



James Szalados, MD, MBA, Esq.
President
Monroe County
Medical Society

“in order to really accomplish its goals, efforts at (Healthcare) reform must focus on mutual responsibility—among patients, providers, insurers, governments and employers. At the heart of all healthcare is the patient, the focus of all we do as providers.”

Patient Responsibility: The Power Within

“With great power comes great responsibility...” (Spiderman, Columbia Pictures, 2002)

When I was very young, I could always count on my parents to be there for me and to take care of my needs. With age came new freedoms, and, inevitably, new responsibilities. Of course, in complex matters, it is important to have an advocate, someone who understands, cares, and is duty-bound to do their best. Physicians’ duty to patients is called a ‘fiduciary duty’ because of immense complexity of medical care and also because of the imbalance of knowledge, experience, and training between physicians and most patients. Nonetheless, as I learned when I was young, all rights come with associated responsibilities.

Patients’ rights are many: the right to be treated with dedication, respect and compassion; the right to honest communication with the care team; the right to determine treatments through consent; and the right to privacy, to name a few. So pivotal is the respect for patient rights that they were passed as ‘The Bipartisan Patient Protection Act’ by the US Senate as Bill S.1052 of the 107th Session (sometimes incorrectly referred to as the McCain-Edwards-Kennedy Patients’ Bill of Rights) in 2001. Informing patient of their rights in writing is mandated by state law and also by the Joint Commission, the body which accredits hospitals.

On the other hand, patients’

responsibilities are, thus far, less well defined.

Perhaps the most basic of patient responsibilities is that of maintaining as healthy a lifestyle as possible – this is important since, no matter how great the subsequent medical care that patients will receive, very little can be done to reverse the effects of chronic disease.

Over 162 million cases of the most common chronic diseases (including cancers, diabetes, heart disease, hypertension, stroke, and pulmonary disease) were reported in the U.S. for the year 2003. To at least some extent, many of these chronic diseases are related to lifestyle (including sedentary living, tobacco use, texting and driving, unprotected sex, poor diet choices, and not wearing motor cycle helmets or seatbelts) and are well-recognized to shorten lives, reduce quality of life, and create considerable emotional and economic burden to patients and caregivers. In fact, conservative estimates suggest that the annual costs associated with just these chronic lifestyle-related disease approaches \$790 billion (2003 dollars) in direct expenditures and \$3,361.1 billion in lost productivity.

Many would also argue that patients also have a responsibility to follow the advice of their physicians, or, if they disagree with the recommendations, to seek a second opinion. Indeed, in as complex a relationship as that of the patient and physician, respect must be mutual in order for the treatment plan to be truly collaborative, and

therefore effective. Hippocrates noted that patients were dishonest about whether or not they took their medicine as directed. Noncompliance, or a failure to adhere to a prescribed course of therapy, remains a challenge to this day, and estimates of noncompliance range from as low as 4 percent to as high as 92 percent of patients.

Patients can also impact costs of healthcare by choosing a primary health care provider with whom they establish a long-term relationship instead of using the emergency room for routine health care needs. Simply stated, the goal of federal healthcare reform is to increase access to high quality healthcare but with the goal of containing healthcare costs. The government fully recognizes that improving the overall health of the US

population at a manageable cost will not be possible without the individual commitment to lifestyle change that comes from individual responsibility and participation. In fact, the promotion of personal responsibility for health and for seeking cost-effective health care options is an integral part of the federal government's "Roadmap to Medicaid Reform." It is not impossible that unless we accept our individual responsibilities for our health, we will compromise our individual rights in healthcare.

It is certain that the US healthcare system has long been in need of change. We will all benefit from safety measures, elimination of waste, improved communication between the healthcare team, and enhanced coordination of care. However, in order to really accomplish its goals, efforts at reform

must focus on mutual responsibility—among patients, providers, insurers, governments and employers. At the heart of all healthcare is the patient, the focus of all we do as providers. However, all the current efforts at improving health and healthcare will fail if each and every person is not committed to health, before they become patients. Indeed, patients have many rights; but, with those rights there is inevitably associated a great responsibility.

James E. Szalados, MD, MBA, Esq. is board certified in anesthesiology and critical care medicine and currently practices with Westside Anesthesiology Associates of Rochester, where he is medical director for respiratory care. Dr. Szalados is also an attorney concentrating in healthcare law.