

## 'Lazy' charge ignores reality of practice today

I can't help but wonder how long ago Dr. Gilkison retired because he clearly has no clue what happens in a typical doctor's office today ("Your Voice," February 10, 2016). Let me share with him what a typical "lazy" day looks like in my practice.

I arrive 90 minutes before my first patient is due. During my 9-1/2 hour workday, I will see 25-30 patients (or even more.) Just in case that isn't enough to keep me busy, I will also respond to about 50 prescription refill requests, handle 25-30 sick messages, review and address a couple dozen lab results and imaging study reports, sign off on a stack of correspondence from specialists, and fill out at least a few FMLA, disability, and prior authorization forms. Lazy? Hardly.

Let's not forget that I also must meticulously document everything I do as well as documenting a wide array of complete nonsense that has absolutely no effect on patient care but is required to meet the quality metric goals set by Medicare and other payers.

By the way, our practice does not have electronic medical records to slow us down. We do it the old-fashioned way. If we did have EHRs, there is no possible way I could accomplish all of that. Even without EHRs, getting all of the work done is a constant struggle.

By the time I walk out the door each day, I am physically and men-

tally drained. The work is exhausting. I doubt I'd be able to maintain this pace for a 40-year career (I've been at it for 23). I would be lying if I didn't admit that I am already looking for other options. The demands on physicians have gotten insane and are unsustainable. I can't imagine why any sane person would want to enter this field today as it currently exists, not because they are lazy, but because it simply isn't worth it anymore.

**I can't imagine why any sane person would want to enter this field today...not because we are lazy, but because it isn't worth it anymore.**

Clearly, I'm not afraid of hard work, but when that hard work consists mainly of constantly spinning your wheels and not getting anywhere, and being grossly underpaid in the process, it's awfully hard to stay motivated. I wish I could spend my days focused on "improving and maintaining the health of our patients" as Dr. Gilkison suggests. Sadly, that is no longer how the medical field operates. Lazy or not, the world has changed.

**Steven Gittler, DO**  
CAMDEN, NEW JERSEY

## Public needs to know challenges doctors face

Craig Wax, D.O., in his letter of September 25, "Time to get government out of health-care" made many good points. Two were exceptionally worrisome:

1) He mentioned how he got a letter from his hospital threatening to terminate his privileges if he did not complete a course on ICD-10 coding! Unbelievable! This is a poignant example of the abject position of servility that doctors have been reduced to.

Clearly, there are too many alien forces that are interfering with doctors' peace of mind and their ability to practice safely. I say "safely" because the numerous intrusions that come at doctors from insurers actually are a serious distraction than can cloud doctors' judgment and lead to medical errors that harm patients and end up as malpractice suits against doctors.

In fact, I have suggested to my state medical society that the "distraction factor" be used when appropriate as a defense in cases of malpractice. The loss of attention and composure caused by insurers' regulations is bad enough but the ICD-10 rulings are unconscionable.

2) As Dr. Wax pointed out, other countries use them for data collection, not for billing.

It is good that Dr. Wax has brought this to the pages of Medical Economics. But it needs to be expressed in the public arena as well. Until the public understands the severity of the problem doctors will continue to be exploited and will simply shrug their shoulder and accept their servility grudgingly but accept it nonetheless.

Without public opinion on our side, those aligned against us will continue to invade the house of medicine and impose their will and their vision of how medicine should be practiced.

**Edward Volpintesta, MD**  
BETHEL, CONNECTICUT