

“REFORM” OF HEALTH“CARE?” WHY I RESIGNED FROM THE AMA

by Elizabeth Lee Vliet, M.D. © July 21, 2009

Today I learned that the AMA has issued an “unqualified endorsement” of the House Bill for health insurance overhaul. In my opinion, the AMA has sold out doctors, and most importantly, *our patients*, in supporting this government take over of our most private and personal freedom – our choices about when, where, and with whom we will have medical care when we are sick.

As a protest against their support of the House Health"care" Bill, I have resigned from the AMA after nearly thirty years of membership.

Health “care” is a misnomer these days. It is more aptly called health “business” or services or insurance or policy. “Care” seems to have gone the way of the Dodo bird...every stakeholder in the game is looking out for *their* bottom line. Few seem to be looking out for patients. And reform? That's not accurate either. What's happening is a massive government "take-over" of all of your choices for your medical services.

In the current widespread concern about the health “care” proposals being pushed through Congress at the rate of a speeding bullet (and in my view, just as deadly), my patients have said to me over and over, “Can’t the AMA stop this government take over of our choices in medical services?” “Please write the AMA, they can help us!” Sadly, the AMA is not on the side of patients, or doctors either, for that matter when it endorses government run health care that outlaws private options. As of December 2008, *only about 17% of the 900,000 eligible practicing physicians* in the United States are AMA members.

I used to think the American Medical Association, which I joined soon after graduating from medical school, was the “gold standard” of ethical guidelines for the practice of medicine dedicated to the care of patients. But the AMA as it functions now doesn’t really represent doctors or patients – it is in the *business* of medicine. Turns out the AMA is a gold *mine*, not a gold standard as I thought. The 2008 AMA Annual report shows that *more than 85%* of its \$282 million annual revenue comes from sources *other than membership dues*. Another way of saying it: only 15% of it’s revenue now comes from members paying dues... a far cry from where it started.

For example, one of its hugely profitable businesses is overseeing and selling the Coding Manuals doctors use to determine the insurance billing codes for procedures. It is so lucrative because they change the codes each year, and every doctor and hospital in the country has to buy new coding manuals and new computer software to use them or they can't get reimbursements from insurance companies! Lawyers and CPAs don't have to depend on "coding" of their services to get paid...why is this only applicable to physicians? Why doesn't the AMA help *stop* bureaucratic burdens on medical offices rather than perpetuate it and make money on it?

It seems to me that the AMA wants to retain its revenues from its various businesses and data services, so it gave in and endorsed the House health "reform" bill. This "business" of medicine has co-opted the very values for which I originally joined the AMA.

I am only one doctor, and my membership fee makes little difference to such a massive organization. But the AMA endorsement of this take over of our health care system was the final straw. I no longer want to be a part of a professional group that has betrayed the people I care the most about, my patients.

Statistics from other countries with government run health systems make it clear how patients will be harmed under Washington's draconian proposals. The House Bill clearly shows the big lie of the 2008 Democratic campaign promises: "*If you like your health insurance, you can keep it.*"

The 2009 House Bill specifically has a provision (see page 16) that says *no more new private policies can be written after the government plan "option" becomes law*. This effectively ends individual private health insurance coverage. That is a truly staggering violation of your freedom to chose your health care options for you and your family. Other proposals carry heavy financial or tax penalties for those who keep private insurance – if you can even buy it at all. In my view, the AMA should be *fighting* this, not supporting it.

Most people will simply not have a "choice" about being in the "public" (meaning government run) plan. Various experts have estimated that as many as 120 million Americans will lose their private insurance coverage as employers cut costs and send employees to the government plan that is 30-

40% cheaper because taxpayers are providing the cost subsidies. Various expert panels have reported that within two years, the private insurance market won't have enough customers left to keep it alive. Another "dodo bird"...Extinct.

