



**Physician Policymaker Interview Series:
Tom Coburn, MD
US Senator (R-OK)**

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This is one in a series of interviews that will examine the careers of physician policymakers, the state of the healthcare system, and how students can affect policy discussions. If you have suggestions for future interviewees, comments, or questions, feel free to contact bryan.d.harris@vanderbilt.edu.

Dr. Coburn graduated with a bachelor's degree in accounting from Oklahoma State University in 1970. From 1970 to 1978, he served as manufacturing manager at the Ophthalmic Division of Coburn Optical Industries in Colonial Heights, Virginia. Dr. Coburn returned to school to become a physician, graduating from the University of Oklahoma College of Medicine in 1983. He then did his internship in general surgery at St. Anthony's Hospital in Oklahoma City and residency in family practice at the University of Arkansas, Fort Smith. Dr. Coburn represented Oklahoma's Second Congressional District in the House of Representatives from 1995 through 2001. He retired from Congress in 2001, fulfilling his pledge to serve no more than three terms in the House. Currently, Dr. Coburn serves in the U.S. Senate, to which he was elected on November 2, 2004.

Q: With a background in both business and medicine, how did you first become interested in politics?

A: I wasn't interested, I was disgusted. I didn't feel and still don't feel we have adequate representation in Washington. My belief is that we have sold out to career politicians, and they have made decisions based on their next election rather than your generation or the generation that follows. And I thought somebody ought to challenge that.

Q: How has your medical training and years as a physician affected how you make political decisions?

A: That is an easy question for me to answer. There are three things you are taught in medical school: One is do no harm, two is listen to your patient and they will tell you what's wrong with them, and three, if something has already been done, don't do it again. If you use the same principles, applying it to governance, I think we do well. That means really listening to the population, they are a lot smarter than we are and are full of common sense. They get it way ahead of Washington. So if we listen well, don't do things wrong, and don't make the mistake of repeating the mistakes of the past or repeating the things that didn't work, we will give the American people good governance. But when we fail those tests of being a good physician, we fail the American people as elected leaders.

Q: What role do physicians currently play in politics? What role should they play?

A: Well I am not sure, but I can tell you if they don't play the major role in the reform of healthcare in our country they are going to be out the door as far as priority in the stack of things. My strategy for trying to get my comprehensive healthcare bill passed is to sell it to doctors and have the doctors sell it to their patients. Physicians of this country see millions of patients every day, and if we see a healthcare plan we can embrace then we ought to convince our patients to inform their elected representatives to accept it. This plan ought to have free choice, 100% access, and use free market principles to allow us to have the best price. We spend 2.3 trillion dollars on healthcare in this country, and one-third of that doesn't keep anyone from getting sick or help anyone get well. There is something plenty wrong with that system, and doctors ought to have a role in changing this. They ought to decide what our healthcare system should be, and confer to their patients what they think is best for them.

Q: With the pressures of maintaining practice how do you increase physician involvement in healthcare policy?

A: We are seeing see a shift. The independent practitioners or the incorporated practices are going to go away if the doctors don't take some of their time and money to change things. Two-thirds of the Senate is made up of lawyers, why shouldn't one-third or even a half of the Senate be doctors, instead there's two. How is it we have such a disproportionate representation of the very people that are undermining healthcare, causing at least 60 billion dollars in increased cost just in us ordering tests we know we don't need, because we are afraid they are going to sue us?

Q: With a curriculum that is already dense, how should institutions teach medical students about healthcare policy?

A: I'm not sure they need to teach students about healthcare policy as much as they need to teach them about common sense and business policy. We know what works in our country. If we use competition to allocate scarce resources, healthcare will improve. If we don't, healthcare is going to decline. If you look at all the single payer systems throughout the world you will know that innovation declines, waiting times go up, over-utilization increases, and quality goes down. That's true everywhere. We ought to be about speaking to those issues and not just policy. Let's teach common sense, business, how to manage your own affairs, how to buy a home, how to hire and control people. Rather than assuming that you know all of that, let's teach the business aspect of being in the business world. We are professionals, but often times we don't have the training. If we trust being in the marketplace as a provider of care, rather than being a component of the marketplace, then we will know how to do the policy.

Q: What do you see as the current challenges in the US healthcare system, and how do we go about fixing them?

A: The challenge is everybody is fed up with the cost of it, and they don't like what is happening. Doctors aren't listening because they have to see too many patients to be able to pay the bills because their reimbursements are so low. Patients have to wait too long and they feel like doctors aren't listening to them. Government bureaucrats are starting to make healthcare decisions rather than physicians. I could go on and on and on, but that's why I say it's going change. We are going to go down a road and we are going pick one of two ways. We are either going to have the government run it all and we are all going work for the government, or we going trust markets, which have made this the most successful country in the world. If we go down the government road what you're going find is if you think healthcare is expensive now, wait until it is free. We are caring

for a lot of people now who don't have insurance, but the lie is there is 47 million people don't have health insurance. While that is true, one-third of those or 18 million don't want it, they feel like they are in a good enough position they don't want to spend the money. One-third of them are already Medicaid eligible that aren't signed up, but if they have a medical need they get signed up. Then the other one-third is truly poor who can't afford and need healthcare. Yet we use these inflammatory statements about all these people who don't have healthcare, but the real facts are that one-third of the people who are uninsured today are the ones that are struggling and we ought to figure out a way to help them. We ought to treat everybody the same in terms of access, and we can still do that and trust markets and transparencies where people know quality and where people know price. A great example is Shouldice hospital in Ontario, Canada. People come from all over the world, and they only do one thing and that is hernia operations. A hernia operation over there can cost less than \$300, you are in and out in less than 4 hours, and they guarantee it forever. It is all quality, because of specialization. They are competing for that business all around the world. So, what we need to do is trust markets. We have got doctors that do nothing but work on skin cancer of the ear. That's their expertise. If they're they very best at it, then we ought to pay them a little more than the ones that aren't very good at it. It's all going to change for you that are in med school today and hopefully we're going make good decisions. However, we may not, and you may all be working for the government.

Q: You have an open forum to address current medical students/future physicians, what thoughts would you like to share?

A: Pay real attention to your professors about the art of medicine, because that is what is going to make you a successful physician. Notice that I said physician and not doctor. If you learn the art of medicine, you can keep up with the science. However, what we lack today is too many who have not learned the art: reading the patient, being aware of body language, really taking the time to listen, touching, paying attention to transference and counter transference and all of the things that go into the psychology and art of medicine. These are the things that I have really seen a decline in, and are things that we need to work on. I think that you better get politically active, because your future is at risk, so you better get involved and know what is happening, just like any other good citizen should. You are really at risk and if you don't do something about it, something will be done for you.