The Future of Health Care

What Doctors Are Saying

For more than 35 years, The Doctors Company has been fiercely committed to advancing, protecting, and rewarding the practice of good medicine. Key to that pledge is partnering with members to improve the practice environment and respond to emerging challenges with innovative solutions.

The company’s position as the nation’s largest insurer of physician and surgeon medical liability enables it to draw on a community of 71,000 members. This timely report—developed in response to members’ concerns about health care reform and its potential consequences—was compiled from the observations of more than 5,000 doctors. It conveys a unique perspective on doctors’ attitudes, perceptions, and intent on major components of health care reform.

With the industry poised for unprecedented change, doctors are being forced to rethink the way they practice medicine. The striking results of this survey clearly illustrate the uncertainty doctors feel as the pace of the transformation accelerates.

To learn more about The Doctors Company, please visit www.thedoctors.com.

This report is available online at www.thedoctors.com/future.

The research in this report is unique to The Doctors Company. Send reprint requests to press@thedoctors.com.
Survey Methodology and Demographics

The Doctors Company’s unique vantage point as the nation’s largest insurer of physician and surgeon medical liability affords it the ability to identify critical trends in all specialties in every region of the country. No other insurer has attained this distinction.

The company draws on that unparalleled perspective to analyze emerging issues facing the profession.

THIS REPORT IS BASED ON 5,105 SURVEYS RETURNED BY DOCTORS NATIONWIDE:

- **$0**
  - Respondents were not compensated for their participation.

- **5,105**
  - The survey involved a wide number of medical specialties insured by The Doctors Company, including primary care doctors, surgical specialists, inpatient medical specialists, and diagnosticians.

- **50**
  - Doctors from all 50 states and the District of Columbia responded.

- **3,500**
  - In addition to multiple-choice questions, the survey invited doctors to comment on their concerns about the future of health care and how health care reform has affected their communities. Nearly half of all respondents felt strongly enough to take the time to voice an opinion. Survey results included more than 3,500 handwritten comments.

SURVEY FEEDBACK WAS STRONG ACROSS ALL DEMOGRAPHICS:

**SPECIALTY**
- Surgical specialty: 39%
- Primary care: 31%
- Nonsurgical specialty: 30%

**GENDER**
- Male: 80%
- Female: 20%

**AGE**
- 40 and under: 6%
- 41 to 50: 17%
- 51 to 60: 34%
- 61 to 70: 31%
- Over 70: 12%

TOP 10 STATES
1. California
2. Ohio
3. Oregon
4. Michigan
5. Virginia
6. Florida
7. Washington
8. New Mexico
9. Texas
10. Georgia
Doctors say change may not take place rapidly.

Fifty-six percent of doctors indicated they are not likely to change practice models over the next five years.

Most comments demonstrate a belief that health care reform won’t take place quickly:

- “I do not see any significant changes over the next 20 years.”
  —primary care doctor, California

- “Little impact so far, but certainly coming.”
  —surgeon, California

- “I cannot detect any difference. I expect that [health care reform] will be repealed.”
  —surgeon, Utah

**KEY RESPONSE VARIATIONS**

- States range from Florida at 51% to Oregon and Virginia at 60%.
- Nominal specialty variation, with all groups approximately 56%.
- No gender variation, with both males and females at 56%.
- Age groups range from “over 70” at 45% and “61 to 70” at 53% to “51 to 60” at 61%.
The Future of Health Care—A National Survey of Physicians

Twenty-four percent of doctors did not select a future practice model, suggesting that substantial uncertainty exists.

Twenty percent of doctors are shifting to larger practice models or making other changes.

