THE doctor on the line is very angry. What they don't understand, she says, is how hard she works, how many lives she has saved, and how much it costs her to run an office. If they did, she said, her voice shaking with anger, they would never make the choices they do.

The subject of her wrath might be managed care companies—and certainly she hates them—but actually, it is you.

For almost a decade now, doctors' anger toward managed care companies has been well documented. But more recently, it seems, some of that anger has turned toward patients. The patients, not known to be fans of insurance companies themselves, have nonetheless adapted to the companies' dominance by taking on some of their worst qualities, doctors say. The physicians are particularly annoyed with patients who, after their employer makes a change in a health plan, drop them with seemingly little reservation just because they can no longer participate in that plan.

Dr. Bradley A. Radwaner, a cardiologist in Manhattan, described this in a letter he wrote to Eliot L. Spitzer, the New York attorney general, complaining about what he believes are unfair payment practices of managed care companies.

"Since the vast majority of patients cannot distinguish a quality, experienced and well-trained physician from one who is simply personable," Dr. Radwaner wrote, "decisions are made based on $10 co-pays versus paying full fees. Patients want referrals only to 'participating' physicians so they have to pay as little as possible."

Citing low reimbursement rates, Dr. Radwaner is winnowing away the number of managed care contracts he will accept.

Many patients would love not to switch doctors. But many do not have the income to pay the full rate, or even a large part of it, and so they must go with doctors who operate within their employers' plan.

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When Doctors Feel Disposable

Dr. Radwaner argued that many of his patients are lawyers or other high-income professionals who can well afford to pay his fees. "A lot of my patients come in," he said, "pay me $10 and then go down the block and have their teeth done and write a check for $1,200."

Many other doctors share his point of view. Dr. Emilie M. Heisger, a pain specialist at New York University Medical Center, who accepts no managed care plans, feels that patients need to realize that he is worth the full fee. (He once told me that a patient with chronic back pain should forgo "that vacation to Mount Rushmore" and pay him for care rather than going to a less-skilled doctor who happens to be in an insurance plan.)

As Dr. Radwaner put it, "Patients have to realize that they can't get something for nothing." In other words, no first-class flight for the price of coach. Fair enough. But once you apply this market logic to health care, then how do doctors plan to woo and retain customers? Do they offer something akin to frequent-flier miles—one free procedure for every 10 paid at full price? Do they improve customer service, offer to make house calls in a pinch or put lemon slices in the water cooler?

I have not seen doctors do a lot of market-driven promotion to retain their patients," said Edward Kaplan, a vice president at the Segal Company, a benefits consulting firm in New York. "Not all patients can afford to pay whatever doctors want to charge. And doctors don't reduce their fees for volume. So if you really value your doctor's relationship, those who can afford it will pay the price to stay with them and those who can't don't."

Sometimes, it is the other way around, with doctors sensing that patients associate them with the worst insurance practices. Dr. Mary Yoder, an anesthesiologist in Albuquerque, said she has found that patients have become more suspicious of doctors in recent years, assuming that they subordinate good care to keeping insurance companies happy.

Because patients are told that the priority of H.M.O.'s is to save money, Dr. Yoder said, "they come into the health care environment believing that the providers are not on their side because they have incentive to provide less care."

That adversarial attitude on the part of the patients is reflected in how they relate to doctors," she added. "There are multiple questions aimed at you, like 'Are you really doing this for me?"' This was among many factors that led her to stop clinical practice; she now reviews disability cases. "The future does not look bright. "There is no doubt about it," Mr. Kaplan said. "Physicians think managed care companies have ruined the relationship between them and patients."