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HEALTH AND STRESS

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Medicine: About Money... or Patients?

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AIS Board of Directors

IS MEDICINE MORE ABOUT MONEY THAN PATIENTS?

by Paul J Rosch, MD, FACP

Editor–in-Chief

It certainly seems that way based on the changes I have witnessed over the past five decades. I was fortunate to have my internship and residency training at Johns Hopkins, where we were taught that every patient was different. "What is sauce for the goose is sauce for the gander" was not always true. An elevated blood pressure might be quite normal for some elderly patients, and giving drugs to lower it could have dire consequences. Some of my teachers had been students of Sir William Osler, who emphasized:

- *It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has.*
- *The good physician treats the disease; the great physician treats the patient who has the disease.*
- *The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head.*
- *We are here to add what we can to life, not to get what we can from life.*

We were also instilled with the following advice from Dr. Francis Peabody:

- The *treatment of a disease may be entirely impersonal, the care of a patient must be completely personal.*
- *For the secret of the care of the patient is in caring for the patient.*

Conflicts Of Interest, And Redefining Diseases To Increase Profits

All of the above seems to have been forgotten, since physicians are now referred to as "providers" along with others that furnish health related products to "consumers". Contemporary medicine focuses on how to treat diseases, not how to care for individuals. What is even worse is that this may require following specific guidelines that usually have a "one size fits all" cookbook approach. Some of these recipes are subsequently found to be more harmful than beneficial, especially when created by physicians with financial ties to the manufacturer of a drug or device that is being recommended. Such authorities are often selected because of presumed expertise by virtue of having served on an FDA Advisory Panel that approved a relevant product. Although individuals with any conflict of interest are banned from serving on these committees, such violations are common. In many instances, guidelines are endorsed by prestigious organizations that have also been the recipients of large contributions from pharmaceutical companies or other vested interests that reap huge profits in return for their seal of approval.

These nefarious practices have now become the norm according to a recent article in which researchers investigated 16 U.S. guideline panels that were published between 2000 and 2013 on the diagnosis of 14 common conditions. Of these, 10 proposed changes expanded the definitions of hypertension, rheumatoid arthritis, Alzheimer's and other diseases that would increase the number of patients requiring prescription drugs. They found that 75% of members of 14 guideline panels with disclosure sections admitted to ties to industry by serving as paid consultants, advisers and speakers, as well as receiving research support. Twelve of the 14 panels were chaired by physicians with such ties. Health professionals with industry ties had links to an average of seven companies. Some of the

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Twelve of the 14 panels were chaired by physicians with such ties.

guideline panels did not disclose conflict of interest information. Compensation can also be provided indirectly via mechanisms that are difficult to trace. U.S. guidelines were deliberately selected because of the global influence of DSM-5 diagnostic standards that include these revisions.

The authors report evidence that overdiagnosis has also spread to chronic obstructive pulmonary disease, ADHD and other common disorders, and that this may be due more to pharmaceutical pressures than medical concerns. They cite a 2009 Institute of Medicine (IOM) report recommending that professional societies and other organizations drafting clinical practice guidelines should "generally exclude as panel members individuals with conflicts of interest." A 2011 IOM report specifically emphasized that panel chairs should be free of conflicts. On the other hand, it is obvious that physicians involved in clinical trials sponsored by drug companies are apt to be the best authorities on that or similar pharmaceuticals. And their endorsement may be based on scientific proof that has nothing to do with compensation received for their services. In commenting on this, the lead author wrote, "As both IOM reports make clear, there are financial as well as non-financial or intellectual conflicts such as academic advancement, and there should be no assumption that having a conflict is unethical, or `that any particular professional will necessarily let financial gain influence his or her judgment."

But less than half of the guidelines mentioned potential harms of proposed changes to definitions or recommendations for specific drugs. Physicians who are convinced from personal experience or negative reports that the dangers of following the guidelines for a particular patient would far outweigh any benefits are faced with the following dilemma. Because these guidelines are often viewed as "official" dogma rather than suggestions, failure to adhere to them could be grounds for a malpractice suit. Even if you were able to show your decision was in the patient's best interests, it would be no match for the numerous high profile and well paid experts who would willingly testify for the opposition. In addition, if you are a qualified specialist, it is likely the organization that certified you would discredit your testimony.

