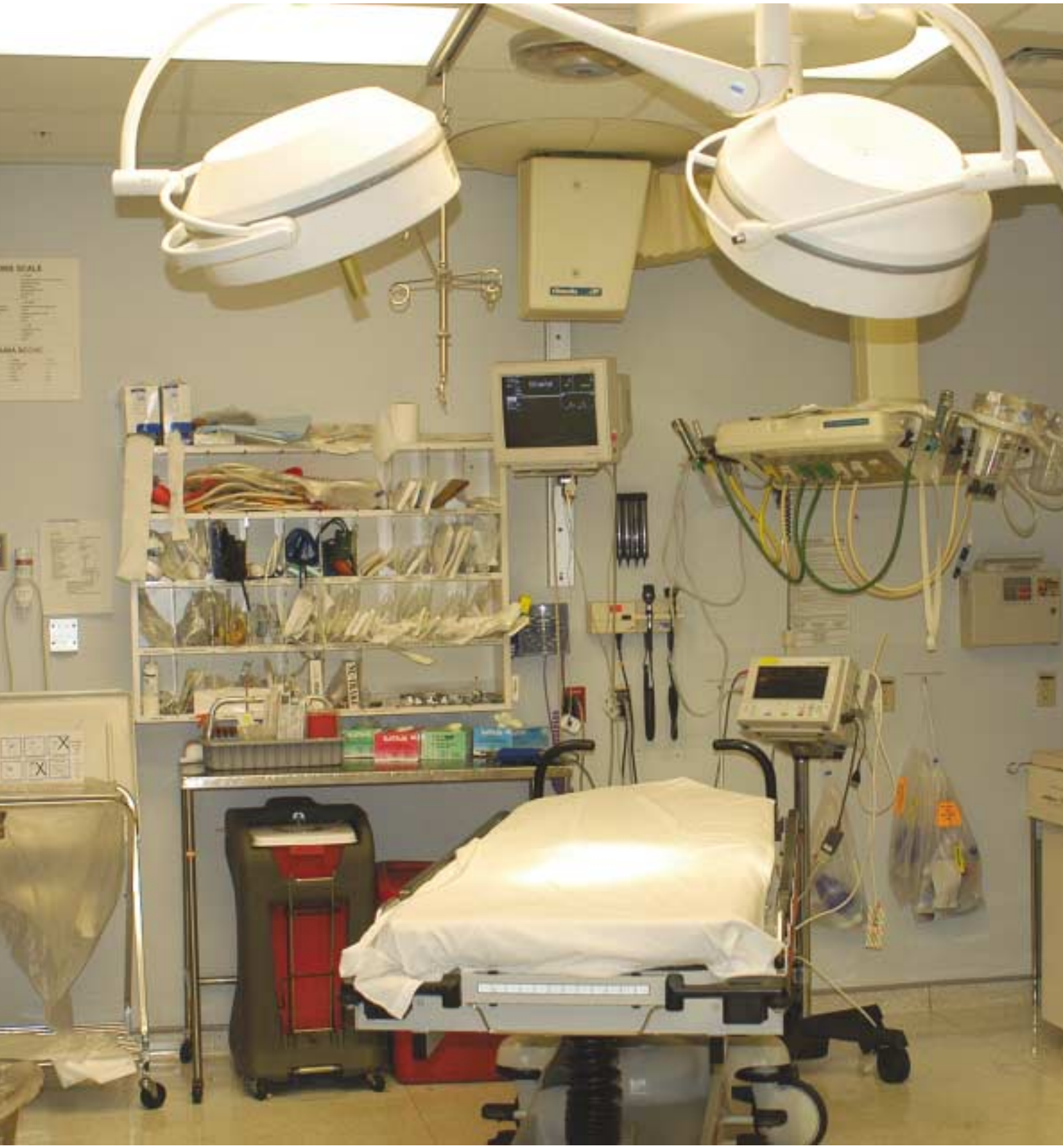


Prognosis Grim for Southwest Florida Medical Industry

Increasing pressures are making it harder for doctors to save lives, and many are deciding Florida sunshine isn't worth the cost.

