



Gut Dialogue*

Editor's Message



By John Loofbourow, MD

THIS ISSUE OF SSV MEDICINE contains a frank exchange of opinion between David Gibson, a member of SSVMS, and Jack Lewin of CMA, backed by a summary of CMA activities for the year. It is healthy dialogue, where participants' views are expressed without offense and heard without rancor. In belonging to SSVMS, we are also members of

CMA.

Our organization is voluntary, democratic and representative. Only when members feel their concerns and opinions have been heard in an open and civil forum, can they freely consent to actions or positions contrary to their own. only then can they do so not only from a sense of loyalty, but of participation.

As I write, I am looking at the publication of our largest California multi-county medical society. It is beautifully done, professionally packaged, and filled with ads including a full page from bumble bee tuna — plenty of bucks there to work with. The subject matter includes (my paraphrasing):

- Opposition to Prop 54;
- How medical schools can enroll in a racial/economically correct way.
- AMA support for HR 2698 providing subsidies for low income families to buy health insurance;
- The budget mess;
- A second article opposing Prop 54;
- Fat docs and fat patients;
- How food chains are responding to the nation's obesity problem;
- Tattoo removal; piercing;
- Identity theft; office décor;
- Hiroshima victims.

Pretty gripping stuff, right?

Here's my point:

Not a single article is written by a medical society member, other than the "President's Report." Even the unsigned obit.

This is not to criticize the writing nor the authors' views. I admire the writing, the well-packaged quotes from members, and the skillfully presented positions of CMA or AMA.

But I regret the absence of any member's voice from that great county medical society. Without that voice, I believe "their" publication is as much a throwaway as any pulp catalogue.

Better a single heartfelt word between colleagues than 1,000 from those who attempt, even skillfully, honestly, and earnestly, to speak for us. It is intestine dialogue that is

missing.

SSVMS's longtime active membership consists of large group, small group, solo or independent, public, and private practice. Our recent membership growth spurt includes medical students, members from yolo county, and the faculty of the UC Davis School of Medicine. We have become a diverse and vigorous organization, a microcosm of the entire spectrum of practice, ideally suited to explore together those critical health related questions of our time.

To do so most effectively requires precisely the kind of civil, tough yet considerate dialogue herein presented, and the kind found every month among our own board members as they debate challenging issues. When we reason and even when we quarrel together, tolerant of dissent, and reach our own conclusions, we are better able to express ourselves to the community around us, as well as to our colleagues at CMA.

If, as i believe, the real strength of our state organization is at the grassroots level, CMA cannot be strong or effective unless its members are too. as paul phinney has said, we are most effective when we act within our own communities, whether as individuals or in elected office.

I hope the events of October 7, 2003, were not merely a rejection of a governor, but the first rumbling from a deep felt conviction that California government requires reform.

- Gerrymandering.
- Buying and selling favors and votes.
- Consciously or carelessly misleading, and spinning the public.
- Fraud.
- Abandonment of the public interest in favor of personal or party gain.

The list is long, but health matters will remain among the more significant issues to be resolved, "as far as the eye can see."

If physicians are to be party to the attempt to improve health care, more money thrown at the Legislature or at the public will not be so effective as physician participation within our own counties and cities. When we are effective locally we will become effective globally.

Physicians have generally felt it our duty to listen to patients, rather than to patiently listen to public debate on the nature of medical care. We have generally been free to remain aloof from the strife of public dialogue, and we are relatively inexperienced in that arena. It seems clear that we must learn. And the best place to begin is to interact with one another and within our wider organization. It takes practice.

Thanks Jack, and David, for this fine example of intestine dialogue.

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* Edward Gibbon's life work, the "Decline and Fall of the Roman Empire" is simply incomparable in scope and documentation. It's not light reading. But throughout are many memorable lines. He liked to use the term "intestine" discord. It is internal; it is restless and in motion; it involves the gut. I modify that to gut dialogue here.

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