

Industry compliant health care provider: accepting defeat

Physicians, especially specialists, have always served in the positions of leadership at hospitals and the decision making tree of government management. There are no professionals more highly educated and trained in the field of medicine than doctors and surgeons. In the noble profession of medicine, physicians and surgeons are the gold standard, not providers. Providers operate under the control of their employer and they do not have autonomy.

Recent trends in our country have taken autonomy of the physicians, forced them to work for a performance system and manage (not treat !!!) patients with limited reimbursements which is disrupting the basic tenet of physician-patient relationship, which is "serve the best interest of the patient". The new system creates demand by creating more health buyers, more disease and health anxiety in society, thus creating more diagnostic work-up and much greater profit, which contradicts the basic tenet of medicine. Independent private office based practice, which is thousands of years old, is discouraged and physicians are forced to enter into either profit based large hospital groups or politically slanted, and sometimes a nonphysician managed state hospital system. Meanwhile, real patients not fitting into the criteria of the new generation health service buying customers always know subconsciously that they need real physicians and thus prefer university hospitals. However, university hospitals and their physicians are continuously portrayed by the new political and economic elite as expensive, sluggish, independant, rebellious, narrow-minded, nonobedient consumers of the system who should be tamed. During this "taming process" the foundations of art are threatened by ignorance of education of new doctors, and decreasing scientific productivity. Their autonomy, wisdom and centuries old traditions are seen as a threat to the new economic and political coalition. Loss of autonomy, exhaustion due to excessive -working hours, heavier malpractice penalties, physical threat and violence directed toward the doctors, which is not punished but, on the contrary, forgiven by the local justice institutions, are overwhelming problems at all levels of the health system. Currently, the joint commercialization of the health system is replacing and contradicting thousands of years of physician practice. Obviously, this new trend will destroy medicine and will ultimately disrupt individuals' healthcare, and the economy of the country.

Physicians on whose shoulders the whole system rests have no political or economic power and are forced to be a standardized obedient apparatus of the new system. Private hospital associations which have close ties and profit interests with hospital owners and politicians obtained far more political power and influence on state bureaucracy and politics than most professional physician organizations. Physicians are often reluctant to become politically involved, but politicians need to hear the doctors' voices. The remaining independent doctors are required to participate in politics in order to correct this ongoing misfit health system.

There is great envy by politicians and corporations for physician autonomy, economic well being, instant social credibility and their publicly accepted esteem. Sadly, this coalition misses one crucial point which is that displacement of independent physicians and surgeons from their professional roles in medicine will result in the sacrifice of human lives. The profession of medicine is degenerating and the first

step is to accept realistically that we have lost our dominant position and should return to our thousand year old position. Demands of accountability, pressure on physicians by government programs, shared control, greater efficiency are realities of modern medicine but those should not damage the basic role and position of the physician. Between large private hospital groups and politically constraining state hospitals, private offices will normalize the system and keep the independence of the physician. Political pressure to satisfy new health care consumers in state hospitals should be resisted.

Interventional cardiology, together with cardiovascular surgery, is one of the most profitable and attractive targets of the new system. Drug companies, device companies, private hospitals and "pay for performance" system in state hospitals are making interventional cardiology more and more difficult to practice. System rewards only those performing more procedures, diagnostic work-ups and who are industry compliant. The issue of physician independence and ethical compliance is becoming of serious concern and should be discussed in scientific journals, cardiology meeting sessions and speciality training of fellows.

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Available Online Date: 04.02.2014

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DOI:10.5152/akd.2014.4442014



Can white blood cell count be used as a predictor of atrial fibrillation following cardiac surgery? A short literature review

To the Editor,

Atrial fibrillation (AF) is one of the most common complications occurring after cardiac surgery. Despite advances in anaesthetic and surgical techniques, the incidence of this arrhythmia has not changed, and evidence suggests its incidence may be increasing (1). Postoperative AF is an important predictor of patient morbidity, prolonged hospitalization, increased hospitalization costs and mortality after cardiac surgery (2). Therefore, any efforts to reduce the incidence rate of postoperative AF such as identification of high risk patients with a predictor and their management with intensive prophylactic measures will cut the associated morbidity, mortality and costs significantly (1-3).

Although the exact mechanism of AF after cardiac surgery is incompletely understood, recent reports have suggested that the inflammation plays a key role in the pathogenesis of postoperative AF (4). Cardiac surgery triggers a vigorous inflammatory response that elicits the activation of the complement system and the release of inflammatory mediators (5). White blood cell (WBC) count, an inexpensive and most widely available marker of systemic inflammation, increases after cardiac surgery and usually peaks after 36 to 60 hours in patients who undergo on-pump cardiac surgery, which coincides