TEXT BY ROGER WILLIAMS
PHOTOS BY RHONDA MANDEL

At 9:15 on a Wednesday morning, the last thing on Dr. Dean Goldberg's mind is money.

Seven floors above the Trauma Center of Lee Memorial Hospital in downtown Ft. Myers, Goldberg is greeting outpatients who have morning appointments. The 38-year-old general surgeon will also serve as the Trauma Center's on-call doctor for the day—not an emergency room doctor, who might treat cuts and colds along with more dire problems, but the man charged with warding off death for those faced with its imminent and often unnatural arrival.

Gathered in his small waiting room, Goldberg's patients bear the visible evidence of terrible injury and repair. Whether they can pay the hospital bill for the doctor's lifesaving work on their behalf isn't his worry. But other problems are.

An amiable Frankenstein sits politely in the corner, his forehead traversed with an eyebrow-to-eyebrow row of stapled stitches bisected by a second row that extends almost from his hairline to the bridge of his nose.

A cheerful Frosty the Snowman, various limbs white with casts, jokes with her friends—she faces them from a wheelchair parked in the center of the waiting room.

Unbeknownst to them all, only moments before and forty miles to the south, the doctor has just acquired a new patient. A man lies with little or no life signs in a tangle of automotive steel twisted chaotically into the center of State Road 951 near Naples. He has not yet been pulled from the wreckage.

9:18 a.m.: One of two pagers the doctor wears on the outside of his green scrubs sounds. He picks up a telephone, then moments later sets it down. "We've got an incoming med-air flight," Goldberg announces quietly. That means the victim, designated as Patient L, was too far away to transport by ambulance. He will arrive at Lee Memorial's Trauma Center by helicopter.

Goldberg issues instructions to his staff. Aside, he says, "I try not to get too much into the story except for the mechanics of the injury. Race? Religion? Age? Nationality? Drinking or drugs? Doesn't matter, I don't care." He grabs a small pack with a pair of

stainless-steel forceps hanging like combat gear on the outside, slings it over his right shoulder, and starts down the hall toward the elevators.

For Goldberg and about 920 other men and women licensed to practice medicine in Lee County, this is just another day. The routine demands of patients, the challenges of medical science and art, and the growing economic pressures almost guarantee sunrise-to-sunset stress.

"Most physicians here have seen dramatic reductions in income—maybe they make half to a third less than they made ten or fifteen years ago," says Dr. Steven West, a veteran cardiologist at the Southwest Florida Heart Group. The reasons: spiraling medical malpractice insurance and the failure of government programs to pay the full cost of medicine, especially for the elderly.

"There have been five major cuts in Medicare since 1985, and a number of my colleagues have left Florida as a result," West explains. His patients rely more than those of northern doctors on Medicare, the government insurance for those 65 or older. Northern doctors, therefore, make more money, he says.

