Let's Talk Frankly About Money, Doctor

A LETTER OF ADVICE FROM A PATIENT

BY CARL WILLIAMS

Dear Doctor:

As I was leaving your office after my last visit, I made some unimportant comment about socialized medicine. You cynically summed up your attitude like this: "We're going to get socialized medicine sooner or later," you said, "whether we want it or not."

I've been wondering about your defeatist prognosis. Certainly I do not want to place my health in the care of any Federally controlled program. Neither, so far as I know, do any of my friends. And it is obvious enough how the great majority of your profession feel about it.

Sometimes laws get on the books by a kind of default. You may wake up some day to read in your morning paper that socialized medicine is here. You will blame this on "those bureaucrats." But I believe the fault will partly rest with you and your profession. I believe you have failed to make enough friends and champions among your patients. Instead of be-

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ing actively, positively and vocally on your side, your patients are uninformed and, worse, indifferent. If "bureaucrats" get their way, it is often public indifference that makes it possible.

It would surely shock you to hear what some patients say about their doctors. One businessman put it this way: "If doctors are not careful, they'll price themselves right out of the market."

Let me hasten to tell you that, in my humble opinion, some of your patients fail to realize that doctors, too, are victims of inflation. Most of you work long, hard hours these days, and I doubt the increase in your charges matches the rise in living costs. You may be getting a little unfair pushing around on this subject. But the point is — why? Why do people fret and grumble about doctors' increased charges, but eagerly buy automobiles at $4,000 that cost less than $2,000 a dozen years ago, or sirloin steak at more than a dollar a pound?

The truth of the matter is, I think, that because of long, professional custom, or jealous protection of high ideals, or just plain false modesty, you have woefully neglected something which, although you hear a lot about it in this modern world, you are nevertheless sadly ignorant about. That is — public relations. In your case, doctor-patient relations.

As a businessman, I know (but who should know better than you?) that a man's most sensitive nerve runs directly through his pocketbook. Most of what I shall say here concerns, not so much your profession's charges, but your profession's *methods* of charging.

WE'LL START this subject right in your own waiting room. As always on these busy days, there are several people waiting to see you. Let's say that two of them are making their first calls; two others have not been in your office for a long time. All four of these patients have one thing in common. They do not know what you are going to charge them today for their few moments with you. They'd like to know. But you won't tell them and they won't ask you. It just isn't done.

Occasionally, to be sure, a patient screws up his courage and broaches the question. At this point, the average doctor lifts his eyebrows into a Gothic arch and frowns down upon his caller from his tall professional tower. The poor patient is now flushed and withered, and feels as he might if he had suddenly blurted an unspeakable word at a fashionable dinner party. Finally, with quiet, aloof dignity, he *may* tell his patient what he wants to know.

When you put up at a hotel, I'm sure the first thing you do is determine the rate charged for the room assigned to you. Not only that, you usually find a card in your room which again tells you the single and double rates for that room. You know exactly where you stand; no

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hotel manager would stay in business long if his guests were expected to wait until the end of their stay before knowing what they were being charged. Why shouldn't your patients have this same assurance?

Which leads me to my first and quite painless suggestion. It is this: Have a neat little sign printed, say about eight by ten inches, giving in conspicuous and readable type exactly what you charge for an office visit, and what you charge for an outside call. Have this sign framed and hung in your waiting room. (I'm sure I don't need to remind you that your own group, the American Medical Association, has already proposed that you do this. Why don't you?)

But it is not you general men, doctor, who are the chief sinners in this matter of secrecy about costs. This dubious honor belongs to your brothers, the surgeons. To this group, money is indeed a vulgar commodity — although in my few experiences no checks have been returned.

Some years ago, I found myself facing a major operation, and I took steps to make sure I was putting myself in the hands of an able man. I found him, but I was not comforted by the gossip about his charges.

