DOCTORS WITHOUT DOLLARS

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ILLUSTRATION FOR TIME BY GARY TAXALI

REMOVING HAIR FROM UNmentionable parts of ladies in Westchester County is how my friend Jerry spends a good part of his week. Not that there's anything wrong with that, except Jerry (not his real name) is a cardiologist, trained at one of the finest medical programs in the country. Trained to save lives. His expertise is the complex and delicate management of congestive heart failure, but he gets paid a lot more to do a laser Brazilian.

Another friend tells me about the "magnetized" water and testosterone ointment he sells to folks who have seen his antiaging ads in shopping circulars. He was a brilliant pathologist; I once entrusted my patients' lives to his call on biopsy specimens. He began making a few extra bucks with naturopathics, then enough to quit real medicine altogether. I trust little about him since he started with the magnetic water because I know he knows better: he passed physics to get into med school. But now he can finally afford that Range Rover he's had his eye on.

If I want to buy a stock or mutual fund, I can call up my old friend the ob-gyn. I know three anesthesiologists who became financial analysts with investment firms. Two radiologists run imaging businesses, and a good orthopedist friend dropped out to put up magnetic resonance imaging (MRI) facilities. Each trained hard for at least nine years to join his field of medicine. In no case could leaving have been an easy divorce.

So here is the cause of your doctor's pain in 2007. Behind him or her is a 15-year trend of diminishing fees that shows no signs of abating. Graduating med students aren't blind; they see established physicians with busy practices dropping out. Looking ahead they see more headaches—more controls and regulations, more scrutiny, more liability, less money. So what has the resourceful American doc done?

Welcome to the world of alternative medical income. Some docs leave medicine; six weeks of securities-trading classes and you can be a stockbroker. Most try to do something quasi-medical. Three top bailout categories of this sort have emerged: cosmetics, diagnostics and what I call "nothing-really-works-anyway therapies" (NRWATS).

COSMETIC SURGERY

The pains we take seeking alterations in our physical appearance are a constant source of wonder. But it's not just the plastic surgeons who help the cosmetically challenged. Any M.D. can legally shoot you with Botox or a body-hair laser. Urologists and gynecologists nip and tuck at the naughty bits of both sexes. Today any doc can turn a pretty dollar getting hair to grow, pounds to melt off or aging private parts to work like new. None of this has much to do with relieving the suffering of the sick and disabled.

DIAGNOSTICS

For many physicians losing income, a diagnostic center is an attractive income generator. CT angiography, MRI, ultrasound and electrodiagnostics all pay comparably more and incur far less liability than giving medicines, doing procedures or performing most surgeries. The pure diagnostician renders the information from his fancy test, takes the money and walks away—a great business model. Electromyograms to "diagnose" carpal tunnel syndrome, for one, usually pay more than the surgery to correct it.

ALTERNATIVE MEDICINE

Headaches, heartaches, backaches, aching feet, fatigue, anxiety and those vague, burning pains in your legs at night—these are the nemeses of real doctors. Many people have these symptoms, but the cruel truth is that there is no reliable cure for any of them. Clever doctors watching their incomes melt away have taken notice, establishing all sorts of lucrative NRWAT practices. They've become chiropractors, osteopathic manipulators, prolotherapists, postural therapists, acupuncturists, even Therapeutic Touch practitioners. Each of these therapies proclaims the existence of force fields, bodily reactions, energies or auras that simply cannot be measured or observed scientifically. The "patients" who pay these docs run the gamut from the hopelessly deceived to the downright self-indulgent. But lest we look down too haughtily on NRWAT providers from the moral high ground of real medicine, we must admit that their patients come back again and again, seemingly happy with the treatments. And they pay them with real money—which seems, alas, to have become the whole idea. ■