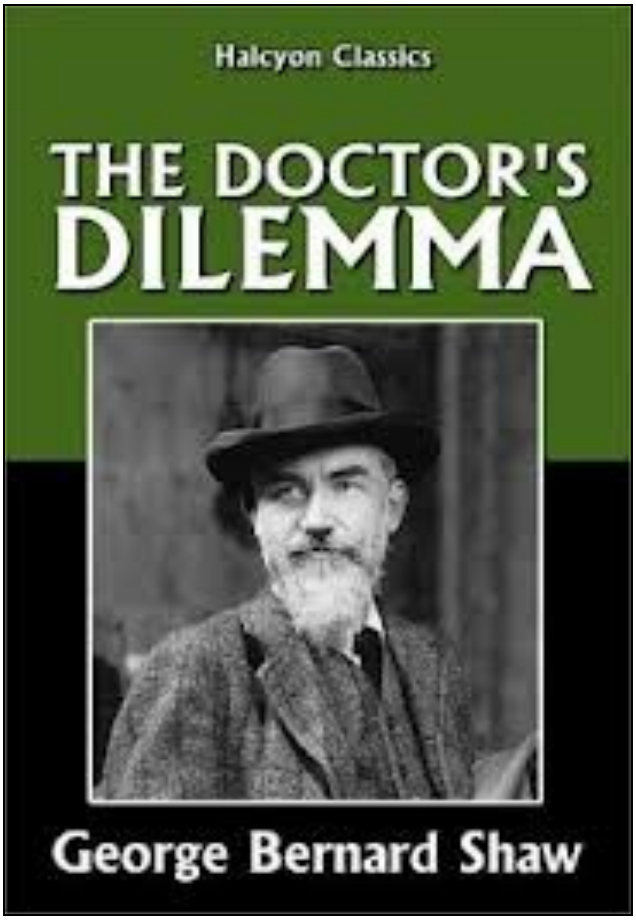
For example the guideline on the immediate treatment of an acute stroke with altepase, a clot-dissolving drug, was enthusiastically endorsed earlier this year by the American Academy of Neurology, the American College of Emergency Physicians and the American Heart Association. As noted in a recent Newsletter, 13 of the 15 authors had ties to the manufacturers of products to diagnose and treat acute stroke and 11 had ties to companies that market altepase. This is not unusual, but what is difficult to understand is that this was despite a poll showing that almost 85% of Emergency Room physicians refused to comply with this recommendation because of possible cerebral hemorrhage and evidence of clear treatment benefits. These complaints were validated by a recent independent review showing that altepase increased fatal intracerebral hemorrhage nearly fourfold, and a significant increase in mortality of an unnecessary 30 deaths per 1000 treated patients. Nevertheless, all these organi-

zations are heavily subsidized by drug companies and other vested interests and there are apparently no plans to revise the guidelines. As H. L. Mencken noted, "It is difficult for a man to understand something when his income depends on not understanding it."

George Bernard Shaw's

The Doctor's Dilemma And *Preface On Doctors*

There were no such problems in Osler's time since medical malpractice suits were extremely rare. Save for aspirin, there were no synthetic drugs nor any reliable clinical studies to suggest guidelines. Treatment recommendations varied depending on which patent medicine or homemade tonic doctors and others claiming to be healers favored. None of these were effective despite numerous claims of cures, and the few documented cases of improvement were likely transient placebo effects due to promotional advertising or a strong belief in the healer's abilities.



Except for a few surgeons who had mastered their craft, the practice of medicine in the early 20th century was deplorable. Doctors may have had the best of intentions but they had little to work with except the patient's faith in whatever was being prescribed. And to a large extent, this depended on the physician's reputation. No one was more critical about this dismal state of affairs than George Bernard Shaw, whose 1906 play, *The Doctor's Dilemma*, was a scathing satire about doctor-patient relationships and medical ethics. It begins on the day Sir Colenso Ridgeon, a prominent 50-year-old research physician, has just been knighted. His colleagues who have come to congratulate him include Sir Patrick Cullen, a distinguished and experienced physician; Walpole, an aggressive surgeon; Sir Ralph Bonington, a charismatic wealthy society doctor; and Blenkinsop, a poor and honest doctor who works for the government. Each has his pet theory of what causes disease and how to treat it, and although their views are very different, they all got along amiably. Ridgeon has developed a new cure for tuberculosis but has limited resources and can only treat ten of the fifty patients who would be eligible.

As a result, he has selected the ten he believes he can cure who are the most worthy of being saved. He is subsequently approached by Jennifer Dubedat, an extremely attractive young

woman who pleads with him to save her ill husband, a talented artist. He initially refuses, but since he is smitten with her beauty, admits things might be stretched to treat one more patient, provided proof was presented that this individual was particularly deserving. However, his old friend and colleague Blenkinsop then also asks to be treated for his tuberculosis. Further investigation reveals that Jennifer's husband is a dishonest womanizer, as well as a bigamist. Thus, Ridgeon must choose between saving an honest doctor and loyal friend, who works diligently for people who can't afford medical care, and a sociopath who happens to be an extraordinary artist. He eventually decides to treat Blenkinsop and to refer the artist to Bonington, the society doctor, thus insuring that he will die. He justifies his choice as a plan to let him die before Jennifer finds out what an amoral cad he actually was. His death will be a benefit because it will preserve his reputation, and since it will liberate his wife, it could also benefit Ridgeon, whose passionate desire for her has steadily grown.

Sir Almroth E. Wright

"Sir Almost Right"

Ridgeon actually recognizes that he cannot make an objective medical decision because, as he tells Cullen, "*There's something the matter with me I don't know what it is … I have a curious aching … I can't localise it … It unsettles me completely…. I thought that the days of my vanity were past. Tell me: at what age does a man leave off being a fool?*" Shaw's answer is: never. Ridgeon loves Jennifer, who loves her husband, who loves himself, while the doctors who surround him love their profession. All of them deceive themselves. As Cullen notes, "There are two things that can be wrong with any man. One of them is a cheque. The other is a woman." And the desire for money and sex has no age boundaries.

