

LETTERS TO THE EDITOR

Comments on managed care as they relate to the November 1998 Editorial, "Last Call For Freedom (Yours)"

To the Editor:

We know exactly what Fido's visit and vitamin injections were worth because a willing veterinarian and willing dog owner agreed to the prices.

Solzhenitsyn pointed out that the Soviet Union failed because when government sets prices, no one knows what anything is worth. Government and third-party financing of medical care have essentially the same effect.

It's a curious notion that a service, too expensive, can be made affordable by intervention of a third party. In this country, food, clothing, and housing are affordable for most that assume responsibility for acquiring them. Do any but socialists believe intervention of a third party would make them less expensive and obviate completely the need for charity?

Meanwhile, organized medicine pursues the myth that socialism can be fixed and the *JAMA* reflects the political views of its long-time Editor under the guise of "scientific" editorial autonomy. Disbelieving physicians simply give up and abandon their state and national medical associations.

Wouldn't it be better for those of us who treasure our liberty and our profession to fix and utilize our most available sources of power, rather than abandon them?

Robert T. Carson, Jr, MD
Oxnard, California

To the Editor:

My wife and I own two basset hounds, and I sympathize with that patient of yours who had lichen planus and a poodle. It was clear that she valued her poodle more than her own care—at least in terms of the dollars at stake for the delivery of that care.

I agree with one of your points and disagree with another. Physicians (not government agencies or professional societies) are experts about the pathophysiology of the diseases they diagnose and treat, but they are *not* experts about their rights in relation to their patients. In fact, the opposite is true. Most are either ignorant (apathetic?) about their role in educating themselves and their patients about the issue of rights, or they evade the issue—neither of which paints a flattering picture of physicians. Most of what physicians do today to "cure" the problems in health care delivery is actually the cause of the problems.

What do I mean? Simply that since the government began to interfere with the practice of medicine, first with licensing laws, then with 1940s price controls leading to the third-party system of payments for health care, to the 1960s Medicare laws, to the 1970s HMO act, to the 1980s DRG's, in almost every generation, physicians have had less and less freedom to decide how to run their practices, including the prices they charge for their services. Less freedom to practice has been accompanied by frustration on behalf of themselves and their patients, resulting in the proposal of *more* solutions to "fix" the problems, but without ever identifying the root cause. In many cases, the "solutions" to these government interventions have consisted of physi-

cians and interested lawmakers asking the government for even *more* regulation to correct perceived or real problems in the delivery of health care to patients.

It is understandable, in all this confusion, that patients resent their physicians making what they consider to be large salaries, and they resent being herded, like cattle, into health systems that the government or their employer's health plan deems "appropriate" for them and their families, without much respect for *their* choice. What happened to their choice? If they try to go outside the government or their employer's insurance, they are afraid that they will break the law, or that they will not be able to afford it. Both of these fears, in many respects, are true—not only for patients, but also for physicians.

What is the root cause of the health care problems? In my opinion, it is that many Americans have lost respect for the concept of individual rights, and have essentially voted away the protection of their rights, resulting in government that not only does *not* protect individual rights, but that is itself their chief violator, a result much worse than any "quack" or fraudulent physician could ever hope to achieve. The government has systematically violated individual rights of patients and physicians under the guise of protecting patients against bad physicians! Part of this problem lies in the modern confusion or evasion of what a right *is*, and part of it is the misapplication of the concept of rights into law.

A "right" is a moral-political concept that refers to one's freedom to take action within a social framework or context. It does not, however, require that another person submit to that action without consent. To be fully consistent, individual rights forbid one person from initiating physical force or fraud against another person, leaving the initiator of force open to be punished by a government organized solely to prevent rights violations. As the Declaration of Independence correctly implies, *governments are secured to protect these rights*.

But if a government's only proper function is to protect individual rights, why does it force persons to pay money to support Medicare and fix prices on the services in Medicare? Why does it force many employers to require an HMO for their employees, resulting in a guarantee that HMO's must survive in the market, even if they are unpopular with the public? Why does it *not* allow individuals to have the same tax incentives to buy health insurance that their employers have, which would result in insurance portability for individual patients? Furthermore, what does this do to the private practitioner's ability to keep and maintain a practice? It can hardly make it easier.

It is because most government officials and most Americans believe that health care is a right, a right to use the law to force physicians into health care systems—as if they were a natural resource possessing no rights—to treat patients on terms other than physicians and patients would have chosen without such intervention.

I am a dermatopathologist. Do you think I will ever be able to convince a patient that I should rightly earn a salary equivalent to five of theirs by working hard, delivering a good value to them at a competitive price, and having the proper knowledge to save their lives when they need my mind for just a few dollars? Probably not. Why not? Because a combination of bad moral philosophy and

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bad government has led them to believe that they have a right to the power of my mind *without* my consent.

And *this*, I submit, is the most likely underlying reason why your lichen planus patient resented paying you, but not paying her veterinarian for her poodle's health care. She probably thought she had a right to her health care—to be paid for by *you*. All one must project is that attitude magnified by government officials and 150 million Americans to realize that the road ahead is a difficult one for the protection of individual rights and for the liberation of American medicine.

If there is any light ahead for patients and physicians, it is that they all know there is something desperately wrong with the current health care delivery system, even if they have not identified its cause. It is true that most people would like to fix the problems and have freedom of choice—*true* freedom of choice—once again in medicine. But for most of us, who have never known such freedom in our lifetimes, we must first recognize and institutionalize that it is the *right of the individual* that must be protected by the government in order for *all* to be protected and for *all* to have the freedom to pursue the type of health care each person desires. It will not be easy or inexpensive, but most things worth having come at a price, often a *great* price.

Most importantly, it's the right thing to do.

Mark A. Hurt, MD
St. Louis, Missouri

Management of Onychomycosis

To the Editor:

The article by Drs. Gupta and Daniel entitled, "Onychomycosis: Strategies to Reduce Failure and Recurrence" (62: 189-191), should have the subtitle of "Unsolved Case Reports." They present case reports of three patients whose onychomycosis failed to clear after standard courses of itraconazole or terbinafine. In one case, partial nail avulsion was performed; another patient "decided to undergo surgical excision of the longitudinal streak of onychomycosis;" and Case III was administered a fourth pulse of therapy.

The outcome of their three "strategies to reduce failure" was not provided. Isn't medicine sufficiently challenging without introducing "mystery ending" case reports?

Ernst Epstein, MD
San Mateo, California

Drs. Gupta and Daniel had the following reply:

We believe that the management of toenail onychomycosis can be challenging, even when the newer antifungal agents such as terbinafine, itraconazole, and fluconazole are used. The aim of the article was to discuss measures that would help the physician and patient maximize cure rates for toenail onychomycosis following the recommended regimens of therapy. During the review process, the length of the manuscript was shortened; however, the authors and dermatologists who read the manuscript prior to publication believed that the reader would be able to comprehend that the extra measures alluded to by Dr. Ernst Epstein resulted in a successful resolution of onychomycosis in each of the three case reports. It now appears that we may not have conveyed this point to the reader as clearly as we would have wished. In fact, we are now able to provide longer follow-up in Cases I and III, who are mycologically and clinically cured 2 years from the start of therapy; Case II has been lost to follow-up.

The discussion on the management of clinical presentations of toenails with onychomycosis that may respond poorly to therapy is based on our experience and that of others. In addition, we have listed measures by which recurrence of onychomycosis may be diminished. It is hoped that articles such as these may help remove some of the uncertainties behind treatment failures and provide the practitioner with guidance about improving the short- and long-term outcomes following incomplete response of onychomycosis to oral antifungal agents.

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