

LETTERS

July 20, 2007

Docs can't cure overhead costs

Regarding "Insurance hikes deliver problems" [News, July 16]: While the cost of malpractice insurance has reduced doctors' incomes and forced many out of their specialties, it is just one facet of running a medical practice. Doctors' overhead has gone way up. In most other industries, overhead expenses are factored into the prices charged for goods and services. Doctors are unable to pass along such costs because the third-party payers set the prices.

Doctors get rent increases as a result of their landlords' higher energy costs; they must pay cost-of-living increases to their technicians, receptionists and billing clerks. But if they get an increase in reimbursements, it tends to be minuscule. My husband, a sole practitioner, has seen his income steadily decline in the past decade. To blame it on doctors making more errors - unless they are the result of doctors having to fit more patients into their schedules to pay the bills - is disingenuous. Surely doctors are no more or less fallible than they were a decade ago. If there aren't drastic changes in the system, we will see the end to medical care in private practice.

Cheryl Meyer
Jamaica

Editor's note: The writer is an attorney.

July 22, 2007

High insurance hinders LI docs

As the wife of a physician, I readily admit that I do not read articles such as "Insurance hikes deliver problems" [News, July 16] objectively. However, I cannot help but comment on something I find quite perplexing. Joseph Awad, former president of the New York State Trial Lawyers Association, states that malpractice insurance premiums are so high because of the number of medical errors.

Statistics provided in the article show that, for example, internists on Long Island pay close to four times more in insurance premiums than do internists upstate. Are we to infer, based on Awad's comments, that physicians on Long Island commit errors four times more than their upstate counterparts? I'm sure all of the Long Islanders cared for by talented and dedicated physicians would be astounded at that information. Or is it, perhaps, the eagerness of "some" Long Island attorneys to jump at the chance to sue physicians and increase their bottom line?

Michele Calves
West Islip

I would like to compliment Ridgely Ochs on her recent article about the medical malpractice crisis in New York State and on Long Island. Her story clearly highlights the problems physicians are facing with double-digit rate hikes in liability premiums, rising business costs, the high cost of living and diminishing reimbursements.

Although the article presents the struggles of ob/gyns in particular, every specialty is vulnerable. Every physician on Long Island is now required to pay among the highest premiums in the United States and yet Long Island is arguably home to the finest medical care available anywhere in the world.

We applaud Gov. Eliot Spitzer's and Insurance Commissioner Eric Dinallo's call for a task force to address this issue. The medical liability problem has reached a critical stage, and unless there is meaningful reform of the tort system, greater numbers of physicians will soon be making the choice to leave, retire or cut back on services they provide. The result for Long Islanders will be that it is a great place to live but a dangerous place to get sick.

Dr. Martin Greenfield
Garden City

Editor's note: The writer is president of the Nassau County Medical Society.

July 25, 2007

Rate hike perils primary doctors

We applaud your work to illustrate the potentially crippling effects of the recent medical malpractice insurance rate hike in New York State ["Rising malpractice premiums: Doctors feel the pinch," News, July 16]. The stories you told of the Long Island doctors struggling to see how they can make ends meet with the staggering increase in medical liability insurance rates are shared by hundreds of doctors across New York State.

This rate increase poses an even greater threat to our primary-care physicians, who already are under great duress because of vast shortages of these critical doctors in our state. According to a recent report from the New York Chapter, American College of Physicians, primary-care medicine is under-represented in 45 of 62 counties in New York, largely because of shockingly low reimbursement rates and high levels of debt. With these existing problems plaguing our primary-care physicians, they will be hit incredibly hard by this rate increase, likely crippling their practices and forcing many to seek other opportunities in administrative, specialty or corporate medicine.

Linda Lambert
Albany

Editor's note: The writer is executive director of the New York Chapter of the American College of Physicians.

August 2, 2007

Doctors' offices are struggling

Regarding "Doctor's office condition: It's all business" [Opinion, July 28]: I'd like to show Jim Panos the other side of the desk. Most patients don't even call for an appointment unless I accept their insurance. If my receptionist doesn't ask, an hour is set aside for a new patient, who then walks out the door as soon as he or she finds out that he or she may have to pay my fee.

If Panos has to wait in my exam room, it is likely because the patient before him needed more attention than the scheduled 15 minutes. Actually, the 15 minutes is generous, as most HMOs insist that doctors see a patient every seven minutes.

Doctors' offices are all small businesses. As such, we deal with ever increasing costs of rent, insurance, employee salaries and benefits, supplies, etc. At the same time, we deal with managed-care companies that continually try to reduce "medical losses," defined as payments to doctors. Yes, I have been a small businessman for 30 years. And like most physicians, I make less money every year. To continue in this "business" you have to really love what you do.

Daniel Lorber
Port Washington

Editor's note: The writer is a physician specializing in endocrinology and diabetes.

Jim Panos' hostility toward physicians is ignorant. Health insurance companies have control over whom patients see and how much they pay our physicians. And let's not forget the medical malpractice insurance companies, which demand fees in excess of what the average patient earns in a year.

Not all doctors walk away with a half-million dollars in salary every year. Many make a nice living, but let's remember the years of study and tuition that were necessary.

Panos refers to all the doctors in his essay as "he." But more than 50 percent of students applying to medical schools are women.

Rena Sheckman
Woodbury