



Burnout is wearing doctors down. Could Medicare for All help?

— TRANSCRIPT —

Dispatcher: 911, what's your emergency?

Caller: America's healthcare system is broken and people are dying! (ambulance siren)

Welcome to **Code WACK!**, where we shine a light on America's callous healthcare system, how it hurts us and what we can do about it. I'm your host, **Brenda Gazzar**.

(music)

This time on **Code WACK!** What are doctors doing to reform America's broken healthcare system? Why do some doctors support improved Medicare for All while others oppose it? To find out, we spoke to **Dr. David Leibowitz**, who conducted lab research for about 20 years before spending another 20 as a hematologist oncologist helping cancer patients. Now retired, Leibowitz fights for improved Medicare for All and is the past chairman of Physicians for a National Health Program-California, a nonpartisan voluntary organization that supports equitable access to high quality health care as a right to all people.

Welcome back to Code WACK!, **Dr. Leibowitz**.

(01:01):

Leibowitz: Thank you. It's a pleasure to be here.

(01:04):

Q: As you know, in early 2022, Gov. Gavin Newsom's Healthy California for All Commission made a strong case for a California Medicare-for-All program. What do you think are the biggest concerns some doctors have about adopting Medicare for All?

(01:19):

Leibowitz: So, I think as would be true for most people, physicians are concerned about their income and probably income and the freedom to practice the way they would like to practice and they're worried that both of those would disappear. Part of this relates to the fact that more and more doctors are employed rather than independent, so that even now doctors' freedom in terms of how they treat patients is not as great as it once was because companies that want to make money would like to have doctors practice in a way that is less expensive.

Then it, you know, in terms of income, since it would be a totally new system, people are worried that their income would be lower and part of that relates to the current reimbursement cuz our system is an enormous mess and reimbursement rates are different between private health insurance – employer-sponsored private health insurance, Medicare, and then Medicaid and Medicare and Medicaid have always reimbursed less than private insurance and Medicaid is quite low.

(02:39):

Medicare is kind of in between the two and the private insurers have been tending to try to lower their reimbursements towards Medicare, however that would turn out, that's one of the things doctors worry about. Probably the best comparison we have would be Canada and in Canada, primary care physicians,

that's another problem we can talk about, but primary care physicians in Canada are actually paid a little bit more than what they're paid in the United States and specialists are paid just a bit less, but still quite well. So we don't really think that there's going to be an enormous change in physician compensation. The importance of primary care physicians are that having enough primary care physicians to take care of everyone makes a lot of difference in terms of how much health care costs. Because if you have people kind of running willy-nilly to see specialists who are only looking at a small part of the individual and generally charge more, you end up with health care that's not very well synchronized. It's not cohesive. That's what a primary care doctor can do, can make sure that the whole person is cared for in the appropriate way and so Canada has a much larger number of primary care doctors per person in the population and that's actually true for all the other developed countries also and the improved Medicare for All programs usually include some way to encourage doctors to go into primary care.

[\(04:31\)](#):

Q: Got it. So what do physicians have to gain for having and supporting improved Medicare for All?

[\(04:37\)](#):

Well, they would probably not burn out as much. Doctors today sometimes spend as much as three hours a day with paperwork documentation. There's actually a very interesting slide I saw comparing how long...so most things now are in an electronic medical record and so they can figure out how long each doctor's note is about a particular patient and if you compare the size of notes in the United States compared to other countries, it's about four times as large. And that's not because the care is four times as good, it's because the whole set of regulations related to reimbursement has meant that doctors' notes have become voluminous and contain a lot of information that actually can be quite distracting and make it make it difficult to find the little bits of information that you actually need to take care of someone.

[\(05:42\)](#):

Q: Wow. So if doctors would be spending less time on documentation and medical records, wouldn't they be able to see more patients?

[\(05:50\)](#):

Absolutely and that is kind of figured into most of the planning about single payer. I mean, most doctors like doing things with patients. If a doctor discovers that they don't really like that, they will typically go into some aspect of medicine where they don't really have much contact with patients but for most doctors doing things with patients is the fun part and so if they didn't have to spend as much time with documentation and they didn't have to worry as much about whether a particular treatment that they thought was indicated would actually be paid for, doctors would be much happier and actually the studies that have been done in California and also nationally show that more than 50%, often around 60-70% of doctors approve of a single-payer plan.

[\(06:47\)](#):

Q: How much did you say?

[\(06:49\)](#):

Leibowitz: 60% to 70%.

[\(06:51\)](#):

Oh wow. That's more than I thought.

[\(06:52\)](#):

Leibowitz: Yes. It's remarkable.

