

REFLECTIONS

Donkeys, Doctors, and Managed Care: A Family Medicine Parable for the Nineties

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THE age of managed care is upon us, with greater than 50% penetration of the marketplace predicted in many states (Levit, Cowen, & Lazenby, 1994). This free market development, coming in the wake of the failure of federally directed health-care reform, is a healthcare revolution that represents both opportunities and dangers for family medicine. Economists, academicians, and public policy analysts have had their say about the implications of managed competition for healthcare (Enthoven, 1995). Perhaps we should also examine wisdom derived from more ancient sources.

In this regard, let us consider an ancient tale about Nasrudin, the wise fool who is the hero of many Sufi legends, which may help us untangle the many complex threads interweaving family medicine and managed care:

Many years ago, at a certain border crossing between what is now India and Tibet, there existed a terrible problem: the smuggling of gold and precious gems. The ruler of India

was irate, and posted special border guards to apprehend all smugglers. They took their jobs seriously, and in general they were very successful. However, one suspicious individual, Nasrudin, eluded their best efforts to catch him with the goods. Month after month, year after year, Nasrudin and his donkeys went back and forth across the border. Tales of his growing wealth reached the ears of the increasingly frustrated guards. They targeted him for merciless inspections, tearing apart his donkeys' saddlebags, searching the donkeys' mouths for embedded gems, conducting body searches—but to no avail. They never found the contraband gold and jewels, and Nasrudin just kept getting richer.

Many years later, one of the guards, now retired, happened to be drinking at a favorite tavern when he walked his old nemesis, Nasrudin. "Nasrudin," said the guard, "times have changed. The old rulers are dead and the borders have been redrawn. No one cares any more about the smuggling. But just for my peace of mind, let me in on the secret. All those years, how did you do it? Where did you hide the gold and jewels?" Nasrudin smiled. "My friend," he replied, "I can honestly say I never smuggled gold and jewels. I was smuggling donkeys."

The purpose of this recounting is not to compare family doctors to donkeys—at least not as a general rule! However we, like Nasrudin, are living in times where what was once considered ordinary and plain, the specialty of family medicine, is

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now recognized to have a value that far exceeds the apparent gold and glitter of the other specialists and subspecialists. Physicians today who chose family medicine, often in the face of tremendous status and financial pressures to select another specialty, should be saying to themselves, "I was a wise fool. No matter how many cardiologists and neurosurgeons told me to smuggle gold, I chose to smuggle the family medicine donkey."

The opportunities for the specialty of family medicine at this time are legion. At least in theory, the new healthcare environment will be patient-centered, prevention-focused, and managed by generalists (Headrick, Neuhauser, Schwab, & Stevens, 1995). Baldly stated, to use another animalistic metaphor, this state of affairs will finally allow the family medicine dog to wag its specialty tail. The essential nature of medical practice as we know it in this country has the possibility, indeed the probability, of being strongly influenced by the kinds of doctors whom we believe know most about healthcare—family physicians.

It is well known that most successful managed care systems have built their networks upon the cornerstone of family medicine. This is because—as we who work in the specialty of family medicine have known for a long time—family physicians are generally best able to provide cost-effective, efficient, quality care. At last there may be real opportunity for family physicians to occupy key decision-making roles in the clinical arena (Valvala, 1994), and to introduce into the practice of medicine the values and approaches that we have taught for decades in family medicine, but that have often seemed at odds with the traditional medical system. Concepts such as preventive medicine, population-based medicine, patient education, continuity of care, and family-oriented care have begun to spark

widespread interest, and in certain managed care circles are attaining a surprising level of respectability.

Clearly, however, the managed care model poses many risks. One risk in particular has been labeled the danger of "fried chicken" medicine (Culley, 1994). It is obvious to all concerned that the mantra of managed care is cost containment, certainly a goal upon which, in principle, most if not all practitioners as well as consumers agree. The managed care mantra sounds like this: "Capitation," "covered lives," "risk pools," "per member/per month," "productivity analysis," "utilization rates." These words, and the world they symbolize, are our future. To survive, to succeed, to be leaders in healthcare, we in family medicine need to speak them, master them, and implement them. The language of managed care, and the practice of managed care, is the gold currency of the current health system, and it is worth a lot.

But mastery of managed care must be only a part of the future of family medicine. The other part, if you will, is that the traditional donkeys of family medicine must find a way to coexist alongside the glitter of managed care. What are these family medicine donkeys? They are some of the fundamental philosophical premises upon which family medicine was founded and which family physicians themselves agree must be preserved (Hosokawa & Zweig, 1990). In today's terms, they imply that beneath every PM/PM capitation rate is a sick and anxious human being; that somewhere inside the requisite volume of covered lives are families with sick and suffering members; that we must not abandon the search for the person of the patient in the midst of our search for the most efficient diagnosis of the patient's disease; and that we must seek to discover the story of the patient in the context of family, commu-

nity, and culture—as distinct from the data of the patient chart.

Our challenge in smuggling these donkeys is to guarantee that people on the receiving end remember their value. This may be less difficult than we think. Initially, the essential humanism and patient-centered, family-oriented rhetoric that characterized the early years of family medicine may appear to be unrelated to the language of managed care. But, despite changing philosophies regarding the practice of medicine, certain human needs remain universal. Patients still appreciate being treated as people, rather than as covered lives. Patients are less likely to file malpractice suits when they believe their physician communicates well with them and takes a personal interest in their well-being (Holthaus, 1987). Similarly, physician interpersonal behavior is associated with increased patient satisfaction, recall of information, and subsequent compliance (Hall, Epstein, DeCiantis, & McNeil, 1993). Thus, a surprising convergence is possible, and it is this crucial overlap of family medicine values and managed care goals that must be kept at the forefront of both education and practice.

To some degree, life always involves a little smuggling—our efforts to bring along a little extra of what we truly value as we make our way through the routine of daily existence. In a practice profession such as family medicine, this means that how one functions as a physician conforms not only to current institutional and societal requirements and demands, but also is an expression of deeply held personal and professional convictions. Thus, no matter what luxuries are currently in vogue, we always have a choice about what we select to smuggle. Often, unfortunately, we make the wrong choice, and end up smuggling jewels when we should be smuggling donkeys. We are

seduced by the glitter and allure of what is popularly valued, rather than what is enduringly important.

In healthcare today, the valued jewels are the bottom line, cost-effective and efficient practices. There is nothing wrong with these new healthcare jewels, just as there is nothing wrong with gold and diamonds. But it is important that we not forget the humble donkeys of family medicine, the beasts of burden that have faithfully carried family medicine's message for the past 30 years. As we contemplate how to seize the opportunities presenting themselves in the brave new world of managed care, we need to remember that it is by smuggling family medicine donkeys into the managed care environment that the lives of physicians and patient truly will become enriched.

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