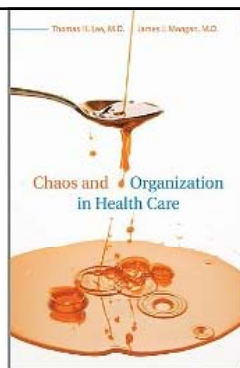


Which **Master** Do We Serve?

Martin A. Samuels



Chaos and Organization in Health Care

Thomas H. Lee, MD
James J. Mongan, MD
2009
MIT Press

The Gospel

- Society has endured an economic downturn
- Health care consumes too much of a shrunken pie, pushing out other government programs
 - Police
 - Military
 - Education
- New technologies have increased the cost
- The rising cost of health care is unsustainable
- Chaos is the Problem
- Organization is the Solution

The Principles

- Doctors are experts who need to help society decide what it can afford
- Public health measures are much more cost-effective than individual care
- Advances in genetics can help predict disease liability and resource utilization likelihood
- Fastidious medical records improve care
- System innovations can prevent errors

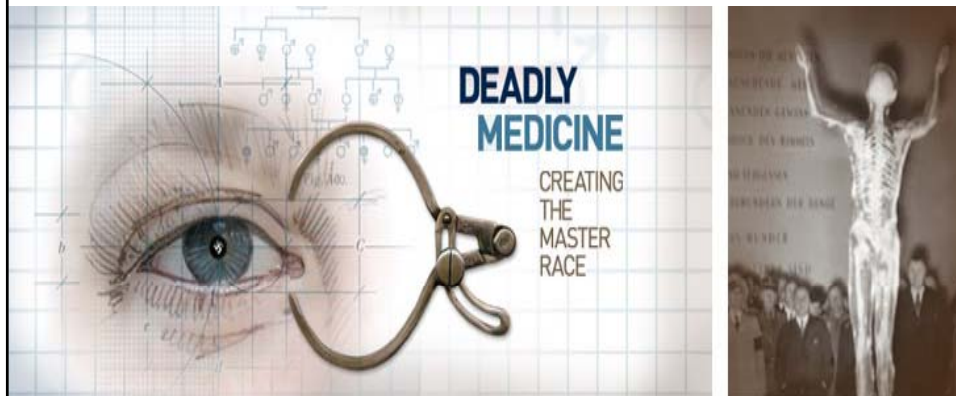
The Solution

- Promotion of healthy life styles
 - Smoking cessation
 - Avoidance of high risk sexual behaviors
 - Exercise and health maintenance encouraged
- Doctors identify individuals who are likely to consume health care the most
 - The last year of life is the most costly
 - Cognitive delay
 - Dementia
- Systems will reduce errors
 - Hand washing
 - Fastidious medical record systems
 - Check lists; routines; regimentation provide consistency
- Closed systems provide more control

The Advanced Solution

- Doctors report the birth of cognitively and physically impaired infants and encourage families to place them in government centers where professionalized care can be delivered less expensively
- Doctors use their influence and knowledge of modern science to instruct society about the use of cost-effective care
- Doctors become agents of society, promulgating group priorities over individual ones (The Invaders from Mars)

The Final Solution



The United States Holocaust Memorial Museum
2012

How To Avoid the Co-opting of Doctors by the Interests of a Particular Society

- Simultaneously considering the interests of society and individual patients represents an irresolvable conflict of interest
- An adversarial system is best at protecting the rights of society and the individual
- The same lawyer cannot represent and State and the Individual

Disclaimers

- Public health is not, in itself, an evil
- The best individual care **is** cost-effective
- Over utilization is not only expensive; it is dangerous (e.g. the incidentaloma)
- Errors are not desirable, but they are unavoidable
- Mutations (errors) are the means whereby organisms adapt to new environments

Case in Point

A 60 year old woman complains of a new type of headache that has been worsening over the past two months. It comes in attacks lasting about 20 minutes each. The headache is really a non-pulsatile eye pain without any autonomic features. There is no aura or residual. There is no history of migraine. The patient is a doctor and the headaches are interfering with her work. Her general and neurological examination is completely normal. A primary doctor had already seen her several times, ordered many blood tests and tried various analgesics, none of which worked. ESR=5

Diagnosis?

Episodic Paroxysmal Hemicrania

- The patient was told the diagnosis
- The patient was reassured that this was usually a primary headache syndrome
- Also known as one of the indomethacin responsive headaches
- The patient was given a prescription for indomethacin
- The patient said she believed me but would like a brain image to make certain that this was not a secondary headache syndrome

What Would You Do?

My Hypothesis

- The patient has simple hemicrania
- But, she harbored an unstated fear that the headache represented a symptom of a serious underlying disease (e.g. brain tumor)
- The fear was enhanced by her knowledge of medicine and the growing concern about medical errors
- My reassurance was helpful, but was not adequate (The Freddy sign)



MRI

Done that afternoon and was completely normal

From: Samuels, Martin Allen,M.D.
Sent: Wednesday, November 21, 2012 5:32 PM

I heard from that you are better. I am delighted to hear that. Find the minimum dose that works and use it for a couple of weeks and then try to slowly taper it if the symptoms are completely gone. This tends to go into remission and may not need the meds for some time. Have a great T day.
 Marty

From:
Sent: Monday, November 26, 2012 12:12 PM
To: Samuels, Martin Allen,M.D.
Subject: RE:

Yes almost cured thanks so much for your reassurance and expertise. indomethacin was like magic. will do as you suggest and let you know if i have any problems tapering.

From: Samuels, Martin Allen,M.D.
Sent: Monday, November 26, 2012 12:28 PM
To:
Subject: RE:

That's great news. It wonderful how predictable hemicrania is. Slow taper (over a week or so) will probably lead to a prolonged remission, but keep some indomethacin in the medicine cabinet.

Marty

From:
Sent: Tuesday, November 27, 2012 12:30 PM
To: Samuels, Martin Allen,M.D.
Subject: RE:

thanks again, its a lot easier working without a constant head ache.

Questions

- Was the MRI cost-effective?
- Was the MRI in the interest of society?
- What were the risks and benefits of the MRI?
- Could guidelines have helped this patient?
- Could a closed system (e.g. Geisinger, VA, Kaiser, Virginia Mason) have done better?
- Could a physician extender have handled this?
- Would an internet search have helped or hurt?

The Doctor's Master

“....physicians are required to do everything that they believe may benefit each patient without regard to costs or other societal considerations.”

Norman G. Levinsky, MD
New England Journal of Medicine
1984; 311: 1573