

No easy solution

Physician challenges public perception of 'our profession'

Thank you for the thought-provoking editorial by Peter J. McDonnell, MD ("The whole truth," *Ophthalmology Times*, June 15, 2008, Page 4). We have all overheard conversations that are highly uncomplimentary of—and often totally incorrect about—our profession. I have spent considerable time thinking about *why* people feel the way they do instead of just *what* they feel.

First, the superficial reasons. No other profession in American history has taken 1% of the abuse that we in medicine have:

- Malpractice lawyers disrupted the patient/doctor relationship so juries could make the huge awards.
- Insurance companies make more profit than we get paid, but we are responsible for rising costs.
- Insurance companies have taught patients that physicians are commodities like gas stations.
- Pharmaceutical companies' revenues have increased 500% since 1990, but patients view us as responsible.
- Employers can blame us for their lack of management skills resulting in business failures.
- State and federal governments blame us for rising taxes.
- On television, we are portrayed as social and/or sexual deviants.
- On slow-news days, we always can be held responsible for some tragedy. Incidentally, medical research/publication does a better job of indicating conflict of interests than any other industry. Ongoing research follows that theory.

You undoubtedly can list many more reasons. However, following are two more profound reasons why the person on the street thinks so poorly of physicians:

- Our profession is unbelievably

demanding. It attracts and requires gigantic egos, which, not surprisingly, like to be stroked. Unfortunately, "thank you" is now treated as a four-letter word. When we explain how hard we worked and how difficult the treatment was, the person on the street thinks that we are just begging for compliments or justifying our fees.

■ Most importantly, they are simply scared to death of us. For years I could not understand why my patients were so frightened until I realized that at least every 2 weeks some patient comes to see me for a new pair of glasses and I send him or her off for a heart catheterization, or a diabetes work-up, or tell the patient he or she has cancer, or . . .

The real question now is what can we do about it? The average medical school graduate is \$300,000 in debt. The average doctor works 60 hours per week. What steps are we supposed to take to divert this tsunami? All too often we learn of others' solutions when we see their retirement notice in the newspaper.

Perhaps future editorials could be devoted to proactive positive ideas that we could all use. Would anybody watch a soap opera about a nice doctor?

Rex Morgan, MD, is looking like a hero when it turns out that the evil villain is the malpractice lawyer. We already provide more pro bono work than anyone except the clergy.

Now that I have determined the problem, I am going to work on the solution. That sounds like a physician, doesn't it?

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Letters to the Editor may be submitted to mdlugoss@advanstar.com. Letters may be edited for clarity and length.