

## Docs working for patients

### Retainer or "concierge" physicians

Here and there, across the country, a new type of medical practice arrangement is appearing that, at its root, is founded on restoring the classic doctor-patient relationship. This new style of practice arrangement is variously called "boutique" or "concierge" or "retainer" medicine. There are many different flavors of retainer practices, but in essence they all involve patients paying doctors directly for their services.

That's it. Patients pay the doctors directly.

It's simple, but the change in medical dynamics is revolutionary. The doctors in retainer practices don't work any more for HMOs, or for insurance companies, or for the government - and none of those entities any longer determine their viability as practitioners. Instead, it is the patient who is the customer, who must be kept satisfied, and who will determine the doctor's professional viability. The doctor is not only free once again to act solely as the patient's advisor and advocate, he is obligated to act in this way.

There are several varieties of retainer practices, and some are more "pure" than others. For argument's sake, the retainer practices I'm referring to collect money only from patients, and not from Medicare or insurance companies. Less pure financial arrangements, I'll stipulate, will less purely restore the physician-patient compact. Doctors in "mixed" retainer practices are still beholden to the third party payer, and how purely they're able to advocate for their patients is still an open question.

Most "pure" retainer practitioners limit the number of patients they care for to several hundred (instead of the typical several thousand). Patients enrolled in the practice will generally pay an annual retainer fee, and in return they get personalized, 24/7 access to the doctor via cell phone and e-mail, guaranteed same day or next day appointments, detailed and leisurely medical examinations, personalized education and risk modification plans, personalized coordination of all medical care, and in some cases, house calls. In my mind, it is unfortunate that these features (as desirable as they are) are the aspects of retainer medicine that the new-style practitioners and their marketers stress. What patients really get is the one thing our healthcare system insists they not have - an advocate who places their needs above all others, and guides their care in the face of a hostile healthcare system. What they get is a doctor who will make it virtually impossible for them to become victims of covert rationing.

There are still only a handful of retainer practices in the U.S., but the number of doctors showing interest in this form of practice is growing rapidly.

If you are interested in finding a retainer physician, the [Useful Links](#) page provides some resources for you.

### The opposition

While retainer practitioners themselves usually don't seem to understand the full significance of what they are doing - they talk invariably about being able to provide better, more caring, more personal service this way, but almost never mention restoring the broken doctor-patient relationship and providing vital advocacy for their patients - their opposition "gets" it quite clearly. And they are apoplectic.

You can, by now, accurately predict the response. Medical ethicists and many others decry the upper-class elitism reflected by and encouraged by retainer practices, claiming that such elitism undermines the fundamental ethical obligations of the medical profession. They bemoan the fact that doctors practicing this way are caring for only several hundred patients, when they could be managing (and "managing" is the correct word) thousands. They complain that this style of practice creates a two-tiered healthcare system, thus doing grave injury to the American ideal of care.

(In other words, the doctor's primary obligation according to such experts, apparently, is to assure the equality of care for all citizens, not to attempt to give their individual patients the best possible care they can. Indeed, doctors are to hold back on giving superior care to their individual patients in order to achieve this goal. That this kind of assertion goes largely unchallenged by the medical profession is yet another sign of how corrupted the doctor-patient relationship has become. To strive for superior care for their individual patients has been reduced to "elitism.")

There is at least a grain of truth to these complaints, which boil down, essentially, to the argument of fairness. And indeed, it is not fair for only some Americans to have access to a restored doctor-patient relationship.

But it's a start. If it turns out that providing some individuals an opportunity to function under a traditional doctor-patient relationship is such a useful thing as to rise to the level of unfairness, then perhaps instead of taking it away from

everybody, we ought to make it possible for everybody to have it. This variety of fairness, after all, is entirely possible. (One way of providing a restored doctor-patient relationship to everyone is presented in my book *The Grand Unification Theory of Healthcare*.)

On the contrary, we find the opponents of retainer practices asserting that "fairness" requires us to deny all patients the right to a classic doctor-patient relationship. We should note that this argument against retainer practices could be applied to any tentative, experimental step toward restoring the doctor-patient relationship, not just to retainer practices. Since the benefits of any such effort will not be available to every person from the very first day, they can all be immediately condemned as fatally unfair, and thus in need of a quick execution.

Wonkonians, Gekkonians, and various activist groups have already initiated efforts to have Congress declare retainer practices illegal. Opponents of retainer practices are taking every opportunity to label the physicians who operate them as greedy, lazy and unethical, and the patients who associate with them as elitists. Some activist groups are even taking the extraordinary step of attempting to have retainer practices legally designated as insurance companies, arguing that retainer physicians, like insurance companies, are taking money today for services that may be needed in the future. (The lawyers framing this argument are apparently not making the same case for their own retainer-dependent profession.) Because state statutes require insurance companies to be capitalized for multi-millions of dollars, if retainer practices are declared to be a form of insurance, they will have to close down immediately.

This sort of all-out, almost violent response against what is really just a fledgling idea (one that, by all rights, still ought to be below the radar) is a testimony to just how dangerous Wonkonians and Gekkonians consider the threat of a restored doctor-patient relationship to be. And it gives us an idea of just what we are up against in the effort to encourage patient empowerment. Some free advice to retainer practitioners

Note to retainer practitioners: The opposition is coming after you with an ethical argument - that you're creating a great unfairness within the healthcare system that must be stopped - and they're coming hard. You haven't been effective in countering this ethical argument with one of your own. You're too busy touting the niceties of your service - the leisurely office visits and round-the-clock access, you know, the elitist stuff - and you're missing the main point. You are in a race, and while you are kneeling at the starting line tying your shoe, your opponent has already made the first turn. You need to articulate a clear message that makes a strong ethical argument for retainer practices, one that is easy to grasp and is intuitively appealing, and you need to do it fast. If you don't, you'll be back working for the man before you know it.

The message might take a form something like this: "In retainer practices, insurance companies and the government can no longer dictate physicians' behavior, and force them to ration healthcare covertly, at the bedside. Instead, the patient is the physician's only customer. Retainer physicians can truly place their patients' needs first, protect their interests, and make sure that they get the care they need and deserve within an increasingly hostile healthcare system."

You aren't taking fairness out of the system - you are putting it back in. You are restoring a measure of fairness to patients who have been callously abandoned by an inhospitable healthcare system. And while it is true that not every patient today has the opportunity to work with a retainer physician, you are working hard to see that some day every patient will. Now that would be fair. In the meantime, those who want to stop to retainer practices would take this option away, and leave all patients at the mercies of an uncaring healthcare system, forsaken and without hope. (Presumably these same individuals also would have objected to freeing any slaves prior to the 13th amendment, because to do so would have allowed a manifestly unfair 2-tier class structure to exist for African Americans.)

Unless you can clearly articulate why retainer practices are an important step in restoring some fairness to the healthcare system, and painting those who would take it away as trying to deny patients a fair chance against powerful forces, I am afraid you are lost.

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