

## Medicare and the Game of Medicine

An opinion piece by Allan J. Schwartz, C.R.N.A., D.D.S.

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Medicare is signed into law by President Lyndon Johnson in 1965.<sup>1</sup>

Medicare is a government-funded project. Government gains its revenues from fees, taxes and investmentstaxes.

Medicare extended health coverage to almost all Americans aged 65 or older.<sup>1</sup>

Medicare pays surgeons pretty well for surgical procedures. Life is good.

Surgeons sign up in droves as Medicare providers.

Medicare tells the surgeon they must accept Medicare's payment as 100% payment.

Medicare tells the surgeon they cannot go to the patient for any additional monies. Even if the patient's surgery may cost more to the surgeon to deliver.

Surgeons say, "O.K., at least I will get paid something!" Life is good.

Surgeons establish a nice lifestyle requiring substantial money. Life is good.

Some procedures do cost the surgeon more in surgical time than Medicare pays. Not sure I agree with this. Surgeon bills for his time and skill not the equipment.

Surgeons say, "O.K., at least I am getting paid."

Government gets involved with other priorities and projects. The older patient population covered by Medicare is growing large.

Medicare funding goes down a bit.

Medicare payments to surgeons go down a bit.

Surgeon tightens their belt a little bit. Surgeons still say, "O.K., at least I am getting paid."

Surgeon's lifestyle continues to grow. Why? Can't he live within his means? CRNAs do.

Surgeon has a growing family, a handsome/beautiful spouse, a really nice house, a deserved car, and kids seen from afar. A deserved car??? Really.

Inflation grows, surgeon's expenses continue to grow. I will give you this one.

Medicare is just not funded as in the past, more cuts are needed to help, “balance the budget,” and stem the rise of healthcare costs. You were just complaining that Medicare was initially funded, now that it is being underfunded? Can't have both, right?

Surgeons say, “O.K., at least I am getting some pay.”

More and more senior citizens are added to the Medicare rolls each year. I agree you rich people should not receive Medicare and only those seniors who are eating cat food should receive funding.:-)

Surgeon is sweating a bit, saying, “I'd better see more patients!” The surgeon is beginning to tread water to keep their head above the surface. I agree, anesthesiologists should do their own cases. It is a more efficient use of personnel.

Government gets involved with war projects, education projects, social projects, therefore Medicare funding goes down again. Isn't this what Republicans wanted in the first place, no social programs?

Surgeon continues to tread water, and say, “gulp, o.k., at least I am getting paid.”

Surgeon's costs rise due to increasing employee salaries, increasing employee taxes, medical licenses, malpractice insurance, taxes, and increased family demands. Need to cut back on services, expenses and spending.

Medicare funding goes down again.

Inflation causes its bite, the cost of living continues to rise, personal injury attorneys are there to help patients who are badly mistreated by a surgeon. This is a problem I agree.

Surgeons malpractice insurance goes way up.

Surgeon must really, “kick-it-into-gear” now, so that patients move quickly into and out of the operating room. The surgeons, “numbers” have to increase so the surgeon can run to another hospital across town for surgeries there, and get to the office to see a waiting room full of patients, so that, “numbers” can increase, so income will hopefully keep up. Better yet hire a partner to help, don't be so greedy.

Surgeon tells operating room to, “keep up, get a move on, there are patients to see!”

Operating room hurriedly says, “o.k.”. Should perhaps say “Kiss off, pal. I am working as fast as I can.”

Certified Registered Nurse Anesthetist hustles to keep up with the surgeons pace, consisting of angry looks, harsh words, and reports to their supervisor. You are responsible for the patient and outcomes. Don't really care but will try to move quickly.

Surgeon overlooks Hippocratic Oath, and their own compassionate medical training, so they can get patients in-and-out, so income stays at some level to keep up. Starts cutting corners with fast turnover, not a good thing.

Patients begin to not be, “tuned up” for surgery. Patients are rushed in, prepared for surgery, and some areas of preoperative assessments are now overlooked.

Operating room personnel are in an uproar to keep the surgeons happy regardless of outcomes?

Patients have problems during surgery because they were not, prepared or “tuned up” for surgery.

The moral of the story is that the surgeon has violated their Hippocratic Oath, taken at graduation, to first do no harm to their patients.

The operating room is in a stressful uproar (i.e. patient care things can be neglected and missed).

The stress affects all professionals taking care of the patient. rolls down hill through the operating room ranks.

The surgeon is really treading water real fast now. Except now their heads are starting to go under the surface of the water for increasingly longer amounts of time. They are taking everyone with them.

**Everyone suffers, especially the patient, and they probably do not even know it!**

1. <http://www.cms.hhs.gov/about/history/>