

Praise for *Elephants in the Exam Room*:

Health care is a very touchy and complicated subject, so let me refer you to what I think is the best treatise I have ever read on this subject: “Elephants in the Exam Room”, by Dr. Wayne Liebhard.

– **Minnesota state representative Michael Beard**

Wayne... has involved himself in many phases of medicine, medical education, and community service. When I was in the U.S. Senate trying to change the practice of medicine by changing the way Medicare finances patient care, Wayne and doctors like him were growing frustrated. First in their efforts to meet patient needs and demands, and then by the changes in the system, in the life styles of practitioners, and the growing emphasis by folks like me in changing practice behavior from the outside in. The book he has written is in part protest against the changes in medicine and its rewards, in part his view of the real cost-drivers in medical care, and in part a view of the role third parties are playing in removing incentives from family physicians to practice quality care. He nicely sums up the reason that the health crisis is so difficult to understand: “Because everyone has made up his (her) own set of rules by which this game should be played and there is no clear-cut referee. Everyone seems to have their own set of opinions and, unfortunately, their own set of facts”. For those of us who believe that community and family health professionals, not bionic medicine men, are the key to the key to improved access, quality, and cost, quality, and cost, this nicely-written plea by a Minnesota doc and friend is a good read.

– **Former U.S. Senator Dave Durenberger, director, National Institute of Health Policy**

Elephants in the Exam Room is a warning to patients and a wake-up call to physicians. The practice of medicine is being radically altered by opportunistic outsiders with little public debate and next to no rebuff. The ethical integrity of medicine, the safety and health of patients, and the public's trust are at risk. With a blunt tongue and a few pointed fingers, Dr. Liebhard debunks health care myths and demystifies the dangerous doublespeak of today's health care debate. He points out that terms like "quality", "evidence-based medicine", and "pay-for-performance" are drawing physicians into an ethical quagmire that undermines the altruistic, patient-centered heart and soul of medical practice. Every reader should heed Dr. Liebhard's warning before there are only elephants left in the room – and no doctors to be found. –

Twila Brase, RN, PHN, President, Citizens' Council on Health Care

This book is a "must read" for anyone interested in returning control of their health care decisions to consumers and their physicians and away from government regulators and HMO executives. Health care costs can be significantly cut if consumers take responsibility for their lifestyle decisions as well as eliminating the middleman's "piece of the action". –

Thomas A. Stolee, M.D., past president, Minnesota Medical Association

Elephants in the Exam Room:

The Big Picture Solution To Today's Health Care "Crisis"

Wayne Liebhard

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“As desires drive a society’s changes, they don’t necessarily
drive its best interests...”

–Wayne Liebhard

“There are people who strictly deprive themselves of
each and every eatable, drinkable, and smokable which
has in any way acquired a shady reputation. They pay this price for
health. And health is all they get for it.”

–Mark Twain

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For my brother Gene: A guy who knew how to do the right thing.

For all my patients, past, present and future: All is not lost

Intro / How to Use This Book

“Americans cling to their myths. Nowhere is this more evident than in the emotion-charged realm of medicine and medical care. People believe what they want to believe, what they have always believed, and either ignore or dismiss as false anything that threatens their comforting confidence in their own doctors or the kind of medical treatment they may be receiving.”¹ This paragraph begins the book *The Year of the Intern*, written by Robert B. Cook, M.D. some thirty-five years ago. Americans indeed cling to their myths, and regarding medical care, the belief in those myths appears as strong as ever. Unfortunately, believing in those myths is much riskier now than it was thirty-five years ago. Today, more than ever, we need to seriously challenge the myths that threaten our delivery of health care.

This book is not written as a slam on American health care, which is still undoubtedly the best in the world. It is written as a wake-up call for those still clinging to the myth that there are enough checks and balances still present in our delivery of health care to protect their interests – both financial and physical. Everyone knows there are huge issues with American health care, and its consumers are asking tough questions:

- Why does health care cost so much?
- Why do we pay so much for drugs?
- Why does my primary care doctor have so little time with me?
- Why does it take so long to get to see my

primary care doctor?

- Why won't my doctor treat me over the phone?
- Why does my insurance company restrict my choices in health care?
- Is there a health care crisis?

