INTRO TO CODE BLUE
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ed note: Since my retirement in July of 2014, I have been working on a book about the declining status of primary care in the US. We're publishing the entire Introduction in this issue. The working title is "Code Blue: meditations of a Family Physician on the increasingly dire state of primary health care in the United States" I'll gladly entertain any other suggestions.

Introduction

American medicine is at a crossroads. And it seems to be moving in two contrary directions.

New technologies have made possible new cures and treatments on an almost daily basis. Even in the United States, where our health care delivery has become the worst in the industrial world, we still have the ability to treat, and even cure, diseases that would have been unimaginable as little as ten years ago. Many forms of cancer are responding to new drugs and therapies–we can now cure many different cancers and induce long-term remissions in many others. HIV-AIDS has now become a chronic long term disease rather than a killer, at least in the United States. Surgical therapies are becoming more effective and less invasive. We're developing new imaging technologies that even the writers of *Star Trek* would envy. The new sciences of genomics and proteomics are promising even more dramatic therapies, completely personalized for each individual.

And while infectious diseases will always surprise us with new organisms or medication resistant old organisms, we now have the wherewithal to almost prevent pandemics. However, if we continue under funding our public health and disease surveillance infrastructure, as we have been doing for the past 20 years or so,[1,2] we will leave ourselves open to more epidemics; as the emergence of multiple drug resistant Tuberculosis and the recent Ebola outbreak are beginning to demonstrate.

However, not all is well. We spend twice as much on health, per capita, than any other nation, accounting for an unsustainable 18% of our GDP[3]. Yet we've now dropped to 60th in the World (in hot competition with Slovenia) for our Maternal-infant mortality rates[4]. Our life expectancies and overall health are 21st out of the 21 countries in industrialized North America, Europe and Asia[5].

Despite the amount of money we spend on health, fewer people are actually able to avail themselves of these spectacular therapies. Even with "Obamacare" there are at least 20 million uninsured people in this country.[6,7] Except in emergency situations, however, these people are effectively shut out of the healthcare system. Or if they do utilize the new technologies, they may find themselves under insured and the cost of treatment may bankrupt them, even though they have insurance. Medically induced bankruptcies threaten the lives of a huge number of people.[8]

The physician population, especially in rural areas is aging, and new physicians are not coming in to those areas to replace those older physicians.[9,10] Fewer young physicians are choosing primary care as their specialty, in both rural and urban areas.[11] Many primary care physicians, out of sheer burn-out and frustration, are taking early retirement, or are going into shift work (ER, Urgent Care, hospitalist). The number of primary care physicians (general internists, family practitioners and pediatricians) actually practicing primary care is shrinking

daily, further limiting patients' access to care[12,13,14]. In fact, in 2006, the American College of Physicians warned that primary care, the backbone of the nation's health system, was on the verge of collapse.[15] Since then, the situation has only worsened.[16]

Physicians are seeing ever more patients, yet their incomes continue to decline[17]. In 1970, the average inflation-adjusted income of general practitioners was $185,000. In 2010, it was $161,000, despite a near doubling of the number of patients that doctors see per day.[18] Physicians have become demoralized and they feel they get too little respect from patients, physician colleagues, and administrators, despite good clinical judgment, hard work, and compassion for their patients.[19]

Public opinion polls show that while most people still trust their individual physician, the level of trust is diminishing[20]. This is a multifactorial process: people generally are losing their trust in all institutions; patient "empowerment" via the internet; perceived and real conflicts of interest; and rushed, hurried visits.[21]

Because of the internet there is a gigantic volume of "stuff" out there in cyberspace: web sites, blogs, and a zillion media outlets. Most this stuff has never been checked for accuracy. People can self-select what they choose to read online, closing themselves off into small insular communities.[22,23] Because of this self-selection 39% of all adults in the US now believe in some "medical conspiracy theory.[24]"

A consequence of this is that there is a large "anti-vax" community spreading lies and fear, and the rates of childhood immunizations are plummeting[25]. Because of declining immunizations we're now seeing the attendant rise in the number of cases of diseases, like measles, polio, whooping cough. Diseases we'd almost eradicated due to the widespread use of these vaccines are now making a dramatic comeback.[26,27] This is especially true of measles, that, even as I write this, has made a huge comeback. It is ironic that the latest outbreak of more than 100 cases has been traced back to Disneyland, of all places. Politicians are lining up as either "pro public health" or "pro parental rights."