Fourteen percent indicated shifts to larger practice models; most doctors in this category (83 percent) are moving from solo and small group practices to larger practices. Other changes (6 percent) include retirement, leaving medicine, or going part-time. In general, doctors don’t believe change will improve the quality of care but feel they have little choice because of consolidation and decreasing reimbursements:

- “Doctors are running to hospital employment. Doctors are changing their practice model to focus on cash-pay patients.” —primary care doctor, California
- “Multiple groups in the area [are] selling to hospital foundations or to health care partners.” —primary care doctor, California
- “I am hoping to transfer to a career completely unrelated to medicine.” —surgeon, New Mexico
- “I am concerned that decreasing reimbursement will force me to join a large group practice, which I don’t want to do.” —primary care doctor, Oregon
- “Our medical staff has gone from two of 135 physicians being hospital-employed 10 years ago to now having 100 of 150 being hospital employees.” —surgeon, Montana
- “Small practices such as mine will be forced to close or be bought out by hospitals!” —primary care doctor, Ohio
- “I am concerned that decreasing reimbursement will force me to join a large group practice, which I don’t want to do.” —primary care doctor, Oregon
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- “Our medical staff has gone from two of 135 physicians being hospital-employed 10 years ago to now having 100 of 150 being hospital employees.” —surgeon, Montana
- “I am in the dark about the future of health care.” —nonsurgical specialist, Ohio

Doctors in this category are unable or unwilling to provide an answer about altering their practice plans. Comments clearly demonstrate uncertainty and frustration:

- “I DON’T KNOW! It will be decided by politicians, not doctors or patients.” —nonsurgical specialist, Ohio
- “It’s impossible to plan ahead when the government keeps changing the rules.” —primary care doctor, California
- “I’m in the dark about the future of health care.” —nonsurgical specialist, Ohio

CHANGING PRACTICE MODELS

| CHANGING PRACTICE MODELS: DOCTORS SAY GROUP SIZES INCREASING |
| CHANGE DESCRIPTION | PERCENT |
| Solo to: | |
| Small Group | 30.1% |
| Hospital | 9.7% |
| HMO | 7.6% |
| Large Group | 4.8% |
| Integrated System | 2.9% |
| Clinic | 2.1% |
| Solo Subtotal | 57.4% |
| Small group to: | |
| Large Group | 8.7% |
| Hospital | 7.4% |
| HMO | 5.9% |
| Integrated System | 2.5% |
| Clinic | 1.1% |
| Small Group Subtotal | 25.6% |
| Large group to: | |
| Hospital | 1.1% |
| Integrated System | 1.0% |
| HMO | 0.8% |
| Large Group Subtotal | 2.6% |
| Hospital to other | 1.1% |
| All other | 13.0% |
| Total | 100.0% |

KEY RESPONSE VARIATIONS

- States range from Texas at 20% to Florida at 30%.
- Specialty ranges from surgical specialists at 22% to primary care at 27%.
- Slight variation by gender, with females at 23% and males at 25%.
- Age groups range from "60 and under" at 18% to "61 to 70" at 28% and "over 70" at 36%.

SHIFTING PRACTICE PATTERNS

<table>
<thead>
<tr>
<th>SOLO DOCTORS AND SMALL GROUPS MIGRATING TO:</th>
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<tbody>
<tr>
<td>Larger Groups</td>
</tr>
<tr>
<td>Hospitals</td>
</tr>
<tr>
<td>HMOs</td>
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<tr>
<td>Integrated Systems</td>
</tr>
<tr>
<td>Clinics</td>
</tr>
</tbody>
</table>

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NEW HEALTH CARE DELIVERY SYSTEMS

Planned participation in accountable care organizations (ACOs) is low.

14.2%  
Fourteen percent of doctors are planning to participate in ACOs.

Some doctors are pursuing ACO formation:

“Starting to implement electronic health records, joining ACO, negotiating with hospitals.”  
—nonsurgical specialist, California

“Our hospital is buying most of the practices using the foundation model. It wants to position itself to become an ACO.”  
—surgeon, California

“Attempting to set up an ACO. Multiple patient-centered medical homes already set up.”  
—nonsurgical specialist, Michigan

Accountable care organizations are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high-quality care to the Medicare patients they serve.

—Centers for Medicare & Medicaid Services

Overall, responses are pessimistic:

Twenty-nine percent indicated they do not plan to participate in an ACO.

