

There was a social pact in place.

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Thank you for inviting me to present with MSNJ. It is an honor to be with all of you. I am Peggy A. Rothbaum Ph.D. LLC, a practicing psychologist, writer, researcher, and consultant in Westfield, New Jersey. (drpeggyrothbaum.com). I also do community service, create art and am a passionate advocate for non human animals. I use my art and writing to benefit causes that matter to me.

I am also an outraged citizen. I'm paying attention. For many years I been writing about the healthcare crisis. This includes my book, I Have Been Talking with Your Doctor: Fifty doctors talk about the healthcare crisis and the doctor patient relationship, as well as articles posted on KevinMD.com and various Op-Ed pieces, all of which are downloadable from my website.

I am grateful to everyone who helped me along the way, especially “my” docs who allowed me to interview them for my book in between patients, taking breaks to answer emails, texts, phone calls, deal with emergencies, or after hours, on time off, during paperwork time, or while eating a rushed meal.

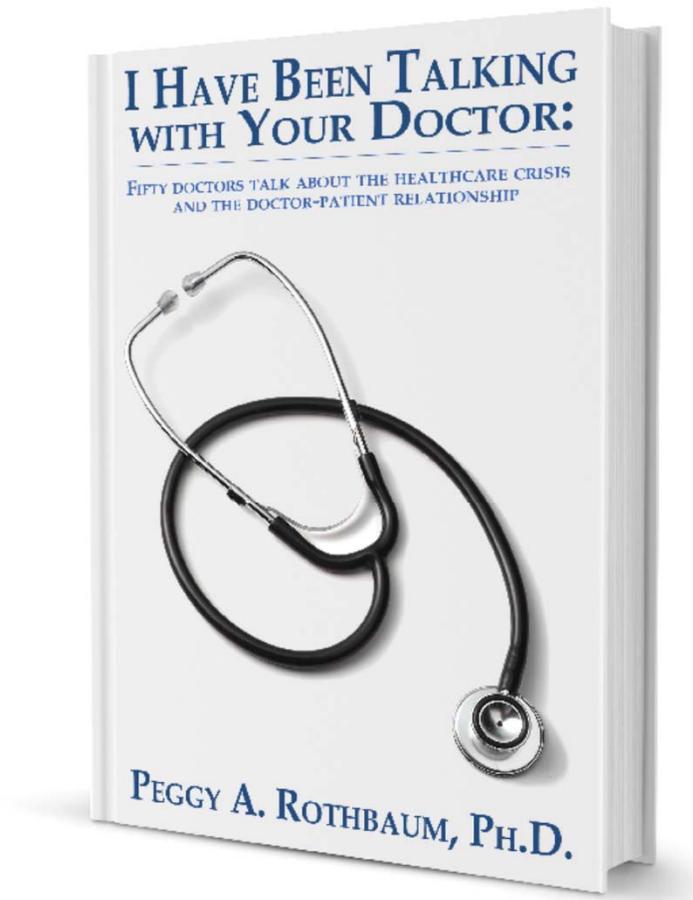
But I am also resentful. In a country like ours, we should not have this crisis at all. And this is not what I signed up for. I signed up to sit in my office and deliver the best possible psychotherapy to my patients, unencumbered by excessive external nonsense. I always planned to write, but about topics of my choosing.

So, I hope to share with you that although you were exhausted before the pandemic, we, doctors and patients alike, have a lot of work to do. We cannot continue to tolerate the destruction of our healthcare system. We have to mobilize, and reach out in creative, innovative ways, past our despair, anguish, and anger, and demand an end to this ridiculous, unnecessary nightmare.

Our lives depend on it.

All material © in this presentation (with a few exceptions so noted) is from my book, I Have Been Talking with Your Doctor: Fifty doctors talk about the healthcare crisis and the doctor patient relationship, my articles posted on KevinMd.com, and various Op-Ed pieces. My book can be purchased from Amazon.com and my articles and Op-Ed pieces can be downloaded from my website depeggyrothbaum.com

I Have Been Talking with Your Doctor



AVAILABLE AT DRPEGGYROTHBAUM.COM,
AMAZON.COM AND OTHER ONLINE BOOK SELLERS.

