

**COMMENTARY**

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**Tucker Carlson: The Face of American Anesthesiologists?**

When the American Society of Anesthesiologists invited Tucker Carlson to address its 2009 annual meeting, our association elevated politics over substance. As Mr. Carlson, a conservative commentator with a past penchant for bow ties, took the dais, the ASA linked our dismay over the financial implications of health care legislation with a general aversion to reform.

That connection is bad for business—especially ours. Here's why.

Unlike members of the ASA, most Americans are neither anesthesiologists nor physicians. And many are fighting desperately to protect themselves and their families from financial catastrophe. When we embrace the private insurance industry as our closest ally, the very industry responsible for our health care crisis, we alienate too many of our citizens, including many of our patients.

Make no mistake about it. Health care legislation enshrining Medicare reimbursement rates as a national standard would devastate our profession. Yet, we must appreciate the huge gulf between rejecting Medicare reimbursement rates and rejecting all change.

Perhaps anesthesiologists won a victory in defeating expansion of Medicare reimbursement rates. But how long before the next Congress attempts expansion? And the Congress after that?

The ASA unites us as anesthesiologists with a professional stake in health care reform. We are more than anesthesiologists, however. We are heads of families, taxpayers, patients ourselves on occasion and responsible members of society. All of these roles place demands on us just as they do on our patients and on every citizen.

Mad As Hell Doctors, of which I am a founding member, merges our goals as physicians with those of other citizens who are not physicians, or anesthesiologists, or even employed. Despite the attention-getting name, we are not the lunatic fringe. Physicians for a National Health Program (16,000 members) and the National Physicians Alliance (20,000 members—with an anesthesiologist as president, no less), all forcefully advocate universal cost-effective health care to benefit both physicians and patients.

No country in recorded history has ever provided universal cost-effective health care with the system we have in the United States—that is, with an unregulated, free-market, private insurance industry. And after 60 years of failure, the United States remains the only nation still trying.

It is no surprise that we pay twice as much for health care as the average industrialized nation, enjoy worse care by almost every measure of public health, and are the laughingstock of the civilized world. After all, where else do citizens go bankrupt and lose their homes if they acquire the wrong disease, or the less affluent die of preventable complications if they must buy food instead of health care?

This is the country in which we live. Health care reform, sooner or later, will discard private insurance as the mainstay of our income. If we persist in protecting the very system that leaves our families and government bereft of money and medical care, we become featured headliners on the short list

of every Congressional committee looking for villains to pillory when reform finally emerges.

Mr. Carlson may be a great speaker and delightful, but we serve our professional interests better by avoiding colorful commentators who direct us into a losing battle against the inevitable. Instead, we should lead health care reform toward a system that benefits all citizens and not just colorful commentators.

Protecting our profession requires putting ourselves ahead of the reform movement, not sweeping up afterward. Anesthesiologists risk alienating patients, elected officials and even many of our colleagues when our public stance on health care legislation is a general indictment of all reform.

Our interests as anesthesiologists are entirely consistent with our interests as heads of families, as taxpayers and as responsible members of society. In fact, our interests as anesthesiologists are the same as our patients'—we want universal cost-effective health care.

That goal is good for business—especially ours.

—*Samuel Metz, MD*

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