I guarantee the answers to these questions (each one a chapter), but I won't guarantee that you'll like all of them, and neither will some doctors, politicians, pharmaceutical companies, insurance companies, and fellow consumers of health care. Nonetheless, the message is for everyone. This is not a "how to traverse the health care system" book (plenty of those are available) or a doom-and-gloom book. It is, however, a truly realistic look at all of the stakeholders involved in American health care, and the conflicts of interest they have (including your own) that interfere with your health and your wallet. Armed with this information, you may choose a path through the health care system that fits you the best. You may choose to write your Congressman. You may choose to protect your health by eating tree bark (the original source of aspirin). You may choose to stop funneling your premium money into an insurance system that uses your money to reward itself handsomely, and spends the rest on people who eat up huge amounts of resources because they refuse to take care of themselves. You may choose to take better care of yourself. Quite frankly – and I will be very frank in these pages – I wrote this book because I'm frustrated and angry. I've had enough with everyone from Aunt Millie to your Congressman skirting the issues when it comes to dealing with our titanic health care system – "titanic" for several reasons:

- It's huge and carries a lot of people.
- It is the best in the world for its time.
- It has been trusted to be safe, and is, if steered correctly.
- It has hit the iceberg from hell, and things are changing rapidly.
- Making small changes in it would be about as effective as rearranging the deck chairs on the ship.

As the *Titanic* sinks – and believe me, the water is coming in – you can save yourself in a number of ways. You will survive, like many passengers on the ship, but you (and everyone else) will be on a different boat. The most critical time is right now – getting safely from the *Titanic* to that other boat. To do so, you need to be totally aware of what’s lurking in the water, and what the iceberg that sent you there is made of. Answers to the questions posed in this book will give you that information. Like the American health care system, and everything else America’s about, the *Titanic* was supposed to run on a system of checks and balances that made it operate safely and fairly. When conflicts of interest were allowed to overrun reasonable checks and balances, the ship wasn’t steered away from danger, and even in the aftermath, excessive death occurred. The myth was perpetrated that the *Titanic* was unsinkable. It wasn’t, and neither is our health care system – and belief in multiple myths will sink us faster than anything. This book will explore and debunk those myths to answer the questions you want and need the answers to.

As a physician who has practiced primary care south of Minneapolis, Minnesota for over twenty years, I consider myself to be in a unique position to do what no one has done or dared to do – encapsulate the truth of what’s really happening to you and your choices in health care. This book comes to you from the birthplace of “nice” – Minnesota Nice. Minnesota is a place that health care executives like to refer to as the “cradle of innovation” for health care, while many of my primary-care physician colleagues refer to it as the “cesspool of practice.” My unique perspective includes over twenty years of weathering changes here in the hotbed of managed-care experimentation, where most everything that comes your way gets its start.

Part of the reason the perspective is unique, and therefore more defined, is because it is a primary-care, private practice perspective. (We will, however, examine input on the issues from multiple sources.) Most of the experimentation that does take place here either starts with, or has the greatest impact on, primary care. Unfortunately, the one factor that may be our saving grace here – a strong primary-care system – is being eroded in the process (more in Chapter Four). If there truly is a crisis brewing in health care anywhere in America, Minnesota is stirring

the pot, and it's a big one. Unfortunately, the mess is boiling over and draining outward toward a city near you. Some parts of the country are already knee-deep, and a few just have their toes wet. While the pot has been boiling here all these years, I've been writing articles on a number of these issues, as well as working with Minnesota politicians who have been involved with health care legislation. I've never been afraid to say it like it is, whether it has been politically correct or not, and this applies to all facets of my life. In 2000, Elinor Burkett wrote a national best-seller entitled *Another Planet*, chronicling a year of her experience observing education in our local high school. As we became friends and she got to know my wife Joy and myself, she referred to us in print as the "least politically correct" parents in our area, which certainly hasn't changed since then. My activities in life and in health care have always been guided by being as up-front and honest as possible from the very beginning, which has always served me and my patients well.

Writing this book was fun but it wasn't easy. Being blunt with people about important matters isn't an easy task but it is often the correct choice. "Do the right thing" has been the mantra I've preached to my children as well as the guide I've used in my writing. I was also born and raised here in Minnesota, and I enjoyed writing parts of this book during some of my travels around the state. I love this state, especially its climate (except for the changing medical one).

