



Different Locales, Similar Issues



By William Penniston, MD

The surprising result of conversations with three physicians in outlying areas was that there were no surprises.

Earlier this year, two members of the Editorial Committee — Dr. William Peniston, who is retired, and Dr. Eric Edmonds, who graduated this year from UC Davis Medical School — took on a joint project. Their reports had a very different flavor, and both are being printed.

RECENTLY, TWO OF US interviewed three physician medical society members in an attempt to learn what issues were important to them in their practices. The motivation for these interviews was an *SSVMedicine* readership survey performed last year, with the results published in the March/April 2002 issue.

There was a limited response to the survey from members practicing in the South Area and in Yolo and El Dorado counties. We speculated that these physicians might feel somewhat isolated from mainstream medicine. We then interviewed a handful of them, chosen randomly from these areas, to try to uncover any geographic or political issues peculiar to their practices, what they had done about them, and what should or could be done. In addition, we queried them about their non-medical interests.

These interviews revealed several issues that concerned these physicians, but essentially none peculiar to their practices. To be sure, the Marshall Hospital/Physician SurgCenter discord and epidural anesthesia in Sutter Davis Hospital are problems locally, but similar controversies are common throughout the United States. Unfortunately, these types of problems usually result in polarization of the medical community into two or more opposing camps.

A second problem that seems pretty universal is patients without insurance or generally inadequate insurance, including Medi-Cal, Medicare, welfare or even private plans. Additionally, the provision of adequate transportation for patients and a shortage of orthopedists and psychiatrists were mentioned. Again, we considered neither of these particularly unique to rural or urban areas.

The physicians approached the first group of problems, which might be classified as "resource provision," in similar manners. These were essentially in the realm of participating in discussions and giving advice. Advice included sensitivity to the other party's needs, attempting to get all parties involved to sit down and "brainstorm" an acceptable solution, and mediation.

Other than trying to provide care as best they could, the physicians addressed the issue of inadequate remuneration differently. One did essentially nothing other than trying to tolerate the situation. Another has tried to keep in touch with political activity and has written letters to state officials and politicians in support of positions taken by the CMA and the California Academy of Family Practice.

The third physician no longer accepts any insurance and requires patients with insurance to do their own billing. If they don't have insurance, this physician either accepts what they can pay or refers them to the Capital Clinic and sees them there, as a volunteer.

The physician reporting transportation problems has tried to keep aware of the changing resources available and has enlisted the help of nurse managers for logistical support. The physician identifying a need for psychiatrists and orthopedists has tried to recruit psychiatrists and believes the hospital has made efforts with both specialties.

Only one physician had any suggestions on what could or should be done about the problems that were identified. This physician felt that the issue of remuneration would be best addressed by universal health insurance. Until the enactment of such a measure, it was felt more physicians should volunteer in free clinics.

The non-medical interests of these physicians provided an interesting spectrum of activities. All participated in some form of physical activity such as golf, skiing, Tai Chi (including teaching the skill) and farming - but also named were travel, National Guard, childcare and other family matters, and volunteer health education in the Society's Adopt-A-School program.

We would like to express our sincere thanks to these three physicians, as well as the other physicians that we contacted in our efforts to arrange interviews. Everyone was extremely cooperative, very pleasant to work with, and provided thoughtful and meaningful answers to our questions.

All those we contacted but didn't interview expressed interest, although some felt they would be unable to provide much useful information after discussing the interviews with us on the phone.

Unfortunately, although the interviews themselves rarely took more than half an hour, scheduling them and traveling to them took several times that. There were eight physicians to whom we sent letters, followed by multiple phone calls to each to arrange a time for the interview. It was felt best to conduct the interviews in person rather than by phone, so travel to and from the three interviews took about three hours and covered about 200 miles. Originally, we had five physicians scheduled for interviews but had to cancel two of them because of conflicting changes in our schedules.

Despite the limitations of this project, we felt the interviews provided worthwhile information. First, these medical society physicians do not appear to feel cut off from mainstream medicine. On the contrary, they seem to be concerned about the major problems of medicine and are generally trying to do their part in addressing those problems.

Second (and this is only a subjective impression not openly discussed in the interviews), these physicians appeared to be genuinely enjoying the practice of medicine, despite its problems. And they also appeared to be enjoying their time away from medicine, and possibly were being rejuvenated by it!

Obviously, this is far too small a sample to make such sweeping statements about medical society members in general that are practicing in more remote areas. It would be of interest to investigate this matter further in a more thorough manner.

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