The background of the play is particularly revealing since Shaw was responding to a challenge from his friend, William Archer a theater and literary critic, who admired his work. Archer told Shaw he could not be regarded as a supreme playwright until he had written a tragedy involving "the King of Terrors" – death. Shaw responded by writing what was more of a comic burlesque of the medical profession, and then added "*A Tragedy*" as a subtitle to the play. The character of Sir Colenso Ridgeon, who claimed to have found a revolutionary cure for tuberculosis, is based on the celebrated bacteriologist Sir Almroth Wright, who had been knighted shortly before the play was written. Shaw had been skeptical about Wright's high reputation, (he was later

nicknamed Sir Almost Right) since a year earlier, Wright had sent him a pamphlet about his new vaccine therapy with an invitation to discuss this in his laboratory at St. Mary's Hospital. Shaw accepted the invitation but challenged the validity of his vaccine treatments, which started a series of fierce debates between the two. At one of these, there was a discussion about using this new treatment on someone who had arrived that day, and one of the students pointed out that "we have too many patients on our hands already". Shaw then asked what would happen if more people applied for treatment than could properly be accommodated, and Wright replied: "We should have to consider which life was worth saving."

This became the pivotal point of the play. The answer to this problem is given not by Ridgeon, but the foppish society physician Bonington, who tells his colleagues, "I have never been able to say No, even to the most thoroughly undeserving people. Besides, I am bound to say that I don't think it is possible in medical practice to go into the question of the value of the lives we save." He went on to say that if you asked yourself whether your patients were of any use to themselves or anyone else, you would probably be driven to the conclusion that most of them would be better off dead. Shaw firmly believed we should never seek to extend our natural lives by methods that preserved our existence but not our ability to function in a meaningful fashion. He would have been in favor of legislation regulating properly controlled assisted suicide, and appalled by the treatment of former Prime Minister Ariel

IT IS NOT THE FAULT *of our doctors that the medical service of the community, as at present provided for, is a murderous absurdity. That any sane nation, having observed that you could provide for the supply of bread by giving bakers a pecuniary interest in baking for you, should go on to give a surgeon a pecuniary interest in cutting off your leg, is enough to make one despair of political humanity. But that is precisely what we have done. And the more appalling the mutilation, the more the mutilator is paid. He who corrects the ingrowing toe-nail receives a few shillings: he who cuts your inside out receives hundreds of guineas, except when he does it to a poor person for practice.*

Scandalized voices murmur that these operations are necessary. They may be. It may also be necessary to hang a man or pull down a house. But we take good care not to make the hangman and the housebreaker the judges of that. If we did, no man's neck would be safe and no man's house stable. But we do make the doctor the judge, and fine him anything from sixpence to several hundred guineas if he decides in our favor. I cannot knock my shins severely without forcing on some surgeon the difficult question, "Could I not make a better use of a pocketful of guineas than this man is making of

Sharon, who has been kept alive in a comatose but vegetative state since suffering a hemorrhagic stroke on January 4, 2006. As Shaw later wrote, "invalids who cannot keep themselves alive by their own activities, cannot, beyond reason, expect to be kept alive by others."

The *Doctor's Dilemma* created such a furor, that when the play was published in 1911, Shaw included an 81-page *Preface On Doctors* explaining his views in much greater detail. It was a vitriolic attack on the medical profession and the government, as illustrated by the tirade below.

That was just the opening salvo. Shaw was a skilled wordsmith who was so concerned about the quirks and peculiarities of the language, that English he was careful to make sure he could justify his selections. Dilemma refers to a situation in which a difficult decision must be made between alternatives that may be undesirable. A major dilemma for doctors was the temptation to perform costly but useless operations or treatments on their patients for personal gain. Shaw felt that doctors were primarily interested in financial gain and treating wealthy patients.

The example below was inspired by a prominent London ENT specialist who had developed a simple and harmless operation to remove the uvula. It didn't benefit the patient but was harmless and made the surgeon very rich. This barrage continues on the next page with criticisms of the character and conscience of the medical profession.

his leg? Could he not write as well—or even better—on one leg than on two? And the guineas would make all the difference in the world to me just now. My wife—my pretty ones—the leg may mortify—it is always safer to operate—he will be well in a fortnight—artificial legs are now so well made that they are really better than natural ones—evolution is towards motors and leglessness, etc., etc., etc."

Now there is no calculation that an engineer can make as to the behavior of a girder under a strain, or an astronomer as to the recurrence of a comet, more certain than the calculation that under such circumstances we shall be dismembered unnecessarily in all directions by surgeons who believe the operations to be necessary solely because they want to perform them. The process metaphorically called bleeding the rich man is performed not only metaphorically but literally every day by surgeons who are quite as honest as most of us. After all, what harm is there in it? The surgeon need not take off the rich man's (or woman's) leg or arm: he can remove the appendix or the uvula, and leave the patient none the worse after a fortnight or so in bed, whilst the nurse, the general practitioner, the apothecary, and the surgeon will be the better.

