

## CASE 11

Dr. Lyle Johnson's last patient left at 6:30PM but he had to call several others before he could lock up his office and go home. In the sixteen years he had been out of medical school, practicing medicine had changed from being fulfilling to feeling like drudgery. Insurance reimbursement for seeing his family practice patients had changed so that he needed to spend more hours working, and to see more patients to maintain his income. He hated keeping his eye on the clock, discouraging long conversations with patients, and, most particularly, missing time with his family. He loved being a doctor but thought it was telling that he found himself envying older colleagues who took early retirement.

As he drove home, hoping to get there in time to see his daughter off on her first date, he contemplated a possible change in his life. For some time he had been considering converting to what is called a 'boutique' or 'concierge' practice. He had read extensively about these arrangements whereby the practice is comprised of a very small number of patients who pay the physician a monthly or annual retainer. In exchange for this 'membership' fee, the patients are guaranteed same-day or next-day appointments, easy access to the doctor (by phone, email, pager), ample and flexible appointment times, and other amenities that might include newsletters, wellness programs, home visits, physicals, etc. Some physicians he read about had completely opted out of dealing with any health insurance and charged very large annual fees (\$20,000) to provide all services to their patients. Lyle was not comfortable with that arrangement, feeling it would surely be too expensive for many of his current patients. He also felt it would be less risky for him to allow insurance to cover services delivered and simply charge a \$1000-\$1500 annual fee that would make up for what he would lose by seeing far fewer patients.

Lyle found himself smiling at the prospect of being able to have lengthy discussions with patients, getting to know them again and understanding the context of their medical problems. On the other hand, several issues kept nagging at him. He did not worry about being able to have sufficient patients since the majority of his patients were modestly wealthy. He fretted, however, about whether he could feel right about forcing patients who could not afford the fee to find another physician, even if he helped them find another doctor. He felt some moral obligation to serve at least some of the many indigent patients in his community. Although a report from the AMA's counsel concluded that retainer medicine was unlikely to become a very large phenomenon, Lyle still worried about critics' predictions that if many physicians followed this route, America would end up with a two-tiered medical system: one for the rich, and one for the poor. Lyle had grown up in a family with a strong sense of social responsibility and lived this value in his work and life. He had a vague sense of unease with the idea that he would be charging patients more to get the kind of medical service everyone deserved.

Lyle had studied guidelines for such practices outlined by the AMA Council on Ethical and Judicial Affairs and he felt he could abide by them.

Turning onto his street, he saw his daughter riding away with her date. He vowed to talk to his wife about making this change.