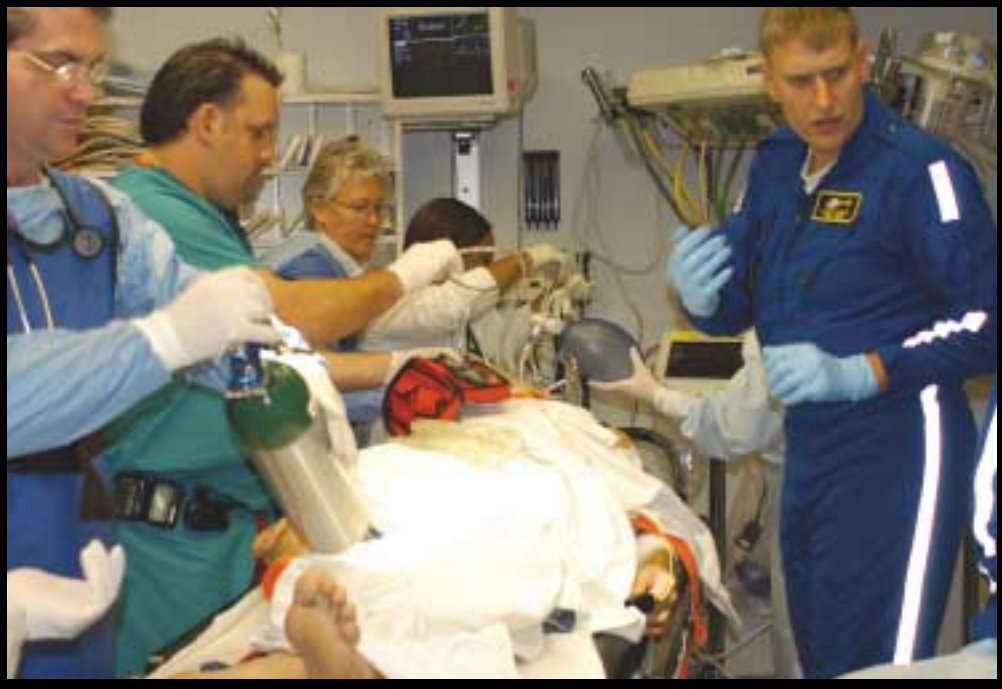
West wasn't thinking about that when he arrived to practice medicine in Southwest Florida almost eighteen years ago. "But I got mad," he admits, explaining his now frequent lobbying for doctors' rights in Tallahassee. "Florida has the lowest Medicaid rates, the worst workman's compensation rates, and the worst personal injury insurance rates in the United States."

The biggest problem, perhaps, is a corollary to those: New doctors are increasingly hard to recruit from the prestigious medical schools in the North.

It took years, for example, just to hire five new cardiologists at the Southwest Florida Heart Group, says James Langley, Jr., the chief administrator. These doctors (three with Ivy League fellowships) will begin their Florida careers faced with a burdensome statistic: 65 to 70 percent of the Heart Group's patients rely on Medicare.

The burden isn't the people, but the program. Unfortunately, reports Langley, Medicare no longer guarantees the cost of exceptional treatments, or even some others. "Last year the federal government on average had a 5.4 percent reduction on reimbursement for Medicare patients," he says. "But in cardiology it was 11.4 percent; it's been calculated that this year it will be in the range of 10 percent."

The reduction corresponds directly to reduced income for the hospitals or private practices that offer treatment. If a doctor received $10,000 from Medicare for a given treatment or surgery two years ago, by later this year he or she might take in the equivalent of $8,000 for the same treatment, Langley explains.



The trauma team, led by Dr. Dean Goldberg (second from left), goes to work on Patient L, brought in by flight medic Lt. Scott Wernert (at right).

9:27 a.m.: Goldberg reaches the hospital's ground floor and walks into the trauma room. Emergency-care nurses, X-ray technicians, and another doctor from the emergency room have already arrived. Even a social worker pops in dressed in casual street clothes. He will try to identify the patient, round up his valuables, and contact relatives.

"What's the ETA?" Goldberg asks instantly.

"Ten minutes, but that was five minutes ago," someone responds briskly.

He quickly scans the setup.

Painkillers, antibiotics, and other drugs lie at the ready. High-tech machines stand by.

"I never get tense waiting," Goldberg says, but then he amends the comment. "Except for kids."

Team members calmly roll on latex gloves. Only the idling purr of expensive machines now disturbs the quiet. But no one appears relaxed.

Although Lee Memorial will pay the doctor no matter what happens, if Patient L can't pay his hospital bill for the morning's work, everyone may suffer.