“ACOs will destroy private practices and raise the cost of health care w/o improving health.”  
—primary care doctor, North Carolina

“ACOs are nothing but a marketing gimmick.”  
—surgeon, Michigan

“Binding care to hospital in ‘ACO’ is the most expensive way to give care!”  
—surgeon, Virginia

Comments indicate a need for education on new health care delivery systems:

Fifty-seven percent of doctors are either undecided or need more information regarding ACO participation.

“What IS an ACO? Have you ever seen one?”  
—surgeon, California

“Uncertainty about models of payment. Will ACOs work? Similar models have failed in the past.”  
—surgeon, California

“Hospitals are confused about what to do with ACOs. Tension arising between hospital and doctors over doing ACOs or not participating.”  
—surgeon, California

KEY RESPONSE VARIATIONS

- States range from 4% in Florida to 74% in Florida.
- Nominal specialty variation, with all groups approximately 57%.
- Gender ranges from males at 56% to females at 59%.
- Age groups range from “61 to 70” and “over 70” both at 33% to “40 and under” at 66%.

Key Response Variations

- States range from 19% in Florida to 43% in Texas.
- Specialty ranges from primary care at 26% to surgical specialists at 31%.
- Gender ranges from females at 26% to males at 29%.
- Age groups range from “40 and under” at 34% and “61 to 70” at 37%.

- Specialties range from 11% to primary care at 18%.
- No gender variation, with both males and females at 14%.
- Age groups range from “over 70” at 10% and “61 to 70” at 14% to “51 to 60” at 16%.

- Specialties range from 19% in Michigan to 25% in Michigan.
- No gender variation, with both males and females at 14%.
- Age groups range from “over 70” at 10% and “61 to 70” at 14% to “51 to 60” at 16%.
NEW HEALTH CARE DELIVERY SYSTEMS

Planned participation in patient-centered medical homes (PCMHs) is also low.

Only a small number surveyed plan to embrace this model:

<table>
<thead>
<tr>
<th>Of doctors plan to participate in PCMHs</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida</td>
<td>3%</td>
<td>Michigan</td>
</tr>
<tr>
<td>Texas</td>
<td>3%</td>
<td>Primary care</td>
</tr>
<tr>
<td>Surgical specialists</td>
<td>3%</td>
<td>Females</td>
</tr>
<tr>
<td>Males</td>
<td>10%</td>
<td>Ages 61 to 70</td>
</tr>
<tr>
<td>Ages 61 to 70</td>
<td>9%</td>
<td>Ages 40 and under</td>
</tr>
</tbody>
</table>

Doctors remain skeptical:

<table>
<thead>
<tr>
<th>Indicated they do not plan to participate in PCMHs</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida</td>
<td>26%</td>
<td>Texas</td>
</tr>
<tr>
<td>Primary care</td>
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</tr>
<tr>
<td>Females</td>
<td>34%</td>
<td>Males</td>
</tr>
<tr>
<td>Ages 40 and under</td>
<td>33%</td>
<td>Ages 61 to 70</td>
</tr>
<tr>
<td>Ages 40 and under</td>
<td>45%</td>
<td>Over 70</td>
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</tbody>
</table>

Participation may be slower than expected:

<table>
<thead>
<tr>
<th>Of doctors are either undecided or need more information regarding PCMH participation</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida</td>
<td>40%</td>
<td>Florida</td>
</tr>
<tr>
<td>Primary care</td>
<td>46%</td>
<td>Nonsurgical specialists</td>
</tr>
<tr>
<td>Males</td>
<td>50%</td>
<td>Females</td>
</tr>
<tr>
<td>Ages 61 to 70</td>
<td>47%</td>
<td>Ages 40 and under</td>
</tr>
</tbody>
</table>

A patient-centered medical home is a team-based model of care led by a personal physician who provides continuous and coordinated care throughout a patient’s lifetime to maximize health outcomes.

—American College of Physicians

Response percents

Planning to participate 10.4%
Do not plan to participate 38.7%
Need more information 32.5%
Undecided 18.4%
Total 100.0%
Doctors share key sentiments on electronic health records (EHRs).

