



Succumbing to a Sheathed Sword

James L. Wade III

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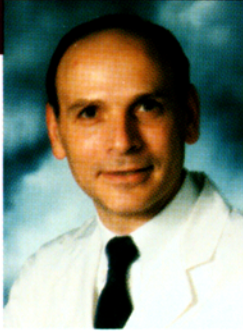
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Succumbing to a Sheathed Sword

Almost three thousand years ago a Chinese general named Sun Tzu wrote "The Art of War," a short primer on how to succeed in vanquishing one's opponents. Many of his lessons are applied in business today, particularly in managed health care. One part of his stratagem called for the "defeat of the target using intimidation, coercion, and gradual erosion of the target's will." He wrote, "The skillful leader subdues the enemy's troops without any fighting; he captures their cities without laying siege to them. With his forces intact he disposes the mastery of the empire, and thus, without losing a man, his triumph is complete. This is the method of attacking by stratagem of using the sheathed sword."

History certainly repeats itself. We now observe those same stratagems playing out in physician behavior within the managed care environment. The article, "The Impact of Managed Care on Oncology Practice," in this *Oncology Issues* is clear evidence that Sun Tzu's strategy works. Physicians in areas of high managed care penetration are surrendering their pivotal role of decision maker and clinical scientist. The ACCC Barriers to Care survey, although hampered by a small sample size, suggests that as physicians perceive that their autonomy is challenged and that they are vulnerable, their behavior changes to comply with managed care policies. This phenomenon occurs only in the top managed care quartile of our survey. In areas where there is less managed care penetration, physicians reported more obstacles to care, i.e., gatekeeper authorization for referral to a specialist and also denial for patient participation in clinical trials.

This editorial is not an attack on the managed care health care industry; I intend only to describe the concept that Sun Tzu advanced. The managed care industry has helped curb the rapid rise in health care costs over the last ten years, thus making insurance potentially available to those who had no coverage previously. In some plans there is even evidence that practice guidelines may be improving some measurable outcomes, i.e., the number of women having screening mammograms or prenatal health care. We are obligated, however, to report some of the disadvantages of managed care, and the article in this issue is just such a report.

Cautious readers would not be convinced by a single article. You may begin to agree with our premise that

physician behavior and physician thinking are shaped by a dense managed care environment after reading scientific articles from other journals that are just now reporting similar phenomena. In the July 16, 1997, *Journal of the American Medical Association*, Moy and colleagues describe an inverse relationship between the extent of managed care penetration and the distribution of research awards granted by the National Institutes of Health. There was no relationship between NIH funding and managed care penetration from 1986 to 1990. After 1990, however, ten of thirteen medical schools in areas where HMOs penetrated more than 40 percent of the market experienced a significant decrease in their rate of receiving NIH research awards. All the decline of RO1 awards affected clinical departments that implemented patient-oriented research, but there was no impact on the basic science departments of the same medical schools. The authors speculate that, "as departments experience reductions in clinical subsidies to support research, clinical researchers are being drawn to provide patient care and have less time to conduct research." Perhaps Sun Tzu would have observed the managed care industry using the sheathed sword by cutting off supplies (clinical revenue) and by intimidation (provider network exclusion).

Although this important paper complements the results from our survey of oncology practices, the question remains: Do managed care plans really impact on how doctors think? Kerr and colleagues reported in the July 23, 1997, *Journal of the American Medical Association* that primary care physicians are less satisfied with the quality of care they deliver to patients in capitated health plans compared to quality of care delivered to patients covered by other payment sources. There is one exception: "Physicians with more than 75 percent capitated patients are more satisfied with all four aspects of care than those with a smaller percentage of capitated patients." Perhaps those practices have also succumbed to the sheathed sword.

—James L. Wade III