DOUBTFUL CHARACTER BORNE BY THE MEDICAL PROFESSION

AGAIN I hear *the voices indignantly muttering old phrases about the high a character of noble profession and the honor and conscience of its members. I must reply that the medical profession has not a high character: it has an infamous character. I do not know a single thoughtful and well-informed person who does not feel that the tragedy of illness at present is that it delivers you helplessly into the hands of a profession which you deeply mistrust, because it not only advocates and practices the most revolting cruelties in the pursuit of knowledge, and justifies them on grounds which would equally justify practicing the same cruelties on yourself or your children, or burning down London to test a patent fire extinguisher, but, when it has shocked the public, tries to reassure it with lies of breath-bereaving brazenness. That is the character the medical profession has got just now. It may be deserved or it may not: there it is at all events, and the doctors who have not realized this are living in a fool's paradise. As to the humor and conscience of doctors, they have as much as any other class of men, no more and no less. And what other men dare pretend to be impartial where they have a strong pecuniary interest on one side? Nobody supposes that doctors are less virtuous than judges; but a judge whose salary and reputation depended on whether the verdict was for plaintiff or defendant, prosecutor or prisoner, would be as little trusted as a general in the pay of the enemy. To offer me a doctor as my judge, and then weight his decision with a bribe of a large sum of money and a virtual guarantee that if he makes a mistake it can never be proved against him, is to go wildly beyond the ascertained strain which human nature will bear. It is simply unscientific to allege or believe that doctors do not under existing circumstances perform unnecessary operations and manufacture and prolong lucrative illnesses.*

The only ones who can claim to be above suspicion are those who are so much sought after that their cured patients are immediately replaced by fresh ones. And there is this curious psychological fact to be remembered: a serious illness or a death advertizes the doctor exactly as a hanging advertizes the barrister who defended the person hanged. Suppose, for example, a royal personage gets something wrong with his throat, or has a pain in his inside. If a doctor effects some trumpery cure with a wet compress or a peppermint lozenge nobody takes the least notice of him. But if he operates on the throat and kills the patient, or extirpates an internal organ and keeps the whole nation palpitating for days whilst the patient hovers in pain and fever between life and death, his fortune is made: every rich man who omits to call him in when the same symptoms appear in his household is held not to have done his utmost duty to the patient. The wonder is that there is a king or queen left alive in Europe.

DOCTOR'S CONSCIENCES

THERE is another difficulty in trusting to the honor and conscience of a doctor. Doctors are just like other Englishmen: most of them have no honor and no conscience: what they commonly mistake for these is sentimentality and an intense dread of doing anything that everybody else does not do, or omitting to do anything that everybody else does. This of course does amount to a sort of working or rule-of-thumb conscience; but it means that you will do anything, good or bad, provided you get enough people to keep you in countenance by doing it also. It is the sort of conscience that makes it possible to keep order on a pirate ship, or in a troop of brigands. It may be said that in the last analysis there is no other sort of honor or conscience in existence—that the assent of the majority is the only sanction known to ethics. No doubt this holds good in political practice. If mankind knew the facts, and agreed with the doctors, then the doctors would be in the right; and any person who thought otherwise would be a lunatic. But mankind does not agree, and does not know the facts. All that can be said for medical popularity is that until there is a practicable alternative to blind trust in the doctor, the truth about the doctor is so terrible that we dare not face it. Moliere saw through the doctors; but he had to call them in just the same. Napoleon had no illusions about them; but he had to die under their treatment just as much as the most credulous ignoramus that ever paid sixpence for a bottle of strong medicine. In this predicament most people, to save themselves from unbearable mistrust and misery, or from being driven by their conscience into actual conflict with the law, fall back on the old rule that if you cannot have what you believe in you must believe in what you have. When your child is ill or your wife dying, and you happen to be very fond of them, or even when, if you are not fond of them, you are human enough to forget every personal grudge before the spectacle of a fellow creature in pain or peril, what you want is comfort, reassurance, something to clutch at, were it but a straw. This the doctor brings you. You have a wildly urgent feeling that something must be done; and the doctor does something. Sometimes what he does kills the patient; but you do not know that; and the doctor assures you that all that human skill could do has been done. Nobody has the brutality to say to the newly bereft father, mother, husband, wife, brother, or sister, "You have killed your lost darling by your credulity.

As can be seen below, Shaw's scorn and contempt for doctors appears to increase as he goes on, and this is just the beginning. He subsequently expresses his views on vaccinations, vegetarianism, vivisection, Christian Science and other topics with similar vehemence, and concludes with the following summary and advice.

1. Nothing is more dangerous than a poor doctor: not even a poor employer or a poor landlord.

2. Of all the anti-social vested interests the worst is the vested interest in ill-health.

3. Remember that an illness is a misdemeanor; and treat the doctor as an accessory unless he notifies every case to the Public Health authority.

4. Treat every death as a possible and under our present system a probable murder, by making it the subject of a reasonably conducted inquest; and execute the doctor, if necessary, as a doctor, by striking him off the register.

5. Make up your mind how many doctors the community needs to keep it well. Do not register more or less than this number; and let registration constitute the doctor a civil servant with a dignified living wage paid out of public funds.