**30%**

**30% of doctors have already implemented EHRs that meet meaningful use criteria.**

Comments suggest doctors feel EHRs provide little benefit to their practice or patients, with related bureaucracy increasing costs and reducing time spent building the doctor-patient relationship:

“Eventually, the EHR will help. It’s not there yet. Very cumbersome.”
—primary care doctor, Oregon

**14%**

**14% of doctors plan to implement an EHR in the next three years.**

Doctors in this category expect to purchase an EHR that meets the criteria. Comments suggest they feel pressured:

“(Health care reform) is pushing me into EHR before I wanted to.”
—primary care doctor, California

**17%**

**17% of doctors have no plans to use an EHR in their practice.**

Some doctors suggest that EHRs may increase risk because it “fragments care and buries significant findings in an ocean of repetition.”

**Top five states that have implemented EHRs**

<table>
<thead>
<tr>
<th>State</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Oregon</td>
<td>41%</td>
</tr>
<tr>
<td>Georgia</td>
<td>39%</td>
</tr>
<tr>
<td>Florida</td>
<td>37%</td>
</tr>
<tr>
<td>Virginia</td>
<td>34%</td>
</tr>
<tr>
<td>Washington</td>
<td>35%</td>
</tr>
</tbody>
</table>

**Key Response Variations**

- States range from 22% in Texas to 41% in Oregon.
- Specialty ranges from nonsurgical specialists at 29% to primary care at 37%.
- Age groups range from “over 70” at 16% and “61 to 70” at 27% to “40 and under” at 51%.

**Key Response Variations**

- States range from 6% in Georgia to 25% in Texas.
- Specialty ranges from surgical specialists at 16% to nonsurgical specialists at 23%.
- Gender ranges from females at 15% to males at 19%.
- Age groups range from “40 and under” at 7% to “61 to 70” at 23% and “over 70” at 40%.

**Note:** CMS no longer requires that 50 percent of ACO participants attain meaningful use. It has, however, retained EHR as a quality measure that is weighted higher than any other measure for quality-scoring purposes.
Defensive medicine is still a hot-button topic.

Sixty-five percent of doctors do not think that health care reform will reduce defensive medicine.

An overwhelming majority do not think that current law has sufficiently addressed the underlying causes of defensive medicine. Comments affirm that doctors still believe tort reform is the primary solution:

- “Health care reform without tort reform will not change defensive medicine.”
  —surgeon, New Mexico

- “Until you can control medical malpractice, you will have defensive medicine.”
  —surgeon, Oregon

- “Physicians will continue to practice defensive medicine until there are major changes in tort reform.”
  —surgeon, New Mexico

The American Medical Association estimates the cost of defensive medicine at $200 billion.

So does a recent study by PricewaterhouseCoopers’ Health Research Institute that calculates defensive medicine at $210 billion per year, or 10 percent of all health care spending.

States range from 57% in Texas to 79% in Georgia.

Specialty ranges from primary care at 58% to surgical specialists at 72%.

Gender ranges from females at 58% to males at 66%.

Age groups range from “over 70” at 53% and “40 and under” at 64% to “51 to 60” at 68%.

“We all practice very expensive defensive medicine. I realize I order between 5–15 unnecessary MRIs, maybe 2–3 specialist consults, maybe some unnecessary lab test weekly to prevent lawsuits.”
—nonsurgical specialist, New Mexico
Doctors believe health care reform will negatively affect patient care.

Some doctors are optimistic about health care reform.

**60%**

OF DOCTORS BELIEVE HEALTH CARE REFORM WILL HAVE A NEGATIVE IMPACT ON OVERALL PATIENT CARE.

The majority of doctors feel that the pressure to reduce costs, increase volume, and improve quality will have a negative effect.

- "Too much interference with patient care.”
  —nonsurgical specialist, California

- "Without private practice, quality of patient care or choices for patients goes away.”
  —surgeon, California

- "Physicians have no input/control in providing patient care.”
  —nonsurgical specialist, Kentucky

**22%**

OF DOCTORS BELIEVE HEALTH CARE REFORM WILL HAVE A POSITIVE IMPACT ON PATIENT CARE.