"What will impact Southwest Florida most," the Heart Group's Langley predicts, "is if doctors have to limit Medicare beneficiaries. Because medicine is not paying what it costs to operate a practice, the physicians' incomes will come down substantially and the patients will suffer. You throw in a 68 percent increase in our health insurance benefits (the cost for all employees in the Heart Group is borne by the twenty-one cardiologists, typical of private practices everywhere), and doctors are making a whole lot less."

They also face specific regional problems. Last November, Lee County voters rejected a sales tax increase to fully fund the Trauma Center, leaving its existence in question. (Patient L, for example, would have been flown to Tampa or Miami instead of Ft. Myers, both more than twice as far, if no Trauma Center existed in the City of Palms. Such decisions are made by the first officials to reach the site of a calamity, who must quickly determine if extreme care is required.) Hospital lobbyists are now scrambling to convince both citizens and elected officials to consider funding from different angles.

Another hot button issue is malpractice insurance. On that front, a task force created by Governor Jeb Bush has recommended a cap on so-called "non-economic awards" juries frequently assign to winners of medical malpractice lawsuits—monies that have little to do with damages or reasonable recovery, doctors say. The presumption is that caps on these punitive damages would induce insurance companies to lower physicians' premiums.

Given such a medical-industry morass, the powerful attraction of clean beaches, brilliant gulf waters, unimpeded sunlight, safe neighborhoods, and desirable real estate all compete with heavy-duty drawbacks, in the minds of many physicians.

"You can't just be a doctor anymore," says Goldberg, who began his working career as a commodities broker before finally answering the call to help people directly. "Now you have to be a business person, too."

A person who, in many cases, knows how to subtract. In Southern California's Los Angeles County, for example, a cardiovascular surgeon pays $42,000 per year in malpractice insurance, statistics show. In Miami, he or she might have to fork over $200,000 per year.

The effects are beginning to appear in the declining numbers of physicians in Lee County. In 1990, 740 doctors held licenses here—what amounted to 220 doctors per 100,000 residents. In 2002, the county included 921 doctors—but only 209 doctors per 100,000 residents.

9:37 a.m.: Urgent voices sound in the hallway. The trauma team moves like a jellyfish, all fluid motion in unison, circling the table where a life will be saved or lost. Three men in flight suits suddenly sweep into the room surrounding a stretcher. Visible on the stretcher is an unconscious male, his face waxy and still, a plastic tube extended from his throat to a sausage-shaped container the size of a bread loaf. One leg appears to

be bent unnaturally away below the knee.

"This gentleman drove his Volkswagen Bug underneath a dump truck," announces Lt. Scott Wernert, the chief medic on the flight. His voice is strikingly loud in the hushed room. "He had no seat belt. Both the airbags were deployed. He was three, he came up to eight." Three is the lowest possible score on the Glasgow Coma Scale, the equivalent of death.

The doctor studies the man for a few seconds.

"He's already intubated," Goldberg says, noting the plastic tube in the man's throat that will keep the patient from involuntarily vomiting or closing his throat. "Thirteen milligrams," he orders a nurse crisply, swinging into action. "Somebody get an IV drip going. Morphine," he adds.

"We did have a purposeful moment in the chopper," interrupts the chief medic. "I yelled and he opened his eyes."

The doctor nods. Other tubes are inserted into Patient L, pulse and blood pressure are determined to be steady, and a battery of almost instant X-rays begins. The medics file out like soldiers.

Goldberg is a native of Miami, where his mother worked in a fish market and his father sold men's clothes. He arrived in Lee County in August 2002, only weeks after completing fifteen years of training that culminated in a residency at Michigan State University's hospitals, followed by a trauma center stint in Miami.

