More of our doctors are losing independence

By: Nat Hentoff - January 9, 2013

Recently, as usual, I was anticipating an appointment with one of my favorite doctors. Unlike some of my past physicians, he doesn't rush through a session. He listens carefully to my concerns, responding with lucid helpfulness.

But this time, he seemed somewhat depressed. He explained, "I am no longer independent." He has long practiced independently while also having an office at a major New York City hospital, to which several of my other doctors are similarly connected and where I am a patient when necessary.

"I can no longer be here at the hospital," he told me, "unless I become an employee of this hospital and accept their rules of procedure."

And when his patients need hospital care at this noted teaching and research institute, they may feel they have to go elsewhere if he ultimately decides to leave. Or, if he chooses to stay, his patients' care may significantly decrease.

The growing pressure on the president and Congress to make the cost of our health care less of a rising cause of our national deficit is affecting many of our doctors, including mine. And the result of this historic change in our country's doctor-patient relationship has been largely ignored by the media and, thus, is not yet fully recognized by many of us.

But The New York Times' Robert Pear, a leading reporter on health issues, has been a clear exception. This recent piece of his was submerged in the paper's back pages on Dec. 27, 2012: "Doctors Warned on 'Divided Loyalty.'"

What "Divided Loyalty"? Pear immediately explains: "With hospitals buying up medical practices around the country and seeking to make the most of their investment ..."

In other words, less income and authority for doctors, more for their bosses at the hospitals.

But wait. Pear continues with a stern reminder from the American Medical Association to doctors with these new employers: "Patient welfare must always come first and not be overridden by the economic interests of hospitals that now employ doctors in ever-growing numbers."

Adds Dr. Ardis Dee Hoven, a Kentucky internist who is president-elect of the AMA: "We never want patients to worry or wonder if a decision is being made in their best interest." Emphasizing that commitment, the AMA sharply declares that doctors should have an "'unfettered right to exercise independent professional judgment' in caring for and advocating for patients."

So when We The People need medical help, there's supposedly nothing to worry about in the new arrangement. But as Pear reports, there is a darkening cloud over what happens in some hospitals around the country.

He writes: "Dr. Jerry D. Kennett, a leader of the American College of Cardiology, said he was aware of cases in which a hospital had told doctors not to place defibrillators in Medicaid (low-income) patients because 'it's a money-losing proposition' for the hospital.

"In other cases, he said, hospitals have told doctors they must use the (employer) hospital for laboratory work and certain imaging procedures, even if doctors found that they got better results or better service elsewhere."

This is "'independent professional judgment' in caring for and advocating for patients"?

Pear presents another possible reason my doctor is not compliant with losing his independence: "Hospitals often set a goal for doctors (in their employ) that can result in a bonus, but if the doctors fall short, their salary may be reduced the next year."

Fall short in doing what the hospital orders them to do? And the patients have nothing to say about it?

There's always the possibility, of course, that some doctors — even at the prospect of losing a steady hospital job in this hazardous economy — may finally decide to be true to themselves and regain their independence. Pear shows us the result of this decision under the rule of some hard-lined hospital administrators:

"Hospitals frequently seek agreements to ensure that physician employees will not work for competitors if they leave the hospital staff. Such agreements typically prohibit a doctor from practicing medicine in a certain geographic area for several years after the doctor's employment ends."

In this land of the free and home of brave?

Even the AMA balks at this imposition of such a restriction on doctors whose crime is yearning to be independent again. As Pear writes: "The medical association discouraged doctors from entering into such agreements, and it said that 'patients should be given the choice to continue to be seen by the physician in his or her new practice setting.'"

The one in which he or she is his or her own boss?

Meanwhile, how will a hospital rule over doctors on its payroll when, as Jane E. Brody of the Times reports: "The number of Americans 65 and older is expected to double to 80

million in the next three decades. People 85 and older are the fastest-growing age group; by 2020, there will be 6.6 million people in that age bracket, when rates of debilitating ailments soar" ("With Help Here and There, Preserving Independence in Old Age," The New York Times, Dec. 25, 2012).

How many of these Americans will be welcome in some of our hospitals under their rules of cost-efficiency? There is a move to care for them at home, but will there be enough support under Obamacare for their independent doctors?

Barack Obama and future presidents, along with members of Congress, are already well taken care of with lifelong medical insurance and pensions.

As for the rest of us, we still have the First Amendment — if we dare to use it at the polls by protesting the end of our doctors' independence.