Physicians Are Talking About…

Professional Autonomy Slipping Away

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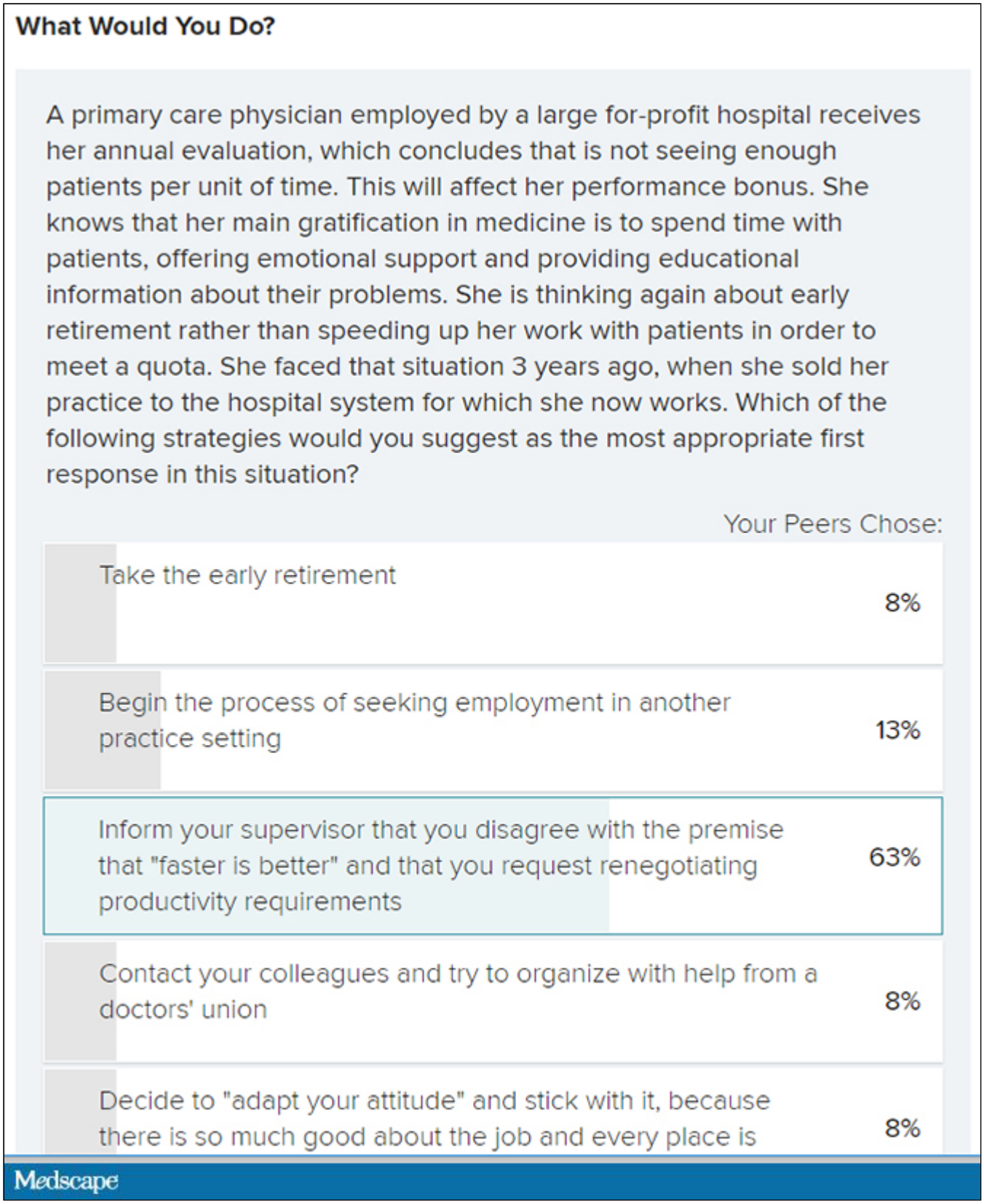
Who's Really in Charge of Physician Practice?