Also, interspersed in this book are articles or excerpts from articles I've previously written that are relevant to the chapter they are contained in. Some of these date back to the early 1990s, but are still completely – and sadly – relevant. They are relevant everywhere, to patients and doctors alike, who may still be in the "wet toes" stage and may still be able to do something to keep the water from rising. I guarantee you that a lot of people who begin to read this book (and hopefully choose to finish it) will hate it because the complacency they've been lulled into will be massively threatened. That's good – it's another one of my goals.

What is contained in this book will address, but obviously not answer, all of our current health care issues. It may, however, finally get debate going in the right direction. Rest assured that despite my blunt approach here, I truly respect everyone who needs medical care – young, old, black, white, female, male, skinny or fat. Yes, I said fat

– a word you will often see in the upcoming pages. If that is somehow offensive to you, put this book down right now, because you won't be interested in the acceptance of reality necessary to right our health care ship. I might sound cynical at times but I'll take that risk in order to promote reality. My goal is to get health care consumers to think, not just react. We'll never get anywhere unless we look at things for what they really are. I once had a colleague who chastised another colleague who had put a poster in his exam rooms that said, "Are you fit or fat?" Despite the fact that I think we should refuse to use the words "adipose challenged," if you're fat, we still love you. We still need to be motivated by kindness as well as reality.

Remember – the *Titanic* is no longer seaworthy; don't expect it to float you to safety. Start building your own ark. Read this book, get the answers to your questions, and do something about it. Your alternative is to sit around and watch what will be, if nothing else, an interesting sociological study. A new generation that doesn't like conflict, because its members have been taught to be "team players" and are often unwilling to sacrifice anything, will have to learn to deal with conflict as sacrifice is thrust upon them while our health care delivery system crumbles – unless, of course, they develop the fortitude to do something first. But, of course, they may all be too *stressed* to do anything. Some of them really are. A huge number of them have no clue that *real* stress isn't figuring out how to balance the boat and SUV payments. Long before the Prozac days, real stress was finding yourself and your family in the Wisconsin woods in November with two weeks to get a cabin built before you froze to death. No, I'm not advocating a return to pioneer-level stress, but I am advocating a return to personal responsibility and a collective desire to take necessary action.

How to Use This Book

The major issues of concern to everyone regarding health care these days just happen to be covered by the seven questions most commonly asked by the consumers of health care. Each chapter will:

- Pose one of these questions;
- Note myths, truths, and fact(s) related to the question, and along with them, a listing of the relevant issues (many of which could fill a book themselves);
- Engage in a commentary exploring these issues; and
- Propose solutions to the relevant issues.

The chapters can be read in any order, but are best read in order, as much of the basic background for the other chapters is covered in Chapter Two, and the chapters build on each other. (That chapter may be a bit laborious factually, but it sets the basis for the rest of the book.) Since many of the topics are interrelated, references will often be made to previous or future chapters. Given the large scope of the issues addressed in this book, outside reading sources may be suggested at appropriate places for those who wish to pursue selective topics in greater depth. Again, it is impossible to fully explore all the relevant issues here, but the intent is to align the issues with the questions to stimulate appropriate dialogue.

Why I Left My Practice and Wrote This Book

It is May 12, 2005, and I'm about to address an audience, including the Minneapolis-St. Paul press, at the State Office Building at the Capitol in Saint Paul, Minnesota. I'm there at the request of a group known as the Citizens' Council on Health Care, headed up by a fiery, outspoken nurse named Twila Brase. We are speaking out against the extension of yet another great Minnesota concept in health care – the “best practices” legislation.

Following is the text of my remarks – exactly as delivered – which best describes why the book you are about to read was written.

My name is Wayne Liebhard.

I've spent 20 years as a family practitioner in a private practice (one of only 15% or so left in this state) serving the Shakopee, Prior Lake, and Savage area until this week.

I didn't retire. I am leaving family practice to get a job in urgent care work – something that has caused more personal turmoil than I can begin to explain.

I've spent all those years taking care of people in the area where I grew up, delivering their babies, providing their hospital care, taking care of their acute and chronic medical needs – somewhere around 8,000 patient visits last year – people I grew up with, people that taught me in high school, people I go to church with, people who live in my community.

Why did I leave? I left because under current circumstances I could no longer be true to the oath I took, an oath that not only said that I would first do no harm but also that I use all my talents and everything available to me in the care of my patients.

