stenographer and a medical records clerk. Since the doctor can't keep up with all of this business and practice medicine (and still sleep at nights), there's an office manager and an accountant. Thirty years ago, the average doctor had to support 2 or 3 ancillary employees; now, that number is closer to 7 or 8. And if the extra payroll weren't a big enough bite out of the bottom line, the doctor has to buy electronic billing software that costs tens of thousands of dollars, and pay to send the employees to endless courses for coding, billing, OSHA, HIPAA compliance, etc. etc.

Did you ever wonder why your doctor looks so stressed? If this weren't enough, he knows that if one employee puts the wrong code number on a bill, he could pay a steep fine or go to jail for fraud. He's being audited for compliance, and his codes are being tracked by the payers and measured against a benchmark that was set by a non-physician. And don't forget the sword of Damocles hanging over his head: the threat of a malpractice suit.

### ***Warning: I'm in favor of tort reform!***

Be honest: over 99% of doctors are well-trained, honest, conscientious, hard-working practitioners, with the safety and well-being of their patients constantly their number one concern. However, there are bad apples in every barrel. Unfortunately, the current system to root out and punish those bad apples is inherently unfair, and not working well. (In our own town, it took ten years and a trip to the state Supreme Court to dismiss one.) All of the doctors are being punished for the sins of a few, since statistically 90% of practicing physicians will be served with a lawsuit during their careers. Statistically, well over 90% of those lawsuits will be either dropped or decided in favor of the physician.

Still, all doctors have to pay astronomical malpractice insurance premiums, in the tens and sometimes hundreds of thousands of dollars, if they can even get insurance, since most of the companies are going belly-up right now. The reason why is that every trial lawyer knows he has a wild card in his back pocket: the jury. The jury can decide a case with no real merit in favor of the plaintiff just because they feel sorry for a bad outcome. And if they take a dislike to the defendant, they can assign outrageous settlements, all out of proportion to the injury.

Is this fair? Can a jury of lay people ever truly be expected to understand a complicated medical case? What about the constitutional right to be tried by a jury of your peers? How can the jury be expected to differentiate good science from bad science, when all they really can tell is which expert witness sounds more sincere and convincing.

It's not fair for the plaintiff, either. With the current system, a settlement can take many years. When the settlement finally gets paid, half or more of it goes to the plaintiff's attorney. Why do you think trial lawyers have the most powerful lobby in Washington? They're sitting on a gold mine: the deep pockets of the insurance companies. Capital Hill is infiltrated with their ranks. And every patient is led to believe they own a lottery ticket. They don't have to pay a nickel to file a suit, since there are plenty of lawyers happy to take their case on contingency. If they win one out of ten, they come out ahead; the main thing they're risking is their own time. What the American

public doesn't realize is that the trial lawyers are getting rich on the backs of every hard-working citizen, because guess who is financing this circus.

Clearly, the system is broken. The courts are overburdened. The insurance companies are going bankrupt. Doctors are being driven out of practice because if they can get insurance, they can't afford it. The system is unfair, and needs to be fixed.

First of all, the needs of the patients should be addressed. If there is a bad outcome to a medical procedure, human nature is to seek compensation. There should be a no-fault claims fund established (some states already have this) so that there is compensation available without having to go through the overburdened court system and paying a trial lawyer more than half of the proceeds. This fund could be generated by a tax on practicing physicians, which I'm sure would be less than the premiums we pay now. The claim resolution needs to be speedy, because now lawsuits take years to resolve. An impartial panel can examine the merits of each claim, and there should be an appeals process. Every paid claim should trigger a peer review of the doctor involved.

Peer review by a panel of physicians is fair; a jury of laypeople expected to decide the merits of a technical medical case is not. If a panel of physicians does find substandard practice, they should be empowered to sanction the physician involved, order further education, probation, suspension or revocation of the license, and/or a fine. Malpractice should be taken out of the civil courts, except for extreme cases of malicious or intentional acts to injure a patient, which arguable should be criminal cases anyway. Society should insist that the medical profession police their own.

