

August 20, 2009

The Honorable Barack Obama
President of the United States
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

We, the undersigned surgical organizations, write to express our disappointment with inappropriate and inaccurate comments you recently made regarding the quality and cost of care provided by America's surgeons.

Less than a month ago, you suggested that a surgeon's decision to remove a child's tonsils was not based on medical judgment but on the surgeon's desire to make a lot of money. We are dismayed because these types of remarks are not only ill-informed but they are also a gross mischaracterization of the work surgeons do. Surgeons make decisions about recommending operations based on what is right for the patient—regardless of the patient's coverage or ability to pay.

And recently, in a town hall meeting on August 11th, you once again intimated that surgeons might be motivated to make treatment decisions based on what they are reimbursed, when you stated that a surgeon gets paid between \$30,000 and \$50,000 for a leg amputation, when, in fact, Medicare pays a surgeon between \$740 and \$1,140 for a leg amputation. In addition to the surgery itself, this payment also includes the evaluation of the patient on the day of the operation as well as the follow-up care that the surgeon provides to the patient for the 90 days after the operation. Private insurers pay a variation of the Medicare reimbursement for this service.

We agree with you that the best thing for patients with diabetes is to manage the disease proactively to avoid the potential bad consequences, including blindness, stroke, and amputation, and our organizations have supported measures to further promote quality preventive care. In fact, in cases such as those where amputation is being considered, the surgeon's first goal is to preserve a limb whenever possible. Yet, regardless of how well a patient's care is managed, surgeons will still be needed to provide the care that only they are qualified to provide, and there are times when even a perfectly managed diabetic patient needs a surgeon. Such is the case for the patient who needs a surgeon to remove a cancerous tumor or for the person who needs a trauma surgeon after being injured in a terrible car crash.

We were also dismayed because your remarks run the risk of damaging the all-important trust between surgeons and their patients. Surgical patients, especially

those with potentially life-threatening conditions, already face fear and uncertainty, and to inaccurately imply that surgeons make treatment decisions based on something other than the patient's best interest could serve to undermine this relationship and trust when patients are faced with making difficult medical decisions.

At a time when many are decrying the inaccuracies being promulgated in the health reform debate, it does a disservice to the debate—and ultimately to the American people—when those who accuse others of untruths fail to get the facts right themselves. In the future, we would urge you to have your facts correct before making further incorrect statements about America's surgeons and the care they provide to their patients.

Sincerely,

American Academy of Facial Plastic and Reconstructive Surgery
American Academy of Ophthalmology
American Academy of Otolaryngology-Head and Neck Surgery
American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American College of Obstetricians and Gynecologists
American College of Osteopathic Surgeons
American College of Surgeons
American Osteopathic Academy of Orthopedics
American Society of Cataract and Refractive Surgery
American Society of Colon and Rectal Surgeons
American Society for Metabolic & Bariatric Surgery
American Society of Plastic Surgeons
American Urological Association
Congress of Neurological Surgeons
Society for Vascular Surgery
Society of American Gastrointestinal and Endoscopic Surgeons
Society of Gynecologic Oncologists
The Society of Thoracic Surgeons