



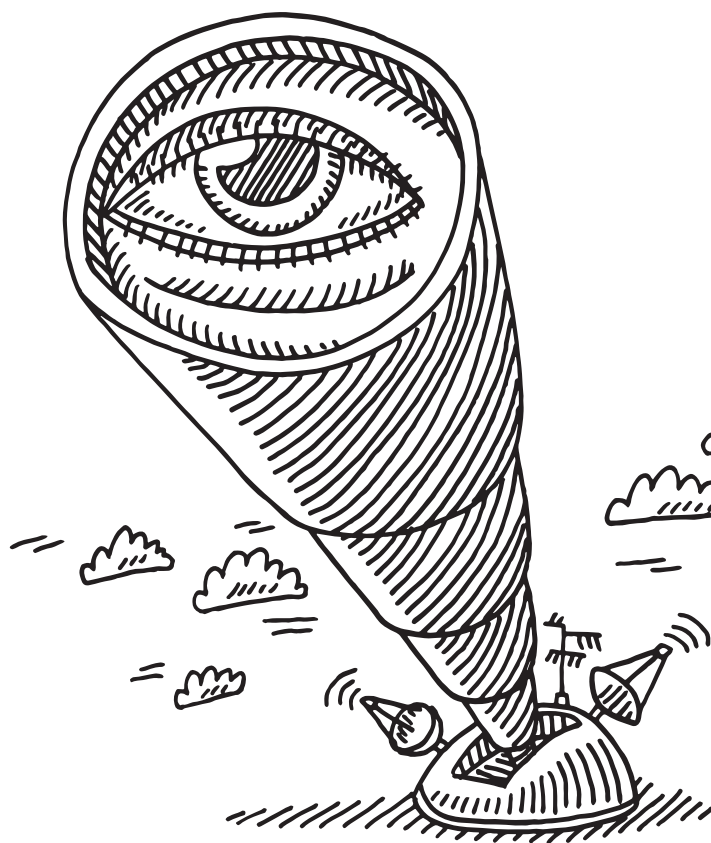
## My Conspiracy Theory

Miriam K. Anand, MD

There are some very interesting conspiracy theories out there. Did you know, for instance, that some believe that there is a “reptilian elite” comprised of alien reptiles that take human shape and get into powerful government positions to control us? That one is certainly more bizarre than some of the more mundane examples, such as those surrounding the Kennedy assassination or whether Elvis is really dead. I’m usually skeptical of conspiracy theories, but, as I follow changes in medicine, I find that I am starting to believe in one of my own. Could it be that there is a plot to do away with physician power and autonomy? As I have been writing my editorials over the past few months, I am becoming more convinced that this may indeed be the case.

For example, in January I described the changes in medicine over the decades and how the physician-patient relationship has been eroded by multiple outside influences. In that article, I stated, “physicians today are allowed to exercise their medical judgment, as long as it fits within the confines of medicines on formulary, indications approved by the insurance companies, or regulations of the institution in which the physician is working.” I also stated that “in all of this change, there is one constant and that is that others not directly involved in patient care are the ones pulling the strings and calling the shots. It is the legislators, both on the state and federal level, insurance companies, administrators and others who set the tone for how we practice medicine, while we are busy trying to treat our patients (and, for some of us, run our practices).”

In June I showed how physicians in private practice have more autonomy than employed physicians, although even that is limited and the cards seem to be stacked against those physicians who want to stay in private practice.



As I pointed out in April, “The hoops to get paid for our services get higher and harder to jump through, while costs of increased staff and services to keep up with the bureaucracy continue to increase. One does not need an MBA to know that decreased revenue and increased costs do not make up the recipe for success....Given the ‘headaches’ of running a practice, it’s understandable why physicians would either want to retire early, work for someone else, go into concierge medicine, or choose alternatives to practicing medicine altogether.” Could these efforts to drive physicians out of private practice be part of a plot to weaken our autonomy?

The majority of physicians coming out of training are choosing not to open their own practice. Instead they work for health systems, Accountable Care Organizations (ACOs), or are employed through some other model. The result? The amount of employed physicians far outweigh those who are self-employed. Since I wrote my June editorial on employment, new statistics have shown that hospital employed primary care physicians have doubled from 10% in 2012 to 20% in 2014, so the trend towards more employed physicians continues. This is not surprising since most employed physicians do not have to be concerned with the added challenges of running a practice. However, as I said in April, "it is as if they [employed physicians] have an extra cushion of protection between them and the effects of changing laws and regulations. This cushion may give a false sense of security. While it may seem that there is a bullseye on the back of the private practitioner, the reality is that our entire profession is affected and this cushion can cause some to be lulled into thinking that they are somehow protected." Could it be that by driving more physicians toward employment, the powers that be are hop-

ing to quiet the physician voices that might otherwise object to their plans?

