

EDITOR'S PAGE



The Root of All Evil

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Recently, I had a conversation with a colleague (interventional cardiologist in a private practice group) who was bemoaning the fact that his income had dropped by 25% due to changes in the health care climate. Thinking of my own university salary, I was very sympathetic because it seemed that my own family could not possibly survive on only 75% of my current salary. He then let slip what his current income was, and I was jolted by the fact that it was many multiples of my own salary. This experience reminded me that discussions of money are always relative and that we all have the ability to increase our spending to meet or exceed our income, whatever it is.

The American Medical Association recently reported that average annual physician income went down for the first time ever. It is likely that this trend will continue and will cause all of us to reassess what we do with our income. It certainly will prompt us to reassess our own feelings toward our livelihood. In particular, a recent article noted that some graduates of subspecialty programs are having difficulty even getting jobs (1). Thus, in the extreme, the ability to earn a living may be in jeopardy.

In academia, it seems that almost all of our recent discussions revolve around a bottom-line mentality. Departmental and divisional meetings are increasingly and sometimes exclusively focused on budgets. Even medical grand rounds are not immune from discussions of money: risk assessment, cost-effective outcomes, capitation, etc. We must continually reduce our expenses and increase our income. The concept of "downsizing" or "rightsizing" our groups promotes considerable anxiety among our junior faculty members. The emphasis on individual productivity tends to pit faculty members against each other for the available consultations, diagnostic tests, etc. In some group discussions, there is far more talk about the economics of survival than there is about the quality of patient care, teaching and research. This alarming trend is fueled by the powerful economic forces that are reshaping medicine. It is

one thing to understand what is happening, but very difficult to become totally preoccupied with financial matters. We seem to be approaching that latter phase. What are we to do in the midst of this money madness?

It goes without saying that we must remain advocates of our patients and of quality patient care. Access to high quality cardiac care is a critical element in a country where heart disease is still the number one killer. In an economically driven system such as our current one, however, there will inevitably be declining income for physicians that will certainly prompt all of us to rethink our own financial circumstances.

May I offer a few philosophic thoughts on this current preoccupation with money.

1. I doubt that there is any significant relationship between wealth and happiness. Our daily experience reminds us that happiness is not determined by how much we own, but by our state of mind, our family, our friends, our religious and moral beliefs, our satisfaction with the service we can render our patients and with our other opportunities for teaching, research, etc. Happiness may sometimes be more elusive than money but can certainly be obtained without it.

2. In our current culture it is very difficult to distinguish between our "needs" and our "wants." Like the rest of society we are influenced to a great extent by the materialism of the 1980s and 1990s. Our relative affluence has prompted us to live beyond our means and needs; whether it be the size of house, car, boat, etc., "wants" have become more important than basic "needs." This affliction goes by many names—"keeping up with the Joneses," "second mortgage," "new luxury car," "second home," etc. I do not mean by this, that physicians' incomes have necessarily been excessive, but only that we can develop a state of mind that blurs the distinction between "needs" and "wants." For some of us, this may require reassessment.

3. "The LOVE of money is the root of all evil" (2). Philanthropy is still alive and well in America. Most physicians with added resources do much good, which greatly benefits our communities and our nation. It is the Scrooge-like LOVE of money that can be so devastating to the inner spirit. Our

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benevolence toward others in society is one of our finest qualities.

For us to thrive in the coming years, we must temper this preoccupation with money, despite the fact that we are assaulted on all sides by a bottom-line mentality. Surely we can put our mental energies to better use—the exercise of our beloved profession. This is where our real calling and happiness lie. And now after that brief philosophic interlude, I am

off to another departmental meeting, where the topic of discussion is—you guessed it—salary reduction.

References

1. Miller RS, Jonas HS, Whitcomb ME. The initial employment status of physicians completing training in 1994. *JAMA* 1996;275:708-12.
2. 1 Tim. 6:10.