

President Clinton and Performing Arts Medicine

Not only is Bill Clinton a Democrat, he is also a performing artist. Precedents include Harry Truman, who played the piano in the White House, and Ronald Reagan, who may or may not have used his acting skills while President. The election of a president who plays the saxophone, however, seems unlikely to have significant effect on performing arts medicine unless Clinton's hidden agenda includes jamming in the wee hours that leads to development of an overuse syndrome. One can conjure up intriguing scenarios, complete with disclosures in the press and calls for congressional investigations. (Whether the President's ongoing struggle with laryngitis is overuse or allergy, as claimed, his treatment by a specialist in performing arts medicine might depend on whether political campaigning is viewed as an art form!)

As the nation well knows, one of the top priorities of Clinton's promised domestic agenda is finding solutions to the health-care crisis. Although it is doubtful that performing arts medicine will receive preferential treatment, physicians, as both consumers and providers of medical care, need to be informed and proactive as new directions in health legislation lead to what seems inevitable: a universal health plan. My specific concern is that performing artists will find medical care for their occupational injuries even less accessible than in the past. Among the reasons for this concern:

1. In countries in which health care has been nationalized, poor patients have generally had improved medical care. From the bottom there is nowhere to go but up. Private care has continued to be available to the wealthy who wish to avoid or to supplement the restrictions of national health plans. Once again, the patients in the middle—including performing

artists—are not wealthy enough to afford private care; no longer supported by private insurance, they must become sufficiently sophisticated to contend with a “no frills” approach to medical care.

2. Most medical problems of performers are not emergencies in the usual sense. Many performers—primarily musicians—have few or no abnormalities detectable on physical examination or by ancillary tests. In an environment where the judgment of medical necessity determines immediate care, patients with “lesser” pathology may not fare well.

3. Most physicians and medical providers who deal with performers are convinced of the essential role of physical and occupational therapy and rehabilitation for injured performers. This therapy, which may be indicated for protracted periods of time, can be costly.

4. As discussed in previous articles, some performers are fortunate to be employed on a full-time basis, as in an orchestra, with the benefits of health insurance. Others may be protected, depending on the state, by workers' compensation, and still others belong to unions that provide health insurance of extremely variable coverage. But once a national plan is in effect, unions and employers are freed of these responsibilities; thus performers may receive even less medical care than currently and suffer disability for a longer time. How will these situations interact with sick-leave policies, and what role will state workers' compensation boards play? For example, will there be a sudden surge in artists who seek workers' compensation?

Professionals in performing arts medicine should take certain actions now, in anticipation of major changes

in health policy. Forewarned is forearmed, although it is difficult to address the unknowns of a future program. The suggestions offered here, however, are applicable to whatever restrictive health care policies President Clinton and his advisors may devise.

1. As always and with all patients, every attempt should be made to contain costs. Only indicated tests should be ordered, and when possible, a cheaper alternative should be substituted. If an MRI is required, then why order preceding x-rays and CT scans? The same need for selectivity applies to electrodiagnostic testing. Not infrequently performing artists arrive with a large sheaf of test results from previous practitioners. Occasionally some tests bear repeating, but frequently the previous results are technically good and reasonably recent. I apologize if I am preaching to the already converted. Some physicians, however, appear not to put adequate stock in the physical examination, an important part of medical artistry, but to rely instead on costly tests and procedures.

2. A second recommendation, hardly original, for beating the odds of national health is to reduce the need for medical care of performing artists by vigorously promoting techniques of injury prevention. Prevention has become a buzz-word for avoiding the doctor, although, in fact, many recommended techniques are empirical, without adequate testing in specific situations. The need for developing and testing more performance- and performer-specific methods of prevention is great; prescriptions for exercise, posture remediation, and other corrective and protective measures must be validated by reliable data.

One might assume that performing artists would welcome the opportunity to practice techniques of injury prevention; however, many have been reluctant to participate. Reasons include lack of time, faith that problem-free immunity will continue, a belief that in some mysterious fashion discussion of injuries brings them on, and the comfort of the status quo versus a threatened change in habits

or technique. In order to counter these doubts on the part of performers, some incentive needs to be incorporated into injury prevention programs for compliance. Education and supervision must be accompanied by a large dose of encouragement.

These reflections point out ways for practitioners of performing arts medicine to anticipate the effects of new health legislation on performing

artists. These problems are minor in comparison with the overall health-care dilemma faced by the new administration. However, it is not too soon to explore solutions on behalf of our unusual if small constituency. And what about the First White House Conference on the Medical Problems of Saxophone Players?

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