



STATE OF PERMANENT SOLSTICE

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*Temperatures have soared into the 100's as
Summer solstice approaches on June 20th.*

*Solstice occurs when the tilt of Earth's axis is oriented
directly towards or away from the Sun, causing the Sun
to appear to reach its northernmost and
southernmost extremes.*

*The name is derived from two Latin words *sol* (sun) and
sistere (to stand still) because at solstice the Sun's
apparent movement north or south comes to a standstill.*

Are physicians in a state of permanent solstice?

I fear that the answer to this question may be in the affirmative. External forces including increased regulation, shrinking reimbursements and unfunded mandates have stifled physician's creativity and taken away our precious time, so that we spend the majority of our waking hours working harder in an attempt to keep our heads above the rising waters of increasing overhead and decreased collections. It is not surprising then that smaller percentages of our best and brightest students are considering medicine as a career, and that more and more experienced physicians are exploring early retirement. In Maricopa County we already have a shortage of physicians in primary care, general surgery, and medical/surgical subspecialties. Our doctor shortage here in Arizona mirrors trends occurring across the United States. As baby boomers are now reaching retirement ages, so are their doctors. Many suggestions have been offered to remedy this "perfect storm" however, even if implemented, years will pass before any improvements are seen.

In the next six months, at our monthly Board meetings, the Medical Society will be discussing several issues that are important to physicians in Maricopa County including the physician shortage, national healthcare, liability reform, disparities in reimbursement, increasing membership in the Medical Society and how the Medical Society can maintain relevancy in this 21st century.

I have encountered a disturbing trend in recent months. A medical device representative came to

my office preaching the benefits of in-office technology that could be used to search for breast cancer recurrences in patients who have previously been treated for breast cancer. He told me with pride that the device had received FDA approval for usage four times a year per patient.

The reimbursement for this screening was quite lucrative, and he wanted to know when I would be ready to order this \$700,000 device. I informed the gentleman that promoting usage of any device simply to improve the "bottom line" was the type of thinking that fuels the skyrocketing costs of medical care. I told him that there was never an indication to do testing so frequently, and that doing so would greatly increase the costs of patient care. He reiterated that I could make more money by performing the test more frequently.

The other event had to do with a device representative who was referred to my office by another physician. This person wanted to sell me an in-office, non-invasive ultrasound that could be used to screen patients for asymptomatic carotid artery disease. The implication was that if you screened

everyone who came to the office that you could generate a great deal of income – sounds a lot like the CAT scans that were placed in shopping centers years ago. Once again, I was face-to-face with a salesman who had one interest, selling equipment with the not so subtle hint that I could utilize as an income generator. In my opinion, these are two examples demonstrating why healthcare costs are continuing to spiral out of control. As physicians, I

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believe that we have to apply our own ethical guidelines to make sure that we utilize technology for the right reason – the benefit of the patient, not our bank account.

We have invited the Senator from Arizona, John S. McCain, to a forum in Phoenix in the months prior to the general election. We would like to invite a representative from the other party, but their impasse over selecting a candidate continues. We shall keep you advised.

The Social event at the Art Museum was a tremendous success. I want to thank everyone who participated. Our metropolitan area has become so expansive that we rarely have an opportunity to see our colleagues outside of the clinical setting.

We have reached the mid-term of my year as President of your Medical Society. Please contact me at edonahue@mcmsonline.com if you have any concerns.

We always welcome your feedback.

Edward J. Donahue, M.D.
President

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