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## “Decent respect”: An Update on United’s October Surprise

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PERHAPS I WAS FEELING oppressed and rebellious, and that is what drove my thoughts to those ringing words in the Declaration of Independence: “When, in the course of human events, it becomes necessary for one people to dissolve the political bands which have connected them with another, ...a



decent respect to the opinions of mankind requires that they should declare the causes which impel them to the separation.” The 1137-word Declaration could have been a whole lot shorter, had it not been for the “decent respect” for public and world opinion that compelled the framers to spell out the rationale for their drastic action.

“Decent respect” is something UnitedHealthcare apparently feels it owes to no one – not to doctors, patients, the media, state authorities, federal authorities or elected officials in Rhode Island or Washington. As we have seen from time to time in the past and are seeing now again, opacity is deeply ingrained in the corporate culture of United. In an age when corporate crisis managers and public relations professionals usually counsel transparency as the best policy, United’s studied reticence seems oddly old-fashioned and self-defeating.

Granted, United was respectful enough to bring some of its top national and regional leadership to meet with

us at RIMS’ offices on November 14 to address, in their word, some of our “confusion” regarding the recent wave of terminations from United’s Medicare Advantage network. Once seated in our conference room, however, they politely refused to provide answers to most of the questions we

had about their rationale, their methodology, the numbers and the characteristics of physicians affected, the impact on patients, and United’s further intentions for the future. They repeated that they were just trying to prepare for coming federal cuts that are designed, over the next ten years, to bring Medicare Advantage’s per capita costs more closely into line with what are traditional Medicare costs per beneficiary.

When we asked when United would be providing notice of the terminations to their subscribers, we learned that a letter was “in the mail” and that subscribers would be receiving it shortly. When we asked if they could please provide a copy of the letter to us, they said no, they would not do so.

Well. With tens of thousands of those letters going out to Rhode Island subscribers, copies were inevitably going to find their way to the Medical Society in very short order. And indeed, an angry subscriber faxed us a copy of the letter the very next morning!

The letter is interesting. First of all, it addresses the subscriber by her first name. (There’s that “respect” thing again.) And naturally it includes the obligatory boilerplate (“We value you as a member.” “We are here to help.” “Your health is important to us.”).

But then there’s a hint of candor in a paragraph that conceals more than it reveals:

“Health care is going through a transformation. As part of this transformation, UnitedHealthcare® is taking a new approach to managing the provider networks for our Medicare Advantage plans as we strive to help meet the specific needs of members. This means some doctors will not be part of our network going forward. However, we remain dedicated to offering you a strong choice of doctors now and in the future.”

The letter names the patient’s physician as one of those “who will no longer be a part of your plan’s network.” The patient who received this letter immediately telephoned the physician in question, who, as it turned out, had been unaware until that phone call that she, too, was on United’s list for termination. Other physicians have reported the same experience of first learning of their termination through their patients rather than directly from United. **Please note:** Any doctor who receives notice of a February 1 termination later than October 31 has a right to appeal on that

basis alone, since United is contractually obligated to provide 90 days' notice. Appeals on other grounds (e.g., related to access or quality patient care) appear to be irrelevant and futile, as we are learning from members' reports of their appeal hearings.

In response to our questions on November 14, the United executives repeatedly advised us that everyone who approaches the Medical Society for information, advice or comment about United, whether they be physicians, patients, governmental authorities or representatives of the media, should be referred to United directly. "Just have them call us." They made it clear that they do not trust RIMS or anyone else

to comment fairly and accurately on United's practices and policies. They insist that their corporate spokespersons should be the sole conduits of any information – but, in fact, no information is forthcoming.

United's intense need to limit and control information has costs and ironies. The resulting vacuum quickly fills with speculations, suspicions and vituperations that fester as they go unanswered. The irony is that by trying to control its message so tightly, United actually loses control and fosters the impression that it may be acting in bad faith. But who am I to question the corporate strategy of an enterprise as successful as UnitedHealthcare Group?

I can imagine their internal discussion: if we respond to questions, that will only lead to more questions.

Our 1776 Declaration speaks of truths that are "self-evident." I am not sure I believe there are such things as self-evident truths. But I do believe it is quite evident that United, in remaining stubbornly uncommunicative, betrays an impressive lack of respect for the community – not only for the medical community, but for its own subscribers and for everyone who cares about meeting the challenges of delivering quality, cost-effective healthcare services to Rhode Islanders. ❖



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## Altruism and my Nine Gallons of Blood

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THE NOTION OF WHAT altruism is, particularly whether it even exists, is one of those philosophical issues that I assume most of us have grappled with. Doctors are, I believe, often assumed to be more altruistic than the average citizen by virtue of our willingness to provide care, support



and help to those in need, coupled with our often extremely long hours and our lengthy and intensive training. We proved our commitment by getting to where we are. We welcome all comers, whether we like them or not. We ease their burden by sharing their sometimes very bad news. But we do get our rewards. Most of us are paid quite well, perhaps not as well as we might had we become plumbers straight out of high school, or went into investment banking after college; nevertheless, most of us rarely want for the essentials. We are held in high regard in the community and, most importantly, we generally have high job satisfaction. It feels good to help people.

