

Second Boston Tea Party: Let's dump mis-managed health care policies

by Marianna Wertz

An historic event occurred Dec. 2 in Boston, a place not unfamiliar with history-making. Hundreds of physicians and nurses gathered at the site of the first Boston Tea Party, to hold a "second Boston Tea Party"—this time to dump managed care—as hated today as the tea tax was in 1773—into the Boston Harbor.

Thrown overboard into the harbor this time, rather than crates of tea, were corporate annual reports of managed health care firms, as well as crates marked "nursing cut-backs," "corporate greed," "no care for the uninsured," "bonuses for denying care," "rushed hospital stay," "loss of confidentiality," "denied services," and other common attributes of managed care.

In the evening, an event was held in conjunction with the protest at historic Faneuil Hall, in downtown Boston. An estimated crowd of 3,000 packed the hall, and the event was broadcast via satellite to 30 U.S. cities. For two hours, the event's organizers, The Ad Hoc Committee to Defend Health Care, presented hard data on the disastrous consequences of managed care and for-profit care for patients, including testimonials from doctors, nurses, and family members, relating their personal experiences with staff cut-backs, denial of coverage, and other managed-care policies.

This initiative is historic, not just because it took place in Boston, however. For the first time since so-called managed care began to take over the nation's medical care practices in the 1980s, a significant number of medical practitioners have publicly called for a moratorium on managed-care takeovers, and for a return to the "Samaritan traditions of American medicine and nursing."

Sick, vulnerable, elderly 'abandoned'

In a "Call to Action" released at the press conference by the Ad Hoc Committee, and appearing December 3 in the *Journal of the American Medical Association (JAMA)*, more than 2,300 doctors publicly announced their opposition to profit-driven health care and urged other professionals to join them in their fight (see *Documentation*). More than 700 Massachusetts health professionals have added their endorsement since the article went to press, and doctors and nurses in many other states have begun forming similar groups, according to

the committee.

A founding member of the Ad Hoc Committee, Dr. Bernard Lown, Professor of Cardiology Emeritus at the Harvard School of Public Health, Senior Physician at Brigham and Women's Hospital in Boston, and co-founder and co-president emeritus of International Physicians for the Prevention of Nuclear War, spoke at the press conference from the vantage point of more than 40 years in clinical practice, medical teaching, and scientific research. "Never before have I encountered such a breakdown in the system of care, such a dismissiveness of human values, such a disdain for ethical principles," Dr. Lown said.

"The new corporate system is characterized by abandonment of the sick and the vulnerable. The abandonment takes many forms. It excludes millions from obtaining health insurance, thereby abandoning the poor. It courts the healthy and imposes obstacles for those with medical problems and thereby abandons those chronically ill. It cuts the time a doctor can spend with a patient and thereby forces a physician to abandon a long-hallowed code of practice. It replaces bedside nurses with lower-paid unlicensed employees and thereby abandons the sick when they are crucially in need of intimate care, of understanding, and of compassion. It short-shrifts hospital stay, irrespective of a patient's condition, by standardized regulations, thereby abandoning a precept central to the health tradition of the uniqueness of each person. The quick hospital throughput is especially devastating for those who live helplessly alone and is a crucial act of abandonment of the old. Perhaps most pernicious is the forcing of health professionals to abandon their advocacy role for the sick."

In her address to the Faneuil Hall audience, Dr. Linda Peeno, a physician trained in internal medicine and infectious diseases, who is currently a clinical instructor in medicine at the University of Louisville Medical School in Kentucky, and chairs its hospital ethics committee, shocked the audience with her account of managed care as she came to know it from the inside (see interview). Dr. Peeno told the crowd, "We are gathered here to make history. Like the patriots of 1773, we hope to create our own political convulsion. . . . We should strive for the same effects noted by John Adams of the original Boston Tea Party. Its revolutionary spirit, he said, is 'the



Members of the Ad Hoc Committee to Defend Health Care, at the site of the Boston Tea Party, throw crates of managed-care policies overboard.

most magnificent Movement of all’ — an incident of dignity, majesty, and sublimity.”

It was the other Adams, John’s second cousin Samuel, Peeno said, “who said that the original tea party was to make *tyranny*, not merely tea, the issue. We should take heed of this great mission. For we are here tonight, not just to reclaim medicine, but to launch, by way of medicine, a revolution whose purpose is nothing less than the emancipation of the human spirit from the tyranny of corporatism, greed, abusive power, and disregard for human need and life.”

Documentation

The following unprecedented “Call to Action” appeared in the Dec. 3 issue of the Journal of the American Medical Association, endorsed by some 2,300 doctors and nurses—more than 10% of Massachusetts’ doctors. Founders of The Ad Hoc Committee to Defend Health Care drafted the JAMA article last spring, and have been circulating it nationally for endorsements since then, adding more than 700 endorsers since publication. The Call to Action demands an immediate moratorium on for-profit takeovers of health institutions and for a broad societal dialogue to “formulate a caring vision” for

health care. It was publicly released by the committee at the Dec. 2 “Second Boston Tea Party.” Excerpts follow.

For our patients, not for profits: A call to action

We are Massachusetts physicians and nurses from across the spectrum of our professions. We serve patients rich and poor, in hospitals and clinics, private offices and health maintenance organizations (HMOs), public agencies, community settings, and academia. Mounting shadows darken our calling and threaten to transform healing from a covenant into a business contract. Canons of commerce are displacing dictates of healing, trampling our professions’ most sacred values. Market medicine treats patients as profit centers. The time we are allowed to spend with the sick shrinks under the pressure to increase throughput, as though we were dealing with industrial commodities rather than afflicted human beings in need of compassion and caring. The right to choose and change one’s physician, the foundation of patient autonomy and a central tenet of American medicine, is rapidly eroding.

