

# RAS

## Stand up for patients

### When patient health is at risk, doctors would do well to follow the example of their California peers

by SreyRam Kuy, MD

**Editor's note:** *The following is one of an ongoing series of articles written by members of the Resident and Associate Society of the American College of Surgeons. The series will provide a forum for the concerns and needs of residents and young surgeons in all surgical specialties.*

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**R**ecently *The Times* disclosed that Blue Cross of California was asking physicians to report patient conditions that could be used to cancel medical coverage. Amid the furor of physicians all over California, the leadership of the California Medical Association responded with a letter to state regulators protesting this practice. Blue Cross has since halted its solicitation of physician policing.

This demonstrates the urgent need for physicians all over the U.S. to practice leadership in our individual practices, in our hospitals, in our health care organizations, and in the political process. Physicians hold a trust to protect the health of our patients. We cannot abdicate this sacred trust.

A 2006 poll by the American College of Physician Executives showed that 60 percent of physicians are considering leaving medicine due to low morale and lack of autonomy and status. We practice medicine in the context of Medicare reimbursements that don't keep pace with the rate of inflation, a mountain of medical school debt (over \$200,000 for some of my colleagues), the constant threat of litigation, and years of delayed gratification. (In my case, 17 years of higher education: four years of college, four years of medical school, seven years of general surgery training, and two years of fellowship.) We're feeling harried, hassled, and harassed, and it can be tempting to fall into

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survival mode, to start thinking, “I worked hard to get here and therefore my self-interests deserve to come first.” We defend this thinking by saying, “No margin, no mission.” If doctors can’t afford to practice medicine, we argue, how can the patient be helped?

But how does this translate in the American public’s ear? Physicians protest cuts to Medicare reimbursements and lobby for tort reform. But where was the swarming mass of white coats on the Capitol’s steps over the Institute of Medicine’s report on avoidable patient deaths due to medical errors? Where is the righteous indignation over the recent Commonwealth Fund’s national score card showing that the U.S. ranks last among 19 industrialized nations on infant mortality and 15th on “mortality from conditions amenable to health care”—that is, early deaths that might have been prevented with proper care?

As the February 2008 Democratic presidential debate in Austin, TX, highlighted, the health care issues that top Americans’ minds are not dwindling doctors’ payments or loss of physician prestige. It is access to quality health care.

When I first put on my white coat in medical school, I recited the Declaration of Geneva and

pledged “to consecrate my life to the service of humanity” and that “the health of my patient will be my first consideration” and that “I will respect the secrets that are confided in me.” I believed I was joining a profession empowered with a sacred duty. I still believe this. When patients are ill, they are at their most vulnerable. That a person would allow me to take a scalpel and slice into his body to extirpate disease is such an extraordinary act of trust. It places me, the surgeon, in an enormous position of both privilege and responsibility. The patients entrust their health to the physician with the confidence that the physician will advocate first for the patient’s health, not her pocket-book. When physicians place the health of our patients as our first consideration, we reclaim our autonomy, our morale, and ultimately, our dignity as a profession.

So I applaud the California Medical Association and the physicians in California who protested when asked to look for patient conditions that could be used to cancel their medical coverage. At the same time, to my colleagues who bemoan our profession’s fall, I say, remember how you started: with a pledge that the health of our patients will be our first consideration. Now is the time to stand up for our patients. <sup>Ω</sup>

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