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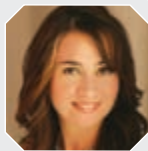
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OPINION

Recycled rhetoric

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— Editor's note: Tanya Amador-Daigle is reporting for Florida Weekly on the presidential election. She has a unique perspective on the primaries and the process for choosing a candidate, having traveled the country reporting on primaries and caucuses for the Purple States project. To learn more about Purple States go, to www.purplestates.tv.

Friday night, as I sat with my fellow Purple Staters watching the first presidential debate in North Carolina, I found my mind wandering. The reason for my distraction was not due to the fact that I was exhausted; it was because Senators John McCain and Barack Obama didn't say anything new. At 10:30 p.m., when the debate ended, I looked at Liz and Alex, two of my fellow citizen journalists, and said, "Well there's an hour of my life I'll never get back." The three of us agreed that neither candidate hit it out of the park. Nor did either commit any major gaffes. As Alex put it, "I felt like I was listening to Charlie Brown's teacher: wah wah wah." It's a good thing I didn't

have to pay to watch the debate or I would have asked for a refund.

I've seen the candidates recycle their speeches incessantly since last year, and with all of the horror surrounding the government's financial rescue plan, I suppose I had been expecting more out of the debate. Instead, both candidates claimed they had seen the disaster coming and had warned Congress. However, neither really answered moderator Jim Lehrer's question when he asked about the broader effects of the bailout on their individual budget policies, even though he asked the question twice. Both agreed, that reform on Wall Street was needed... gee, ya think? I'm just not sure how one can talk about the tremendous cost of the bailout without doing the math that connects it to their policies on tax cuts and spending.

The Henry Kissinger question made for a minor scuffle in which McCain stated that Kissinger, his friend of 35 years, would not recommend that the president of the U.S. sit down with the leader of a rogue nation. Obama, on the other hand, seemed to backpedal on previous statements that he WOULD sit down with our enemies, without pre-conditions. He did this by spinning his story to mean that he would hold talks, but at a lower level, like a secretary of state, something Kissinger DOES support.

Furthermore, with regards to foreign policy, I'm wondering if I'm alone in noticing the vagueness of how each candidate would deal with Iran and other similar nations. I think the assumption is that McCain would use military action more readily, while Obama would hesitate, believing that negotiations would be more effective. However, both men continually refuse to take anything "off the table," and Friday night's debate certainly didn't offer me any more insight into the issue. It's plain to me that neither candidate wants to alienate any voters on such an important issue.

As far as demeanor, I thought Obama seemed at ease, even when he struggled for words. McCain appeared to me at times like he was out of patience for his opponent and was trying to keep his temper in check. Obama frequently agreed with McCain, something I noticed he did on many occasions during the primaries with Sen. Clinton. My observation is that he's a pleaser who doesn't like conflict. Either that, or their policies just aren't that far apart. Interestingly, Lehrer asked both men to engage each other directly when answering the questions, something neither candidate took him up on. Maybe Obama was afraid McCain's head would come off if he pushed his buttons.

Perhaps the next two debates will contain more substance and new material. In the meantime, I'm looking forward to the vice presidential debate. Now THAT promises to deliver, IF they can avoid the same old clichés, analogies and catch-phrases. ■

GUEST OPINION

Concierge Medicine: Is it for you?

BY WAYNE M. BURR, M.D.

Concierge Internal Medicine

In a recent article, explanations of concierge medicine — medical practices that charge an annual fee for services — were tempered with the notion that this type of practice is elitist and exclusive, even though reviews of this practice model by the American Medical Association and the Government Accountability Office state the opposite. While there are ethicists who look down upon this type of practice given the previous reasons cited, closer inspection would show that this model is not much different than how physicians practiced in the years before managed care and government subsidy (Medicare). Fee for service, paying for physician services at the time these services are delivered, is something that is practiced commonly. One can see this in the area of cosmetic surgery for procedures that are not typically covered by third-party payers (insurance).

Concierge medical practices have some commonality in that an annual retainer fee is paid for membership. From here, there are many derivations as to what someone receives for that retainer. For my patients, the annual fee is the only payment that is made to cover all medical services performed by the practice. In other practices, the retainer only gets you in the door, and from there your insurance is required to cover any further costs associated with the physician visits. The problem with the latter is that most, if not all, insurance carriers do not allow a contracted physician to charge a retainer and also bill the insurance carrier. This is especially true for Medicare. Retainers vary widely depending on where you live. In South-

west Florida, for example, retainers can be as much as \$10,000.

What do I get for the annual retainer?

Those who are attracted to concierge medicine enjoy the personal attention they receive from their doctor. No longer do they feel they are just one of many patients seen in a day, but instead know the comfort of spending time with their physician without feeling rushed. Not all concierge practices offer the same services, but some share common features such as the house call reminiscent of what our parents and grandparents expected from their family physician.

Careful inspection of the services included for the annual membership fee must be performed when considering a concierge practice. The included services can be dramatically different between concierge practices, even ones located in the same geographic area. Most practices include a comprehensive history and physical examination along with tailored health plans. Some practices include more. For example, my practice approach is geared toward the wellness of the individual. To this goal, not only do patients receive a comprehensive history and physical evaluation by me, they also receive a comprehensive nutrition evaluation by a registered dietitian, several sessions with a personal fitness trainer, and massage therapy with our licensed massage therapist.

Laboratory testing and EKGs may be offered with the annual fee while other practices will charge extra or bill your insurance. Vaccinations, such as the flu shot, can be included with the annual membership fee as well, but make sure that you ask about these types of services when considering a concierge practice.

Who joins concierge practices?

The answer to this question can be as varied as any decision one makes regarding personal healthcare choices. One of the most common reasons that I have heard as to why someone is interested in concierge medicine is the convenience. Same-day appointments, on-time appointments and direct access to the physician 24/7 are just a few of the reasons for joining a concierge practice.

While it is true that some concierge practices charge what some would consider a high annual fee, other practices have annual fees that are surprisingly affordable given the services that are included. Inevitably, when you read articles written about concierge medicine, you read about the person who had to leave a practice converting to the concierge practice model because they chose not to pay the annual fee to remain a patient of that practice. To some, this would appear that physicians are abandoning their patients. In fact, there are specific laws and ethical standards that prohibit patient abandonment, and physicians have a responsibility to make sure that their patients can transfer their care to another physician no matter what the reason may be.

Concierge medicine gives the patient another choice and more control in the delivery of their healthcare. As patient frustrations with the current medical system grow, more will look to alternatives that will meet their medical needs, be flexible around their schedule, and be considerate of their time. Consider all of your options. Concierge medicine might be the physician relationship that you need. ■

Wayne M. Burr, M.D. owns Concierge Internal Medicine at 9407 Cypress Lake Dr., Ste. C, Fort Myers, FL 33919