[\(06:54\)](#):

Q: For those doctors who do have concerns, what's the best way to address them?

[\(06:59\)](#):

Leibowitz: Well, for the doctors themselves, I think the best way is to try to educate them and so Physicians for a National Health program is the largest

doctors' organization that supports single-payer health care and so part of its mission is really to try to convince doctors. We obviously like to convince everybody, but I guess we'll try to influence doctors and then hopefully doctors will influence more people outside of the physician group.

You know, obviously the other large organized group of physicians would be the American Medical Association and they have really opposed any kind of national health program going back easily to President Truman and actually even Roosevelt thought about, but decided against trying to start a health program at the time he started Social Security cause it seemed like there was going to be too much opposition to it. And I mean the AMA was strongly against Medicare, but then as it turned out, Medicare boosted physician income quite a lot.

But you know, single payer is not a way to boost physician income. That's not the main reason for thinking it's a good thing. But we'd like the AMA to support it. They, I suppose, are worried again that income will go down. That's been the main focus of the AMA in terms of things they do support or things they oppose, it's mainly been related to how they think it will affect income.

[\(08:45\)](#):

Q: I guess my first question is how can they not support something that would save so many lives?

[\(08:52\)](#):

Leibowitz: Yes, that's what I would ask also and I think some of the doctors in the AMA are starting to ask that same question and they are at least opposing single payer a little bit less strongly than they used to and in California, there is a group of doctors within Physicians for a National Health Program who are trying to set up a single-payer caucus within the California Medical Association.

[\(09:22\)](#):

Q: How interesting. So they're trying to set it up, but it hasn't been set up yet?

[\(09:27\)](#):

Leibowitz: No, no but they're actually working quite actively on it now.

(09:33):

Q: So doctors who are in PNHP or Physicians for a National Health Program, can they also become a member of the AMA?

(09:40):

Leibowitz: Oh yes, absolutely.

(09:42):

Q: Okay, interesting. Are you currently practicing as a doctor?

(09:46):

Leibowitz: No, I retired about three years ago.

(09:48):

Q: What was the last place you worked?

(09:50):

Leibowitz: The Palo Alto Medical Clinic in Palo Alto. It's part of the Palo Alto Medical Foundation.

(09:57):

Q: So what do you see as the biggest obstacles to winning single payer in America?

(10:01):

Leibowitz: The vested interests that have almost unlimited sums of money to fight against any change. The healthcare lobbying group overall, I think, is the largest single lobbying group in Washington DC and the insurance industry and the pharmaceutical industry are the two biggest opponents because they would stand to lose the most. The hospitals that have been consolidating into relatively larger organizations also tend to oppose single payer. It's not clear that they really have as much at risk, but it would be something new and hospitals would be

financed in a different way and so they're certainly afraid of change, but the big opposition is from the insurers and the pharmaceutical companies who have a lot of money that they can donate to elected officials so it's the old, old story really.

(11:07):

Q: Is that the main obstacle in California as well?

(11:10):

Leibowitz: Oh yes, absolutely – without any question.

(11:13):

Q: So what can be done about that, do you think?

(11:15):

Leibowitz: Well, campaign finance reform would be good, but that's not very likely. There was an attempt to do that more than 20 years ago, and it didn't last very long. So as long as companies can give enormous amounts of money to people running for office, it's a tough problem. I mean, there are two ways to set up the system. You can do it by legislation, or in California in particular, you can have a voter-initiated proposition and initiative, which would set it up and either way is possible, even if legislation is passed, there will have to be a statewide vote afterward because the funding would require some changes in parts of the state constitution, which have resulted from initiatives in previous years.

(12:12):

Q: Got it. So what can we here in California do to help win single payer?

(12:17):

Leibowitz: Educate and inspire people – that's really the best thing we've come up with and there are a number of different kinds of efforts that are going on. And if someone, if you're in California, you can look at the PNHP website or you can look at the website. There's a coalition of single-payer supporters – Healthy California Now – and if you start there, or if you start at the PNHP CA website, there's

information about a lot of different things you can do. In some of the states, there are actually pretty well developed single payer advocacy groups also. Certainly the state of Washington, Colorado, Maine, and New York all have pretty strong groups advocating for single payer. The state of Washington actually had a commission like the Healthy California for All Commission in California, and they actually reported a year or so ago so there is a large movement in the state of Washington so I think that that's all we can do right now.

[\(13:31\)](#):

Thank you Dr. David Leibowitz.

Do you have a personal story you'd like to share about our 'wack' healthcare system? Contact us through our website at heal-ca.org.

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