

□ The Financial Operator

Knows the DRGs by heart. The anatomy? Less so.

This neurosurgeon doesn't think in outcomes — he thinks in margins. The question isn't "What does the patient need?" but "What's billable, efficient, and deniable?"

He favors the procedure that pays most. Avoids the one that takes too long. Pushes the device with the best rep perks. Treats medicine like a business — and patients like transactions.

He doesn't stay up reading literature. He stays up tracking billing codes, hospital reimbursement schemes, and RVUs. His loyalty isn't to science or to surgery — it's to revenue streams.

He doesn't optimize care. He monetizes it. His decisions are precise — financially. Clinically, they're shallow.

Where does it come from? A worldview shaped by systems that reward throughput, not thought. Over time, he began to equate profit with success — and framed ethical questions as inefficiencies. He tells himself,

"If I don't do it, someone else will."

What are the consequences? Patients are overtreated, undertreated, or misdirected — depending on the price tag. Conservative options are underused because they don't "convert." Complications are downplayed. Research becomes marketing. Surgery becomes sales.

Junior surgeons watch him and learn the real curriculum: how to survive in the system by serving it.

Dishonesty type: □ Ethically dishonest

Puts financial gain above clinical reasoning. Aligns care with reimbursement, not necessity.

Bottom line:

He's not a bad surgeon. He's just not your surgeon — he's the hospital's investment.

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