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Reflection on Medical Disunity

Poonam Kaushal

“Very few stay true to the profession and often it is those who end up leaving it.” I heard these striking words and gazed at my preceptor wondering, what are we going to do? “Okay then let’s get started,” and off we were seeing patients that Wednesday afternoon. The answer to my question hardly provided any sense of resolution. It wasn’t an answer. As I talked to patients I thought I could forget about it that moment but I could not help but see everything in a new light.

How does a physician endure the administrative and political pressure that often times conflict and antagonize proper medical decisions? On one hand it seems likely that after years of dealing with the “system” (or lack thereof), physicians are likely to fall and succumb to the prospects of job security and financial stability. I had often read about such consequences as a result of the cost-containment policies of insurance companies and Health Maintenance Organizations like Kaiser Permanente. Noted authors like Jeanne Kassler have investigated such cost-containment tactics as denying coverage to 25% of patients to avoid high-risk patients. Alan J. Steinberg has discussed at length how capitation serves to fix it so that physicians are discouraged from ordering costly procedures. It is jarring to read about problems in health care and then see it first hand. I thought for a moment that what my preceptor said could be forgotten but it was a reflection of reality—a reality that I was pushed into faster than I could gain my footing. With every patient that I saw, I could not help but see an inadequacy in the system—an inadequacy in their care. The inadequacies were severe. I thought physicians had the means to give their patients what they needed. Without the cooperation of colleagues and without a common goal, little can be accomplished. I witnessed that an individual physician cannot do more for a patient if there are few supporting resources.

“I suggest you go to Columbia, because he is not going to do it,” she said to the middle-aged woman who needed a heart catheterization. Remarkably, the patient had undergone several tests including a positive stress test but Medicaid would not budge nor would the cardiologist who refused to do the procedure. A general internist could do very little except for suggesting treatment abroad. I just watched the patient’s small child stand in the corner with disbelief in my heart.

Hearing about the rifts in the health care system did at times give the false sense of assurance that once I am in that position—once I have a voice—I can help improve health care. It is not so simple. It does not take experience to find that voice. Even as medical students many know how they feel on certain issues and know how they would address them. However, to really accomplish change, we need each other. As a patient relies on the doctor to make trustworthy decisions of life and death, similarly we will rely on each other to save a person in the future. We do not all have to believe the same thing or have the same views but recognize that whatever views we do have will impact our own practice, those of our colleagues, and ultimately the lives of the patients which we, as health care providers, are trying to improve and save. Often times, obstacles can pave the path toward improvement. In this case, the greatest problem we have is not the insurance company, it is not the HMO but it really is in our own disunity and division. Such institutions are yielding a profit from health care as medicine sinks lower not because of any greater intelligence and nobility, but simply due to that disunity. If the ultimate goal is to improve and protect the health of those who trust us, then we need to work

together on an administrative and political front. Medicine has never been more divided in the United States.

I did not understand at first what my preceptor meant when she said that the few who are true to the aim of medicine leave. In that moment I looked on in ambivalence but realized from seeing cases more closely that it is not necessarily that most physicians are corrupt but do not realize on a day to day basis that you cannot accomplish a whole lot without playing to each other's strengths. This profession is unique in the sense that without unifying our resources—our intelligence and voices—it is difficult to obliterate the reason of our existence in the first place.