



Randy L. Flink, Principal ❖ Christopher M. Gregory, Principal
Robert I. Kramer, M.D., Medical Advisor

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Those of you among the 1200 regular recipients of our DocOnomics biweekly commentaries are accustomed to our writing about economic and investment issues wrapped in the recurrent theme of "AARP" as a pathway to wealth management.

This week, we will venture in a different direction. We focus here on the issue of health care reform because we are vitally interested and concerned about the future of health care in America. Our concern is apolitical. We have no allegiance to Republicans, Democrats or Independents. We'll kick the party agendas, posturing and taints of special interests to the curb and maintain an unwavering allegiance to doctors and patients and the well-being of a system that has forever maintained a sacred bond of trust between those who seek healing and those who heal.

THIS DEFINING MOMENT

In a news story celebrating the dedication of one person (Nancy Brinker) to a great cause, the lead paragraph said:

"there are moments in life, precious rare moments – when mankind rises from the muck to marshal against a great enemy".

The great enemy in this *DocOnomics* commentary is ignorance. We humbly ask you not to think we are using this term disparagingly, because "ignorance" is simply defined as "lacking in knowledge – uninformed"

It is up to each of us to judge health care reform on its merits as expressed in legislation being analyzed. That said, it is a cause for great concern that those with special interests and self-serving agendas are utilizing the powers of misinformation and disinformation to shape the opinions of fellow Americans by using fear and innuendo to incite everything from honest editorial dissent to outright lack of civility and a breakdown of one of our most fundamental liberties – the freedom to assemble and discuss our differences peacefully.

Were fantasy to become reality, we could stop our nation for one day to engage Americans in a nationwide, point-by-point dissection of the reform legislation being booed and ballyhooed. No ambiguity, only clarity. Take all the lawyer jargon, haziness and confusion and literally translate it into straightforward language that all could understand. Then ask America to reassemble for dialogue.

As reported in the Dallas Morning News, on a Town Hall on Saturday in Denton, Texas, Congressman Michael Burgess, M.D., told 1500 assembled citizens that he criticized "vague language" in the bill relating to end of life orders. Former Alaska Governor Sarah Palin called the legislation "evil" in her reference to "Obama's death panel".

On the very same day in the editorial section of the Morning News, Baylor's Dr. Robert Fine, one of your practicing colleagues and a Baylor medical ethicist referenced the real meaning of the reform legislation, i.e., "this thoughtful proposal has been wildly mischaracterized by some as "death care", a plot to "kill Granny", promotion of suicide or a plan to encourage the withdrawal of beneficial treatment". As Dr. Fine continued "a lie that goes unchallenged is soon perceived as the truth .. so here are the basic facts."

We should all be deeply appreciative and thankful that Dr. Fine – a physician committed to the ethics of his profession, would take the time to honestly and thoughtfully explain the compassionate service that patients may ask for, and physicians may deliver when asked, regarding the intimate issues and concerns about the dignity of human lives at their end. "We will all die" wrote Dr. Fine. Your **DocOnomics** authors hope that each of our readers has read or will read Dr. Fine's commentary; it is a magnificent portrayal of a physician's commitment to "first do no harm".

We have read the Bill that is being both supported and attacked by those with differences. We honestly believe that allowing lawyers to write these bills is a disservice, because such language is unclear and fraught with confusion that invariably fosters partisan interpretations. We plead with all to resolve their differences by focusing on actual legislative content and intent and not in slanted interpretations and the agendas of those who wish not to support reform, but defeat Obama.

We believe that President Obama has performed a great service to his country by seizing this malignant, festering issue of a broken health care system and sticking it under our collective national noses. That said, we exhort our President to call for a national "time out" on any legislation and any votes on bills forthcoming, until a sincere, honest effort is made to ensure that Americans understand the true meaning in plain and uncomplicated language. We likewise exhort our elected Congressional leaders not to allow partisan politics to rule the day. Congressional Democrats do no service to this country by passing legislation simply because *they can*.

There are a great many physicians among us who are striving for truth. One of our regular readers and a respected DFW practicing physician asked ***DocOnomics*** for a copy of the point-counterpoint that was prepared by Linda Bergthold, PhD , a health policy consultant, researcher and former Pew Fellow at the University of California San Francisco Institute for Health Care Policy. Was his purpose to fulfill an agenda? No, it was in the pursuit of clarification and insights in response to the initial talking point piece prepared and distributed largely in opposition to the House bill.

Scott Burns, a respected national columnist and modern day pamphleteer wrote Sunday about the liabilities we have racked up in health care, and that we don't collect nearly enough in revenues to pay for them. Truth. So in the spirit of health care reform, we ought also to be good stewards of the national trust as we deliberate how to sustain programs that will otherwise slowly, continually and surely crush our economy and our legacy to future generations – unless we do the right thing and figure it out the real American way.

At the end of the day, healthcare will still fundamentally orbit around the central issues of doctors and patients – let's not lose sight of that. We have a huge job to do – to ensure that each American can access quality, affordable care that will not break them financially, and to provide physicians with the tools and financial rewards commensurate with the great responsibilities they bear and the sacrifices it took to become healers.

IF ANY OF YOU WOULD LIKE TO RECEIVE THE THOROUGH POINT-COUNTERPOINT ANALYSIS OF THE BILL THAT WAS PERFORMED BY LINDA BERGTHOLD, PhD, LET US KNOW AND WE'LL SEND IT TO YOU.

Randy L. Flink
Christopher M. Gregory
***DocOnomics* Wealth Advisors**

Robert I. Kramer, M.D.
***Doconomics* Medical Advisor**



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