'Boutique medicine' is not for everybody

HEVY CHASE, Md - Tucked in a ritzy high-rise building between the Gianni Versace and Cartier boutiques, right across the street from Saks Fifth Avenue, is a designer doctor, an haute-clinique for upscale shoppers in this tony suburb of Washington, D.C.

In these difficult days of depersonalized HMOs and drive-by delivery of medical care, when health consumers are angry about too little choice and too much inconvenience, the new David Drew Clinic is appealing directly to the anxieties of the "worried well" and especially the worried well-to-do.

In May it sent hundreds of engraved invitations to upper-income individuals, promising them the finest of care in an "exclusive doctor-patient relationship." It also appealed to their own sense of mortality, warning them to take steps so they don't end up like celebrities Gilda Radner, Frank Zappa, or Lee Atwater, "stricken in the prime of their lives with diseases that could have been cured, if detected early."

On the surface, Dr. Timothy Sonerant, the clinic's solo practitioner, appears to be bucking the trend of volume-driven, one-size-fits-all medicine. Sonerant, 41, trained at Boston University and a former researcher on aging at the National Institutes of Health, is serious about personally designed care and lots of high-tech diagnostic tests, no matter what the cost, to prevent disease and early death.

In truth, Sonerant may not be bucking a trend at all. More likely, he is in the vanguard of something new—so-called niche medicine—that capitalizes on the wide public backlash to managed medical care and, with guest attention to demographics, aims to carve out a market of these affluent baby boomers who are nearly obsessed with aging and anxious about the latest disease-of-the-month.

"This is a sign of what could exist a decade from now: a niche for doctors catering to a group of extremely upscale people, perhaps 15 percent of the population, who will pay significantly more for health care because they value time and convenience and demand special attention," says Dr. Robert Blonstein, a professor of health policy at Harvard University.

Douglas Allen, a businessman who manages the clinic, doesn't expect sick, insurance-dependent people to show up in its tastefully appointed penthouse suite or to pay as much as $6,000 out-of-pocket for three office visits a year. Niche patients more likely are healthy but worried—worried they will...
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die and leave their businesses or families untreated, worried they haven't modified their lifestyles enough to guarantee longevity.

This clinic isn't for patients who hate being poked, probed, and put under the microscope in what amounts to a physical fishing expedition. Some health policymakers say many tests aren't worth taking anyway, because their benefits in detecting disease haven't been proved and can create more stress than they relieve. Soncrant advises genetic tests for some patients, even though there is considerable controversy about the medical merits and ethical questions over what a doctor should counsel, says a woman who tested positive for a breast cancer gene.

Yet for those with a need to know and a way to pay for it, the David Drew Clinic is just what the doctor ordered.

"Mainly they are middle-aged or older professional men and women who are intensely concerned about staying well, either because of commitments they have to keep or because family medical histories make them anxious," Soncrant says.

On the other hand, women's health centers, he says, are increasing in the number of patients, and they aren't millionaires or hypochondriacs. Mainly they are middle-aged or older professional men and women who are intensely concerned about staying well, either because of commitments they have to keep or because family medical histories make them anxious.

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Soncrant says he believes in and subscribes to the idea that there is some way to become immortal," says Sager, a professor at Boston University School of Public Health. "Partly, because some of the interest in preventive care is driven by the cost of medical care.

Soncrant insists he has no course; new technologies for early can change medical outcomes, he says, but too much stock in prevention tried to name the clinic after a pensive look. He rejected "Panacea George, who developed the Pap smear, as too hard to spell, so settled in David and Drew, the names of his insurance plan that would cover genetic testing and preventive care. He Vu's ability to include preventive care and offer a comprehensive approach, and "I don't know of anyone else who is so comprehensive," Soncrant says.

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