I wrote my book for these reasons:

1. Out of incredible gratitude to my own doctors,
2. With utmost respect for my doctor colleagues,
and with outrage and frustration at the way
they are treated with such disrespect,
3. To educate the public and our legislators about
the disturbing state of the healthcare crisis.

Interviewee Demographics

Gender

Male 32

Female 18

Primary Care/Specialists

PC 25

Sp 25

Age of patients seen by interviewees

Children/adolescents only: 8

Adults only: 23

Both: 19

Specialist type of interviewees

Cardiology
Endocrinology
Gastroenterology
Infectious diseases
Immunology
Nephrology
Neurosurgery
OBGYN
Ophthalmology
Orthopedics
Plastic surgery
Rheumatology
Urology

Years in practice

| | | |
|------------------------------|----|---|
| <=5 | 0 | |
| 6-10 | 6 | |
| 11-15 | 2 | |
| 16-20 | 10 | |
| 21-25 | 9 | |
| 26-30 | 10 | |
| 31-35 | 5 | |
| 36-40 | 4 | |
| 41-45 | 2 | |
| 46-50 | 1 | |
| 51-55 | 1 | |
| Total | 50 | |
| Retired or partially retired | | 4 |

Variability of responses among
demographic characteristics of interviewees

There wasn't any.

There was a totally consistent picture of the healthcare
situation in our country.

So, I combined the categories for the qualitative
summary.

I am going to share a few questions and quote responses with you with the hope that you will see the power of the information in my book and that it will motivate you to share this information with the public and our legislators.

I am not going to tell you what you already know (training time and expense, daily schedule, competing demands, insurance restrictions, etc). Other people, such as the public and our legislators, need this information. You all are living it.

Every.single.day. 24/7/365

Q: Why is it so hard to be a doctor? What does the public need to understand?

“This society accepts no mistakes. It’s the only job where you cannot make a mistake.”

“You are responsible for things that you cannot control.”

“Because medicine is an art, not a science.”

“The public and the government expect you to do the impossible. Take care of patients flawlessly with no money.”

“That we are being bogged down by a bunch of paperwork.”

“All of the things that happen behind the scenes, not just the exam room.”

“You give up your twenties. Don’t have that play time that all your friends have. It is hard education wise. I didn’t pay off my loans until I was in my 40s.”

“No one cares about the doctors.”

“We are used as pawns in the system. No one cares about the doctors.”

This article got 43K shares.

<https://www.kevinmd.com/blog/2017/11/no-one-cares-doctors.html>

Social Pact

“There was a social pact in place. We provided care, and we had a comfortable life. That pact was broken. The deal was broken.”

Why are the patients so reluctant to understand the problem?

Entitlement

“Entitlement.”

“They have been infantilized and taught that they shouldn’t have to pay.”

“They can’t get what they want when they want it.”

They do not understand.

“They don’t get it.”

“No one is giving them the information.”

“People are so overwhelmed. Information overload and financial stress. People feel since they can’t change the system so why bother trying.”

They do have some understanding.

“They blame us all the time when it’s the insurance. I see it all the time. I don’t blame them. Why should they understand? They have their own lives to worry about.”

“I think that they understand. They resent their insurance and what they pay and don’t pay and are allowed to do it.”

“I think a lot of them do understand. I hear patients complaining now about insurance.”

Why are they so angry about it?

“They feel powerless and helpless.”

“They feel powerless to change it. It’s easy to turn about and blame the physician. Someone who you know and trust.”

“They aren’t. They don’t understand.”

“They think that it is us, the doctors, causing the problems. They are starting to understand that it is the insurance companies not our inability to get them what they need.”