6. Municipalize Harley Street.

7. Treat the private operator exactly as you would treat a private executioner.

8. Treat persons who profess to be able to cure disease as you treat fortune tellers.

9. Keep the public carefully informed, by special statistics and announcements of individual cases, of all illnesses of doctors or in their families.

10. Make it compulsory for a doctor using a brass plate to have inscribed on it, in addition to the letters indicating his qualifications, the words "Remember that I too am mortal."

Shaw wrote 63 plays in addition to short stories, novels and essays. Most of these dealt with prevailing social problems related to education, marriage, religion, government, class privilege and especially health services. He was a strong proponent of government-subsidized health care, and *The Doctor's Dilemma* and *Preface On Doctors* were instrumental in formulating the National Health Service four decades later. He died in 1950 at age 94 from injuries sustained after falling from a ladder while he was trimming a tree. Shaw is the only person to have been awarded both a Nobel Prize and an Oscar. The 1925 Nobel in Literature was "*for his work which is marked by both idealism and humanity, its stimulating satire often being infused with a singular poetic beauty*".

His 1938 Oscar was for work on the film *Pygmalion* that was adapted from his play. This was also the basis for *My Fair Lady*, which won eight Academy Awards. Because he was opposed to such public honors, Shaw initially refused his Nobel Prize but acquiesced to his wife's suggestion that he accept it as a tribute to Ireland. He did reject the monetary award, ("Nobel prize money is a life-belt thrown to a swimmer who has already reached the shore in safety") and asked that it be used to finance translating August Strindberg's plays from Swedish to English.

Shaw was a very controversial figure and was severely criticized for his support of Stalin, Hitler and Mussolini's attempts to exterminate citizens they deemed to be unfit. He was best known for his quick and often caustic wit. With respect to his Oscar for Pygmalion, he told reporters, "*It's an insult for them to offer me any honor, as if they had never heard of me before - and it's very likely they never have. They might as well send some honor to George for being King of England*." Sometimes this backfired. His invitation to Winston Churchill for the 1923 opening of his new play *St. Joan* read, "Bring a friend if you have one." Churchill replied, "I cannot come. Would it be possible for you to let me have tickets for the second night - if there is one."

11. In legislation and social organization, proceed on the principle that invalids, meaning persons who cannot keep themselves alive by their own activities, cannot, beyond reason, expect to be kept alive by the activity of others. There is a point at which the most energetic policeman or doctor, when called upon to deal with an apparently drowned person, gives up artificial respiration, although it is never possible to declare with certainty, at any point short of decomposition, that another five minutes of the exercise would not effect resuscitation. The theory that every individual alive is of infinite value is legislatively impracticable. No doubt the higher the life we secure to the individual by wise social organization, the greater his value is to the community, and the more pains we shall take to pull him through any temporary danger or disablement. But the man who costs more than he is worth is doomed by sound hygiene as inexorably as by sound economics.

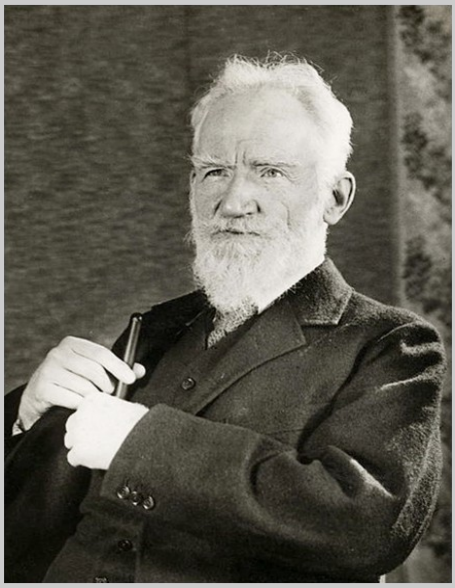
12. Do not try to live forever. You will not succeed.

13. Use your health, even to the point of wearing it out. That is what it is for. Spend all you have before you die; and do not outlive yourself.

14. Take the utmost care to get well born and well brought up. This means that your mother must have a good doctor. Be careful to go to a school where there is what they call a school clinic, where your nutrition and teeth and eyesight and other matters of importance to you will be attended to. Be particularly careful to have all this done at the expense of the nation, as otherwise it will not be done at all, the chances being about forty to one against your being able to pay for it directly yourself, even if you know how to set about it. Otherwise you will be what most people are at present: an unsound citizen of an unsound nation, without sense enough to be ashamed or unhappy about it.

