

SAMPLE LETTER ... DOCTOR TO LEGISLATOR

YOUR NAME
YOUR ADDRESS

Dear Congressperson:

I believe American health care is the best in the world. I am privileged to serve my patients every day and am dedicated to assuring they have opportunities to make health care decisions appropriate for their needs.

I am concerned about the health care debate ongoing in Washington DC. Reform is necessary, but we must build on what we do best and change only those things that don't work for our patients. We must not take actions we will later regret in the process.

Healthcare is personal and should be private, making it difficult to legislate improvements. Government guaranteed universal coverage here and abroad has not assured excellent, timely care. Government mandates often add to the cost of care and discourage providers from giving the best of themselves in their service.

A recent survey by the Physicians Foundation found that government mandates and regulations are the major reason physicians today, particularly primary care doctors, are leaving the practice of medicine in unprecedented numbers. Universal coverage legislation in Massachusetts is an example of legislation that actually brings the healthcare system to the point of bankruptcy without improving, and in fact in many ways reducing, access. Patients in Massachusetts now wait for months or years to find a primary physician while doctors leave the state or abandon the practice of medicine entirely. Clearly, this is not the answer.

The threat of rationed care is real if we look at other nations that guarantee coverage. The stories from England and Canada are abhorrent to healthcare professionals who work so hard to see our patients get the care they need to make their lives better and more productive. The best quality of care is not measurable by computers but is precisely what individual doctors provide their individual patients one at a time.

Electronic medical records do not improve care and provide little opportunity for more face-to-face time with our patients. We know that regional differences in care patterns exist. The problem is not so simple as to conclude that if more hip replacements are done in Minnesota than in Arizona, doctors in Minnesota are "too busy." Rather the data suggests that it is not the doctors in Minnesota doing too many procedures but that there are in fact regional differences in the legitimate need for hip replacements.

Go slow and carefully on the reform process. Let's not make mistakes that could cost lives and put the country into bankruptcy. There are legitimate reforms we could make right now, like looking at a way to finance the primary care medical home through direct patient financing. Patients who have chosen to pay for their medical home directly have unparalleled primary care relationships with their doctors and spend far fewer total dollars for their healthcare than those who use insurance in an attempt to gain access to care. More important, their access is immediate. Delayed care is denied care.

As professionals, might we work together to address healthcare reform constructively and rationally? Can I count on you to work with America's practicing physician professionals who know that the best care is individually based patient directed care that does not involve the government? Can I trust that you will not cast a vote until you have spoken with physician professionals seeing patients in your community who know and understand the "business" of medicine far better than the lobbyists who solicit your attention?

Health is my patients' most precious possession and one in which they need to independently invest. It is personal. It should be private. Any reforms that could interfere with opportunities to choose a doctor, a treatment modality, or a treatment strategy is deserving of painstaking debate and discussion.

Thank you for your thoughts and your service. I am available to discuss these issues with you at your convenience.