Those doctors with a positive outlook cite broader medical coverage for more people. Comments include improved access to care for poor and elderly, better preventative care, coverage for children up to 25 years old on parents’ medical plan, and help for those with preexisting conditions.

- "Far better, more patients can have health care.”
  —surgeon, California

- "Allowed my children to continue to have insurance as college students.”
  —primary care doctor, Colorado

- "Better availability and awareness of preventative care measures.”
  —primary care doctor, California

- "Patients are no longer being denied insurance for preexisting conditions.”
  —primary care doctor, Oregon

**KEY RESPONSE VARIATIONS**

- States range from 52% in Oregon to 72% in Georgia.
- Specialty ranges from primary care at 52% to surgical specialists at 69%.
- Gender ranges from females at 54% to males at 62%.
- Age groups range from "40 and under” at 55% to “51 to 60” at 64%.

**KEY RESPONSE VARIATIONS**

- States range from 11% in Georgia to 30% in Oregon.
- Specialty ranges from surgical specialists at 14% to primary care at 29%.
- Gender ranges from males at 20% to females at 28%.
- Age groups range from "51 to 60” at 19% to "40 and under” at 25%.
Health care reform could compromise the doctor-patient relationship.

FIFTY-ONE PERCENT OF DOCTORS BELIEVE THAT HEALTH CARE REFORM WILL NEGATIVELY IMPACT THEIR RELATIONSHIPS WITH PATIENTS.

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>PERCENT</th>
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<tbody>
<tr>
<td>Strong positive</td>
<td>1.8%</td>
</tr>
<tr>
<td>Positive impact</td>
<td>9.0%</td>
</tr>
<tr>
<td>No impact</td>
<td>37.8%</td>
</tr>
<tr>
<td>Negative impact</td>
<td>38.5%</td>
</tr>
<tr>
<td>Strong negative</td>
<td>12.9%</td>
</tr>
</tbody>
</table>

More than half of the doctors surveyed believe that increased bureaucracy is reducing the personal interaction with patients essential for building a close relationship and understanding the nature of patient health:

“Continued loss of doctor-patient relationship due to decreased reimbursement and, therefore, pressure to see more patients.”
—primary care doctor, Oregon

“I have concerns about the loss of the physician-patient relationship...the quality of care will decrease.”
—primary care doctor, California

Q: “How will health care reform impact your relationship with patients and your earnings over the next five years?”

Doctors are concerned health care reform is eroding their earning power.

Seventy-eight percent of doctors believe health care reform will have a negative impact on their earnings.

KEY SENTIMENTS ON EARNINGS INCLUDE:

- Reimbursements for services are already dropping substantially.
- The consolidation of medicine is making it more difficult for doctors in private practice to compete.
- Legal requirements and bureaucracy are making it more difficult to serve and satisfy patients.
- In some cases, decreasing income is causing doctors to delay retirement.
- Reduced incomes will not improve patient care or significantly reduce costs.

This issue sparked an outpouring of comments:

“Declining reimbursements and interference with patient care will continue to erode assets and future physicians' interest, and our profession will generally decline!”
—nonsurgical specialist, Virginia

“How will health care reform impact your relationship with patients and your earnings over the next five years?”

“Dropping reimbursements and increasing 'mandates' will drive physicians out of practice...and quality of care will drop. There will be no one I trust to take care of me.”
—primary care doctor, Ohio

More than half of the doctors surveyed believe that increased bureaucracy is reducing the personal interaction with patients essential for building a close relationship and understanding the nature of patient health:

States range from 45% in Michigan to 62% in Georgia.

Specialty ranges from primary care at 47% to surgical specialists at 56%.

Gender ranges from females at 47% to males at 52%.

Age groups range from “over 70” at 40% and “61 to 70” at 49% to “51 to 60” at 56%.

States range from 76% in California and Michigan to 89% in Georgia.

Specialty ranges from primary care at 71% to surgical specialists at 85%.

Nominal gender variation, with both males and females at approximately 78%.

