

## Re: Herd instincts?

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Don Bowey <[dbowey@xxxxxxxxxx](mailto:dbowey@xxxxxxxxxx)> hath wroth:

I note in your post, a lot of skeptical comments about US doctors, but I want to comment only on this paragraph I split.

You misread my comments. I have the highest respect for American and foreign doctors. As individual doctors, they are the best. However, as members of an increasingly dysfunctional medical system, which is dominated by financial concerns, rather than medical priorities, much of their talent and dedication is seriously compromised. Whatever concerns I have about the doctors are primarily financial, not medical.

Tests are required to satisfy the doctor that surgery is required, not, as you put it, to "assure the financial provider...." Elevated PSA can result from causes that *may* go away.

True. I had a kidney stone in the middle of all this. See graph at:

<<http://802.11junk.com/jeffl/crud/psa.jpg>>

The month long peak was caused by the stone. Incidentally, PSA tests were costing me \$40, so I ran tests far more often than would normally be necessary.

For a more complete view of a prostate condition, a more complex blood test may be requested, bringing the total test so far to two.

Sure. I had a needle biopsy in Dec 2006 that indicated cancer. In order to make sure there were no complications, the doctor ordered a broad spectrum blood test essentially looking for trouble. Fortunately, none was found. That's not over-testing.

Incidentally, the needle biopsy showed 40% involvement on one side,

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and none on the other. The post-surgical pathology report showed 80% on both sides. The consensus is that someone screwed up big time on the initial needle biopsy.

In my recent case, the latter test guided the doctor to decide the elevated PSA was \*very possibly\* a result of recent chemotherapy, and we should adopt a wait-and-see posture for 6 weeks, which we did. An invasive biopsy was not justified. All of this was to benefit ME, not an insurance company.

Sounds like you have a winner. Typical cost for a needle biopsy is billed at perhaps \$2000 to the insurer, which pays perhaps 1/3 of that. I paid cash at about \$1200 (including the evaluation). Those are not huge amounts and generally do not get the attention of the insurers. However, the hospital billed me \$53,000 for the surgery, which I negotiated down to \$20,000 cash. Those numbers will get the insurers attention. If I had required chemo or radiation, the price would have been 2-3 times higher, which also would have created a problem with the bean counters.

The next complex PSA blood-work showed a remarkable improvement and I'm now back to getting a simple PSA test included in my annual general exam, which is recommended for men over about 50. Had there been no improvement, or if the PSA level had got higher, other tests would have been called for.

Very nice. I wish I had been in your situation. However, mine was an almost continuous increase, with only one decreasing value. Additional tests would only confirm the initial diagnosis.

I hope you can see that there are good reasons for a doctor (in this case the Urologist) to call for reasonably required tests, and then to wait and see or to advance other tests in preparation to a potential biopsy and/or prostate surgery.

Yep. Testing is always a good idea. Incidentally, some prices on common blood tests:

<<http://www.caprofile.net/Patient-Zone.html>>

Insurance companies DO NOT get to say whether such required tests or surgery are done.

It's been my limited experience that they are directly involved in approving large expenditures but tend to ignore small ones. However,

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since my last to medical adventures did not involve insurance companies, I can only base my observations on comments from others.

In fact, some surgeons use expensive, minimally invasive robotics in the surgery even though this more expensive process is not covered by insurance.

I was offered the option of either laparoscopic surgery or robotic surgery. I chose laparoscopic over robotic even though it would have reduced the cost about \$3000 because the surgeon I had been working with more experienced with laparoscopic and that the local hospital did not own a DaVinci robot. Had I been dealing with an insurance company, I suspect that I would not have had a choice only the cheaper alternative would have been offered. The fee to the surgeon would have remained about the same for both procedures.

It greatly benefits the patient's speed of recovery, while reducing the doctors earnings.

Nope. Surgeon's charges would have been about the same. However, the robotic procedure takes less time, so the hospital operating room charges would have been less.

And finally, to complete this blog; in my opinion, a doctor who has diagnostic tools available, but does not use them when they are called for, is dangerous to your well being. But if you want fast, reduced cost doctoring, you may find a surgeon who will remove your prostate without discovery of to what extent it may be needed, and with little delay. Hopefully though, not in the U.S.

I also exercised those options. I hired an online medical tourism travel agent:

<http://www.healthbase.com>

and ran the preliminaries to having the surgery done in India and Mexico. I had several conversations with doctors and officials and was satisfied that the medical arrangements would have been adequate. I was not so sure about the non-medical arrangements. The surgery turned out to be a rather small part of the cost, while everything else was constantly climbing in both cost and complexity. When I gave up, India was \$15,000 and Mexico \$19,000 as compared to a total of \$27,000 I spent locally. That's for literally everything. Lead time was much less, at about 2-3 weeks maximum.

Incidentally, I had a very interesting discussion with a local insurance agent. We both expect insurance companies to fund offshore medical tourism in order to reduce costs.

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