



Beep, Beep!

Lee E. Mortenson

To cite this article: Lee E. Mortenson (1996) Beep, Beep!, Oncology Issues, 11:6, 4-4, DOI: [10.1080/10463356.1996.11904639](https://doi.org/10.1080/10463356.1996.11904639)

To link to this article: <https://doi.org/10.1080/10463356.1996.11904639>



Published online: 18 Oct 2017.



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FROM THE EDITOR



Beep, Beep!

by Lee E. Mortenson, D.P.A.

Now it's drive-by mastectomies! Dr. Lucius F. Sinks, former NCI staff member and now director of the Cancer Center at Middlesex Hospital, one of ACCC's delegate institutions, told me about the drive-by mastectomy controversy in Connecticut. Of course, we all have heard that some institutions are trying to do mastectomies in shorter periods of time, some even less than a day. But recently one of the surgeons at Middlesex Hospital was confronted by a new policy from CIGNA HealthCare and ConnectiCare. The policy stated that women requiring mastectomies could not be admitted for even a single day stay. A surgeon must now show that an overnight stay is medically necessary. If a physician requests it, CIGNA says it will send a psychiatric social worker to help a patient with emotional problems. The HMOs say they decide on hospitalization on a case-by-case basis and that women having breast reconstruction at the same time are "usually" granted a hospital stay. So, according to CIGNA and ConnectiCare, this is the new standard. Beep, beep!

Well, you can guess what is happening. The surgeon, Dr. Kristen Zarfos, mobilized a number of surgeons and legislators, who, in turn, opposed the HMO setting such standards. The Connecticut State Medical Society, American Cancer Society, Y-Me, Surgical Oncology Society, and others joined into the fray. Now Connecticut has pending legislation mandating a minimum two-day stay for a mastectomy and a one-day stay for lymph-node removal, unless a doctor and patient decide less time is appropriate. Not surprisingly, Dr. Marc T. Edwards, vice president and medical director

for ConnectiCare, says that laws requiring minimum hospital stays would make health care unaffordable for many people.

So, as one surgeon said, it "is an appropriate option for those women who are comfortable with it" and have support at home, but the problem with some health plans "is that once you show something can be done, then they feel it *should* be done that way." Right. Sounds to me like, "no good deed goes unpunished."

One legislator told Lucius that legislators would quickly be besieged with patients and physicians wanting them to legislate care and that their appeals would bog down the legislative system. Right again.

So, here's my prediction. Right after the election, in Connecticut and elsewhere around this country, states and the federal government are going to start setting up panels. Legislators will want to focus the media's attention on some other group that has not been elected to office. This group will need to be given power to tell insurers what must be covered and to level the playing field. The complexity will soon sink most of this momentary flurry over quality into obscurity, where most politicians hope it will go. Of course, from time to time there will be a shocking investigative report on your local or national television station. While we have had the era of Wall Street commercial reform since Hillary's plan failed a couple of years ago, you can bet that voters are going to urge government to become involved, as they perceive insurers are taking away the quality care they remember—leaving us with tightfisted economic and governmental reform. ■