

Union of Physicians and Surgeons
UNION OF AMERICAN PHYSICIANS,

KEYNOTE SPEECH

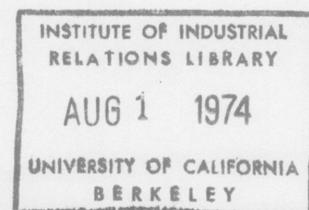
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The Union of American Physicians is conceived in the reality that the greatest transition in the patterns of health care delivery is already upon us, and that within the next year even greater changes are in store. It is dedicated to the proposition that the physician is the most important agent in the delivery of health care, and that if quality of care to our patients is to remain at a high level the role of the physician shall remain paramount. We establish this Union in order that we may continue to give of ourselves, unhindered by extraneous forces, toward the welfare of our patients; to insure adequate compensation for physicians commensurate with their training, skill, and great responsibility they bear for the life and health of their fellow human beings.

The reality of the threat to the individual physician transcends all differences and categories that may have caused us to differ in the past. Regardless of our designation of ourselves as liberal or conservative, specialist or generalist, town or gown, our great vulnerability to the thrust of socio-economic change unites us as never before. It is equally fallacious to continue to ignore change as to rush headlong into experiments that may be ruinous to the overall health care of our patients. The Union of American Physicians, therefore, has only one objective that must remain clearly in view regardless of the changes that may come-----it is that high quality medical care can only be delivered by physicians that are not oppressed by discriminatory wages, hours, or working conditions. An organization that devotes itself solely to this goal would have been premature two years ago. Two years from now it would be ineffective because it would have been too late. This is the right moment in history for us to unite under the banner of this common goal.

Our only denominator is our M.D. degree. We have no quarrel with any M.D. who differs with us philosophically or in methodology. This meeting is being held in this building tonight to symbolize the solidarity we feel toward all physicians. We will urge that our members continue to support the ethical, professional, and educational aims of the existing medical organizations. Their political aims may continue to be shared by us as individuals. However the Union must never be distracted by political activity from its prime objective of defending the welfare of all physicians. Thus it is that the Union must never be a forum for attacks on other physicians or their organizations. If we are faithful to this dictum then we can reasonably hope to attain our objective of attracting to our Union every American M.D.



The positive response to this call has been astounding in its unanimity and in the spontaneity with which similar groups are already organizing all over the country. The acceptance of the labor union approach by physicians has come slowly and grudgingly until now, but the recognition of its success in other professional fields plus the onrushing threat to our own continued existence as an honorable profession makes this the only course we can follow. The days when we could effectively run full-page ads in the newspapers or lobby to influence wavering legislators has long-since passed. Nationally we can deliver 300,000 votes in an electorate of 200,000,000. Politically the medical profession is expendable-----and we are all on the auction block!

Much of what I have said might be dismissed as being self-serving rhetoric, but in the course of receiving your replies I have had a liberal education in the recent history of the medical profession in other countries that is both enlightening and terrifying in its identity to the course we are following here.

Dr. Abbruzzeze who comes from Italy writes of the grinding-down of the profession there to the point where an annual strike is required to bring about a seven-cent increase in the compensation for an office visit. Dr. Somogyi tells a similar story about the totalitarian system in Hungary where the physicians are not permitted to organize against the state. A member who comes from Yugoslavia writes that the annual salary of a physician in that country barely exceeds \$1,000. Mexican and Israeli M.D.'s must moonlight at extra jobs and send their wives out to work in order to survive economically. And while all of this is a matter of record, the secretary of the Ontario Medical Association next door has the temerity to suggest the idea that "The Association should develop guidelines on physicians' earnings that meet the approval of the man on the street." The ultimate look at the future, however, comes from Portugal where, during this past month, the physicians on the staffs of general hospitals who went on strike were placed under the military orders of the Ministers of Defense and Health. Well, as John L. Lewis said when threatened by a military takeover of the mines, "You can't dig coal with bayonets!", and I don't see Harry Bridges submitting the pay of his longshoremen to the approval of the man on the street!