I take that oath seriously. I was given that oath right over at Northrop Auditorium on the U of M campus as I was graduated, and I've lectured about the same oath to medical students as they have been graduated at that same auditorium. That, of course, is the Hippocratic Oath.

If I wasn't here today, speaking out against the extension of best practices legislation, it might as well be the hypocritical oath.

To the State of Minnesota as represented here by its legislators, I say:

Don't graduate me from your medical school and ask me to take this oath and devote my life to patient care and then tie the hands you've trained to treat you. Don't extend yet another mandate to a growing list that makes it ethically impossible for me to continue to treat you. Don't get in bed with the insurance industry and its latest "cost containment" scheme. The spiraling cost of medical care does need to be dealt with – appropriately – not with yet another measure that puts yet another roadblock between doctors and patients and again diverts attention from the real issues.

We need to concentrate on what got us here and why costs have risen, and the answer to that is not to give me a cookbook and ask me to whip up the same soufflé for everyone that walks into my office and simultaneously try to force me to make it taste good using only cheap ingredients. Continuing down this road may save some costs

– for the insurance industry, but when is the last time your insurance premiums went down? I assure you it's not because I'm getting rich. You might, however, want to ask a local insurance executive to explain how it is he took home \$124 million last year. (How much healthcare could that pay for?) Don't get me wrong – I thoroughly believe that you can point the finger just about everywhere – (self-serving) doctors, (non-compliant, oblivious to cost) patients, and (greedy) insurance executives. This system won't come close to being fixed until patients are forced to come to grips with personal responsibility by being forced to come face to face with the real costs of care – costs that they largely engender with their behavior. Something like eight of the top ten prescribed drugs in the country treat lifestyle-related issues – we need to deal with that, but not by “cook booking” our medical care.

The public does need to be concerned here (somewhat because of its own doing) about what is being handed down to them. Doctors and the public together allowed the insurance industry to create an oligopoly that promised first-dollar coverage and yanked personal responsibility out of the hands of the consumer. The insurance industry has created its own monster and is now attempting to kill it by unleashing it on the village of Minnesota – with legislative backup. This is a dangerous, as well as short-sighted, proposition – much akin to bandaging a corpse. It won't force people to be in charge of their own health or to become compliant and puts the insurance industry and the government in charge of your health care – neither of which has a great track record when it comes to controlling costs, but I guess the choice is yours – you can have me in the exam room, or your insurance executive. The farm boy in me sees this as the fox being given legislative permission

to guard the henhouse, and some chickens are going to fall through the cracks – except we’re not dealing with chickens here, we’re dealing with *people*. Let’s be honest here – pigeonholing physicians into following who knows whose idea of “best practices” and “evidence-based medicine” will sacrifice *quality* of care, and worsen the access problem we already have, not to mention the effect it will have on newly-minted physicians in their training and their ability to use what they’ve learned to “think on their own.”

In closing, I’d like to remind you that at some time we are all patients, and patients still expect their doctors will always do the right thing for them – not for “evidence-based guideline #103,” but for *them*.

Stopping the extension of this bill is not going to solve our health care cost issues, but putting our feet down here is going to help stop a juggernaut that continues to move us backward instead of forward.

Thank you for your time.

Chapter One Overview

I give a lot of credit to those Americans who still try to do the right thing by attempting to live a healthy lifestyle and who are nonetheless forced to deal with a broken health care delivery system. (Note: I said broken *delivery* system, not broken *health care* system.) Blame abounds and needs to be placed everywhere it belongs: the insurance industry, pharmaceutical industry, doctors, lawyers, your state legislature, health care “providers,” and – sorry, folks – your Aunt Millie, your brother Bill, and that nice old portly gentleman next door.

I’m just as tired of this as the rest of you, which is why I gave up a twenty-year practice treating people I dearly loved to write this book – a no-nonsense, tell-it-like-it-is look into what *really* goes on in health care that is turning our system into the nightmare it has become. Rome is burning, I feel like Doctor Nero, and I’m tired of playing the fiddle. I owe no allegiances to anyone, I’m not sitting on anyone’s board, I’m not running for office, and I promise an equal hammering to everyone involved. And yes, everyone *is* involved, at some level. They are not all equally responsible, but in this book, they’re all going to appropriately get hammered. Even Aunt Millie – especially if she’s part of the 1% of our population that consumes 30% of our health care resources, in many cases because of poor lifestyle choices. It’s long past the time to stop playing “nice” when a health care delivery system that could provide reasonable health care for America is going down the tubes, and nothing we are doing *right now* (short of health savings accounts) will change anything.

