

September 5, 2007

Testimony of Edward Denious, M.D.

Partnership for Coverage

Public Hearing- Glens Falls, NY

- Experienced overwhelming debt to medical bills in college
 - transcripts held, went into collections
- Temporary employee without health insurance
- Created a neighborhood clinic to provide primary care to the uninsured
- Paid off debt, returned to my education
- Took on further debt in medical school
- Worked 4 years for minimum wage (residency)
- Recently began practice in obstetrics and gynecology

Social compact of the American physician:

If I assume the personal debt and the risks in my specialty, and make the sacrifices necessary to become a physician and continue to practice as one, I will be rewarded.

The compact has been radically changed by the cuts in reimbursement and the greater amount of sickness that is inherent with economic and educational poverty.

What I have learned in the past year of private practice is to treat patients other than Medicaid patients. Medicaid patients typically have worse health and require more time and attention. The reimbursement is also much less for this time.

Multimillion dollar lawsuits in obstetric malpractice cases in New York state are driving older doctors to retire and discouraging new medical students from selecting obstetrics as a field. We are a dying breed.

Everyday, I undertake serious responsibility and risk when delivering babies, treating sexual diseases, sexual trauma, pregnancies- wanted and unwanted, eating disorders, depression/anxiety, substance abuse, contraception, breast disease, incontinence, sexual dysfunction, menopause, hormone replacement and cancer. I must remain diligent, focused and devoted to my patients each day despite the possibility of lawsuit and even the threat of arrest.

As a surgeon, I counsel my patients in regards to procedures explaining the benefits of the procedure versus the risks. I also describe the alternatives to undergoing the procedure. Here in NY, I look at the benefits of remaining in the beautiful Adirondacks to practice medicine versus the risks of low reimbursement and possibility of losing everything in an egregious suit. The alternative is that I can move back home to Colorado and practice obstetrics with greater protection from the state in regards to liability and more reimbursement from each patient encounter.

Universal insurance should be just that - universal. New York should help the uninsured student, temporary employee and community volunteer with preventative care and ability to better absorb catastrophic health bills. But if New York wants to stop the hemorrhage of doctors, especially in regards to obstetrics, it will need to assure us and ensure that we will also be protected and compensated for our dedication, diligence and attention.

If NY is **not** going to keep its social compact with me I will go elsewhere. There is plenty of work to do.