



Dr. Sam Aanestad's Tutorial

EDITOR'S MESSAGE



By John Loofbourow, MD

CMA RECENTLY CIRCULATED A SUMMARY and review of more than 140 bills introduced in the Legislature Jan-Mar, 2006.¹ Every bill, if enacted, will directly affect medical care. Forty four dense pages summarize, analyze, and offer CMA's current recommendation. Is there any doubt that medicine is now politics, or the other way around?

On the evening of Wednesday, March 30, 2006 I was there when Senator Sam Aanestad spoke with a group of SSVMS members at Paul and Suzanne Phinney's home in Carmichael. Sam is a dentist, a Nevada City maxillofacial surgeon who represents the 4th District, a 12-county northern California area larger than many states. His professional and political CVs are as impressive as his stature - he's over 6 feet tall. He is one of an extremely small number of experienced and knowledgeable medical professionals in a Legislature where crucial decisions about medical care are made regularly.

As I listened to him tick off the complex details of political life, particularly where medical politics is concerned, I couldn't help wondering: Why isn't *legislative medicine* now an honored and valid subspecialty? Wouldn't legislation affecting medical practice and the health of our nation's citizens be less dyslexic if there were as many medical professionals in the legislature as there are lawyers? Well, that will never happen, but why is the medical professional legislator so rare? Why is it that physicians don't react to the fact that medicine is now determined by steroid-pumped politics?

Among Dr. Aanestad's points:

- Union-style political argument is not so convincing as that of voluntary professional associations. Example: The California Nurses Association opposes delays in seismic retrofit requirements for hospitals, but it's doubtful voting nurses do; they work in a closed shop where dues and Political Action Committee contributions are involuntary.
- Nonetheless, the money that unions levy for political activism is powerful. Union money brought the Terminator to heel on his ballot propositions.
- CMA is tough and hard working but it is a myth that it controls great amounts of money compared to other lobbying agencies, or has more monetary clout than unions.
- The average dentist or lawyer, like many other professionals, voluntarily contributes many times more to a PAC than the average physician.
- Legislation affecting medicine can be well-intentioned, but may be ill-conceived. So legislators tend to look to trusted medically trained colleagues in the Legislature for advice; it takes time to develop trust.
- A trusted medical professional legislator is, perhaps because so scarce, disproportionately influential in medical matters.

Dr. Aanestad left to catch a flight, and we were left to ponder his comments. These are my own thoughts, rather than a result of any consensus; however I'm too old and careless to be bashful so I'll share them.

1. It is important that physicians and other medical professionals be heard in the Legislature. The question is, how? To be a part of organized medicine is a given; yet half of us don't participate. Therefore SSVMS efforts to reach out to our colleagues are well taken. Please see page 28 of this issue.
2. Long ago I participated in the process of testifying before various legislative committees about migrant health and pesticide exposure. It required much time and effort with uncertain results. I often felt like an ignorant outsider, a pawn subject to multiple hidden machinations of a process with internal undisclosed logic. And yet, the end result can be gratifying, because there are so few physicians in the Legislature.
3. Lacking physician political activism, it is our lobbyists who tweak and twist the strings of power. They require money and numbers of votes to be heard. (AARP is the example to consider.) It seems clear that physicians would be wise to more generously support our PAC, in our own self interest.
4. We should identify and strongly support local physicians as candidates for office. Any elected office.
5. In my opinion, party label (jackass, elephant, camel, or whatever) doesn't matter so much as that the candidate be a professional who has practiced medicine in the workaday world. Likewise with other attributes such as gender or color. Often a Democrat can do things a Republican cannot or vice versa. Example: Nixon, a seeded anticommunist, could open relations with communist China while his opposite could not.
6. Party does matter in one respect: because of gerrymandering, it may be difficult to elect someone in the "wrong" district. One can hope the extreme of partisanship we now suffer will end soon, but until then we should seek advice from the pros, including CMA, whose headquarters is here in Sacramento.

If you have read this far, I am gratified and hopeful. More importantly, you are qualified, authorized, and encouraged to speak to a colleague about joining the medical society, to make a PAC contribution, to run for office, and to apply for CPE (Continuing Political Education) from Dr. Aanestad.

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1. Materials for review, CMA Council on Legislation meeting of March 30, 2006.

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