Ladies and gentlemen, we have reached the point of no return in the decision to stand and fight for the right to bargain collectively. Not to do so at this time would certainly result in our surrendering collectively, and this will probably happen during the 1973 session of Congress. We stand a better chance of preserving our dignity now than do the British physicians who are only now forming their own union to fight the 3-minute office visit and the 70-hour work week that have become the norms of that country. And yet, even after twenty years of those harsh realities the lofty British Medical Association still sniffs disdainfully about the Union's surrender of professionalism-----whatever that is supposed to mean!

As in every other forensic situation we must define our strengths and our weaknesses, and identify our friends and our enemies. Our friends, stated quite simply, are our patients. They look to us for help when they are sick, and they have a right to expect honesty and integrity in our dealings with them. They have legitimate concerns about the skyrocketing costs of some of the aspects of medical care, and we owe them the courtesy of working with them in the easing of some of these burdens. If we continue to shun their concerns as consumers we deserve no better than to have them continue to lump all health-care bills together as "doctor bills".

Now we come to our enemies! These are essentially the third parties who have shouldered their way in between us and our patients, often with our own acquiescence and connivance, and who threaten the right of control by the physician over the administration of health care to his individual patients. I refer to the insurance companies who write policies that pay only when the patient is hospitalized, thus guaranteeing the padding of costs and thereby of their own premiums. An incentive should be given for keeping patients out of hospitals. I refer also to those insurers who have the effrontery to communicate to the patient the fact that they deem the physician's judgment or treatment to be faulty and that they cannot therefore settle the claim. And ultimately I refer to the insurance carriers who recently disclaimed their own liability and sued successfully to compel a Philadelphia physician to pay his patient's hospital bill for what was deemed a non-covered hospitalization. I refer also to the reprehensible practice known in the insurance industry as "the float" in which benefits are withheld for as long as period as possible while the carriers pocket the large accumulations of interest that result in this reward for their delay.

Also numbered among our enemies are the minions of government who increasingly can deny payment after the treatment is rendered, who require burdensome requests for authorization for treatment whose medical need is self-evident, and who now seek to apply arbitrary standards to the duration of hospital stays for each diagnosis. If we do not fight this encroachment on the rights of our patients and on our own professional prerogatives here and now, we will deserve to be the meek and submissive clerks we will surely become.

Who else is to be numbered among our enemies? Why, the American Hospital Association, of course. Years ago, as a matter of convenience and sometimes of efficiency, more and more of us began to shift our professional activities to the area of the hospital. Sometimes this shift resulted in better care for the patient, often it resulted only in the saving of time for ourselves, but it certainly did develop into a monster of our own creation. Parkinson's law has spawned whole legions of hospital administrators and their retinues, bedside nursing has become a hydra-headed dynasty of RN's, LVN's, aides, orderlies, and technicians, and often with an actual reduction in the attention to the creature-comfort of the patient. True, there are specialized hospital functions that are well-justified. But these are not the reason why the price of an

average hospital room per day often exceeds that of the penthouse of the Waldorf-Astoria. We must direct more and more health care away from the rarefied financial atmosphere of the hospital and back to the physician's office or even, where necessary, to motel-like facilities where the patient and his fiscal agents are not asked to subsidize the inefficient padding that hospital administrators seem to cherish.

In 1920 the physician received approximately 50% of the health dollar spent in the U.S.; in 1971 this had shrunk to almost 18%, while the slice claimed by the hospital has inflated astronomically. While the 18% we now earn is not inconsequential, the American Hospital Association has the supreme gall to tell us that even this amount represents inefficiency and that only they are equipped to manage our affairs for us.

Ladies and gentlemen, it may well be that legislation and social pressures may force us into a position of subservience to the hospitals. Unless we are 100% unionized, however, this monster that we have created will grant us only the leavings, after all the hospital empires have been built and the unionized personnel have been paid. A vital function of the physicians union is to reassert to forgetful hospital administrators and lay boards just who does have the right to determine the quality and type of health care offered in that institution.

