

The Legacy of the 2nd Generation Taiwanese American

On June 20, 2009 I was invited by the 1st Generation Taiwanese (1st Gen) members of NATMA to a meeting with the Honorable Congressman Robert Andrew (D- NJ) who is on the House Budget Committee and the Subcommittee Chairman: Health, Employment, Labor and Pensions. Congressman Andrews was there to garner physician participation and support for President Obama's healthcare reform. He asked me what we could do to cut costs and I gave him a couple of ideas.

First I gave some statistics to Congressman Andrews. The National Center for Health Statistics in 2009 reported that more than 34 percent of Americans are obese and CDC in 2009 cited obesity as directly linked to coronary heart disease, the number 1 killer of Americans, diabetes, hypertension, cancer (endometrial, colon and breast), stroke, and gallbladder disease. In 2005 Lancet reported that obesity each year is directly related to an extra 300,000 deaths and an extra \$100 billion in health-care costs. And since a 15 year Trans-Atlantic study published by Boston University, clearly linked to fast food to obesity, I proposed a "Fast Food" tax to the congressman. Since he is a Democrat and likes to tax Americans, why not impose \$1 onto the total fast food bill. Customers who still chose to dine on fast food and risk obesity would be contributing to their own future cost of healthcare. His response was that the fast food lobby was too strong and left it at that.

The second idea concerned the \$19 billion President Obama earmarked for implementation of a national electronic medical records (EMR) system. The hospital, where I work, will spend over \$90 million over the next 2 years to implement a hospital wide EMR network. A substantial savings could come from the government mandating an open source - open architecture EMR system. There is already one in use by the federal government, the EMR system used in VA hospitals. The cost of converting the software for commercial use by hospitals is \$7 million. My hospital could save \$83 million and if this 92% percentage savings was applied to the \$19 billion set aside by President Obama, the government could save \$17.5 billion.

The congressman mentioned a 2008 study from Price Waterhouse Cooper indicating that Physician fees amounted to 33% percent of a health care dollar. Fortunately I was familiar with the study and believe that the percentage reported may be a misrepresented. The 33% cited for physician services also includes other healthcare services such as respiratory therapy, physical therapy, home nursing services and other ancillary services. The report also reported that insurance company profits were 3%. If WellPoint, Inc, a major insurance company, reported 2008 gross profits to the SEC as \$61.2 billion, then that meant they spent \$2 trillion on healthcare. (\$61.2 Billion divided by 3%) The National Coalition on Healthcare reported in 2008 that healthcare

spending in the United States reached \$2.4 trillion. Does this mean we are already close to a single-payer system for health care?

The National Coalition on Health Care reported \$7,900 was spent in 2008 per person on health care. The total cost to care for 47 million uninsured Americans would be \$371 billion. In 2008 \$687 billion was appropriated for Iraq and \$228 Billion in Afghanistan by President Obama. The Supplemental Appropriations act of 2009 signed into law on June 24, 2009 by President Obama allocated \$45.5 billion for war related actions in Iraq and \$39.4 billion to Afghanistan. The total cost of the war for 2008 is near \$1 trillion. Just a little diverted to Americans instead the war and we can provide healthcare for the all of uninsured.

While the health care topic is complex, the 1st Generation Taiwanese may not feel as passionate as 2G physicians. The intention of their interaction with Congressman Andrews was to promote Taiwan sovereignty since Congressman Andrews had shown some partiality to Taiwan. As a 2nd Generation (2G) I was mostly concerned with the practice of medicine as a Taiwanese American physician and my intention of the meeting with him was to discuss healthcare reform. There in lies a fundamental difference. 1st Gen Taiwanese physicians practice medicine and maintain dignity in conformity. 2G Taiwanese American physicians not only have to practice medicine but also practice the business of medicine. 2G physicians endure conformity but are not above confrontation. This is perhaps one of the reasons the 2G participation in NATMA has been paltry. On January 1, 2010, MediCare is to cut doctors fees by 21%. While most 1st Gen can afford to make political donations to politicians, 2G physicians may simply be fighting for survival of our medical practice. Some of us have loans over \$100,000 which could make starting a practice prohibitive since start up costs sometimes run over \$250,000. For 2G physicians it makes financial sense to just become an employee and simply disregard the business of medicine. Unfortunately, the Obama plan for health care reform may make this impossible. The physician employer may not be able to hire a new graduate at a rate to cover student loan payments, house payments, and the cost of living.

As physicians we must protest an unfair application of business practices in healthcare because health care may be unfairly reformed at our expense, at the expense of our patients' well being and at our ability to deliver prompt quality medical care.

The physicians' online network, Sermo, has commenced a movement to protest President Obama's healthcare reform. Sermo has refuted the President's declaration that the American Medical Association (AMA), a society that represents most physicians endorsed H.R. 3200, the 1,000 plus page proposal for health care reform President Obama's released on July 22, 2009. A July 25, 2009 survey of 122,000 physicians on Sermo cited that physicians do not believe the AMA represents their interests as physicians. In fact, 9 out of 10 physicians polled admitted that they were not members of the AMA.

President Obama cites the practice of defensive medicine, of ordering duplicate or unneeded tests or scans to protect against litigation, as a few of the factors driving higher medical costs but



refuses to offer litigation reform to physicians as a possible solution to prevent excess in health care. How can the AMA support a bill that only tries to cut costs but offers no solutions for the health care problem? Physicians will be forced to deliver the same care with fewer resources and will eventually be forced into delivering deficient patient care. How can the AMA support a plan that supports delivery of deficient care? The Hippocratic Oath mentions that we “shall do no harm to our patients”. With health care reform it can eventually mean we “can't do anything for our patients”. Congressman Andrews proposed in the health care reform that for a heart attack patient, the hospital and the doctor's fee will be capped at \$1,500 per day whether they go to the ICU or not. Our ICU is \$1,500 per day. So if the patient goes to the ICU where does that leave the physician's fee - ZERO?

The legacy the 2G Taiwanese American physicians is not one of a single voice or a single article such as this one you have read because realistically it amounts to rhetoric. We as 2g Taiwanese American physicians should all band together and make all of our voices heard. We can make a Taiwanese American physician's movement to effect healthcare reform, to protect our profession as physicians, and to protect our patients. It is imperative that we take time out of our busy schedules to contact our congressional representatives and cite our concerns. NATMA has 16 chapters all across the United States. Perhaps the 2G should reach out to the 1st Gens to join a movement to protect OUR LEGACY.

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