It's hard to be a real doctor now

I and most other physicians went into the medical profession for similar reasons: we liked biology, we liked human beings, we wanted to reduce human suffering; and, we knew physicians held some degree of respect in society. Early in our lives we chose to commit to the required science courses in college, prepare ourselves for the rigors and also the intellectual and personal joys of medical school and residency, and then enter practice. Practice offered relationships that were exciting and fulfilling. We exchanged cases and ideas with our colleagues and developed collegialities within our community, our hospitals, and with our patients. We knew our patients, listened to their fears with them and their families. We treated our patients as human beings and made medical decisions based on the best available evidence, clinical experience, and how the patients perceived their disease(s) and prognosis. They trusted us. We were "real" doctors.

The joy in the practice of medicine has declined. The reasons for this are multifactorial, including the need to see more patients in less time in order to sustain enough revenue to pay costs; the diminution of humanism driven in part by the need to type electronic medical records rather than sit and listen to patients. The joy is also being influenced by the burdens of insurance preauthorizations and denials by payer employees with little or no medical training or licensure, or accountability to my patients. These insurance employees deny the "medical necessity" of my knowledge, based on forty years of clinical-academic education, of what I think is best for my patient. Denials are now the routine, not the exception. Denials create a greater degree of stress and hopeless fear for my patients; they don't deserve more uncertainty on top of what their basic disease has already given them. Additionally, the financial cost to my practice, by adding more medical assistants hired solely to "fight" the insurers is not reimbursable. These additional costs have driven many physicians out of business or into early retirement, or forced their employment by hospitals. Hospital administrators then become the deciders of what physicians can or cannot do. Even after I write appeals of the denials defending the necessity of the medical management plan and then have the phone calls—"the peer-to-peer" with some "medical doctor" employed by insurance companies who have little knowledge of the disease(s) I treat—can I obtain approval for the pharmacological treatment or radiological tests I have ordered. Insurers are now the "doctors" and doctors are now the commodity. Humanism in medicine across the board is vanishing.

What are the consequences of these firewalls? Time will define the costs, higher or lower, for these insurance denials and the distancing of real doctors mediated by the demand to type the EMR. Even if costs savings can be directly linked to denials, will the change in a profession transformed into a

commodity be worth it? The costs in terms of decrease in my own passion for medicine or respect by my patients for the practice of medicine are already being felt. I am honored to do what I do, but cannot do it in the way I was trained.

Are there solutions? I hope so, but only when society in its broad terms allows doctors to be doctors. Patients have to have the confidence that their physicians are ***their*** advocates. While overall medical costs must be a concern for all of us, the burden of disallowing physician's good management of their patients is costly as well. That cost may not be obtainable. The training of insurance companies "phantom doctors" is not what medical school is about. Unaccountability of insurers is unacceptable. Every individual physician, professional society, academic center, industry executive, and government agency that respects what real practicing physicians deal with day in and day out must work to allow the return of sound and necessary medical decisions made by well-trained doctors, done by well-trained, real doctors.

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