

PRIMARY CARE PHYSICIANS BEING STRESSED TO THE MAX

By Amy J. Rosenthal, MD, AMNews contributor. July 7, 2003.

We physicians can be adept at griping and grumbling about our working conditions. To a world that sees us as wealthy and privileged, our complaints can be baffling. We aren't always able to make it clear to outsiders what the reasons for our angst might be.

Some have recognized low morale in primary care physicians, but not enough has been written from our perspective about what is causing the problem. Often, low morale is attributed simply to "loss of autonomy," but I believe the reasons are more complex. To advocate for ourselves, we need to better state the cause of our grievances and make them clear to outsiders.

To clarify the reasons for frustration among primary care physicians, I have created the following list. It's the reality we live with but it reads like a how-to manual for anyone interested in maximizing stress in the work environment.

- Establish rules for physician reimbursement that are impossible to follow, even for experts. Assume that when physicians make "errors" in following the rules, they are fraudulent and greedy. Prosecute accordingly. (Doctors pay either way -- if they "undercode," they lose money; if they "overcode," they are presumed to be committing fraud.)
- Create a system that rewards people with ridiculous amounts of money to find fault with their physician, whether fault exists or not. This will place doctors under a constant threat of being sued, regardless of how hard they try to do the right thing for their patients. Remember Psychology 101? The above roulette game, which clinicians are forced to play, can lead to "learned helplessness" and various defensive behaviors.
- Physicians should work long hours, take hospital call during the night and then work the following day. This schedule should be repeated every few days indefi-

nately, without regard to holidays or weekends. It will serve to maximize physician exhaustion at no expense to anyone else (except perhaps the physician's family, if the doctor still has one).

- Publicize physician income without regard to expenses, both monetary and personal, required to become a physician; cost to stay in practice; and income per hours worked. This publicity will reinforce public opinion that all doctors are extremely wealthy and privileged.
- Establish a "Catch-22." On the one hand, have experts set a medical "quality" standard that requires more patient visits and more medications. On the other hand, have patients become suspicious that doctors want them to make more frequent visits to make more money and resentful that doctors prescribe too many medications. Doctors will feel pressure from colleague experts and lawyers to uphold a certain standard, while at the same time they will be dealing with many patients who are angry and suspicious of their motives.
- Pretend that health care is a business. Despite this pretense, have patients expect the best care at all times whether they can pay or not. Payment would be the lowest priority (unlike banking or other businesses). Unlike a real business, doctors will not have control over their fees. They should be expected to do more and more work (such as answering phone calls, completing forms) for which they cannot bill. This work will be both necessary for good patient care and subject to legal action. This will obligate physicians to spend more time away from their families, without compensation.
- Induce patients to ask their physicians to provide or endorse untested products. They can call it "alternative medicine." Clinicians will be expected to spend more (unreimbursed) time handling these questions. Physicians who spent years in scientific training then can watch helplessly while patients pay lesser-trained individuals well for questionable treatments, without significant liability to the entrepreneurs who are peddling the products.
- The news media should emphasize the widespread problem of deadly mistakes in the medical field. This should be very effective in creating distrust among the public. It should reinforce public belief that doctors are not only greedy, but incompetent, too.

OK -- now to take the tongue out of my cheek.

The pressures facing primary physicians are not as much about money as they are psychological -- Catch-22 situations (coding, for example), arbitrary punishments (our current tort system), increasing amounts of uncompensated work and so on.

Physician advocates need to do a better job of making this clear to the public and to policy-makers. Unless major improvements occur in working conditions for primary care physicians, Americans will have growing difficulty in obtaining access to primary care services. (Medical students are getting the message about poor working conditions -- internal medicine and family practice residency applications have fallen dramatically).

Some changes that could help alleviate this situation include reimbursement by time (the real canvas of primary care) rather than the current coding system; major tort reform; countersuing frivolous lawsuits (perhaps organized medicine could set up a fund for this); and a public education campaign to inform Americans of the above issues.

Certainly there are intrinsic rewards in providing primary care. Those rewards are the major reason dedicated people enter the field in the first place. But as current pressures increase, these rewards will become increasingly overshadowed. Unless major improvements are achieved in the primary care environment, both physicians and the American public will pay the price.