



No matter how cynical you get, it is impossible to keep up.

The Optima Health Plan, an HMO in Virginia with 242,000 members, has begun fining capitated doctors \$100/day when the doctor keeps the patient in the hospital too long. Nurses from the HMO visit the hospitals and determine for the plan what is the appropriate length of stay. If the nurse also decides the hospital was in some way responsible for the overstay, the carrier will refuse to pay the hospital. Not surprisingly, many of the 13,000 physicians are angry, because they believe they are providing appropriate hospitalization. However, physicians must recognize the doctor's vulnerability when he sells his volition to the corporation. The unspoken managed care motto is "profits, not patients."

Progress is an illusion.

In today's high tech tools of computerized imaging, the barrage of lab studies and the laptop, the practice of laying on the hands (and the other senses), is disappearing. In a recent report in JAMA, both students and residents failed to recognize and understand heart sounds of valve disease. 453 physicians in training and 88 medical students were in the study. In evaluating 12 detectable important abnormal heart sounds, the average grade was 20%. As the professor at Allegheny University of Health Sciences in Philadelphia noted, "The stethoscope is an accurate, sensitive and specific way of making a bedside diagnosis, but that skill is fading in our times of high technology." The critical point is that the increasing use of primary care physicians as "gatekeepers" (I hate that word), shifts more responsibility for diagnostic acumen to the general physician or internist. One more caveat to consider in shopping for medical plan.

It is the ability to deceive oneself that one shows the greatest talent.

A woman underwent a breast implant procedure. Subsequently, she sought to bring a malpractice complaint against the surgeon. Her attorney obtained a physician expert to provide testimony on her behalf. The "expert" submitted an affidavit of credentials, but the court determined that the physician had not been in active practice for ten years. Moreover, it was found that his recent professional activity consisted solely of providing testimony in cases such as this one. The affidavit was struck, and the expert not accepted by the court. Since the statute of limitations had run out, the malpractice action was dismissed. We really do have whores in our midst, and it is so refreshing when the court applies the label.

Our ability to delude ourselves is an important survival tool

Medical records and peer review actions are not discoverable, that is, they are confidential, right? Well, yes, or are they? A patient had a craniotomy and developed an infection three weeks after the procedure. The patient and his wife learned that there might have been a break in sterile technique during the operation, and that there had been four other similar cases, resulting in both hospital and state investigations. The patient got a copy of the government agency report and used some of that information in his complaint. The hospital objected, stating the report was privileged as part of the peer review mechanism. The court disagreed and stated that the government investigation could have come from other sources and it was up to the hospital to prove that the information came from the peer review process.

The simpler it looks, the more problems it hides.

In response to ballot initiatives in California and Arizona, the National Institutes of Health (NIH) empaneled 9 experts for 2-day session to evaluate various hypotheses concerning the potential use of marijuana in therapeutic settings. Five areas were defined; appetite stimulation, nausea and vomiting of anticancer therapy, analgesia, neurologic disorders and glaucoma. After 2 days, the panel came up with no recommendations and the chairman stated, "We need to get some decent research done and get closure on this." The major problem for research scientists relates to obtaining a drug supply. Even if one is granted state funding for a scientific study, then goes through the vexation of a schedule 1 Drug Enforcement Agency (DEA) clearance, and then writes a protocol approved by

the Food and Drug Administration (FDA), there still remains the difficulty of obtaining legal, certified grade marijuana to do the study. Over and above a drug supply, research based upon an inhaled smoke delivery mechanism does not make sense when we are in the midst of a massive anti-tobacco campaign.

If you think you did something wrong, you're right.

An Additional embarrassment for the elected hierarchy of our American Medical Association in relation to the proposed endorsement of Sunbeam products, is that the arrangement was not managed and not even known by the officers nor the trustees. It would have been unexplainable for the officers to enter into any such a cozy deal, but even more shocking is to learn that they did not even know about it. Kirk Johnson, AMA general counsel, is heading an internal inquiry into how the agreement was forged. Obviously, management must be tightened up and functionaries apprised of the limitations in their work areas.

Without a government the nation would instantly collapse. Without too much government it takes a little longer.

While Congress dithers and tinkers with the Social Security System by raising taxes and cutting benefits, hardly a baby boomer or a generation X-er has any faith that Social Security will be there for them. To seriously approach the problem, our elected officials should look south. Mexico is solving it by going private. Mexicans are now allowed to pull out of the public system and put a portion of their income (with matching employer contribution) into private accounts. To no one's surprise they are jumping at the chance with \$400 million deposited when the accounts were opened, and the government anticipates another \$4.7 billion by January. Along with Mexico and Great Britain, 7 Latin American countries have privatized their retirement programs.

Truth is the most valuable thing we have. Let us economize it.

Patients who enroll with Kaiser Foundation Health Plan must agree to accept the HMO's arbitration agreement to resolve malpractice disputes. Each side selects its own arbitrator and works with the other to decide on a third panel member. Kaiser's own patient protocol promises to appoint a neutral arbitrator within 60 days. In California, the Supreme Court found that Kaiser may have engaged in fraudulent conduct. Kaiser knowingly permitted widespread delays in the arbitration process, and the Court found that the mediator was neutral in 1% of the cases. The average claim takes 863 days (that's almost 2-1/2 years) to reach a hearing.

Nobody is interested in sweetness and light.

To no one's surprise, the abiding big winners in the photorefractive keratectomy excimer laser business are the lawyers. While surgeons struggle to provide good patient care with predictable outcomes at a fair cost, anyone transgressing Pillar Point Partners \$250 charge for each laser use, is promptly sued. But now the federal lawyers are on the scene. Investigators for the Federal Trade Commission are prepared to recommend that the FTC file an antitrust complaint against PPP. How robust our economy would be if we could but listen to Shakespeare.

Addenda—

- ❖ Abraham Lincoln suffered from intermittent double vision due to hypertropia. When he told his wife Mary that he saw his mirror image with a "ghost" she believed it was a sign that he would die in office.
- ❖ Patients who make prolonged use of inhalers with high concentration of glucocorticoids will increase the risk of ocular hypertension or open-angle glaucoma.
- ❖ What distinguishes humans from lower animals is the desire to take drugs.
- ❖ Football combines the two worst things in America - violence and committee meetings.

Aloha and Keep the faith.—rts ■