Are our actions altruistic? Is there such a thing? Don't we get some reward for the sacrifices we make, even if the reward is simply feeling good about ourselves for doing something even when, or particularly when, no one else knows about it? I got to wondering about this again for two reasons. The

more important is that I recently received the Charles Hill Award from the Rhode Island Medical Society for service and contributions to the community by being editor of this Journal for 15 years. The second is that I just got my mug from the Rhode Island Blood Bank for donating my ninth

gallon of blood. It would have been more if my trips to Africa didn't lop off a year of eligibility to donate after each visit.

So I sound like a good guy, maybe even altruistic. After all, this is volunteer stuff that I get no "reward" for, but that's really not true. However, I think that a mug isn't good enough for a tenth gallon. Maybe a ten-gallon cowboy is more appropriate, but then not many people, and certainly not me, will wear a cowboy hat in Rhode Island. I think I'll try to convince the blood bank to give a t-shirt for the tenth gallon so I can wear it, boast about it, and hopefully get others to go for a ten-gallon t-shirt of their own. Of course, if I keep going back to Africa I'll be dead from old age before I can get that t-shirt. I feel good giving blood. Most of the time no one knows I've donated. I keep it to myself, which, of course sounds altruistic, but it makes me feel good. I know that I'm helping someone and that no one knows it. I'm a secret helper, which makes it feel twice as good. So, no, that's not altruism. I'm

rewarding myself. One definition of altruism is: "A behavior is altruistic if it brings any kind of benefit to other individuals at some cost for the agent, and if there is no foreseeable way for the agent to reap compensatory benefits from her behavior." That doesn't sound like me. I get benefits from my behavior.

I'm not a philosopher or a logician, so I looked up an article on altruism, determined to see if someone's unlocked this enigma. The authors of the article I read categorized altruism into four types: psychological altruism where the "genuine" motivation is to help others; reproductive altruism, in which the actions are to improve another's survival and reproductive chances in return for some sacrifice; behavioral altruism, which involves "bearing some cost in the interest of others;" and preference altruism, in which one favors others' interests.

I'm not convinced there are such categories. I think that if one has time to make a decision then one is probably never completely altruistic. If you stop to think whether you should run at the maniac with the gun in a crowded theater rather than hiding, then in some conscious part of your brain you've made a decision that you'd rather die than live with the feeling of not having made the attempt. Several years ago, someone in New York City jumped onto the tracks in front of a subway train to save a person who fell after suffering a seizure. Surely he had no

time to think about feeling good due to his heroic action – if he came out alive. And then there was the incident of a French teacher who barricaded his students into a room as he remained outside, gunned down by a lunatic but saving those inside. Soldiers do this for their comrades. I can't imagine that all of these people, especially the ones who act on an instant, have any time to think. So, maybe that isn't a sacrifice, if the choice was not conscious. I view these, however, as "pure" acts, sacrifice without thought of reward.

I have done volunteer work. I've "donated" my services, but there has always been a reward. If my motivation for teaching in Africa was purely altruistic I'd better serve those people by working hard at home and sending the money I

made, then they can hire a "real" doctor and get the needed medical supplies. I like editing the Journal. It's like a hobby. Altruism is not a zero-sum game. One person or group wins, the altruist loses. That is, perhaps, the essence of the thing. Altruism is not an equation, whereas volunteerism is. Volunteerism is good, and often worth rewarding even if we reward ourselves by patting ourselves on the back. Getting rewards from others has been, at least for me, more humbling than anything. How does one keep from disappointing? Visible rewards come with expectations. They can be difficult to cope with.

I've decided that if I can't convince the blood bank to produce a ten-gallon t-shirt for my tenth gallon, I'll pay to have one made. I earned it. ❖

#### Author

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#### Disclosures

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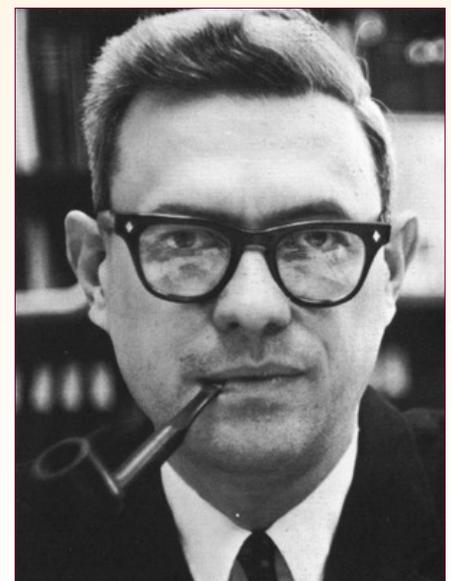
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Dr. Aronson in 2007 receiving Doctor of Medical Science (DMS) at Brown in 2007.