Age groups range from “over 70” at 70% and “61 to 70” at 75% to “40 and under” at 84%.
The Future of Health Care—A National Survey of Physicians

THE IMPACT OF HEALTH CARE REFORM

Health care reform is motivating doctors to change their retirement timeline.

Although doctors in every age group expressed frustration about health care reform, older doctors are much more likely to retire. Key sentiments on this topic:

- New legal requirements created by health care reform are too burdensome.
- Continued reimbursement reduction makes practicing medicine unaffordable.
- Many doctors simply do not want the government or insurance companies interfering with the way they practice medicine.
- In some cases, doctors suggest they will not be able to retire because declining reimbursements prevent them from accumulating sufficient retirement assets.

This issue provoked a multitude of negative comments:

- "I am lining myself to retire within the next eight years at the age of 61. Previously, I planned to retire at the age of 65."
  —surgeon, Oregon

- "We will be moving further away from humanity-based health care and more towards the patient as a commodity. This was not the way my father practiced—nor will I. Winding down to retire early."
  —surgeon, Michigan

- "Health care reform will likely delay my retirement due to the decreased earnings."
  —surgeon, North Carolina

- "I can’t afford to retire."
  —surgeon, Vermont

Q: “Is health care reform likely to lead you to retire over the next five years?”

RESPONSE

<table>
<thead>
<tr>
<th></th>
<th>Very likely</th>
<th>Somewhat likely</th>
<th>Neither likely nor unlikely</th>
<th>Somewhat unlikely</th>
<th>Very unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>23.7%</td>
<td>19.2%</td>
<td>20.3%</td>
<td>8.9%</td>
<td>27.9%</td>
</tr>
</tbody>
</table>

42.9% of physician respondents contemplate retiring in the next 5 years.

KEY RESPONSE VARIATIONS

- States range from 38% in Florida, Texas, and Virginia to 46% in New Mexico and California.
- Specialty ranges from nonsurgical specialists at 41% to surgical specialists at 45%.
- Gender ranges from females at 35% to males at 45%.
- Age groups range from "40 and under” at 6% to “61 to 70” at 59% and “over 70” at 64%.

HOWEVER, YOUNGER DOCTORS EXPECT TO PRACTICE FULL CAREERS.

- Unlikely to retire in the next five years:
  - 40 and under: 85%
  - 41 to 50: 68%
  - 51 to 60: 37%
  - 61 to 70: 19%
  - Over 70: 15%
Nine out of 10 physicians unwilling to recommend health care as a profession.

Eleven percent of doctors are likely to recommend the medical profession to their children or other family members due to health care reform.

Some doctors continue to encourage their children to pursue medicine as a career path.

Comments clearly show that doctors are disheartened by changes:

- "I've steered my children away from MD degrees."
  —primary care doctor, Oregon

- "I am a third-generation physician and have actively discouraged my son from pursuing a career in medicine...."
  —nonsurgical specialist, Virginia

- "I would not recommend becoming an MD to anyone."
  —primary care doctor, California

Eleven percent of doctors are likely to recommend the medical profession to their children or other family members due to health care reform.

Some doctors continue to encourage their children to pursue medicine as a career path.

Positive comments include:

- "It is a blessing and privilege to be a doctor. I am a third-generation MD."
  —surgeon, Pennsylvania

- "It will be a different business model from what we are used to, but I still want to be a physician."
  —surgeon, Tennessee

- "Despite all the bumps in health care, still believe the practice of medicine is a great and rewarding life work!!"
  —surgeon, California

Key Response Variations

- States range from 4% in Georgia to 16% in New Mexico.
- Specialty ranges from surgical specialists at 8% to primary care at 14%.
- No gender variation, with both males and females at 11%.
- Age groups range from "40 and under" and "51 to 60" both at 8% to "61 to 70" at 12% and "over 70" at 17%.

For years, the medical profession has been predicting a shortage of health care professionals. Today, we are perilously close to a true crisis as newly insured Americans enter the health care system and our population continues to age. Unfortunately, we may be facing a shift from a ‘calling,’ which has been the hallmark for generations among physicians, that could threaten the next generation of health care professionals.”

—Ibid.