Employed or not, many of us likely find ourselves spending quite a bit of time on what feels like useless busy-work, such as meeting Meaningful Use requirements, insurance appeals and prior authorizations for non-formulary medications, to name a few. Despite these extra bothersome tasks, we must still keep up with our patient load. Could these be examples of efforts to keep us so busy that we lack the energy and motivation to stand together and fight against the loss of physician autonomy and power? Or could these be efforts to drive us to believe that we would be better off with a single payer system, the ultimate loss of physician power and autonomy?

Many of us belong to our specialty societies because they provide us with information and services that are relevant to our particular areas of practice. In past decades membership in organizations such as the Maricopa County Medical Society (MCMS) was much higher than it is now. One factor that likely plays a role in decreased membership



*When you want the very best for your patients and families.*

## EASY WAYS TO REFER PATIENTS TO HOSPICE OF THE VALLEY

1. Call 602.530.6920
2. Fax 602.636.6305
3. Online: [hov.org/refer-patient](http://hov.org/refer-patient)
4. Email [intake@hov.org](mailto:intake@hov.org)
5. Mobile app

Download our app to any iPhone, iPad or Android device. Search iTunes or Google Play for "Hospice of the Valley."



Hospice of the Valley has on-duty staff available 24/7.

**"...I hope that the power that external sources exert over medicine will finally spur us to come together and act as a group in the best interest of our patients and our profession. I am pleased to be part of an organization that has served this mission for over 120 years, and I urge you to either continue your membership, or join now and to encourage your colleagues to join."**

Miriam Anand, MD

is that we have so many societies and organizations to choose to belong to that the dues start to add up quickly. And now that the majority of physicians are employed they may choose not to join organizations like ours if their employer doesn't pay their dues. The problem is that our specialty societies are mostly concerned with fighting for the interests of our specialties, but what about fighting for physicians as a whole? Could we be hurting ourselves by relying on our specialty societies to speak with divided voices rather than supporting organizations like MCMS that act on behalf of all the physicians in our county? In February I wrote, "I know that many lost faith in organized medicine due to the AMA's support of the ACA [Affordable Care Act] and, unfortunately, this may have trickled down to organizations such as MCMS. These types of issues, however, provide evidence now more than ever that physicians need to stand together for the benefit of our patients." After all, the ultimate losers as the physician's voice becomes weaker and less heard are our patients.

Unfortunately, we physicians must take some blame for being complicit in allowing these changes to happen by not standing together and fighting against them. If there is indeed a plot against us, we are making the opposition's job easy. I've mentioned that many of us complain to our friends, colleagues, and families about the current state of medicine. A large number also turn social media sites or sites such as *Sermo*, *KevinMD.com* or similar blogs, etc. to express our frustrations. While this may be very cathartic, it doesn't change or affect what is happening.

In January I asked, "When you interviewed for medical school and were asked why you wanted to go, did you

answer that you wanted to spend 11 plus years of your life getting an education only to have others tell you how to practice medicine?" If the answer is yes and you are not a member, then do nothing. Your dreams have been realized and your inaction will help keep this the status quo. If, as I suspect (and certainly hope) for the vast majority of you, the answer is no, then you have answered the question of why you need to participate in organized medicine. Simply by being a member and doing nothing else, you help give MCMS the power of increased membership numbers to be used when negotiating on behalf of the physician community with various entities. This allows physicians to unite and helps MCMS fulfill part of its mission of acting as a strong collective physician voice.

Last month I illustrated how actions of the MCMS and the Arizona Medical Association (ArMA) over the past decade have resulted in lower medical liability insurance premiums in Arizona. As physicians, we have a lot on our plate and may not be able to follow each and every one of the efforts that our local societies are involved in. Our local organizations are often addressing and assessing issues that potentially threaten physician autonomy and power and, ultimately, patient care. We are the voice for all physicians at a local level. We are here to speak for you and to support you, but our voice is only as strong as our membership. Without membership, we lose our power and without organizations like ours, to whom will you turn when further efforts to take away our power and autonomy are made?

I would like to believe that my conspiracy theory is unfounded, but whether or not there is truly a conspiracy to take away physician power and autonomy, it is happening. I hope that the power that external sources exert over medicine will finally spur us to come together and act as a group in the best interest of our patients and our profession. I am pleased to be part of an organization that has served this mission for over 120 years, and I urge you to either continue your membership or join now and to encourage all of your colleagues to join. [ru](#)

**Dr. Miriam Anand** is an Allergy and Immunology specialist practicing in Tempe. She is the Maricopa County Medical Society's 120th President, and has been a MCMS member since 1998.

**Contact her by email to [manand@mcmsonline.com](mailto:manand@mcmsonline.com).**