



## **The Problems of Dumping Lobbyists, Electing Docs**

**Letter to the Editor**

IT IS DISAPPOINTING that the *CMA: Part of the Problem* article (*Sierra Sacramento Valley Medicine*, November/December 2003) lacks structure for such an important topic. It bounces from "the problem" being population growth, then illiteracy, then lack of skills, identifies other problems, targets the CMA, and ends fingering "a dysfunctional government."

No wonder the state has problems, when the well-educated cannot maintain focus.

A lack of agreement among physicians (Dr. Gibson and Dr. Lewin, as an example) makes it difficult to establish public policy for health care. Hence, electing more physicians to office will not make a difference. Without agreement, they will only confuse the other legislators.

Let us assume that the following premise is correct: "It is time to rethink and restructure the CMA to better serve our membership and patients."

The only restructuring offered is: "the CMA should get out of the lobbying business" and "moving the CMA as far as possible from Sacramento." I surmise that these would render the CMA ineffectual.

How does an ineffectual organization "better serve its membership and the patients"?

Supposedly, the money available from restructuring the CMA would go to the county medical societies. However, "Many of the county medical societies in California are in disarray."

How does throwing more money at them solve the disarray? It will not. Disarray is the result of disinterest.

It may be true that "Organized medicine has much to contribute to the betterment of California in the future." If the CMA is restructured to become "a small professional staff that supports the grass roots of the organization," and the grass roots are in disarray, what is the "organization"?

If *SSVMed* is a "strong publication," how well does it "encourage" and "stimulate vigorous debate"? To some extent, "the more diversity of thought, the better."

However, debate for the sake of debate is just another form of inaction. Diversity of thought is useless if diversity of solutions or action is the only outcome.

If the best place for physicians to affect public policy is elected office, why would doctors ("lousy lobbyists") be successful as politicians? How are patients better served if they are denied medical care because their physician is off playing politician?

How many doctors do we need elected in order to have enough to craft public policy and enact it?

Until the political system is reformed to function without them, lobbyists will be needed to promote the interests of physicians.

Unfortunately, that current interest is chiefly financial. And that may be because it is the only topic where physicians agree.

For that reason, the CMA lobbies strongly for physician economic interests. Let the CMA continue to do what it does. Perhaps it is the composition of CMA membership that needs to be changed.

Those physicians who consider the CMA should be "orienting itself toward the needs of the patient," must get involved in the CMA House of Delegates. They can then insure that "Resolutions from the Science and Public Health Issues Committee should, without exception, command the highest priority."

Leadership is more than just talk about what should be.

— Bob Speth

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