So, determined for once to be a man and not a mouse, I spoke the forbidden words: "How much, Doctor, will this cost me?" The next few moments saw an exhibition of fencing rarely equalled. But all my thrusts and parries availed me nothing. I do recall that he promised, with unappreciated joviality, to leave me enough to take a taxi home from the hospital. But tell me his fee he would not. Nor was my post-operative recovery speeded by one of the nurses in the hospital who flattered me with, "Of course, Mr. Williams, it isn't everybody who can afford to have Dr. ——"

A month or so later, the dreadfully apprehended bill arrived. I feared thousands (why not, wasn't that his reputation?) but it was only hundreds. I'm no judge of these things, but to me the charge was fair and reasonable. I paid promptly and with no regrets. As you well know, I could match this with similar stories told me by my friends. But why was I, and why have my friends, been subjected to this unnerving doubt and worry in the first place? As the American College of Surgeons has pointed out to its members, surgeons only earn the ill will of patients by this conspiracy of secrecy.

Right about now I can hear you muttering the conventional defense of surgeons. "Their charges vary," you say, "depending upon the ability of the patient to pay." Only by this means, according to the pious explanation, can surgeons afford to take care of the poor as well as the rich and still make a living. Very well, then, let's face this deplorable custom of "soaking the rich" — a

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policy you seem to abhor when practiced by "Washington bureaucrats." Right here, I think, you will find some of the most irritating lesions on the ailing body of doctor-patient relations.

A popular game at cocktail parties I have attended is one in which the guests swap stories about the costs of operations. More often than not, I have noticed, the players do not talk about their own operations, where the charges were probably fair and therefore dull, but about the operations of numerous third parties, where the charges, according to the teller, were fabulous and therefore exciting.

One of these stories I credit as true, because it was told me by a doctor you know well and respect highly. It concerns a wealthy Midwesterner who brought his wife to New York for a thyroid operation. The surgeon he selected was, admittedly, one of the finest in his field. The charge (needless to say, it was not discussed before the operation) was $15,000. Under protest, it was reduced to $12,000, and paid. I am assured there were no complications or other circumstances to justify this fee. It was a simple, concrete example of "soaking the rich." In the light of stories of this kind — some true, but many probably false — is it any wonder that there are people who say doctors are themselves suffering an affliction which might be called a rush of Cadillacs to the head?

ANOTHER HABIT among surgeons, and one so deeply rooted that a flaccid public accepts it with amazingly little protest, is the impertinence of asking a patient his income before assessing the cost of an operation.

Personally, I have no great objection to engaging in a financial strip tease with a surgeon if that is what he wishes. I shall insist, however, that it be a duet. I shall want to know his net income for the preceding year. And why not? According to his view, the more money I earn, the larger fee I can afford to pay him. But my views are dictated by self-interest, too. As I see it, the larger the doctor's income, the less he needs to charge me in order to keep body and soul together and a roof over his head.

Very seriously, doctor, I believe that this gold curtain dropped between surgeon and patient is one of the most serious sins against good public relations in your profession. No doubt you are right in assuring me that most surgeons are dedicated men who give much of their skill and time without reward. This, perhaps, is part of the cost which must be paid for the freedom which would not be theirs under Federally controlled medicine. I am merely suggesting that it is every man's right to know what he is going to be charged whether he buys an operation or a refrigerator. And, finally, that the reckless custom of "soaking the rich" and prying into people's

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incomes is not good doctor-patient relations.

There is a way, perhaps, by which much of the spice can be removed from the gossip about surgeons' charges, and at the same time clear the air enshrouding *all* medical costs. This might happen if you, the family doctor and personal physician, would assume the full responsibility which is rightfully yours as an all-around medical counselor.

For example, let us assume that your examination of one of your patients reveals the need of an operation. Your first responsibility, of course, is to recommend a surgeon to do the job. You do so. But here you now let the matter drop. Remember that your patient, in all probability, has never heard of the man you propose. Beyond your casual recommendation of him as a "good man," he knows nothing about him.

I respectfully suggest that your patient will leave your office in far better psychological health if you would take a few extra moments with him to discuss what is a major event in his life although it may be all in the day's work to you. Tell him there are three or four surgeons who might be engaged for his particular need. When you make your specific recommendation, which you must, give him some of the background of this man. How old is he? With what hospital or hospitals is he associated? Is he a member of the American College of Surgeons? Have you engaged his services for other patients? How did these patients react to him? (Do I hear you grumbling that a patient is no fit judge of these matters? Maybe you're right, but do you mind giving us the comfort of at least thinking that we had a small hand in making the decision?)

Finally, and here's where the rub comes, consult with the selected surgeon on the forbidden subject, the fee, so that you can advise your patient what to expect.

