

To the Editor, Washington Times

Re: "General Hospitals Crucial to Health", Feb. 6, 2007

I read with great interest the opinions expressed by Dr. David Lipschitz in the February 6, 2007 Washington Times. While Dr. Lipschitz is a respected authority on aging and the care of the elderly, he clearly does not have the depth of knowledge required to speak with authority on the subject of physician ownership in health care. His statements are presented as fact when they are clearly an opinion that serves only to misinform the reader.

Dr. Lipschitz opines "If you want to ensure better health for yourself and your family, I urge that you preferentially receive care in a general hospital." Perhaps Dr. Lipschitz should refer to an article he recently penned and originally published January 18, 2007 titled "Hospital Stays: Hazardous to Elderly Patients Health." In this publication he warned, "If you have an older loved one admitted to a hospital, never leave this person alone. Trust no one, question every decision." His two articles appear to contradict themselves, and I, as a physician, find this duality of opinion difficult to comprehend.

Let me be clear: It is this same concern for patient care that has led physicians across the country to establish their own health care facilities. By owning the facility the physician has direct control over the quality of care delivered, the nurse patient ratio, policies and procedures, and other factors critical to the care of their patient. Dr. Lipschitz should take the time to read the Congressionally mandated study prepared by the Centers for Medicare and Medicaid Services in 2005 that specifically looked at quality of care issues in physician-owned hospitals.

All healthcare providers wrestle with the delivery of services to the under or non-insured. The physician-owned hospitals that are members of Physician Hospitals of America treat anyone who desires service at their institution regardless of ability to pay. In addition, the overwhelming majority of physicians who choose to take the risk of ownership in a health care facility remain on the staff of the general hospital in their community and thus provide service to the under or non-insured when called upon to do so. To infer that physicians who are also owners of health care facilities shirk their ethical and moral obligation to care for all patients presenting to them for treatment is insulting to the legion of doctors across this country providing service to all members of their community day and night often times at the expense of their own personal well being or that of their families.

To attribute the development of the "medical arms race" to physician-owned hospitals is a gross misstatement and intellectually simplistic. There are only 130 physician owned hospitals in the United States confined to fewer than 25 states. Contrast this with the 5000 plus general hospitals that have insatiable appetites - to "keep up with the Jones's" across town, and the true perpetrators of the

skyrocketing spending on buildings and technology are easy to identify. Congressionally mandated studies showed clearly that no general hospital has ever been harmed by a physician-owned hospital. Interestingly, the general hospital industry's own AHA recently reported the most profitable year in history in the aggregate for its members. Show us the hospitals that have closed because of physician ownership in a competing facility. There are none.

Dr. Lipschitz's comments on conflict of interest clearly delineate his misunderstanding of the special bond that is formed between a surgeon and the patient seeking surgical treatment. The treatment of patients by its very nature creates a conflict with every decision. Surgeons must make a diagnosis and then select the treatment option most appropriate, surgical or not, regardless of the reimbursement implications. That is our ethical and moral obligation. Patients who choose to continue treating with a given physician must at root level believe that their doctor is making recommendations that are in the patient's best interest and not based on the eventual paycheck. What patient would continue treatment with any doctor if they thought their treatment was based on what was most profitable for the doctor? To suggest that physicians are capable of making ethical decisions about their professional service in the best interest of the patient, which provides a financial benefit many times that of an investment interest in a facility, but somehow lose that ability when it comes to choice of a facility for treatment is ludicrous. To suggest that investment in a facility becomes a deciding factor in the decision of whether to offer surgical treatment is an obscenity and offensive.

Physicians and scientists are responsible for many of the evolutions and advances in healthcare. The development of outpatient care was pioneered by physicians. Today, every hospital has an outpatient surgery department and there are over 4,500 surgery centers in the country. Can you imagine the cost of the US health care system today if all surgery were still performed as an inpatient basis? The physician-owned hospital is the natural evolution of the ambulatory surgical center. We need more innovation in health care, not more status quo as Dr. Lipschitz would suggest. A hospital administrator fretting over market share and developing his insurance product will never cure a single disease. Innovative physicians find ways to do that every day.

Sincerely,

R. Blake Curd, M.D.