In order to pay for bringing more people into "free" care, Washington is already proposing 400-600 *billion* in further cuts for Medicare and Medicaid services. There is no way humanly possible that such massive dollar cuts can *avoid* causing long delays for access to care, rationing of services, and outright denial of certain treatments.

This is not just my personal opinion, nor is it hyperbole, as Democrats claim.

Rationing and denial of care are *facts* based on well-documented experiences of every country that has already been down this road of government controlling health insurance and access to medical services. Reams of published reports document these problems.

This House Bill will destroy excellence in American medical services as it substitutes committee decisions for private decision-making between patients and doctors.

As the government begins to further cut costs by denying and rationing medical services, we will see the outright harm to patients that British and Canadian patients have suffered for decades under their government owned health systems. *Patients United Now*, a grassroots patient advocacy organization, has many excellent videos of real people sharing stories about these problems.

Make no bones about it, governments *always reduce costs* by rationing *your* medical care. How? Examples from Canada and Britain abound: Bureaucrats in Canada and Britain prohibit use of new medicines that "cost too much." Britain denies mammograms after age 70, dialysis after age 50, and Paps are only done after age 25. In Canada waits of 18-24 month for hip surgery are typical.

Even more alarming, I received this information from Arizona Congressman John Shadegg:

“Tonight, July 20th, in the Commerce Committee markup of the Democrats' Health Care bill the Democrats passionately argued against a simple amendment that would have prevented federal employees from ‘dictating how a medical provider practices medicine.’

Here is the actual text of the amendment the Democrats rejected:

“ (k) Construction.- Nothing in this section shall be construed to allow any federal employee or political appointee to dictate how a medical provider practices medicine. ”

Democrats defeated this amendment! If you want your doctor to be able to practice medicine without being told how to do so by a federal employee, I urge you to get involved in this debate NOW!

Don't just communicate with your friends, family and members of Congress. Call your doctor today! Demand to know:

- 1) Is he or she a member of the AMA, which has come out in support of the bill?*
- 2) Is he or she aware that Democrats rejected this simple amendment?*
- 3) Do they agree a federal bureaucrat should be able to tell them how to "practice medicine?"*
- 4) Have they spoken out in opposition to this outrageous bill?*
- 5) Are they telling their patients they oppose the bill?"*

The defeated Amendment means that the House health “care” bill will be in violation of the Hippocratic Oath every doctor takes when graduating from medical school, that says in part:

I SWEAR... that, according to my ability and judgment...I will keep this Oath and stipulation...I will follow that method of treatment which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous.

In my view, it is “deleterious and mischievous” – and possibly deadly, to withhold care because a government bureaucrat has decided I cannot provide it because a person is “too old,” “too sick,” “too infirm” to be worth the cost.

The AMA states on its website, under Managed Care Reform, that “The AMA will continue to combat third party interference with physician/patient relationship.” Yet here they are *supporting* the government-run public option that requires your medical records to be sent *without your permission* to the federal coordinator, requires doctors to follow government “guidelines” (how soon will these become “dictums?”) for your care, and requires

everyone over age 65 having government-provided medical care to have “counseling” about end of life plans! These government requirements for doctors are serious “interference” in the doctor-patient relationship that I think the AMA should be *fighting*, not supporting.

I choose to remain a member of the Association of American Physicians and Surgeons that *does* support the Hippocratic Oath, does represent the voice of physicians, and does advocate for patients rights to choose their medical services.

Do *you* really want the government telling you what you can and cannot have for medical treatment if you are sick? For all its flaws, wouldn't *you* rather have the right to choose your doctor, your hospital, your type of treatment, and what type of health insurance best meets *your* needs?

Now is the time to speak out if you value your personal freedom. Contact your legislators and let them know you don't want the government coming between you and your doctor. *It may be the last chance to keep your choice.*

For more information, I suggest two independent patient advocate Web sites on healthcare: www.JoinPatientsFirst.com, www.PatientsUnitedNow.com

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takeover of health care in the proposed Health Care "Reform" that seeks to eliminate or penalize private options.

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