FURTHERMORE, if you are to be truly a family counselor, you have not yet discharged your responsibilities. Does your patient subscribe to Blue Cross? If so, help him to understand just what benefits this will bring to him at the hospital.

As you remember, I was in the hospital some months ago under your care. You ordered a particular laboratory test for me. When my weekly bill came, I discovered that the laboratory charge for this test was $18. Being a somewhat hardened character in this matter of medical costs, I was not greatly disturbed. But when I reported this charge to you on your next visit, I was not only disturbed, but also a little shocked, to discover that you, my personal physician, had no idea what the laboratory of that hospital charged for that particular service.

Let me make my moral a little clearer by pointing out to you that in my business I have "clients" just as you have "patients." Let us sup-

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pose that one of my clients — this is a typical case — asks me to prepare a booklet and then order a printer to run off 10,000 copies.

A few days later — after the printer has set up his type and started to run off the booklets — my client is on the phone to ask me what the job is going to cost him. What would happen if I replied, "I really have no idea, Mr. Client. The printer will send you the bill when the job is completed." What would happen? It's very simple. Quicker than a magician can produce a rabbit, I would lose a client.

On re-reading what I have written to you, I note that several references have been made to business practices, comparing them to medical tactics. Does this offend your professional dignity? I hope not. In all humbleness, I am here only scratching the surface with a few suggestions which I believe would make for a happier, more cooperative, and more loyal relationship between you and your patients.

Trusting that you will grant me good intentions, at least, I should like to draw just one more parallel. I presume your wife runs charge accounts in a few local stores. What, then, would be your reaction to a bill from one of the department stores which read, simply: "June — $59.75." I can well imagine your blistering letter demanding a completely itemized statement, even down to the smallest spool of thread. But, of course, department stores — as well as the butchers, the bakers, and candlestick makers — always *do* itemize bills.

WHAT about you? A year or so ago, I called on you four or five times in one month for some slight indisposition. But was it four times — or five? Your bill merely named the month and the sum owed you. Because I honestly believed a mistake might have been made, I called your secretary. A quick look at the files showed that I had made five calls, not four, and gave the precise date of each call. Will you please consider this a request to have your secretary, in all future bills to me, itemize the dates of my calls, the amount per call, and the total? I think your other patients would appreciate this, too.

Well, doctor, this letter is already too long, and I fear you now have an attenuated patience and an acute case of inflammation of the spleen. But believe me, I sincerely want to be helpful. This is really only a plea to you, my friend over many years, for recognition of a few painless policies that would, I think, make more of your patients look upon you as their friend, too. To the degree to which you increase their confident dependence upon you, their loyalty to you, their enthusiastic endorsement of you . . . to that degree you and your profession need have less and less fear that socialized medicine is coming "whether we want it or not."

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SOUND ON DISC

ANALOGY is valid to a point, and then becomes distortion. And so it is with my feeling that chamber music bears the same relationship to orchestral music that a line drawing does to a painting. The idea is not particularly new, but it pressed in on me when I was listening to a couple of Haydn quartets and panoramic *Appalachia* of Delius. In the first, the Schneider Quartet traces the delicate line of the Haydn score (Haydn Society, HSQ-6) — and as in a drawing, the approach to the emotions is via the intellect. In the Delius, Sir Thomas Beecham and the Royal Philharmonic splash on the broad, moody colors, directly appealing to the senses which in turn communicate to the intellect. (Columbia, ML 4915)

Having said this, I have said little about the music. But it is interesting to note how each composer (Haydn, the extrovert; Delius, the introspective romantic) was conditioned by his nature and his time. Haydn had a limited universe as his drawing paper, and the melodic outpouring filled it to the margins. Delius painted on the sky, but much of the canvas was out of his reach. If this makes no sense to you, certainly you can agree that these two recordings, excellently performed and transcribed to vinylite, will be fine additions to any record library.

I have already written with some enthusiasm of the Haydn Society's project of putting the great *Anthologie Sonore* catalogue on LP's for American consumption. The records have been coming out in substantial lots. But I particularly wish to call your attention to one record — *16th Century Vocal Music of Russia, Poland, Spain, and England* — and to one section of that record — some Spanish *romances* beautifully sung by Maria Cid. The *romance* is a kind of ballad, relatively unknown in America but preserved in the folk consciousness of Spain for many

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