“When someone doesn’t pay for it they get angry. The problem will occur when their access is denied and they realize that it is not access denied, it’s payment denied. As people become less healthy and morbid in some way, the anger may occur because of restriction to access which is inevitable. Those societies we have been compared to all restrict access.”

My favorite interviewee insurance quote

“The insurance companies do not want patients to live. They make more money if the patients die.”

Some powerful contrasts

Doc quote

“The public looks at us money grubbing pigs.”

Compassionate quote # 1

“One amazed me. She was going to have a baby who she knew would not live. It had terminal congenital issues. She carried it to term, delivered it, and held it while it died.”

Quote # 2

“I remember in medical school a young man with epilepsy who fell in Central Park and had a traumatic brain injury. His family donated his heart, lungs, kidneys, pancreas, liver. I was there at the organ harvest. I will never forget when the anesthesiologist walked away because there was no respiration anymore. All of the organs were harvested. He was gone. I realized how quiet the room was. No heart. No beeps. I looked down and saw the cross his mom had put on him. I went home at 3am and cried for hours.”

Quote # 3

“The doctor-patient relationship takes what we do out of the dimension of strictly delivering a service... I have let patients sit and cry in my office and cry for as long as they need to about things that have nothing to do about their exam because that particular day they needed to come to someone’s office and cry. The exam was sort of a bonus.”

Quote # 4

“Throw me in jail, if you must, for taking care of a child whose parent cannot afford to pay. What jail do they have for doctors who care too much?”

Houston, we have a problem.

Definition of a social pact (Vocabulary.com)

“A social contract is an unofficial agreement shared by everyone in a society in which they give up some freedom for security. As members of a society, we agree to the social contract — we cooperate with each other and obey society's laws. We also give up some freedoms, because we want the protection society can offer.”

The doctor patient relationship

Part of the broken pact is the damage to the doctor patient relationship.

“It matters the most because a good relationship means compliance and compliance means better outcomes which costs less.”

“With a blood transfusion, the hospitalist couldn’t get a patient to do it. His primary care MD called and got him to agree to it in a few minutes.”

My favorite example

While doing my doctoral dissertation research at a clinic for kids with diabetes, I observed the attachment that some of them had to the physician faculty member who directed the clinic. I particularly remember one teenager who complained that this doctor “did not care” about her, as he sent “fake doctors” (residents) to take care of her, not coming himself. She was refusing to cooperate.

When I suggested to the director that he visit her, he did so. He pulled up a chair by her bed and assured her that he did care about her and requested her cooperation with the residents, as a favor to him. She was totally cooperative from that point forward.

How do we address the discrepancy and restore the social pact and what gets in the way?

Trauma: pandemic and preexisting

We must cope with trauma
(to ourselves and the
patients).

Normal emotions we may all feel

disillusionment, sadness, anger, helplessness, hopelessness, grief, joy, happiness, meaningfulness, despair, rage, blame, indifference, exhaustion, hyper-vigilance, insomnia, fear, uncertainty, isolation, feeling misunderstood, denial, panic, guilt, depression, overwhelmed, disgust, abandonment, frustration, accomplishment,

sympathy, dread, confusion, responsibility,
irritation, relief, bias, pain, overwhelmed,
abandoned, frustrated, accomplishment,
sympathy, dread, confusion, duty, irritation,
responsibility, guilt, relief, bias, pain, grief,
disorganized, moody, intolerant, afraid,
indifferent, different feelings all at once.

Challenges with the patients

The trauma of patients and their losses and challenges, magnified by the pandemic.

This also sometimes includes issues with patient behavior and entitlement, with which you already did not have adequate training to cope and manage.

General mental health issues (anxiety, depression)

It is a developmental and emotional crisis.

The healthcare crisis is some combination of the “terrible twos” and adolescence.