I have spent the last twenty five years practicing the long disrespected specialty of Primary Care in rural Northwest California, far from the corridors of power. I trained and came of age in the 1970's and early 80's, a time when (for better or for worse) physicians had much more autonomy in how we structured our patient visits and daily schedules. We had time to establish relationships with our patients, but we also had access to enough advanced technology to actually make a difference in our patients' lives. In many ways it was a golden era, not "Marcus Welby," perhaps, but nonetheless a time to have the best of both worlds. Since then, I've had to deal with the rapid changes overtaking medical care. Like most of my colleagues I've suffered from the burnout of rushed, hurried visits and the ever increasing burden of onerous paperwork[28].

I've witnessed, up close and personal, the pros and cons of the Affordable Care Act (ACA, "Obamacare") and Managed Care. We seem to be on the precipice of a Brave New World, but are we driving ourselves or are we being pushed over the brink by vast impersonal forces?

We live in an era of incredibly rapid change, and all kinds of new technologies, not just medical, are arising faster than we can blink an eye. These new technologies are affecting every aspect of our lives from how we do our banking, to how we choose to listen to music or watch movies. The world is literally at our fingertips with the click of a mouse, or the touch of a screen. We can view paintings in the Louvre from the comfort of our own home, and we can stream the

latest episode of *Game of Thrones* while waiting to catch an airplane. How we shop, how we buy, how we view the world is all being profoundly changed.

These changes are occurring so fast and are so pervasive that many of us are only vaguely aware of what's happening. This is especially true for medicine as it's being tossed about by economics, technology, politics, and whimsy. I hope to show how these changes are affecting one sector of medicine–primary care–from the unique perspective my career has afforded me.

I see where American medicine has been, and I think I can see where it's going. From my vantage point here in "the boonies" I'm not cheered by the direction I see medicine taking. Neither myself, my colleagues nor my patients are happy with the way things are evolving, but we seem ever more powerless to change the direction medicine is taking in the United States. And I view the changes happening out here in the relative hinterlands as a harbinger of global changes, much like a canary in the coal mine. What's happening out here, will be happening in urban areas 15-20 years from now.

I see the emergence of several factors that converge to "drive the cart" in its undesirable direction: the choke hold the insurance industry has on health care delivery and its limitations on services; millions of people have no access to the system yet, we outspend the rest of the world in healthcare, to the point it has become economically unstable and unsustainable; the declining number of primary care physicians; the current implementation and incarnation of electronic health records; the increasing fragmentation of medical care; and, most importantly to my mind, the increasing focus on *productivity*. These forces have shaped a medical environment that has turned physicians into industrial workers, downgraded the doctor patient relationship, to the detriment of both patient and physician, and has enriched a small cadre of insurance and drug companies to the overall expense of the people's health and happiness.

A note to the reader. This is not an exhaustively researched foray into the ills of the healthcare system in the United States. Far better experts than I have researched and published on this topic *ad nauseum*. Instead, it's merely an impressionistic sketch based on my twenty-five years of practice up here on California's North Coast, "in the trenches," so to speak.

This book is based on my daily fights and appeals to the insurance industry, my sometimes futile exercises in obtaining therapies or medications for patients they normally couldn't obtain due to insurance denials or lack of economic resources.

It's based on discussions I've had with my patients and with my colleagues in meetings and doctors' lounges, and it's informed by the articles I see and edit in my capacity as editor-in-chief of the *North Coast Physician*, the monthly news magazine of the Humboldt-Del Norte County Medical Society.

I also have to state that I have an inherent bias toward the "old-fashioned" one on one interaction between doctor, or mid-level practitioner, and patient, at least while speaking of my field of primary care. While I don't denigrate the role of paraprofessionals (diabetic educators, wound care specialists, "lifestyle coaches" etc.) in delivering care I feel that their role should be ancillary to that of the health care practitioner, for after all, the patients pay to go see their personal practitioner, and that's who they identify with. Ideally, she's the entry point into the system, and the person who develops the personal relationship with the patient. She's the one with all the fancy education, and is the most logical patient advocate in an increasingly impersonal system. He's also the person who's at legal risk for any possible "misadventure."

I feel that, in primary care at least, the one-on-one practitioner-patient interaction is the core of delivering office based, outpatient health care. It is through this interaction that actual

healing and positive changes, not just treatment, occurs.

Therefore, I'm almost automatically opposed to any measure that, in the name of efficiency, dilutes that relationship. For while we may deliver care more efficiently, I don't feel that we can deliver better care using the Brave New Paradigm. I feel that this new paradigm, as it's currently construed with its emphasis on rigid adherence to the bottom line, standardization, rapid throughput, high tech solutions to low tech problems etc, works to the detriment of both the physician and patient.

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