

Re: Canadian doctors coming to the US

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From: George Conklin (*nilknoc_at_earthlink.net*)

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"dahmd" <dahmd@cfl.rr.com> wrote in message
news:deO_c.16827\$uN5.2066@tornado.tampabay.rr.com...
>
> "George Conklin" <nilknoc@earthlink.net> wrote in message
> news:c1M_c.7373\$Wv5.2280@newsread3.news.atl.earthlink.net...
>>
>> "dahmd" <dahmd@cfl.rr.com> wrote in message
>> news:51H_c.15386\$Of3.6663@tornado.tampabay.rr.com...
>>>
>>> "Founding Father" <ff@qwest.net> wrote in message
>>> news:BLo_c.28\$0P5.5692@news.uswest.net...
>>>>
>>>> "dahmd" <dahmd@cfl.rr.com> wrote in message
>>>> news:7iPWc.47629\$4s6.35165@tornado.tampabay.rr.com...
>>>>>
>>>>> "George Conklin" <nilknoc@earthlink.net> wrote in message
>>>>> news:UdlWc.1231\$Y%3.494@newsread2.news.atl.earthlink.net...
>>>>>>
>>>>>> Good. Would you support laws which allow pharmacists to
>> substitute
>>> if
>>>>> the patient wants a generic and that little box on the
> prescription
>>> pad
>>>> is
>>>>> not checked?
>>>>>>
>>>>>>
>>>>>> No problem.
>>>>>
>>>>> But I bet there WILL be a problem if the patient has a bad outcome
> with
>>> the
>>>> generic and sues the doctor – even if the problem isn't even
directly
>>>> related to the generic. If it is, he should, of course, sue the
>>>> pharmacist,

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> > > > *but you know THAT won't happen – deep pockets and all that (just ask
> > John
> > > Edwards).*
> > > >
> > > > *To my knowledge that's how it's done in Florida.*
> > > > *Alternatively, I receive faxes from insurers every day that
request
> > > > substitution of a name–brand to a generic, or from one type of
> > medication
> > > to
> > > > a similar, less expensive medication. I review these and, almost
> > always,
> > > > authorize the change. Note that I receive no compensation for
this
> > > > service, which does not benefit me in any way. Further, you might
> be
> > > > interested to know that patients (not physicians) are the driving
> > force
> > > > behind requests for name–brand prescriptions. Most patients want
> "the
> > > > very
> > > > best" and are unhappy about receiving generics. Ask any
pharmacist.
> > > They
> > > > want the name–brand, because they "are paying good money for
> > insurance."
> > > >
> > > > There's that damned insurance problem again. People always want the
> > most
> > > expensive when someone else is paying for it.
> > >
> > > Absolutely. It's human nature. Very few of us are altruistic enough
to
> > > reject "the best" care for the second–tier care, even if it's almost
as
> > > good. If an x–ray can diagnose the problem 97% of the time but a CT
> > scan,
> > > which is about 10 times more expensive, can make the diagnosis 98% of
> > the
> > > time, people are going to want the CT scan.
> >
> > Such scans are pushed by the medical–industrial complex. Stop
blaming
> > the public if they bought into the propaganda machine that 'we have the
> > best
> > > medicine in the world.' That mantra demands that people ask for 'the
> > best,'
> > > not second best. As for 'people.' Are you saying everyone? Or just
those
> > > who think we get the best medical care in the world? I know we do NOT,
> > and*

- > > *do not ask for tests.*
- > >
- >
- > *For certain medical therapies, such as pharmaceutical agents, I would agree*
- > *with you. However, who "pushes" CT scans?! Doctors get nothing out of*
- > *ordering them. I can't recall ever seeing an ad for a CT scan, although*
- > *there are a few ads out there for "open MRI" machines. It's possible that*
- > *physicians in part are to blame for overstating our ability to diagnose*
- > *and*
- > *cure illnesses, but I thought those days were gone. If anything,*
- physicians
- > *are so paranoid about lawsuits that they understate the potential for*
- cure,
- > *so that patients don't get their hopes falsely elevated. After all, if*
- you
- > *expect the procedure to have problems, and problems occur, you*
- theoretically
- > *are less likely to sue. I have not heard a physician say that a treatment*
- > *is "a piece of cake" in many years. Rather, when I hear informed consent*
- > *conversations, they usually involve a detailed discussion (in part) of all*
- > *the bad things that could happen if you choose that therapy. I stand by*
- my
- > *original comments: one of the reasons we have costly health care is that*
- > *patients are pseudo-consumers. They want the best available, regardless*
- of
- > *cost, but don't have to pay for it directly. When was the last time you*
- > *went into a store and bought something without knowing how much it cost?*
- > *Medical consumers frequently demand expensive tests or medications, and*
- > *don't even know the cost differential between that therapy and less*
- > *expensive ones.*
- >
- > Ashley
- >
- >

Doctors do not discuss their costs. I never heard of it. When I asked one doctor, he said, "Ask the nurse." When I asked the nurse, she said, "What is the matter? Don't you have insurance?" I didn't go back.