Stan Aronson, MD, in the early years in the 1950s at Downstate Medical Center in NYC.

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## History Issues a Cautious Summons to Reason

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**H**ISTORIANS ARE RELUCTANT to assign precise dates to what they have cautiously called the Age of Enlightenment; most have agreed, though, that the Europe of the 16th Century might be as close a date as they dare to choose. Yet they are uncomfortably aware that this same century had



witnessed a king of Scotland publishing an encyclopedia of witchcraft called *Demonologie* while sanctioning death sentences for those convicted of witchcraft, evil incantations, sorcery, exorcisms or the casting of an evil eye. And so, between 1560 and 1600, Scotland executed some 6,000 women, burning them at the stake for the sundry forms of sorcery. And in neighboring England, under Elizabeth Tudor's laws of 1562, witchcraft was similarly a capital crime, but with typically Anglican forbearance, only 81 women were executed.

The combined forces of recurrent pestilence, periodic famine and widespread illiteracy kept Europe enthralled to a medieval mode of living and thinking for centuries. Witchcraft, in the Western nations – and its transatlantic colonies – would not disappear as a declared crime for another century; and sadly, seeking out witches, particularly those who express unpopular views, continues to be a popular bloodsport. Yet despite the residue of allying elderly women

with sorcery, enlightened reason was timidly advancing during that eventful 16th Century.

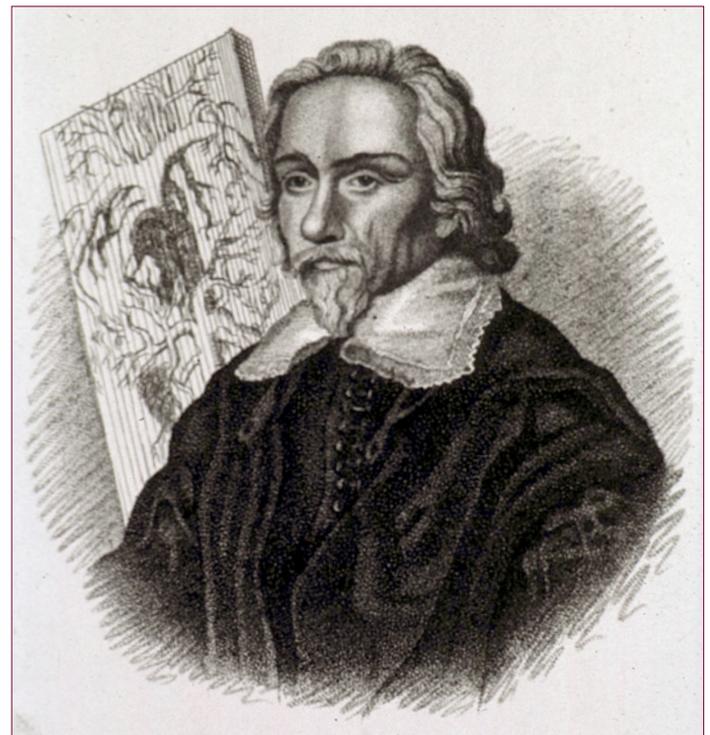
The relentless pandemics of the past, such as the bubonic plague, diminished appreciably in late 16th-Century Europe. This, and a general improvement in urban sanitation, led to improved

health conditions and, inevitably greater survival particularly of the newborn. Inevitably, this led to a demographic revolution; and for the first time in recorded history the European population swelled dramatically prompting thoughts of colonial expansion and newer ways of producing needed commodities.