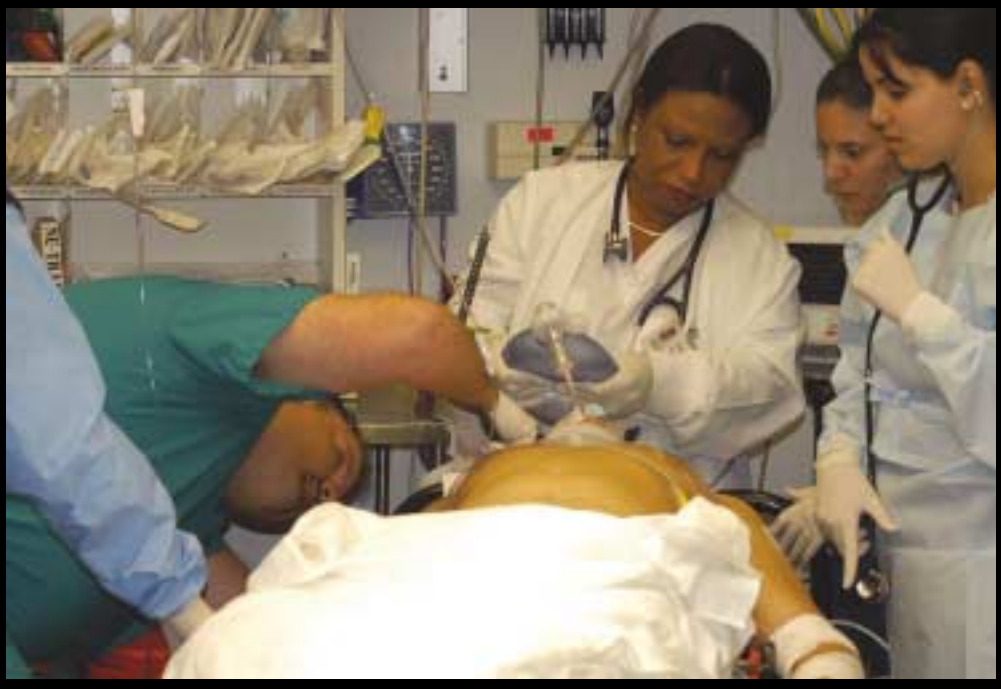
He picked Lee County because "this is what Miami was in the 1970s, but it has a good chance of avoiding what Miami became." Like many, Goldberg was lured by clean beaches, sunshine, and golf, which he loves but lacks the time to play.

The doctor lives with his wife and toddler daughter in a two-bedroom condominium while the couple pays off Goldberg's $200,000 bill for medical student loans. They bought land on which to build a home, he reports, but costs have jumped too much to afford construction.

"My wife is just great," the doctor says, acknowledging the pressures. "It's my second marriage, but she's a very independent person. It takes one to deal with this kind of life."

Sometimes family fights occur because Goldberg has to cancel important social plans, or leave home suddenly during a family gathering. He figures it's worth it.

"I love this life, but it's hard. I picked the specialty, trauma and critical care, in part because I don't have to worry as much about being sued. Here the expectation is low, and anything you can do, they say, 'Thank you, Doc; thank you so much for trying,' or 'Thank you for saving my life.' You can just practice medicine for medicine's sake. But another doctor in private practice might have a patient who dies, and out in the community that is unacceptable. Inside the profession, we know it isn't. But that doctor will get sued."



10:01 a.m. "What's his condition?" someone shouts. "They're asking outside."

"Critical, still critical until we know more," the doctor replies. The patient's pupils are equal and reactive, and no blood is coming from his ears, which may mean no brain damage, Goldberg says. But his optimism is restrained. Patient L remains unconscious, so he cannot tell the doctor how he feels. Lining the wall near him, X-rays show a violent break of the right femur, a bro-

ken pelvis, and probably a broken clavicle. The doctor orders immediate CAT scans of the patient's head and internal organs.

Other doctors cite similar reasons to Goldberg's for arriving in the lives and jobs they now hold.

Across town from Lee Memorial, Dr. Michelle Prettyman, a pediatrician who works with children in the private, nonprofit Family Health Centers, vividly recalls the setting she endured in her first job.