Some of Shaw's most famous quotes include:

- **He who can, does. He who cannot teaches.**
- **Life isn't about finding yourself. Life is about creating yourself.**
- **No man ever believes that the Bible means what it says: He is always convinced that it says what he means.**
- **Youth is a wonderful thing. What a crime to waste it on children.**
- **We don't stop playing because we grow old; we grow old because we stop playing.**
- **Beware of false knowledge; it is more dangerous than ignorance.**
- **Alcohol is the anesthesia by which we endure the operation of life.**
- **The single biggest problem in communication is the illusion that it has taken place.**
- **A government that robs Peter to pay Paul can always depend on the support of Paul.**
- **The golden rule is that there are no golden rules.**
- **Do not unto others as you would they should do unto you. Their tastes may not be the same.**



George Bernard Shaw

- **Marriage is popular because it combines the maximum of temptation with the maximum of opportunity.**
- **Dancing is a perpendicular expression of a horizontal desire.**
- **It's a woman's business to get married as soon as possible, and a man's to keep unmarried as long as he can.**
- **Some men see things as they are and say, 'Why?' I dream things that never were and say, 'Why Not?'**
- **Success covers a multitude of blunders.**
- **Lack of money is the root of all evil.**
- **There is only one true happiness in life, to love and be loved.**

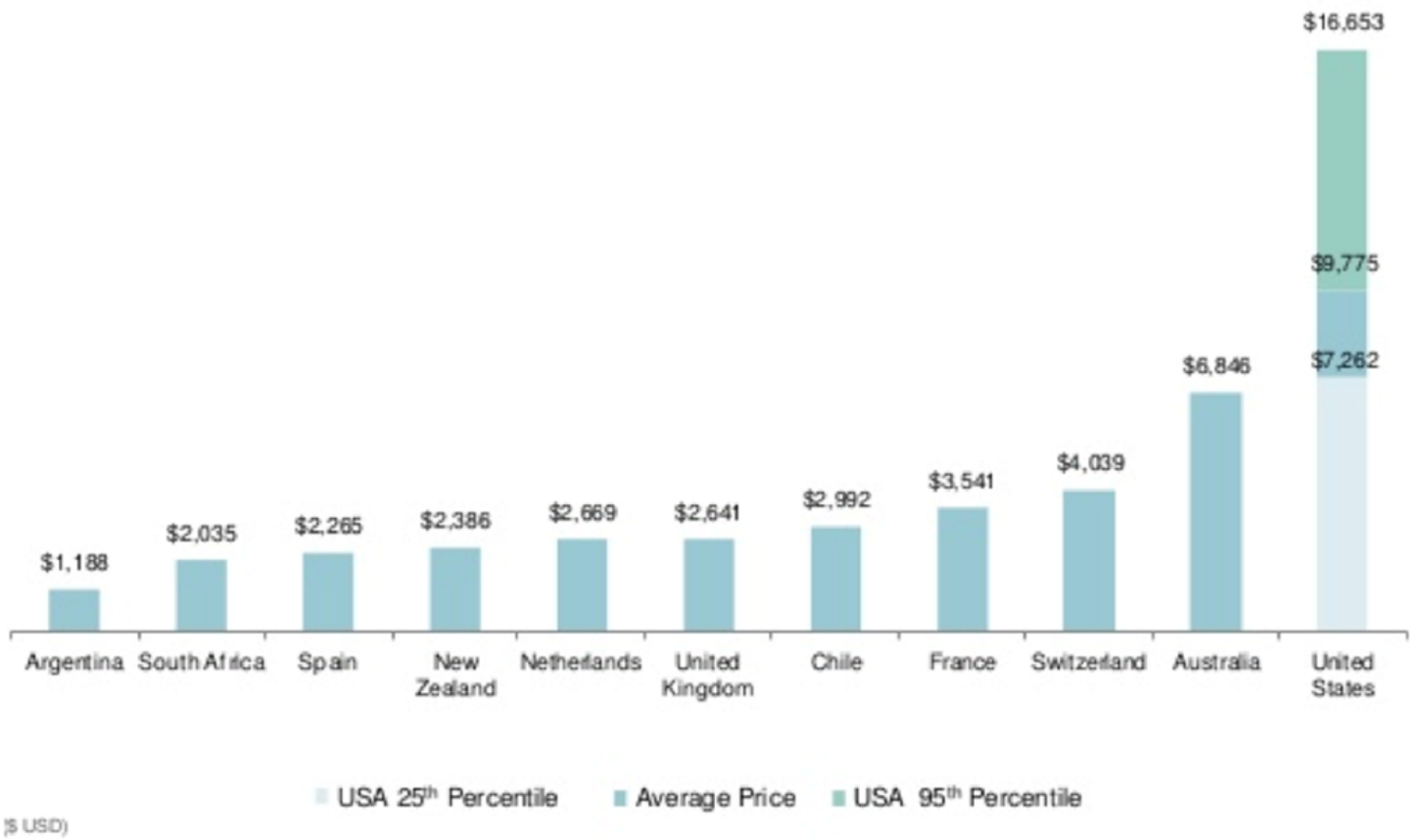
The More Things Change, The More They Stay The Same

One can only wonder what Shaw would say about physicians and the practice of medicine were he alive today. We still have the same problems of unequal access to medical care and determining priorities for organ transplants or scarce drugs, as well as how long to preserve life. The top 1% of the U.S. population ranked by their health care expenses accounted for 21.4% of total health care expenditures in 2010, with an annual mean expenditure of $87,570. In contrast, the lower 50% accounted for only 2.8% of the total. The most rapidly growing age group is those 85 and older. The 90 and older segment has tripled over the past three decades and the majority have one or more disabilities and live alone or in a nursing home. It is projected that by 2050, more than 20% of the U.S. population will be senior citizens, compared to just 13% in 2010.

