

Health Care—Preparing for the Future

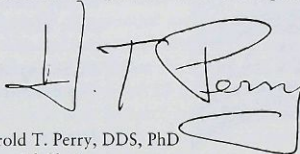
The year 1994 will possibly bring a vast change in health care for America. As health care providers, we will all be affected. The medical profession will be first and, no doubt, dentistry will follow if the first wave is to include pediatric dentistry.

The potential intrusion of governmental bureaucracy, insurance company accountants, and a myriad of third parties will complicate our everyday routines. There will be change in our private practices, in our university clinics, and in our hospital environments. Despite the good intentions of the administration, there will be a great infusion of legal and accounting paperwork. Our daily work will not be any simpler, rather it will be more complex and fatiguing. With the added stress factors, many will lose contact with the true relation of patient care and personal professional concern. Time with patients will be limited either by cost-effective management measures or the demands for efficiency by nonprofessional health care managers. It will seem that we have again lost a measure of our professional autonomy and personal freedom in patient relations.

The grass roots desire for health care delivery change has merit when we consider some of the shortcomings of our present system. In 1992, our health care costs exceeded those of any other first world nation. We were spending 14% of the country's gross national product each year on health care, yet, of our total population of 248 million people, 37 million had no insurance. This sorry state of affairs did not occur overnight but resulted from gradual and incremental change over the past 30 years. Many who possessed the skill, responsibility, and authority to deal with the problem turned deaf ears and blind eyes to the increasing needs. In addition to those empowered to act as legislators, insurance companies, and professional societies, the majority of the general population, who had satisfactory health care, showed little empathy for their less fortunate brethren. Compounding this malaise of inaction were the burgeoning effects of malpractice decisions, resulting in an ever-increasing defensive posture by the hospitals and practitioners as they endeavored to defend their diagnostic and treatment procedures. Extensive laboratory tests, exotic imaging, and innumerable questionable evaluations added to the patients' bills with little real

benefit to their treatment. Thus, the insurance companies witnessed more and more of their premium profits eroded, and they, in turn, increased their deductibles and premiums. Precious little money, time, or concern remained for the "have nots."

The President's wife has grasped for the brass ring and placed her imprimatur on the 1,000 plus pages of proposed changes, charges, and challenges. Multiple proposals from the loyal opposition and even the less than loyal members of her own party have presented wide-ranging variations in benefits, coverages, and costs. Certainly, in the next year or two, this will all percolate through congressional committees and legislative action to give America a fairer system of health care delivery than we have today. It is widely questioned whether it will be any cheaper in the long run than our present "fix" habit. Therefore, in time, budget cuts, legal pressure, and financial "squeezing" of the health care dollars will affect all of us—patients and providers alike. I predict that the managed care organizations, the insurance companies, and their underwriters will not lose money, but the potential for increased provider restrictions could seriously encroach upon the present patient-doctor relation. The cold, calculating eye of anonymous auditors who do not or cannot have empathy with our patients will, at a safe distance, create traumatic events between practitioners and their patients. The provider must make the cuts on a person-to-person basis and not from a sterile, autocratic, distant management base. We will be the messengers who implement the bad news. Therefore, let us recognize this caveat before it is upon us and educate ourselves, our followers, and our future professionals to abide by the Hippocratic oath. We must not permit Big Brother and his assorted bureaucracies to cut us asunder from our true responsibility: the finest professional care possible for all of our patients.



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