



## Letter to the Editor

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### CMA: Part of the Solution

*Dr. David Gibson sent the article CMA: Part of the Problem to Dr. Jack Lewin at CMA. This was the response:*

REGARDING YOUR INTERESTING ARTICLE in the *SSVMED*, I fully agree with your premise that "self-interest" agendas are problematic for the profession, but not with your conclusion that CMA "is the problem." Blatant physician self-interest is a major PR liability for the profession in the political policy arena as well as in our desire to engage the public in support of our health care policy priorities. But it's not CMA's policy—development structures and processes that need to be reformed to diminish self-interest agendas — it's the growing angst about the future of medicine in our collective culture that is "the problem" to be addressed.

You and many other colleagues with superlative clinical skill sets are seeking other jobs, retiring early, or not practicing clinical medicine any more. Part of the reason is that it's tougher to be in practice today, particularly as a solo or rural physician. Other career options have become more attractive.

Some self-interest concerns are legitimate for the many CMA members whose financial viability to continue practicing is eroding — which in fact turns out to be a big problem for their patients. Physicians with that level of anxiety make their priorities known through the House and the Board by voting and coming to meetings and paying their dues. That's not a failure of CMA. It is the reality of the environment.

As you know, CMA is a democracy in its policy development — and you are right that those who focus on economic viability of practice are speaking out the loudest at this point in our history. But there are other leadership voices in the mix as well. SB 2, our recently—championed and successful employer mandate bill for expanding access, our Prop 54 opposition, and our continued efforts in so many public health and patient safety venues speak to the altruistic voice of the profession that is still alive in difficult times too. In your quest to reform CMA, would you have us eliminate our democratic principles so that a benevolent dictator could lead us in the right direction? I hardly think so.

The real challenge we face is to increase the vocal participation in CMA of physicians who share the vision of putting the needs of our patients ahead of our own, and to do so even in these troubled times. *My concern is that the message you are sending out could inadvertently discourage more people from joining or staying inside the tent.* In many ways, Dave, CMA is the solution — the mechanism needed to reunite the entire profession together in this state to protect the patient—physician relationship and the integrity of healthcare.

Unfortunately, if attention isn't directed at the plight of many physicians in the trenches today, the stresses on those in practice will only increase. At the same time, we need to educate colleagues that our success in achieving the support of our patients and the public will increasingly depend on holding fast to the view of William Mayo, MD, that "the best interest of the patient is the only interest to be considered."

One of the most fundamental responsibilities of leadership is to motivate and inspire. The way you have packaged your important observations and message will, I believe, serve more to dishearten those who share your views than to motivate change among those who do not.

CMA must be *continuously* revitalized, and it needs the feedback of members to be able to change as the profession is changing. Compared to other state associations, national specialties, or the AMA, it could hardly be assumed that CMA has lost its progressive edge — or that we are not concerned about patients. We are.

And that message needs to be emphasized if we will continue to attract the best among us to leadership, membership, and action.

— Respectfully, Jack Lewin, MD, CEO

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