U.S medical costs are also the highest in the world as noted below.

Maternity care and childbirth cost far more in the United States than in other developed countries even though the same level of care is provided. It would cost about $15,000 to deliver in the Lindo Wing of St. Mary's Hospital in London, where the Duchess of Cambridge recently gave birth to her son. This is expensive for the U.K. but would be a bargain here, where "*The average total price charged for pregnancy and newborn care was about $30,000 for a vaginal delivery and $50,000 for a C-section*, with commercial insurers paying out an average of $18,329 and $27,866." according to a recent *New York Times* article. As can be seen on the next page, costs are very much lower in all other developed countries.

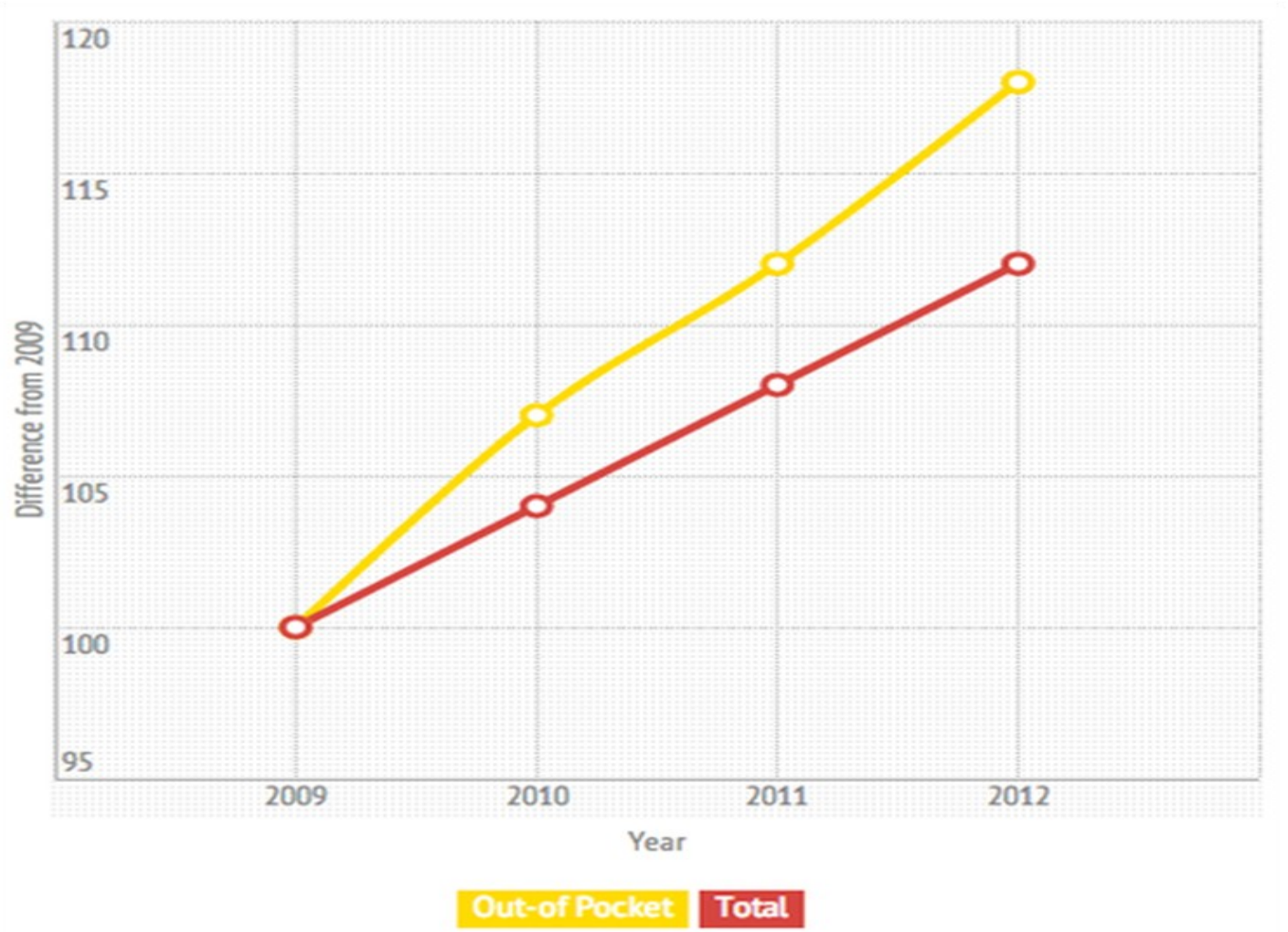
Angiogram	Colonoscopy	Hip Replacement	Lipitor	M.R.I.
AVG U.S. PRICE	AVG. U.S. PRICE	AVG. U.S. PRICE	AVG U.S. PRICE	AVG U.S. PRICE
$914	$1,185	$40,364	$124	$1,124
CANADA	SWITZERLAND	SPAIN	NEW ZEALAND	NETHERLANDS
$35	$655	$7,731	$6	$319



One of the reasons is that American women with normal pregnancies tend to get more tests like laboratory procedures and ultrasound scans even when they are not necessary and pay much more for these services that cost less elsewhere. Prices have skyrocketed here due to new technologies such as robotic surgery, increased demand for expensive laboratory tests and sophisticated imaging procedures, rising prices for health insurance and malpractice premiums, as well as the need for additional office staff to navigate the maze of varied reimbursement policies for different fiscal intermediaries. Dealing with insurance companies has become so complex and time consuming, that save for very limited specialties, it is almost impossible to maintain a solo practice.