We will also, as we answer the tough questions, outline what can be done to begin rebuilding our health care delivery system. Yes, the burden of that rebuilding is on your shoulders – the shoulders of the consumer. You can choose to take up that duty or accept sitting around for months feeling your brain tumor grow as you wait for surgery in the single-payer health care system that otherwise is destined to come our way.

If that sounds incredibly blunt, great, because being blunt and to the point is exactly what we need to aim for. We are well beyond the point of any other approach, if we are truly to accomplish anything, and we need to fundamentally change the way most people have begun to think about health care to get there. As an example, in our free, individual-liberty society which we fight to protect, health care can never be a *right*, because there will simply never be enough money to equally and perfectly repair the damage individuals choose to do to themselves with their liberties. Witness our obesity epidemic and the tremendous cost it places on our system. Are any of you out there who are not trying to eat yourselves into oblivion getting tired of paying for those who are? Do you even know how much you are paying? Do those of you with conditions you couldn't prevent (e.g. Type I diabetes and breast cancer) want to give up your chance at a cure because so much money is being spent on obesity? Do any of you share my incredible frustration with the “health care reform” concept du jour that never really seems to include patient responsibility – especially if it is coming from your friendly neighborhood politician or insurance company?

Regarding insurance, would you ever consider buying an incredibly expensive car insurance plan that “covers everything” – right down to re-painting it when the shine is gone, or changing the oil every three months? Probably not. Yet the insurance industry has sold you, the public, a bill of goods over the last thirty years that has largely convinced you that, when it comes to health care, there should never be a single out-of-pocket expense – except for perhaps those (dreadful!) twenty-dollar co-pays. I'll say this only once, and right here – my remarks are directed to the majority. I realize that there are individuals who don't have insurance because they really can't afford it, and that there are those who simply choose not to have it. Neither group is barred from getting basic medical care, either by paying for it or eventually getting on

a government-sponsored plan. “I don’t have insurance” doesn’t mean “I can’t get any medical care.” And yes – there are those who will still fall through the cracks, and the plan I outline in Chapter Two addresses that also. The point is, what is going on for the majority of Americans – those getting care through an insurance plan – is what determines what is available in the system for not only them but everyone else.

If you read something forthwith in this book that doesn’t speak to your own personal little group, you’ll just have to deal with it. It’s time to get real, and to the point, and look at this mess for what it really is.

While answering a series of the most common questions patients ask about our health care system, I will present the true factors that are destroying our delivery of health care, and outline what may be our last real chance to do anything about it. Sounds like a big order. Really, it isn’t. After we cut through all the garbage you’ve been fed by the insurance industry and the political community, trust me – it’ll clear up. Problem is, as long as the system continues to work at all (i.e., “I have insurance and it covers everything”), everyone keeps gobbling up the same load of garbage. That load, sponsored by the only two groups that still have a voice on the issue, is *pure* garbage – but, as it’s presented, it never stinks. It doesn’t stink because it doesn’t address the truth:

- Americans, as a group, are fat, overstressed, under-exercised, and overmedicated – period.
- Americans and their doctors have lost virtually all control over their health care system.
- Americans increasingly want health care to be a right – meaning we get everything and somehow pay nothing personally.
- Americans think that quality doctors will always be there for them.
- Americans want to continue to be free and to live the world’s most destructive lifestyles while simultaneously complaining that we as a society spend too much money on a health care system that doesn’t guarantee better outcomes (now referred to as “poor-quality”).