"I was in the southern part of Illinois, by myself," she says. "It was neonatal care, I was on emergency call all the time. I just got burned out. The job was a stupid mistake personally, but professionally it was invaluable, I guess."

Now she enjoys a situation similar to Goldberg's: She works for a nonprofit that takes the brunt of legal challenges. Like him, she speaks warmly of her job.

"I love it, I have a great life," she exclaims. "I can't complain because I'm very comfortable and we just try to help people. I don't worry about anything else. We take anybody, absolutely anybody. I have friends, I can buy stuff for my family, and there's fencing."

An alumna of the renowned Massachusetts Institute of Technology, Prettyman served as captain of the fencing team in college. Although, like Goldberg's, her first marriage fell apart in the terrible stress of education and early practice, she retained her sanity by helping to coach the Ft. Myers Fencing Club, and she still trades weekly thrusts and parries with students of all ages. They help her let off steam and she helps them win college scholarships and stay fit.

"At work, you can never get mad at anybody," she explains. "But in fencing I can go out and 'kill' somebody with steel, and it's fine."

Goldberg doesn't get mad in the workplace either, he says. "I don't believe in yelling and a couple of times when it's happened in the Trauma Center, I've had to ask somebody to leave."

10:03 a.m.: Patient L is wheeled into a nearby room and placed in the cylinder that will provide CAT scans. The cost of evacuating him from the crash site by helicopter will eat up much of a standard insurance policy payment for emergency treatment. Neither he nor his doctor appear to care how much it will take to keep him alive and without pain.

Watching four small television screens that provide instant images of the patient's skull and brain, Goldberg explains that he is quick to administer morphine. "I believe in putting my patients in a coma. You're given a right to be pain-free."

Fault for the industry's troubles is a matter of many opinions. Doctors often name lawyers as the culprits, citing advertisements encouraging patients to sue. Lawyers in turn name greedy patients and insurance companies, who say they are only responding to the pressures elsewhere in society.

"Everybody's at fault," states Ann Wilke, president of the Lee Medical Society. Her watch group lobbies for reform legislation, keeps track of doctors in the area, and provides information about the extended medical community to countless private citizens. Nearly everyone speaks well of her, which lends authority to her voice.

"The doctors are practicing defensive medicine, which is costing everybody money," Wilke says. "Many are afraid to do what they really would do for fear of getting sued, so instead they follow a