We are supposed to be a society of adults, who know that we are not the center of the universe, that sometimes we have to wait and be patient, and that we need to see the perspectives of others. Instead, we want what we want, and we want it now. And we want it to be perfect. When we don't get it, we rebel and lash out. We have an ever-increasing doctor shortage, partially due to our developmental immaturity. (Piaget, Roberts)

The health-care crisis, with its ruptured doctor-patient relationship, is also a crisis in attachment. This is the ability to form, value, and maintain relationships and work through any bumps in them, as researched by psychologists Drs. Mary Ainsworth and John Bowlby.

It requires intervention, behavior management, limit setting, and personal insight, just like all other developmental and emotional crises.

Again, managing the patients by setting limits and instituting helpful behavior management strategies is a whole other workshop. Or 2, or 3.

Coping

For years I have conducted workshops and given presentations on “Managing Stress and Avoiding Burnout”. I always suggest that in addition to any already in place coping strategies, it is helpful to examine our transferences. This helps us to identify our own unique vulnerabilities, in addition to the realities of the current situation.

Transference is exactly what the word means.

Emotions from one situation or relationship are “transferred” onto another relationship or situation. We may not be aware of this transfer. This refers to emotions that a client feels toward a doctor, psychologist, teacher, nurse, financial planner, store owner, architect, or anyone with whom there is an interaction.

I once asked a physician colleague, “How do you get any medicine done with all of these mental health issues going on?”

She replied, “It’s practically impossible.”

Never mind the fact that...

You are not trained as psychologists.

We have a “Culture of Contempt”, where we cannot tolerate disagreements and are willing to break off relationships because of it.

We have a “Culture of Narcissism”. It’s all about me.me.me.me.

Combined with we have no mental health infrastructure.

- Reduced benefits
- Difficulties with access
- Insurance preference for quick fixes
- Fractured relationships making it more difficult to use transference as a tool

In his thorough and disturbing book, The Death of Expertise, Tom Nichols talks about how we magically think that we are all experts. Training and experience don't matter because we are all "equal," which somehow makes us equally able to solve problems ranging from plumbing to medicine. Everyone is expendable or replaceable, including our doctors. Patients can just Google and self-diagnose. The sacrifice and dedication of professionals are minimized.

You are a “provider”. (You aren’t, and you know it.)

I am a “therapist”. (I’m not. The training of a psychologist is very different in content, time length, and scope.)

We hear often, in relation to the pandemic and vaccines, “I did my research.”

We must advocate

We must advocate about the reality of healthcare
to the public, legislators, the press.

Definition of to advocate

to speak or write in favor of; support or urge by argument; recommend publicly.

We must educate the patients
and the public about how to
speak up.

My own recent experience

Recently, I suddenly had a new symptom. It was terrifying.

My doctor of several decades, whom I would have previously wanted to see about this particular new symptom, had recently sold the practice. I was uncomfortable the last time that I was there. Something didn't feel right. So I had already planned to leave the practice, although without the drama of an emergency.

I was able to get an appointment with my new doctor the next day. It turned out that my new symptom, which was acknowledged as definitely terrifying, is a very common one that will resolve itself in 4-6 weeks. If it does not resolve itself, the worst possible scenario (I asked) is an outpatient procedure from which I would drive myself home. I got a clear explanation, realistic reassurances, was told what to watch out for and was given a follow-up appointment for 4 weeks.

When I returned home, I had a FaceTime appointment with my college friend. I explained what had just happened and how my former doctor had sold the practice; to a private equity firm. I explained what that means. She said, “This is terrifying. How would someone like me know?”

Exactly.

Me and my internist

I have always like my internist. He's smart. He's an astute diagnostician. He's a nice guy.

Several years ago I had a terrifying slip and fall accident. I am lucky that I am not dead or worse. I don't know where I would be now without him and his nurse.

So when it came to my attention that he was being treated badly by a couple of middle level management people, I was not going to stand for it.

I blew through layers of noise and resistance until I got a phone call from the admin of the CEO of my doctor's hospital system. The CEO wanted to talk with me. We set up a phone appointment.

PROBLEM SOLVED.

How should we advocate?

Writing, speaking, tv, radio, newspapers, online platforms, forums, podcasts, civic clubs, billboards, flyers, mailings...

