

## Has the Canary Died?

### Book Review

By Donald E. Gehrig, MD<sup>i</sup>

I highly recommend this new book by Lee Beecher, MD and David Racer, MLitt. It is, quite literally, about the care of those who suffer by those who suffer to care. So, *Passion for Patients*, by Alethos Press, St Paul, MN, 2017, is a very appropriate title and worthy of one's attention.

Early on, in Chapter 2, the apt analogy of the "canary in the coal mine" is applied to key parts of our rapidly deteriorating medical care system. I, as a long time practicing general internist, feel like a fellow canary with Dr Beecher, as we both practiced our specialties over many decades within a rapidly changing, complex healthcare delivery system. Full disclosure, the coauthors and I are intimately acquainted through our mutual participation in the Minnesota Patient-Physician Alliance, a local non-profit medical care policy think tank. So I can and should be considered a choir member to what is being preached in this new literary effort, yet this book is certainly not preachy - prescient, yes.

Our small, fragile and private clinical "mines", our exam rooms, are being severely threatened, and those key participants in that delicate environment are, as well, as something is sucking its vital "oxygen" away, being overwhelmed and consumed by clinically uninvited behemoths who've been given inappropriate access as third-party payers for what used to be small private and highly confidential professional encounters. Their mandated presence has consumed way too much of the sustainable oxygen, and various other species of "canaries", of the larger clinical care genus, have already begun dying throughout this vast and disparate medical care system, still quite rightly made up of many, many thousands of unique and delicate clinical "mines", our exam rooms.

In our clinical training, our wise and experienced bedside mentors often taught us to invoke "the law of parsimony," when a seemingly complex clinical

situation is quickly deteriorating in our midst. This is a medical variant of "Occam's razor", a philosophical principle to be applied to look for a simple explanation as to why this is happening and usually leads to the best solution to restore failing systems. Accordingly, the simplest question should arise from those who care and most importantly for those responsible for caring. Who really needs to be in that small, private and delicate space, the exam room, which has finite limited resources and time for what needs to be done there?

There is a recurrent, unrelenting theme throughout each chapter and that is the patient needs to be restored to the central focus of our oft stated and desired, "patient-centered" healthcare system. Yet the system has succeeded in nearly eliminating the unique, individualized patient as a mere outcome widget, electronically digitized into meaningful codes as they are what are valued, not the actual needs of that next patient. As a working general internist, and quite literally, one of the last in independent solo practice anywhere, I am one of the fellow "canaries" in our "mines" of clinical managed care, politically manipulated to ram too often, extraneous, impertinent stuff squarely down each of our unique, varyingly rounded individual throats. Being politically "well meaning" and motivated is no longer an adequate excuse for consuming way too much of that finite time and air in what should be our confidential little clinical environments, especially given how precarious and unpredictable they are.

Therein is the problem, mandated population care, extrapolated macroeconomic concerns, with far ranging and ever expanding complex premises, often over-promised, put upon all of us, for our own good - don't you know, but clearly have overwhelmingly gotten in the way of our vital ways and means of individually-directed care. What prescient and wise behavioral economist Nobelist of last century, F.A. Hayek, described as rational use of local knowledge, is rarely discovered in larger, more distant integrated forms and is not applicable to most human to human transactions of local clinical microeconomic need and value, out here, in any time and place - i.e., at our next appointment!

This book is somewhat autobiographical in that it writes about the gracious and meaningful professional life of a dedicated psychiatrist, Dr Beecher and yet has a biblical quality, as well (small "b") in its format and contents, as it describes and interweaves in recurrent fashion certain basic truths about our "passion for patients" and the many political sins of the last 70+ years that have nearly destroyed and removed this very concept from our evolved medical care delivery system. The patient-doctor alliance is one of "the canaries" and has all but died across the American medical care landscape the last 25 or so years, with the third-party payers encroaching and sucking out most of the available time, or the appointments' essential oxygen. Each chapter can be read as its own smaller book within the larger book, detailing what is ailing the system and how to restore it to a much more affordable and sustainable future, while chronicling the life of one who has continued to fight for and has professionally lived the life of a directly paid, directly valued physician, psychiatrist.

But as the book warns throughout, when our **patient** – derived from its Latin roots, "one who suffers" – and those doctors and nurses who have the **passion** – derived from its Latin roots, roughly, "one who suffers to care deeply" – are rejoined in the center of it all, as chief value makers – and the patient as the prime actual payer – then and only then do we begin to restore the proper quality and accessibility of "air" for each of these private spaces, to succeed and be sustained, not merely making codible, commercially mandated, clinically distracting, billable transactions in large impersonal clinical factories. And the latter's' mindless, meaningless faux outcome production exercises can mercifully disappear from the endless non-clinical task lists for the dangerously growing numbers of burnt out physicians and nurses!

Patients, with their chosen physicians, should be re-positioned at the center mass of it all, restored as chief medical decision makers once again. The only way to restore that rightful ground is indeed, "to give the money (and its clinical value), back to each individual patient", as Dr Ainslee, a local colleague, has often said and is re-quoted

throughout the book. Or the oxygen will continue to be politically, and counterproductively so, sucked out of all our exam rooms with continued systemic deadly consequences. In the final chapters, there are presented clear alternatives for funding minor and major medical financial risks which can restore sanity, affordable availability and for the predictably unpredictable much larger risks a return to true insurance mechanisms, both public and private.

My medical advice, read the book and heed the warnings.

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