A recent Medscape article by Dr Laurie Scudder and Dr Howard Waitzkin explored the issue of physician autonomy. Were doctors happy with the level of control they had over their careers? How common was burnout? What were some of the factors that sapped practitioners of their desire to work? The piece engendered lively responses that reflected some deep unease as well as some doughty calls to action.

In an integrated poll, readers were asked to react to two scenarios. The first posed a hypothetical situation in which a doctor was pushed by her employers to speed up the pace of care. Nearly two thirds of respondents advocated facing the issue head on and renegotiating the rules with supervisors.



One healthcare professional addressed problems of this kind by attempting to track the causes:

> Much of this began with the willingness to accommodate the trade-offs inherent in accepting volume in exchange for professional autonomy and control, at least as far back as the inception of Medicare. At some point, a good number of physicians decided that all of the challenges associated with the independent practice of medicine . . . could be offset by accepting volume and guaranteed reimbursements.

A primary care physician acknowledged problems in any practice but reported contentment with remaining independent:

> I'm glad I'm able to be captain of my own ship. I would not be doing this if I had to answer to an administrator who has no idea what it's like to sit in front of patients and make life-altering decisions on a regular basis.

But an orthopedic surgeon saw limitations on autonomy even in private practice, saying, "I long for the day when the doc wrote a prescription, the patient received the medication, and we didn't have to beg to have an MRI approved, and so forth."

And an internist responded by fretting that the avenues for change were limited by the very nature of the profession:

> I also worry that physicians aren't even the ones able to speak effectively on these issues or write this article, for example, due to the workload and volume of clinical duties that are the daily (and time-consuming) priority which leaves them at a disadvantage on the business side. We cannot effectively be our own advocates the way that other professionals can, which is a huge issue itself. Begging insurance companies for MRIs (which is an insurance company-imposed delay in care), knowing it is in the patient's best interest, shouldn't be the reason we don't have time to fix our situation. But it is the reality.

An internist in private practice showed a marked streak of pessimism: "Complete autonomy is not possible due to constraints from insurance companies and Medicare."

A primary care physician longed for heroes to rise:

> To take back the high ground on this will require a strong individual and collective will to preserve the professional and financial independence that has been enjoyed and is still being preserved. But to do this will take experienced representatives for medical practitioners in dealing with governments and the private sector.

Is Technology Helping or Harming?

Another poll question involved the issue of electronic medical records (EMRs).

Doctors were asked to imagine that mandatory EMR training that didn't fit into their usual work day must be completed after regular work hours, without compensation. Again, nearly two thirds of those responding advocated a direct approach, either blocking the amount of time estimated to be needed or approaching management to negotiate additional compensation for this time.

An internist came down hard on the EMR, writing:

> If filling the EMR takes 3 hours, I don't know where physicians can find this time. If the central point of every hospital/clinic/private practice is to give the best care to patients, they must be the most important target in all health actions.

A clinical nurse specialist agreed:

> Electronic record keeping that adds approximately 3 hours per day for primary care physicians is an unsustainable workload regardless of compensation. It is driving primary care physicians to burnout and early retirement. Moreover, the inappropriate utilization of far lesser trained ancillary care professionals to provide primary care to patients puts patients' health at great risk. The business model of paying as little as the market will bear is driving competent physicians out of private practice, as overhead keeps accelerating.

Another primary care physician was a little more sanguine, seeing the possibility that technology could ameliorate the situation:

> There was a lot that I didn't like about my EMR too, starting in 1999 on my own. But when voice recognition software gets good enough that we can dictate our visit notes in front of the patient and let them hear it again and correct us when needed, it will be a good thing yet.

An internist without the constraints of corporate overlords seemed pretty delighted with his situation, saying "I have eschewed an EMR, which has made my life much easier, and I still enjoy my practice. I allot as much time as I want with each patient."

The final word goes to a pessimistic rheumatologist who, like many colleagues, felt that the pressures of modern business models were eroding the independence of the medical profession:

> The sad truth is, autonomy is quickly being taken away from us. Professional freedom always existed in the medical profession for centuries. Now we are losing it, and this is called progress?