(I don't like it either.)

The book Our Towns presents a model, which can be widely applied, including to health care. People successfully came together, with a minimum of “posturing,” for their own benefit, as well as the greater good.

Robert Putnam points out that our country has a track record of working together, albeit not achieving perfection, towards the common good and we need to revitalize that belief and those goals.

We are not all the same. There are different ways to be successful and people have different strengths. But we all deserve the opportunity to make the best of our lives and have our basic needs met. If we focus on the common good, as well as on our differences, we can strive to overcome the populism and polarization which challenges us now (Dunkelman; Sandel).

It works.

I have been impressed by the power of grassroots organizations. They educate and they create change. Some of the most powerful changes in our nation's history have started with grass roots. We must continue this tradition and educate ourselves and our legislators about the inner workings of our crippled health care system and how to right the system so that it best serves patients.

My own successful experiences include the local grassroots political organizations that have flipped elections and educated the public in impressive ways — including health care. I joined the Chamber of Commerce, something that I previously could not have imagined doing, and it is beneficial to my practice and to my writing.

We need leaders in our grassroots efforts, as do all social movements. Leaders help to disseminate information and serve as role models. Legislation helps to make societal changes and produce changes in organizational structure.

We need to use direct influences such as speaking, and indirect influences such as art, music, inventions, scientific theories, all of which help to disseminate ideas. The media helps by capturing stories and telling them to wide audiences

Many significant changes in our country have begun with grass roots efforts. MADD, anti-bullying, Amber Alert (missing children), Megan's Law (sexual predators), ADA, suffrage, anti smoking, curbing and cleaning up after dogs, the Civil Rights Act of 1964, marriage equality, criminalizing domestic violence and child abuse, environmental protections, all have a significant grassroots component.

They all involved, grass roots efforts, powerful leaders, legislation, publicity, coalitions, community and teamwork, compelling personal stories, and appeal to people of many different walks of life and political viewpoints.

One hope that motivated me to write my book was to produce accurate information directly from our doctors, who live it every day, and to find and energize enough people who care and are willing to speak up and take action, so we can salvage and rebuild our healthcare system before it is too late.

As I say in my book, “ If I have done my job properly, my book should make you feel sick. I hope that you have a good doctor.”

Margaret Mead said:

“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever has.”

We — me and you — are that small group. We have to create a change in how our doctors are viewed and treated. We need to reach out to the public and call them to action, as partners in making this change.

We experts have to create a change in how experts are viewed. We have to do things that we did not sign up for, that we really don't have time to do, or perhaps that we don't even want to do. We have to communicate in layman's terms and reach out to the general public about how expertise can be helpful to them. This is a tall order, but I just don't see another way around it.

Representative John Lewis

"Do not get lost in a sea of despair. Be hopeful, be optimistic. Our struggle is not the struggle of a day, a week, a month, or a year, it is the struggle of a lifetime. Never, ever be afraid to make some noise and get in good trouble, necessary trouble."

– *A tweet from June 2018*

Organic chemistry

Some time ago, I was sitting across the dining room table from a physician friend. We met as colleagues and were fast becoming friends.

I'm sort of smart. I earned a PhD, an EdM in statistics and measurement, and I completed a 2 year NIMH post doctoral fellowship in mental health research.

I said, "Okay, I want to get something straight right from the beginning."

“You are smarter than me.”

She looked at me closely to make sure that I was okay.

I said, “You passed organic chemistry. That is harder than any course I ever took.”

She paused and said, “You are right.”

COME ON PEOPLE.

You all passed organic chemistry.

YOU CAN DO THIS.

Go now and make some good trouble.

Make people feel sick about the current state of our healthcare system.

Explain the benefits of the doctor-patient relationship.

Expose and heal the discrepancies. As one of my interviewees said, “Most doctors do care.”

Talk about how we can work together to make it better.

We all need to work together
to get our healthcare system
back.

Our lives depend on it.

ONWARD

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