We can best return the American Hospital Association to an awareness of reality by trimming all the fat from our hospital utilization. Repeated surveys taken during disaster drills have indicated that from 60% to 70% of hospitalized patients could safely be sent home. Diagnostic tests and ambulatory surgery can be performed for a fraction of the cost if hospital admission is avoided. That financial windfall, the hospital pharmacy, can be bypassed in favor of a competitive outside druggist. Those of you who sit on medical boards of hospitals can easily oppose the installation of expensive equipment which duplicates that available a 5-minute drive down the street. But, above all, to thine own self be true-----of every hospital admission ask yourself-----Is this really necessary? When we implement all these things we will actually have helped our friends, our patients, by relieving them of the burdensome support of a lot of ancillary facilities and services they don't really need. But, more important, we will have brought once more under control the monster hospital industry we ourselves created.

More enemies-----the greedy ones in our midst. I think we know who they are, and their numbers are really very few, despite the glee with which they are reported in the media and folklore of our times. The fee-gougers, Medicare padders, malpractice attorney prostitutes, and whiplash-authenticators are just a few of these. Whether we like it or not we are also judged by the unconscionable actions of the few. While none of us enjoys or seeks to be his brother's keeper, the consumer-oriented public demands that we police ourselves or be policed by an outside agency. While integrity cannot be legislated, a physicians unions can establish for the first time a program of peer review with some muscle in it. We will all be better off when that day comes.

The Union of American Physicians was not officially born until the American Medical Association proclaimed publically on January 31, 1972, that the A.M.A. is not and cannot be a Union. We salute them for their candor in withdrawing with honor from this battlefield and, as we continue to give our support to their educational and scientific programs, we know that we must ultimately have their approval and support in the economic area they have given to us. We salute the statement of President Wesley W. Hall of the A.M.A. who said last week that if the physicians desire to form a union it is their own business and they are free to do what they want. He added "We have no policy at the A. M. A. at this particular time that is contrary to their organizing a union. This is their privilege and prerogative". We know that by responsible leadership and action in the economic sphere we will turn his cautious approval into outright support. In any event we realize that nothing would be more disastrous to our cause and give greater comfort to our enemies than a fratricidal war. We are all physicians. Let us proceed amicably together.

Now I want to diverge for a moment to talk to you about how they used to hunt wild pigs in the Black Forest of Germany. First they built a big corral with its gate left wide open. Bushels of tender corn were piled inside. Soon the boldest, or hungriest, or greediest pigs entered cautiously, stuffed themselves, and escaped to return the next day. More timid members of the herd entered on the second day and gorged themselves on the seemingly endless supply of corn. On the third day, when they were all grunting happily inside, the gate slammed shut. It is my understanding that the Telephone Company has just built its own corral down the San Francisco peninsula and that the first members of the herd already entered.

In Britain they were also generous with their corn supply in the beginning. But when the gate slammed shut there it required only steady inflation plus the devaluation of the pound to make the trapped animals inside realize that they were only meat for someone's table. Now, for the first time, they are talking about collectively breaking out-----a difficult if not impossible task.

In closing, let us realize that the rugged individualism that was so integral a part of the American dream is no longer relevant in these days of rapid social change. The unprotected individual cannot effectively oppose these changes, even when they demand opposition. Intelligently we must surrender some of this individuality to a group of those who at least share our self-interest. Otherwise it will be taken forcibly from us by the faceless and depersonalized agencies that are arrayed against us. Let us not divide ourselves by allowing the Union of American Physicians to founder on the rocks of political controversy. We are neither Republican or Democrat, right-wing or left-----we are simply a group of physicians who believe that if our patients are to continue to receive the finest care their doctors must not be ground down or trapped economically.

In the words of Benjamin Franklin, "We must all hang together or assuredly we shall all hang separately".