



Practicing Alone

PRESIDENT'S MESSAGE



By Richard J.D. Pan, MD, MPH

Americans of all ages, all stations of life, and all dispositions are forever forming associations... Nothing, in my view, deserves more attention than the intellectual and moral associations in America. — Alexis de Tocqueville, Democracy in America

IN 1855, A GROUP OF PHYSICIANS came together to form a physician association, the Sacramento Medical Society. This association of physicians eventually established the first public health department in California, played a major role in creating the School of Medicine at UC Davis, volunteered free medical care and health education, and made many, many other contributions to improve the health of citizens in the region. The talents and efforts of physicians in El Dorado, Sacramento, and Yolo counties are given life by our association, now the Sierra Sacramento Valley Medical Society.

In 2000, political scientist Robert Putnam wrote *Bowling Alone*, a book about the decline of associations and civic engagement in America since World War II. The title reflects the relatively constant number of people bowling over the decades - while the number of bowling leagues participants declined. Similarly, the percentage of physicians participating in physician associations such as the AMA and CMA has declined since 1960. Physicians have become fragmented along specialty and medical group lines. Although physicians are more likely to be in a large group and less likely to practice in solo or small group practice, I contend that physicians are increasingly practicing alone.

In the past, a new physician joined the medical society to obtain referrals and to learn from experienced colleagues how to build a practice. A physician joining a large group is now assigned patients and/or given a list of specialists in the group for patient referrals. Why should physicians support the medical society with membership dues and, more importantly, their time and effort?

In his book, Putnam introduces the concept of social capital, which is the power of connections between individuals. While our medical society is rich in both physical capital, such as the society building, and human capital, including the individual talents of our staff and leaders, the true strength of SSVMS comes from creating social capital among its members. What are the characteristics of social capital and why are they important to us?

First is participation in networks. As active participants in SSVMS and other medical associations, we form relationships with other members from differing practice modes, groups, and specialties. My own interactions with SSVMS members have broadened my own perspective on medical practice, provided support to address new challenges, and created opportunities to improve health care in the community. This could not have happened had I associated only with pediatricians or only with the university faculty.

Second is reciprocity. This is not a quid pro quo of exchanging favors between two individuals, but a willingness to help fellow physicians because some one will help you if the need arises. SSVMS is a community of physicians providing mutual support to each

other both formally through peer review activities and medical student scholarships, and informally through our mutual relationship as members of SSVMS.

Third is trust. Many of our most contentious issues come from a lack of trust between specialists and primary care, solo/small group and large group, UCD versus Sutter versus Permanente versus MedClinic, urban versus rural, etc. SSVMS is an association where we physicians can build trust based on shared values. With trust, we can forge and unify around a common vision for our community and profession.

Fourth is social norms or professionalism. The norms of our profession include our professional ethics and our common values and goals. These are evidenced through the AMA Code of Medical Ethics and the activities of the SSVMS Medical Review and Advisory, and Professional Conduct and Ethics Committees.

Fifth is shared ownership. I am pleased to note that our physician members and many medical groups have recognized their shared responsibility for maintaining the standards of the medical profession through membership in SSVMS, CMA, and AMA. When physicians take advantage of the benefits of medical society activities such as maintaining professional standards, protecting MICRA, reversing Medi-Cal and Medicare cuts, and halting unfair business practices by payers such as Aetna, but do not contribute to organized medicine; they undermine our profession and our community of physicians.

Proactivity or collective efficacy is the final characteristic of social capital. As associations of physicians, SSVMS and CMA facilitates effective collective action by our physician members such as the SPIRIT and Adopt-A-School programs, the Emergency Care Committee addressing the ER diversion crisis, the Child and Adolescent Health Services Committee report Insuring Our Future on health care coverage for children, and legislative advocacy such as MICRA and a forthcoming initiative to fund emergency room care.

SSVMS and organized medicine create social capital to benefit our members and our profession so we are not practicing alone. Through our network of physicians who reciprocate and build trust, SSVMS and organized medicine establishes professionalism and represent shared ownership of medicine leading to effective collective action to achieve our professional goals. As President of SSVMS, I ask for your participation in our association. I look forward to hearing from you about what we can do together.

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