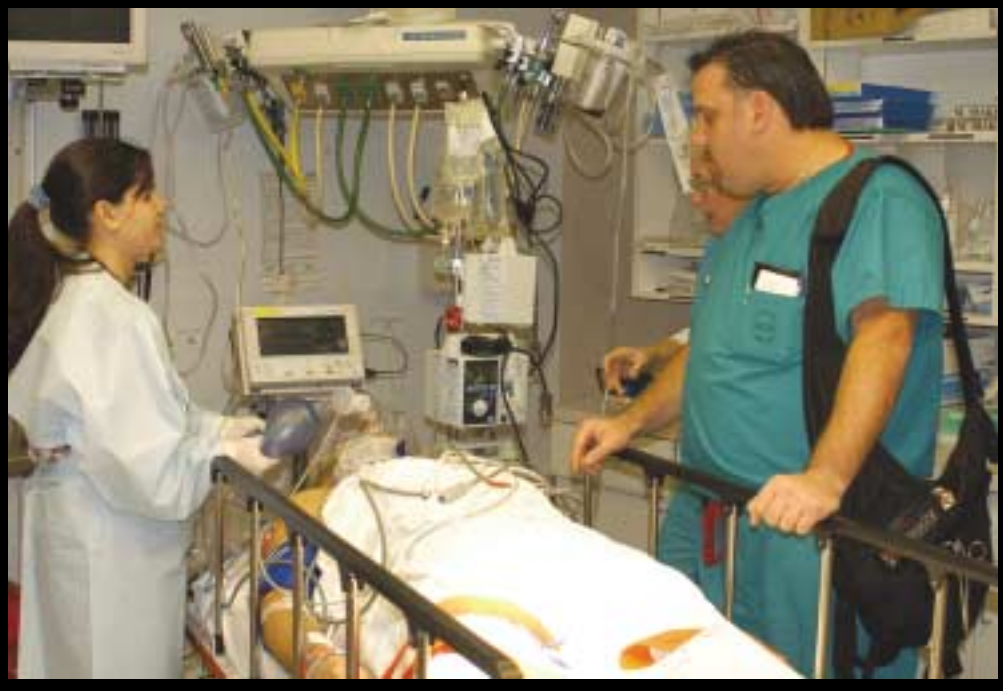


PHOTO BY KATHLEEN BLASE

Physicians are difficult to recruit, say James Langley, Jr., and Dr. Steven West of Southwest Florida Heart Group.

PHOTO BY KELLY MADDEN

Dr. Michelle Prettyman, a pediatrician, spends some of her free time helping coach the Ft. Myers Fencing Club.

cookbook of prescribed recipes (published by insurance companies). The lawyers are quick to sue—you see it on TV—and since there's no cap on non-economic damages (as there is in some other states), plaintiffs can say, 'This is my lifestyle and you should support me in it for rest of my life.' Forty percent or more of money won in successful malpractice lawsuits goes to attorneys, by the way."

Then there's the public, Wilke points out. "The public should understand that a bad outcome is not necessarily malpractice," she says. "If you smoke for years when your doctor tells you not to, and then he can't save you, are you going to sue him?"

The answer, apparently, is yes, which is why surgeons are "paying something like $90,000 a year for malpractice insurance, the OBs are paying $120,000, and the cardiologists and neurosurgeons as much or more."

Everybody needs to give, Wilke adds. Everybody except the patient in desperate straits.

10:15 a.m.: Goldberg cancels his entire schedule of morning appointments and studies the emerging results of CAT scans and X-rays.

10:35 a.m. He walks into the radiology lab to compare his reading of the images with the specialist's. The two men concur on Patient L's injuries.

10:38 a.m. Goldberg calls an orthopedist, who will set bones for Patient L, then finds a quiet office to begin the routine paperwork that will track the patient. "This is the boring part," he says.

Meanwhile, social worker Frank Cook has been unable to reach Patient L's relatives, instead getting answering machines. "I choose not to leave a message yet," he says, hanging up a telephone.

11:05 a.m. A nurse delivers printouts detailing the results of Patient L's blood tests. "No drugs, no alcohol," Goldberg exclaims. "He was just in the wrong place at the wrong time."

"Today's his 43rd birthday, too," Cook announces. For a moment everyone is too surprised to speak.

11:30 a.m. The doctor has missed his nutrition bar and morning shake—he is trying to lose weight—but there's no time for that now. He hurries back to Patient L, hoping to find him awake enough to talk about what might hurt—the hidden problem that man or diagnostic machine might have missed. The patient remains unconscious.

Beginning in 2000, the three-year net gain of staff doctors to the Lee Memorial Health System was thirty-four, the lowest in two decades, according to hospital statistics. About 815 doctors are listed on staff.

On the bright side is this statistic: The average visit to emergency rooms for acute care in the United States is six to seven hours. At Lee's Trauma Center, the average is just over two hours. The national mortality rate for patients arriving in hospital trauma care units is three to five percent. At Lee's Trauma Center, only two percent of incoming patients die.

But Goldberg insists the bottom line is a person, not a statistic. Will the man known as Patient L live? "They always ask that, especially the cops; they always want to know," the doctor says. "And I've seen enough to know that you never know. I always tell them, 'You'll have to go to a higher authority.' "

Roger Williams is a freelance writer based in Ft. Myers.