Isn't it true that in England, the loser of a civil suit has to pay all the court costs? If that was true here, there would be a lot fewer attorneys taking malpractice cases on contingency. Right now, they're only risking their own time. If they had to pay the costs of every case they lost, there would be a drastic reduction in the number of frivolous lawsuits.

### ***Back to the medical insurance "crisis" .....***

I understand that we are the worst industrialized country in terms of percentage of citizens with no health care plan. This is a national disgrace, in my humble opinion. Hillary Clinton notwithstanding, I feel that there is a democratic, capitalistic way to solve the crisis of the uninsured. Let the market economy do its job. With third party payers, you have taken the consumer out of the loop. If someone else is paying, of course you are going to demand the best of everything. Why can't we liberalize the regulations on medical savings accounts so that they are available to everyone, not just a select few self-employed people or small businesses.

Let every American worker put aside money tax free into a special savings account that can only be used for medical expenses, and then buy a major medical policy with a super high deductible, say \$5000, so that the premiums will be really cheap. The employers can contribute to the medical savings account (MSA) as a benefit, just as they buy HMO products now. The worker can use whatever doctor he chooses, and use the MSA to pay for any and all medical-related expenses (to be decided by the IRS), even ones that may not be covered by traditional HMO's, like plastic surgery, eyeglasses, dental work, infertility treatments, and over the counter medications. If the worker is

smart, he'll do his own preventative health maintenance that will save him money in the long run. These MSA's are already building popularity in the northwest, and I've read about physician practices that don't even bill insurance! They work on a cash-only basis. Half of my employees would have to find other jobs.....

Of course, the worker owns the savings account, administered as a trust, and when he dies, his heirs will own anything left in the account. As a basically self-employed person, I spend \$1700 (pretax) a month on my medical insurance, and I have a \$500 deductible. If I raised that deductible to \$5000, dropped the premiums to say a couple hundred a month, and started an MSA, I would definitely come out ahead. In the six years I've been working here, I would have been ahead about \$10,000, even with one cesarean section, a vaginal birth, a D&C, a colonoscopy, yearly pap smears and mammograms, skin biopsies, one hospitalization for Kyle, one E.R. visit for Kyle (drilling through his hand!), an MRI, and assorted well- and sick-baby visits for the kids.

For this to work, the worker would have to buy a short-term medical plan until he accumulated enough in the MSA to cover the deductible, in case he got sick before he had enough in the account. If we wanted to make this universal, we would have to have something like Earned Income Credit for people who don't make enough to fill up their own savings account. Maybe there could be some kind of incentive for getting preventive care. The MSA would have to be mandatory for everyone. I think if people saw their medical bills being paid by their own account, they'd be a lot more sensible about their medical care. Maybe if you reach Medicare age with extra in your account, you should be able to get some of it to spend on other things.

## ***Mailing Comments, SFPA 229***

**Yngvi is a Louse and Other Graffitos #78, T.K.F. Weisskopf Reinhardt.....**

Congratulations on your wedding, if I didn't say it already. Best wishes, good luck, etc.

Re: "Odds and Ends": I know I learn best when I think of what I'm learning as a game or a puzzle. I think most people lay down new memories best when they're fun. Definitely memories are linked to emotions; when you're bored, or something doesn't seem important, you are less likely to remember it.

Re: DSC con report: I can't believe I didn't have the foresight to get the weekend off for DSC. All the con reports I've read, including yours, sound like so much fun. Maybe next year in Chattanooga.....

Re: "*The Joys of Interesting Times*": The older I get, the more I pray for boredom. When I was younger, I thought Boredom was such a terrible thing.

Re: AIDS; the virus is in cervical mucus, although much less than there is in blood or semen. The female-to-male route of passage is less likely, percentage wise, than the male-to-female route, but still possible, so that is how many men become infected. Toni, where did you hear that "exposure to lots of men's sperm lowers the immune system"? ... And Hank, HIV is a reportable disease.

Ct me: Stream-of-consciousness is about all I've got going for me now that the twins are terrible twos. And I did enjoy Destin; I just can't believe how crowded it has become in the last ten years.....

It's too bad you missed ConJose. Avery and Debbi were there, but I was at my son's wedding...

