



## Editorial

# The American dream



## O sonho americano

Recently, we had the opportunity to attend another congress of the American Academy of Orthopaedic Surgeons (AAOS).

We observed that some of the exuberance of the famous exhibition stands, which had always been grandiose and demonstrated the economic power of the system, had gone. This year, they were somewhat more modest, with the exception of one or two companies.

Something that caught our attention was the frequency with which the topic of cost was present in the scientific program.

The reduction in income caused by *Obamacare*, the new healthcare remuneration system, and by the effects of compliance has profoundly affected the behavior of our northern colleagues. The astronomical earnings to which they had always been accustomed have been significantly affected by these two new developments.

*Obamacare* establishes closed packages for payment of medical procedures, including fees and materials. Thus, an arthroplasty procedure is worth X, including the daily rate for the hospital stay, materials, medications and medical fees.

Initially, there was great difficulty in dividing this money up, i.e. in deciding how much was due to be paid to each party.

However, before long, inventiveness motivated by profit led our colleagues to take part of the cost from patients' comfort and safety.

If less were spent on hospital stays and consequently on medications, the financial result would be more favorable for fees.

The biggest example of this proposal occurred during a symposium in which a proposal to perform total knee arthroplasty as an outpatient procedure was put forward. Yes, really, the patient would be admitted in the morning, would undergo the operation and then would be released in the evening! Putting this in context, for smaller-scale surgical procedures such as arthroscopy, osteotomy and correction of deformities, release on the same day is not even discussed.

In this manner, there would be a reduction in hospital costs and more money would be left over to be divided up.

This idea was defended in scientific presentations by names that have greatly influenced and continue to influence our training.

The so-called fast-track system, i.e. a set of measures that speed up patients' stay in hospital environments, has already started to appear in some paper published in journals of respectable level, according to the impact factor criterion.

The RBO has not yet received any articles on this new trend.

Compliance, which is something invented by the medical industry, which has said that it is tired of paying gratuities to physicians, has given rise to significant reductions in earnings for some of our American colleagues and has been an important factor causing protests.

The interesting point is that for each presentation at the congress, the speaker cited four or five relationships with companies supplying surgical materials, which were also published in the program. These relationships are certainly financial, although disguised as technical consultancy.

The compliance law, which has been widely reported in the lay press, needs to be understood as a law that was enacted to punish physicians who receive money for using one type of material or another, and not to punish this as a form of corruption induced by the industry to launch their material.

The number of speakers who presented their relationships with the industry clearly negated the characteristic of honesty that this punitive attitude was intended to give, since it served only for some people.

Thus, cost became the subject of the scientific program. It led many people to believe that releasing a patient on the same day on which he underwent knee arthroplasty is something that is modern, correct and up-to-date.

We have already imported many things derived from American medical practice and we are on the way to accepting *Obamacare*. Health insurers are already presenting packages for payment of procedures in several states.

Compliance was the subject of a devastating report based on two or three physicians, which destroyed our relationship

with the companies supplying surgical materials. These companies soon took up the fascinating idea of compliance.

Never the SBOT or any committee defended the doctor's remuneration for the use of surgical materials and neither the indication of unnecessary surgeries. This practice is a crime in civil society and very serious medical infringement on the analysis of SBOT.

These companies are exchanging their honest and healthy relationship with physicians, who are their real consumers and partners, for a relationship with supplementary health-care companies, which are their payers.

The deterioration in the relationship between surgical material suppliers and physicians is clearly seen in the difficulty in obtaining sponsorship for our continuing education programs. This has led to suspension of several of our traditional congresses.

Our relationship with suppliers of materials has always been very productive. It has enabled advances within orthopedics, brought modern materials and important speakers

to Brazil, enabled training course abroad for many Brazilians and provided sponsorship for our journals and our congresses.

Therefore, we will be waiting for good sense to prevail, for patients to be respected and for the companies supplying surgical material to understand that the only possible way to survive is for there to be a solid partnership with the medical profession, in the way that it has lasted for many years.

Let us forget the American dream.

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