

Doctors rate the choice of medicine as a Miserable Profession

[Maybe we allowed this to happen]

The word out there is that: “I like being a doctor but I hate practicing medicine”.

I must qualify this in that physicians put up with a lot before they give in. This is evident in many reviews of the International surveys and literature that are available. I found this quite relevant as many of our practitioners feel the same way.

The level of sheer unhappiness amongst the physicians is on the rise. Simply put by one commentator; “being a doctor has become a miserable and humiliating undertaking”. This is more relevant and common to Primary Care practitioners. It is also expressed by some authors that “Healthcare appears to have declared war on the physicians and both physicians and patients are losers”. The impact of this is that many doctors want out!

When it comes to Primary Care as a profession more doctors / medical students opt for the high paying specialities so that they can get both the recognition and rewards associated with the profession of medicine.

In fact in some literature they describe physicians as being so miserable at their job that 9 out of 10 discourage others from entering the profession.

It is really very hard for anyone outside the profession or even those who are in management to understand how rotten the job has become.

The author Malcolm Gladwell implied that to fix the healthcare crisis, the public needs to understand what it is like to be a physician.

The problem for most practicing physicians is that it is hard to get the public and funders to understand the “trauma” with which the profession is faced, especially primary care as the odds are stacked against us, and sadly we allowed it to get to this. Even some of our colleagues who are in other camps are noxious and unempathetic to those who honestly try to be innovative and attempt to make a difference to promote good practice, enhance quality and steer their membership to become cost efficient.

I also read and feel saddened about the truth in the documents that; “Given that Primary Care doctors do the work that no one else is willing to do, being a primary care doctor is like being a janitor – without the social status or union protection”.

The public sees medical professionals as bandits. We are seen as stealing from the insurance paying consumers and delivering suboptimal care. What is not known is that often we are burdened with risk we cannot manage and because we are at the coal face, we are seen as the bandits.

Things are getting even worse for Primary Care doctors who accept medical aid patients especially the low contribution insurance options. Just processing the claims and encounters, filling out forms has a high costs per encounter. Then there are heaps of differing laboratory and radiology request

forms, and each insurance scheme has its own set of authorization forms. This has become a nightmare. Then to make ends meet, doctors have to increase the volumes of encounters at a cost of reducing true value. The average face to face encounter is reduced to unethical and unprofessional consultation times where quality and outcomes are impacted negatively. Both doctors and patients are not happy about this.

I quote as so many other authors have done previously, Malcolm Gladwell: “You don’t train someone for all the years as is the case in medicine and have them run a claims processing operation for insurance (medical aids) companies”. In South Africa the Funder rules registered with the Council of Medical Schemes, the high risk passed onto doctors and the top down attitude has caused a number of practices to close down and doctors to seek other employment avenues. You must add into this mix often that those fortunate to be employed as advisors to the scheme or work for the scheme, sadly forget and often downplay the stresses the practicing doctors have to endure.

Seeing many patients per days is do-able but certainly not optimal. The sad result is that Primary Care physicians are in a rush and a lot of medical problems that can be solved in an office visit get referred to specialists.

There are too many rules and guidelines and mindlessly following these guidelines and the imperative to work within funding rules, inevitably results in bad outcomes. In spite of all of these impediments the physicians have to improve “productivity”, improve patient satisfaction scores or risk losing their network affiliation.

I also want to quote the observations of many others who are passionate writers on this topic that, “with the increase in demand driven care, physicians are rushed off their feet; physicians often acquiesce to patient demands. Doctors need to have the ability to say No”.

How “rotten” is this profession becoming especially with the ever increasing media hype about physicians, that when patients go to see their doctor, they actually have a hostage to take care of them. I can extend this sentiment that physicians are not only hostage of their patients, but also to the Funders and Regulators.

When we really look at ourselves as Primary Care practitioners, we have relinquished the political power to say “No”. We must also be mindful that a contribution to our diminished political power is the infighting by the Primary Care groups. Much of this is based on misconception and more because of professional “jealousy” when committed practitioners have taken up the reigns to mobilize colleagues into practicing best practice medicine, providing cost efficiency and rewarding for adding value. Part of our frustration is that you are damned if you do nothing and you are damned if you do something to make healthcare accessible and affordable to the masses of South Africans.

So why do doctors regret their jobs?

The main issues identified:

- Declining incomes
- Higher volumes work load
- Excessive administration work (administrative conundrum)
- Regulating influences

- Excessive review mainly of Primary Care doctors for perceived fraud

The doctors are frustrated about the ever increasing discounted medical aid payments and frustrated by the stagnant pay with the increasing oversight by Funders. This year the average tariffs were increased by 6%. This is argued to be inflation linked, but when you start from a low base you never ever reach a real market related reimbursement. What is sad is that the intermediaries get paid in excess of the medical practitioners who are at the coalface treating patients. What are patients paying premiums for – to be treated for ill health or to prevent ill health?

Bottom line is that unhappy professionals are a serious issue on the rise and this will reach a crescendo with lots of unhappy patients.

Primary Care doctors will remain unhappy until they act in a united fashion, refocus on the patient, and stop “pitched” battles against their colleagues. We are our own enemies.

Jennifer S Hass of San Francisco Hospital wrote:

“Times have changed. Historically physicians have been viewed as allies in improving health. Doctors have functioned with substantial autonomy, and have received significant societal prestige and reimbursement for providing complex, socially useful jobs.

Societal changes, growth of managed care, growing consumerism, erosion of trust have changed the practice of medicine and the relationship between patients and physicians”.

“Physicians discontent is an important barometer in our evolving healthcare environment. This discontent may also indicate areas that need improvement and intervention.

References:

1. Why doctors are sick of their profession Sandeep Jauhar, August 29, 2014
The Wall Street Journal