**Time Warp, Jeffrey Copeland.....**

I could have gone my whole life without knowing that SFPA is centered in Arkansas. I like the South Carolina center better, since that's obviously much closer to me.....

**osushigumi, Jeffrey Copeland.....**

I don't understand why Iraq "has never sold as much oil as it was allowed to" under the terms of the export embargo. ... That pronunciation of nuclear ("nucular") is also one of my pet peeves. Carter used to drive me crazy (you know, Jimmy the former nucular engineer....). The other word that irritates me is "relator" for "realtor". And "Star Track". The joys of living in the South..... At least the pace of life is slower here....

**Frequent Flyer, Tom Feller.....**

Re: Gabe Kaplan: I used to love *Welcome Back Kotter*. I was watching the Harry Potter DVD today, and I noticed at one point there's the line, "welcome back Potter." I can't help but wonder if that was an inside joke.... We went to see Harry Potter 2 last Friday; unlike the first film, I didn't reread the book before we saw it, so a lot of the plot was a surprise to me. For instance, I had forgotten about Tom Riddle and who he grew up to be. Kyle seemed to like it, but not as much as the first movie. As best as I can remember, the second book was the weakest of the four. I wonder when she's coming out with the fifth, and why she decided not to write all eight? ... I got brave and decided to let Cassie watch the DVD. She just turned five, and we never let her watch it before, because I thought she might be too scared. But she's been seeing the promos for #2 and asking about it, so I let her watch it, making sure we talked through the scary parts before they came on, so they wouldn't take her by surprise. She did really well, and insisted on watching it two days in a row! So now I'm wondering if we should take her to see #2 in the theater. ...

**Revenant #14, Sheila Strickland.....**

See my comments earlier about learning better when it's fun.... Maybe you should try to make your classes like a game and you wouldn't be so nervous about your grades. ....

Re: illegal aliens: The reason why we pay for illegal aliens' health care is because we can't keep them out of the emergency rooms, and also, in order to minimize the communicable diseases they would be spreading to citizens.

Re: menial workers: Thanks to minimum wage, we couldn't afford to pay U.S. citizens for what the illegal aliens willingly do. If we could somehow instantly put an end to illegal aliens, agriculture in our country would be devastated.

**Tyndallite Volume 3, Number 103, Norm Metcalf.....**

Your welcome for the review. I realize that a non-science fiction novel about horses is not everybody's cup of tea, even if Anne McCaffrey wrote it.... I just think it's funny that they're resurrecting a 30-year old novel and pushing it now....

**Luke Skywalker Is Gay? J. Copeland.....**

This was fascinating. I had no idea all this slash was going on. Some people just don't have a life, I guess.....

**Historical Hugo Hysterics, J. Copeland.....**

Some interesting winners and losers over the years. The Hugos love Harlan Ellison. It's amazing how many times Anne McCaffrey (my favorite author) was snubbed, after she won for "Weyr Search". And I guess I never thought of "Raiders of the Lost Ark" as science fiction. Why was The Moon Is a Harsh Mistress nominated two years in a row?

**Twygdrasil and Treehouse Gazette #78, Richard Dengrove.....**

Ct me: Re horseback riding and cantering; the going with the flow is what I'm seeking. My trainer says that horseback riding is a metaphor for life. When I can learn to go with the flow in my life, then I should be able to translate that to horseback riding. I'm a control freak who is trying to let go; in "Codependent No More", Melody Beattie said that you can't control your life, you can only manage it. I'm trying to tap into the power of the horse, and direct it. The trick is getting the horse to allow you to channel their energy; they have to turn over a certain level of control to the rider. They have to trust you. I'm striving to be trustworthy. Confidence is everything.

Ct Guy Lillian: Re Clinton and prosperity; it seems to me that most of Clinton's prosperity was an illusion fueled by creative bookkeeping....

**Spiritus Mundi 191, Guy H. Lillian III.....**

Did I mention that my son and daughter-in-law live in Nashville? He is working for Dell on the 800 sales line, and she is working at Dillard's, both waiting for their big breaks into the music industry. ...