Shaw would have also been appalled by the fact that close to 50 million people in the U.S. have no health insurance, and those that do are faced with rising deductibles and costs that make it unaffordable. Out-of-pocket spending on deductibles and co-payments has risen faster than overall spending over the last three years and the gap is widening as noted on the following page.

Out of Pocket Spending vs. Total Health Costs.



Some employees with company-sponsored insurance have a deductible of $2,000 and a recent survey found that the proportion of workers enrolled in a plan with a deductible of at least $1,000 has climbed to 28 percent this year from just 6 percent in 2006. The average annual deductible jumped from $735 in 2008 to $1,097 in 2012. The Patient Protection and Affordable Care Act, which was signed into law on March 23, 2010, was designed to provide insurance for everyone. Enrollment in this so-called Obamacare was to start next month and go into effect in March. However so much has happened here and abroad during the past two years that its future is dubious. There are numerous objections from insurance companies, states, and especially House Republicans, who, as of this writing, threaten to block funding. The only thing that seems certain is that health costs will continue to escalate – so stay tuned to see what happens.

Paul J. Rosch, MD, FACP

Editor-in-Chief

Look for The Seal.

ONLY THE AIS SEAL OF CERTIFICATION assures you that a stress management products or services have been fully tested and verified to be effective by AIS.

What is AIS Certification?

Products and services that have been certified by AIS make truly significant strides toward providing the public with tools, training and techniques that reduce stress levels and improve the health and quality of life for consumers. The AIS seal indicates that this entity delivers on its claims as a stress management tool or training source.

Why Trust AIS?

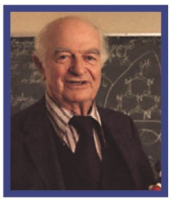
The American Institute of Stress (AIS) is a non -profit organization that for over 35 years has set quality standards for stress research, and more recently stress management products and services. AIS Standards are recognized across the world as scientifically rigorous and are representative of excellence in the field.

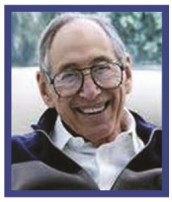
GET INSIDE OUR HEAD

It's Not Our Credentials That Make AIS So Impressive, It's the Fellows That Go with Them.

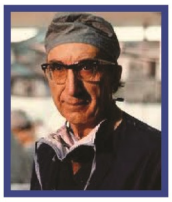
The American Institute of Stress is a non-profit organization established in 1978 at the request of Dr. Hans Selye (the Founder of the Stress Concept) to serve as a clearinghouse for information on all stress related subjects. AIS Founding Fellows include:


Paul Rosch


Linus Pauling


Alvin Toffler


Bob Hope


Michael DeBakey


Herbert Benson


Charles Spielberger

Join our prominent psychologists, physicians, other health care practitioners and health conscious individuals who are interested in exploring the multitudinous and varied effects of stress on our health and quality of life.

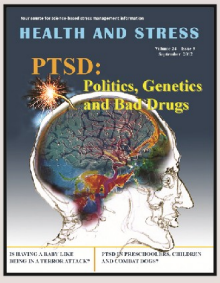
The American Institute of Stress invites YOU to enhance your credentials with FAIS and add your name to our Gallery of Distinguished Fellows.

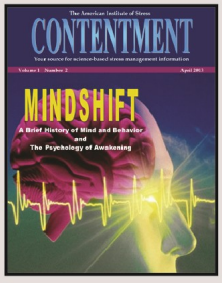
Over the last 35 years, we've expanded our services and broadened our reach, but our dedication to science hasn't changed a bit.

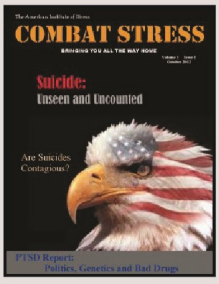
Our four focus areas include:

1. Combat Stress
2. Daily Life Stress
3. Workplace Stress
4. Expanding Human Potential

We produce three e-magazines focused on different stress related topics...







We are always looking for new contributors to our magazines. If you would like to submit an article, email your idea to editor@stress.org

Join us in our mission to **Engage, Educate and Empower** the global community with science based stress management information, tools and techniques so people can live happier, healthier and longer lives!

Visit stress.org to download your FAIS or DAIS application


The American Institute of Stress

This is to certify that

Imagine YOUR Name Here

Having satisfied the requirements for education, training and experience, is duly qualified and has been elected to the status of

Fellow of the American Institute of Stress

and is entitled to all of the benefits deriving therefrom

AIS

Member Number: 5001
Expires: June 12, 2013

Daniel L. Kirsch, PhD, DAAPM, FAIS
President

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