Physicians and nurses are being prodded by threats and bribes to abdicate allegiance to patients, and to shun the sickest, who may be unprofitable. Some of us risk being fired or “delisted” for giving, or even discussing, expensive services, and many are offered bonuses for minimizing care. . . . The primacy of the patient yields to a perverse accountability—to investors, to bureaucrats, to insurers, and to employers.

And patients worry that their physician's judgment and advice are guided by the corporate bottom line.

Public resources of enormous worth—nonprofit hospitals, visiting nurse agencies, even hospices—built over decades by taxes, charity, and devoted volunteers are being taken over by companies responsive to Wall Street and indifferent to Main Street. . . . Hospital chains' profits reach \$100 per patient per day; a single HMO president nets \$990 million in a takeover deal; and insurers' overhead consumes \$46 billion annually.

At the same time, the ranks of the uninsured continue to grow, while safety-net public hospitals and clinics shrink and public health programs erode. Even many with insurance find coverage deficient when they need it most; care or payment are too often denied for emergencies or expensive illnesses. The sick are denied skilled nursing care, rushed out of hospital beds, and hurried through office visits. Increasingly, patient comfort and the special needs of the elderly, infirm, or disabled are ignored if they conflict with the calculus of profit. . . .

We differ on many aspects of reform, but on the following we find common ground:

1. Medicine and nursing must not be diverted from their primary tasks: the relief of suffering, the prevention and treatment of illness, and the promotion of health. The efficient deployment of resources is critical, but must not detract from these goals.

2. Pursuit of corporate profit and personal fortune have no place in caregiving.

3. Potent financial incentives that reward overcare or undercare weaken patient-physician and patient-nurse bonds and should be prohibited. Similarly, business arrangements that allow corporations and employers to control the care of patients should be proscribed.

4. A patient's right to a physician of choice must not be curtailed.

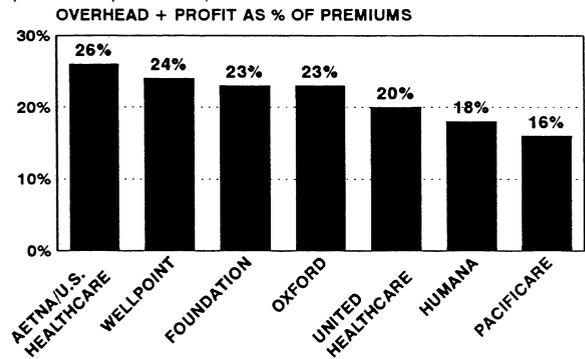
5. Access to health care must be the right of all.

Before the values we cherish are irretrievably lost, we invite members of the health professions and the public to join in a dialogue on health care's future. The headlong rush to profit-driven care has occurred without the assent of patients or practitioners, through a process largely hidden from public scrutiny and above citizen participation. This must be replaced by an open and inclusive process that is not dominated by the loudest voices—those amplified by money and political influence. . . .

We have petitioned our governor, legislature, and attorney general for a moratorium on for-profit takeovers of hospitals, insurance plans, HMOs, physicians' practices, and other health care institutions. . . . We invite public endorsement of this Call to Action by additional colleagues and by medical, nursing, and lay groups. . . . We seek an inclusive and empowering dialogue with patients and the public to formulate a caring vision true to the community roots and samaritan traditions of American medicine and nursing.

FIGURE 1
HMO overhead and profits

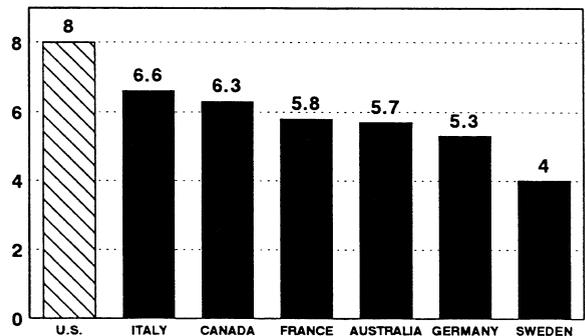
(as percent of premiums)



Source: Outlook for Managed Care 1997. Corporate Research Group.

FIGURE 2
Infant mortality, 1995

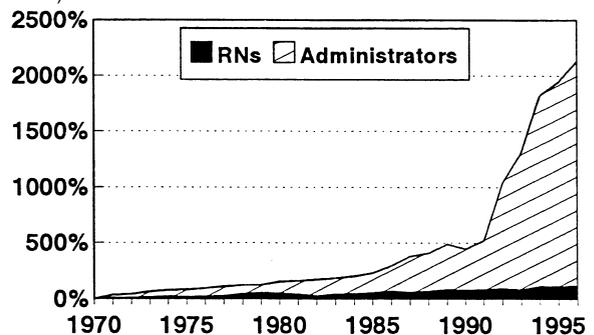
(Deaths in first year of life/1000 live births)



Source: OECD, 1997

FIGURE 3
Growth of registered nurses and administrators, 1970-96

(percent)



Source: Bureau of Labor Statistics & Himmelstein/Woolhandler/Lewontin analysis of CPS data.

Graphics from a study on "Healthy Profits, Unhealthy Care: A Data Update on Market-Driven Health Care," by committee members David U. Himmelstein, MD and Steffie Woolhandler, MD, MPH.