

Letters to the Editor

The 15-minute patient visit

I read with great interest Dr. Byyny's article "The 15-minute patient visit: It's time for a national study," (Autumn 2023, pp. 2-8). He helpfully outlines how we got where we are, and also explains the many negative effects of our current primary care system. However, he does not mention one negative effect that may be the most important, the moral injury of physicians. It is very difficult to be forced to do what is wrong (give inadequate attention to patients, be unable to treat them as human beings, referring them to high cost specialists or for high cost tests). Dr. Byyny's diagnosis is mostly correct: corporatization and the overall medical-industrial complex have been major forces in making primary care medicine unendurable for patients and physicians alike. Perhaps being profit-driven is part of the problem, but profit itself is not.

In the summer of 2021, I left a 17-year career in academic medicine to start a direct primary care practice. I have never looked back. What makes direct primary care right for patients is partly that it is free market driven. Rather than spending my time entering data to allow a health care system to extract every possible dollar from health insurance companies by meeting quality indicators, I do what is best for patients and they are happy to pay a modest monthly membership fee in return. A simple free market system produces the best service at the lowest cost, and always has. When government, insurance companies, employers, and health care corporations get involved trying to increase value, promote quality and maximize profit, we end up with patients and doctors serving as pawns in a game where health care corporations try to persuade insurance companies to pay them more.

I now schedule mostly one-hour appointments. I have plenty of time to carefully evaluate each patient's medical issues and treat them holistically as a human being. I also know them personally. If a patient is in a financial bind, we can work out a solution that allows them to continue to receive care. Many of my patients are uninsured or underinsured, working poor or small business owners. Primary health care is very inexpensive. Removing corporations, insurance, and the government results in a simple system that works. Perhaps if I were not human and did not care about my patients, profit motivation would be a problem. But, because I want to provide the best care at the best price, I make a fair profit and can support myself and my family. I am also experiencing the joy of practicing medicine again!

I don't think we need a national study to show that 15 minutes is not long enough. We already know. Instead, we should change the health care payment system to allow for creative, alternative models like direct primary care to flourish. Then, smart and qualified medical students will

start choosing careers in primary care again, and patients will have their faith in health care restored.

Steven E. Roskos, MD
AΩA, Michigan State University
East Lansing, MI

Thank you for your service to AΩA and for the editorial on "The 15-minute patient visit..." The editorial was spot on. We've made more than a few sweeping changes in Medicine over the years based on little or no data and then have failed to reassess the effects of these changes relying instead on "The Journal of It Seems to Make Sense," or "The Journal of Personal Experience" to guide our practice of Medicine. Much of the blame, if you will, falls at our feet for failing to say, "Hey wait a minute. You can't do that to my profession!"

Mark R. Milunski, MD, FACC, FACP
AΩA Albany Medical College of Union University, 1982
Orlando, FL

House of Medicine

We read the interesting editorial "Renewing the commitment to professionalism in the House of Medicine," by Drs. Higginbotham and Byyny (Summer 2023, pp. 2-7). The authors point out that medical professionalism encompasses trustworthiness, accountability, and commitment to patients and society. A diagram of The House of Medicine is elegantly shown on the cover. This house deserves a foundation of health care provider availability. Hearing soothing words of advice from one's health care provider in a timely period to the ailing patient is truly a foundation of the House of Medicine and a major component of caring for patients. In addition, a sense of comfort is afforded to the patient if they feel that their health care provider is available should they be needed. This tenet needs to be continued as a foundation of medicine, despite recent changes, including health care providers becoming corporate employees, and having duty shifts. While availability may change its methodology with advancing technology, it should remain a foundation of our House of Medicine.

Jodie A. Barkin, MD, FACC
AΩA, University of Miami Miller School of Medicine
Miami, FL

Jamie S. Barkin, MD, MACP, MACG, FASGE, AGAF, FFGS
AΩA, University of Miami Miller School of Medicine
Miami, FL