Regarding those outcomes, according to the World Health Organization, the U.S. ranks as the thirty-seventh healthiest nation in the world – this despite the fact that, on average, we spend twice as much per person on healthcare as other industrialized nations and consume one-third of the world’s prescription drugs. Yet “action groups” continue to call for more spending. What the hell do we want – *all* the drugs? Where do we stop? With our U.S. lifestyle in mind, how can anyone in his or her right mind possibly still question how we can spend twice as much (per person) on health care as the rest of the world and still get poor outcomes? Yet that is exactly the question still posed by Richard Suzman, of the U.S. Institutes of Health, remarking on a recent study considering the health of middle-aged Americans and their English counterparts.¹

Do other industrialized nations have better doctors? No. Better drugs? No. Better technology? No. Do they have healthier patients? Yes. Why? Not because their system of care is better; these people just take better care of themselves – especially when it comes to their weight, the greatest common factor driving a higher incidence of U.S. health care maladies. In the U.S., we eat our cholesterol levels sky-high and then throw \$12.9 billion dollars of Lipitor and \$5.3 billion of Zocor at them (in 2005 alone), and complain that we pay too much and don’t get good results. All of this is really pretty typically American. We do whatever we want, while resting assured that we can always “spend our way out of it”. (More on this in Chapter Three.)

How is my state – Minnesota – dealing with this? We’re steering patients to doctors who provide “better value.” We (the insurance and legislative industry) have decided that our real problem is “quality.” If we just buy “better quality,” costs will go down and we’ll all get healthier. This is a perfectly politically/corporately correct statement that takes the onus of the problem completely off of government, the insurance industry, and, most unfortunately, the patient. Driving a better-quality car in reverse still won’t get you home any faster. A quality paint job done on a rusty car is still a quality paint job, but won’t lead to a good long-term outcome. The problem with health care in this country is not quality, and certainly not quantity. However, since every other legislative and insurance-industry scheme to “reform” health care in Minnesota in the last two to three decades (and there have been many) has failed

miserably, why not try another? (See Chapter Seven.)

Developing “evidence-based medicine” guidelines and “pay for performance” systems, which pigeonhole doctors into forced treatment regimens just to get paid, is an obvious win-win for the insurance industry. Studies have indicated that up to 50% of the American public is noncompliant with doctors’ orders and in taking medications as prescribed, which somehow just became the fault of your doctor. This is how it works: If I don’t follow you home and handcuff you to your chair (away from the refrigerator) to keep you from gaining weight, and therefore your blood pressure, diabetes, and cholesterol don’t improve (also with only the generic drugs I’m allowed to give you – see Chapter Seven), I get my pay docked. Your insurance company will tell you that your doctor gets a “bonus” for a good report card. In effect, we get paid back (for now, anyway) a small portion of the “withhold” that was removed from our fee in the first place. Are you, especially Minnesotans, starting to see why you either can’t find a primary-care doctor or why he or she doesn’t have much time to spend with you (see Chapters Four and Five)? We can *reform* our health care system over and over, but none of it will matter in the end if there aren’t enough doctors left to treat everyone.

Doctors have been aware of these issues for years, but no one with any power really listens to doctors anymore. Committees and boards on state and national levels get put together to study “health care reform” but are conspicuously devoid of practicing physicians. Physician “leaders” are selected from the insurance industry or some government position, where they apparently don’t have *any* agendas that would influence their decision-making. I’m not certain as to why, but I have a few clues. There is an old saw that states, “The physician knows everything and does nothing. The surgeon knows nothing and does everything. The psychiatrist knows nothing and does nothing. The pathologist knows everything, but always a week too late.” While this may be intended to be humorous, the physician that knows everything and does nothing regarding what is currently going on in health care is definitely part of the problem. As my wife, Joy – one of the most insightful people I know – observes regarding physicians: “This happened on your watch.” And she is right. Perhaps everyone thinks physicians already had their chance to protect and save the health care

system. Perhaps many physicians have become laissez-faire or themselves advocate “everything for everyone.”

In any case, you usually won't hear about any of this from your doctor, who is often too busy working to keep his head above water and realizes that when doctors talk to their patients directly about money, it almost always is considered self-serving. You won't hear this from your insurance company, because, after all, they've become your benevolent friend. And, their goal of keeping your premium money flowing is not served by pointing out the fact that you may be fat. You probably won't hear it from your Congressman, because, after all, who's going to vote for someone that doesn't have the magic answer to our dilemma – an answer that won't involve personal cost and personal responsibility? I assure you that despite your possible hopes to the contrary, no politician is in possession of a magical, yet hereto unspoken, set of buzzwords that, when spoken, open the clouds to reveal God's solution to our health care issues.

Instead – you're going to hear it right here. Read on...