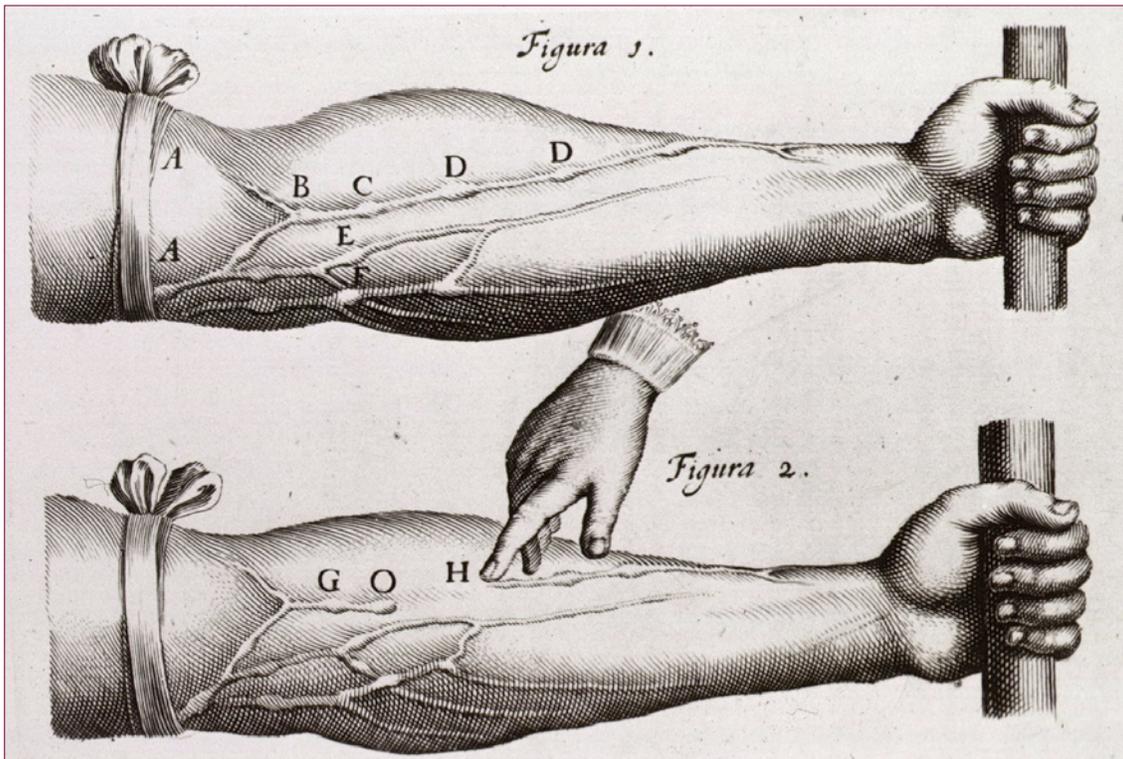
Isolated writers, including Francis Bacon (1561–1626), Benedict Spinoza (1632–1677), and Voltaire (1694–1778) now talked of reason, rather than revelation, as the basis for wider understanding of the world and its humans. Personal, independent thinking, and the alternative hazards of ignorance, were

emphasized when Voltaire declared: “Anyone who has the power to believe absurdities has the power to make you commit atrocities.” And many enlightened writers reminded their readers that the greatest danger was not acknowledged ignorance but the illusion of knowledge. All of these forces of reason accompanied a concerted expansion of transnational trade, national industries and international exploration.

Artisans, thinking of constructing more than one finished product – a set of wagons perhaps for a wider market – now needed more exacting tools and arithmetic methods to transform their



Portrait of Dr. William Harvey (1578–1657) with arterial chart in background.



*motu cordis* (on cardiac motion). Harvey, in his extensive knowledge of comparative embryology, dared to utter the Classical: “*Omni animal ex ovo.*” (Every animal comes from an egg.)

It was a time in human history when science matured into an international undertaking; when publishing, a 15th-Century invention, suddenly discovered the merit of mass production of texts, including the Bible as well as broadsheets, sometimes called newspapers, to answer the previously unspoken needs of an increasingly literate

Book illustration by Joannis Maire, 1639.

multiple products to a reality. A Scot named John Napier, in 1614, devised an ingenious mathematical procedure to hasten the tedium of calculation. He called his system, the logarithms; and in the next few decades other arithmetic discoveries and new navigational instruments made global commerce more feasible. The modern science of algebra (from the Arabic, *al-jebr*) came to be widely known in West Europe, largely the labors of Thomas Harriot (1560–1621). Harriot, a polymath, accompanied Raleigh to the Roanoke, Virginia, colony and assembled the first dictionary of the Algonquin language.

Harriot was also one of the first to use a newly devised instrument called the telescope. He was joined by others cautiously divorcing themselves from the ancient and mysterious flimflam called astrology which allowed some to predict the future of the gullible by noting the

position of the stars at the time of their birth. Astrology, firmly established in the dark spirit of the times, provided two principal services: Horary, or natural, astrology which judged the wisdom of a contemplated venture; and judicial astrology, which foretold events in the future, offering predictions coached in words of exquisite ambiguity. Others employed the telescope for such mundane purposes as the study of the nature and structure of the universe.

Great global explorations were undertaken, reasonably accurate maps were drawn, the oceans were defined and imaginary circumpolar lines were envisioned, called lines of longitude, to aid in transnational navigation.

The latter 16th Century was witness to William Harvey’s early explorations of the nature of human blood circulation and his summary text published much later in 1628 and popularly known as *de*

populace. And an industrial revolution was waiting breathlessly in the wings. ❖

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#### Disclosures

The author has no financial interests to disclose.