I recently received an email from a friend about an article in Medscape entitled “Why Physicians Won’t Unite to ‘Rescue’ Medicine.” The gist was that we physicians are failing ourselves and our patients because we cannot work together, and it outlined seven reasons why.

1. Organizing physicians is challenging because they are either too busy to participate, or under too many pressures and time commitments within their practices to even write a membership check.

One physician implied that many may have stopped writing checks also because organized medicine has had some setbacks and those are being read as serial failures by these physicians.

My personal response to this is that if we don’t take up the efforts of organized advocacy for our patients and ourselves, the government, payers and hospital systems will do whatever is actuarially indicated, with the morbidity and mortality costs of their actions considered as acceptable “collateral damage.” That is not to say that we cannot improve resource management, but we have to fight for cost-effective appropriate care for our patients, not arbitrary cutbacks that effectively limit access.

To do so, we need to maintain and increase membership in our county medical societies and in the Texas Medical Association (TMA) so that the TMA can continue to lobby both in Texas and Washington, DC for issues that are important to our patients and our profession.

2. Historically physicians are poor contributors to political action committees (PAC). Nationally, we gave $12.1 million in 2008, roughly half that given by lawyers that same year.

I have to admit, I was surprised at this disparity. Physicians need to give early and often, as our incomes allow. I also think we should not give to individual politicians, but to TEXPAC, the TMA political action committee, so that they can select the candidates from ANY party who will represent the best interests of medicine.

Even fewer physicians actually participate in advocacy efforts due to many reasons (politics, time, cost, frustration, etc.). We need to give our colleagues who work with TMA on legislative advocacy the support they need to participate in these critical efforts.

3. Specialty groups tend to protect their own interests.

The reporter even gave one example of physician groups fighting each other. In this case, a bill was put forth in Arizona by one physician group to protect its interests from other physician specialty groups’ interests.

Many specialties also have their own PACs and congressional level lobbying efforts as do academic, primary care and hospital-based physicians.

If we cannot overcome our tendency to be like the specialty groups in Arizona (and many other states), then the profession of medicine will become weak and fractionated.

However, if we fuse our advocacy efforts and resources across specialty lines so that our battle front is more unified, we can be more effective. We tend to be better at this in Texas, but the influence of outside pressure and internal squabbles constantly threatens our unity.

We need to start thinking of ourselves more as physicians in a larger interdependent web and less as individual specialties. We need to attain an internal loyalty and maintain the highest standards. We need to form strong political alliances between physicians and with physician assistants, as well.

4. Not all physicians are uniform in their political opinions and party alignments.

What we need to remember is that no one party, Republican or Democrat embodies all the values that represent the best interests of our patients and medicine. We need to formulate a unified physician alliance for patient and provider well-being. This includes support through TEXPAC for candidates from any party who represent our collective needs. And again, we need to lobby primarily as a unified group through TMA and TCMS, and not as groups fractionated along political, specialty or economic lines. If we split ourselves and our resources, we will not be as effective.

5. Employed and independent practice physicians have different goals.

The reporter stated that many employed physicians do not choose

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to participate in organized medicine because they have a different agenda. One physician in private practice stated that he felt employed physicians are effectively separated from the fight with regulatory issues, payers, etc., because they are buffered from the operations of the practice. He felt this was the reason some employed physicians did not feel connected to the advocacy efforts of organized medicine.

Perhaps this might be interpreted in a different way. We need all types of physicians to take on various aspects of our battle. Some physicians are more familiar and comfortable with the business side of medicine, while others are more comfortable with the clinical side. Still others are research oriented or academically based and better at looking at scientific study evidence for practice guidelines or resource use.

Obviously, all practice types are needed in the quest to constantly improve health care delivery. Processes and medical treatments all have to be balanced against the costs (time and money) and the evidence for clinical effectiveness. Both employed and non-employed physicians are present in all these groups and are needed to best effect changes in the system and health care delivery. Right now, these groups are all struggling to get seats at the table and are not communicating well due to fear and uncertainty. They need to have dialogue and educate each other about the needs of their practices, all within the context of what is best for patient care.

6. Improved patient access is not always in alignment with protection of income.

I think that this is a statement that many proponents for the ACA have been making since its inception. There are health care policymakers including politicians, physicians and hospital executives, who have been influenced by those physicians who have been vocal in their concerns about loss of income. These folks have extrapolated that physicians are fighting the ACA and other onerous regulatory requirements for reasons of greed. I think they are mistaken and their assessment is not balanced or fair.

We need to make sure that Congress does not place the cost of the ACA disproportionately on the backs of physicians and their practices. And we need policymakers to climb out of their ivory towers and look at the real business costs of running medical practices. Constant technology implementation and regulatory requirements never seem to stop or decrease, nor does the threat of government sanctions, penalties or legal action.

7. Membership in organized medicine lags, especially with regard to the AMA.

I have been to two sessions of the AMA House of Delegates in the last two years. I felt like I was in Washington, DC, inside Congress. It is a totally different animal compared to organized medicine at the state or county level. The cultural and cross specialty differences are actually much worse, to an extent, compared to our state.

What I also saw though, was a very coordinated effort between the TMA and Texas specialty society groups, to work together within the framework of the AMA to push forward the agenda of our state medical association. However, we now need to promote younger Texas physicians up through the ranks of these same specialty societies and the TMA, to maintain our Texas influence at the level of the AMA. The AMA has done a poor job protecting Texas physicians and patients so far, and we need to continue our grassroots approach to influence AMA policy, even as we continue to lobby directly in Congress for Texas medicine.

Physician survey results and articles like the one in Medscape tend to make me a little more tenacious about doing what is right. There are so many annoying distractions and competing forces in our lives that can pull us apart and take our focus away from the needs of our patients and ourselves. When this happens, we need to resist being divided as specialists, and reuniﬁ our efforts to focus on our common heritage as physicians. We need to gather under the big tent that is organized medicine—for the protection of our patients and the salvation of our profession.

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