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## Patients, Not Numbers

By Marc Siegel

**T**hough House Republicans said last week that they are drafting legislation to increase Medicare payments to doctors, there is no guarantee that the recent cuts in these payments will be reversed, or even mitigated. Many doctors say they will drop Medicare patients because they can't afford to absorb the cuts — set to reach 17 percent over three years —

### Doctors must look beyond Medicare's payment cuts.

even as their expenses go up. These cuts also reduce their income from private managed care health plans, which adjust their reimbursements according to Medicare fees.

Even so, physicians have to remain true to the ideals of our profession and resist bottom-line thinking. Medical practice in this technical age, as in other times, cannot be viewed entirely as a business. And even with payment cuts, Medicare is not charity care.

Medicare has always provided compensation for 80 percent of what it sets as the bill, an amount that, if no longer gilded, still compensates doctors adequately. And as long as it pays the bills, Medicare is preferable to the strictures of most health maintenance organizations. It allows us to choose

what tests we order and to refer our patients to specialists as we think is necessary. For doctors, Medicare is usually free of the problems that plague many H.M.O.'s — the excess paperwork, the referral requests, the insurance-company arbiter who has the power to deny essential tests. With Medicare covering 80 percent of the bill, the greater difficulty often lies in collecting the remaining 20 percent from the patient or his secondary insurance.

Of course, no doctor would happily be paid less for medical care. But salaries for doctors who treat Medicare patients are still very far above salaries in other professions, like teaching, and will remain so even after Medicare rate cuts are carried out.

Any change to Medicare has a powerful effect in the medical marketplace, but this can have a positive side. If Medicare were expanded to cover prescription drugs, for example, with its enormous patient base, it could compel the drug companies to accept lower prices, regulating drug costs the way it already regulates doctors. This might help reduce overall health care costs.

As for doctors, we must not alter our style of practice based on expected fees. The burden of Medicare cuts, like other changes shaping the practice of medicine now, is best shouldered if spread across our whole profession. The greater the number of doctors dropping out of Medicare, the more likely that care for the elderly will become the province of an ever smaller segment of doctors — those who would nobly sacrifice higher incomes or those who might cut corners by reducing the length of patient visits or ordering unnecessary tests to pad the bill. This result would not be good for patients, the medical profession or the long-term health of the Medicare program. That is why choosing not to take Medicare patients should not be seen as simply a neutral business decision. □

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