

ObamaCare and me

By Zane F. Pollard, MD

I have been sitting quietly on the sidelines watching all of this national debate on healthcare. It is time for me to bring some clarity to the table by explaining many of the problems from the perspective of a doctor.

First off, the government has involved very few of us physicians in the healthcare debate. While the American Medical Association has come out in favor of the plan, it is vital to remember that the AMA only represents 17% of the American physician workforce.

I have taken care of Medicaid patients for 35 years while representing the only pediatric ophthalmology group left in Atlanta, Georgia that accepts Medicaid. For example, in the past 6 months I have cared for three young children on Medicaid who had corneal ulcers. This is a potentially blinding situation because if the cornea perforates from the infection, almost surely blindness will occur. In all three cases the antibiotic needed for the eradication of the infection was not on the approved Medicaid list.

Each time I was told to fax Medicaid for the approval forms, which I did. Within 48 hours the form came back to me which was sent in immediately via fax, and I was told that I would have my answer in 10 days. Of course by then each child would have been blind in the eye.

Each time the request came back denied. All three times I personally provided the antibiotic for each patient which was not on the Medicaid approved list. Get the point—rationing of care.

Over the past 35 years I have cared for over 1000 children born with congenital cataracts. In older children and in adults the vision is rehabilitated with an intraocular lens. In newborns we use contact lenses which are very expensive. It takes Medicaid over one year to approve a contact lens post cataract surgery. By that time a successful anatomical operation is wasted as the child will be close to blind from a lack of focusing for so long a period of time.

Again, extreme rationing. Solution: I have a foundation here in Atlanta supported 100% by private funds which supplies all of these contact lenses for my Medicaid and illegal immigrants children for free.

Again, waiting for the government would be disastrous.

Last week I had a lady bring her child to me. They are Americans but live in Sweden, as the father has a job with a big corporation. The child had the onset of double vision three months ago and has been unable to function normally because of this. They are people of means but are waiting 8 months to see the ophthalmologist in Sweden. Then if the child needed surgery they would be put on a 6 month waiting list. She called me and I saw her that day. It turned out that the child had accommodative esotropia (crossing of the eyes treated with glasses that correct for farsightedness) and responded to glasses within 4 days, so no surgery was needed. Again, rationing of care.

Last month I operated on a 70 year old lady with double vision present for 3 years. She responded quite nicely to her surgery and now is symptom free. I also operated on a 69 year old judge with vertical double vision. His surgery went very well and now he is happy as a lark. I have been told—but of course there is no healthcare bill that has been passed yet—that these 2 people because of their age would have been denied surgery and just told to wear a patch over one eye to alleviate the symptoms of double vision. Obviously cheaper than surgery.

I spent two years in the US Navy during the Viet Nam war and was well treated by the military. There was tremendous rationing of care and we were told specifically what things the military personnel and their dependents could have and which things they could not have. While I was in Viet Nam, my wife Nancy got sick and got essentially no care at the Naval Hospital in Oakland, California. She went home and went to her family's private internist in Beverly Hills. While it was expensive, she received an immediate work up. Again rationing of care.

For those of you who are over 65, this bill in its present form might be lethal for you. People in England over 59 cannot receive stents for their coronary arteries. The government wants to mimic the British plan. For those of you younger, it will still mean restriction of the care that you and your children receive.

While 99% of physicians went into medicine because of the love of medicine and the challenge of

helping our fellow man, economics are still important. My rent goes up 2% each year and the salaries of my employees go up 2% each year. Twenty years ago, ophthalmologists were paid \$1,800 for a cataract surgery and today \$500. This is a 73% decrease in our fees. I do not know of many jobs in America that have seen this sort of lowering of fees.

But there is more to the story than just the lower fees. When I came to Atlanta, there was a well known ophthalmologist that charged \$2,500 for a cataract surgery as he felt he was the best. He had a terrific reputation and in fact I had my mother's bilateral cataracts operated on by him with a wonderful result. She is now 94 and has 20/20 vision in both eyes. People would pay his \$2,500 fee.

However, then the government came in and said that any doctor that does Medicare work cannot accept more than the going rate (now \$500) or he or she would be severely fined. This put an end to his charging \$2,500. The government said it was illegal to accept more than the government-allowed rate. What I am driving at is that those of you well off will not be able to go to the head of the line under this new healthcare plan, just because you have money, as no physician will be willing to go against the law to treat you.

I am a pediatric ophthalmologist and trained for 10 years post-college to become a pediatric ophthalmologist (add two years of my service in the Navy and that comes to 12 years). A neurosurgeon spends 14 years post-college, and if he or she has to do the military that would be 16 years. I am not entitled to make what a neurosurgeon makes, but the new plan calls for all physicians to make the same amount of payment. I assure you that medical students will not go into neurosurgery and we will have a tremendous shortage of neurosurgeons. Already, the top neurosurgeon at my hospital who is in good health and only 52 years old has just quit because he can't stand working with the government anymore. Forty-nine percent of children under the age of 16 in the state of Georgia are on Medicaid, so he felt he just could not stand working with the bureaucracy anymore.

We are being lied to about the uninsured. They are getting care. I operate at least two illegal immigrants each month who pay me nothing, and the children's hospital at which I operate charges them nothing also. This is true not only on Atlanta, but of every community in America.

The bottom line is that I urge all of you to contact your congresswomen and congressmen and sena-

tors to defeat this bill. I promise you that you will not like rationing of your own health.

Furthermore, how can you trust a physician that works under these conditions knowing that he is controlled by the state. I certainly could not trust any doctor that would work under these draconian conditions.

One last thing: with this new healthcare plan there will be a tremendous shortage of physicians. It has been estimated that approximately 5% of the current physician work force will quit under this new system. Also it is estimated that another 5% shortage will occur because of the decreased number of men and women wanting to go into medicine. At the present time the US government has mandated gender equity in admissions to medical schools. That means that for the past 15 years that somewhere between 49 and 51% of each entering class are females. This is true of private schools also, because all private schools receive federal funding.

The average career of a woman in medicine now is only 8-10 years and the average work week for a female in medicine is only 3-4 days. I have now trained 35 fellows in pediatric ophthalmology. Hands down the best was a female that I trained 4 years ago—she was head and heels above all others I have trained. She now practices only 3 days a week.

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