

Human Currency, Part I: Walk in My Shoes

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Over the past year, I have increasingly reflected on how managed care has affected our patients and our practices. I have seen the ripples of this system in the form of limitations of our therapeutic options and practice styles, and it appears that these hindrances are only increasing. With these issues in mind, I decided to address some of them in writing over the next several months in *Cutis*[®].

While performing educational teleconferences on behalf of a pharmaceutical company, I recently had the opportunity to speak with leaders of managed care, both pharmacy and medical directors. These interactions have given me added insight into the issues central to our problems with managed care. Pharmacy and medical directors are responsible for the management and preservation of funds—monetary currency. These directors are not callous individuals who are indifferent to patient and physician needs; they simply feel that they must take a “wider view.” On the other hand, we, as physicians, deal in human currency. It is a struggle between people and policy, between the needs of a population and those of the individual.

In my discussions with these managed care leaders, we very often reached an impasse. They spoke of the needs to control cost, while I defended the desire to ignore cost as a factor. I noted that when I am in a room with an individual patient, my first responsibility is to prescribe what I feel is the best therapy, with other considerations secondary. At that particular moment, I need to consider the needs of one person, not the societal impact of my

decision. Many of these leaders took exception to this position.

How can we bridge the gap? How can we equate our currency with their currency? Out of our discourse, some possible measures emerged. First, we can educate managed care leaders about the diseases we treat, our therapeutic alternatives, and the efficacy and safety of these modalities. When we wish to prove that newer, more expensive therapies are truly necessary, we need to support that view by performing ongoing studies to generate data. Furthermore, managed care leaders emphasized that they need guidance. In particular, they would like national organizations, such as the American Academy of Dermatology, to continue to generate specific guidelines of care as newer therapies emerge. Examples of areas in which new or further guidelines may be helpful include the appropriate use of topical retinoids for acne, the proper use of systemic antifungals for cutaneous or nail infections, and indications for topical selective cytokine inhibitors. One example of such an effort is the advocacy that the National Psoriasis Foundation is providing on behalf of novel biologic therapies.

Our mission is to force managed care to look through our eyes and to stand in our shoes. We need to emphasize the importance of seeing the patient as we do, as one individual at a time, with individual conditions and needs. This is an uphill battle that we may not always win, but we owe it to our patients to try. A positive first step is strong education and scientific data to justify our practice choices.

It is the ability to literally experience the world from another person's perspective; to walk in their shoes, to view life from their living conditions and to feel what it feels like to be that person. The noun *empathy* refers to the ability to comprehend another person's actions and emotions. (Pirkei Avot "the teachings of the sages, is part of the Mishnah, the earliest strand of the Talmud, finished around 200 CE.) I appreciated the Harper Lee quote, thanks! Reply. Learning to walk in another's footsteps requires much understanding of human faculty to its best term. If we all started to think more, we can make for a more considerate society. Reply. All Blessed. View Tracklist. Walk in My Shoes. Faithless. Produced by. I'm not foreign No, I'm just human Hoping for a chance For my children And I have Dreams Like you do So could you just try To walk in my shoes? Try, try try Try, try try Try, try try. To walk in my shoes. Try, try try Try, try try Try, try try. To walk in my shoes To walk in my shoes. Embed. Share Url Request PDF | On Nov 1, 2003, Jeffrey M Weinberg published Human currency, Part I: Walk in my shoes | Find, read and cite all the research you need on ResearchGate. This article provides and analysis of the difficulties caused by an attempt to combine professional and corporate cultural values in managed mental health care. It encourages the reader to think critically about the ethical, administrative, clinical, and practical issues which inevitably arise when these two cultures collide. It further suggests that although utilization review claims to provide [Show full abstract] cost-containment and consumer protection, in actuality it exists to protect profit, for the managed care company by providing disincentives for seeking and accessing necessary treatment. "Walking in someone's shoes" means trying to understand their life by living it, comes from the saying "don't judge someone until you've walked a mile in their shoes". (Originally moccasins and also gives the term moccasin mile). "Stepping on someone's toes" means undermining them, doing "their" job for them and upsetting them. Picturing yourself as someone else, for example if someone said put yourself in my shoes and be me for a day you would play them for a day it's just a saying it's not meant literally. 189 views. Linda Sturges. "Walking in My Shoes" is a song by British electronic music band Depeche Mode. It was released on 26 April 1993 as the second single from their eighth studio album, *Songs of Faith and Devotion* (1993). The song reached number 14 on the UK Singles Chart and matched the success of the previous single "I Feel You" on the US Billboard Modern Rock Tracks chart, where it reached one.