



"My Doctor Says..."

PRESIDENT'S MESSAGE



By Richard Jones, MD

RECENTLY I WAS TALKING TO A FRIEND of mine. He is an accomplished, well respected, nationally known physician, selfassured and wise to the ways of the world. I asked him about his health and expected to hear a sarcastic, unabashed and not too humble self diagnosis. But what he actually said surprised me.

He quietly and sincerely answered, "Well, my doctor says..."

"My doctor says..." How often is that phrase repeated, on television programs, commercials, and in the media? It can almost seem a cliché. So when I heard my strong willed physician friend declare, "My doctor says," it triggered a realization of the respect and power physicians possess while also highlighting the vulnerability and dependency that we experience when we are the patient.

So what is it that inspires millions of people daily to have the confidence in what their doctor says? How do our professional organizations, like the CMA and SSVMS, shape that philosophy and preserve the solemnity of those words, "My doctor says..."?

First and foremost, we as doctors have a personal responsibility to our patients. We have to be competent, compassionate, conscientious and communicative. A good doctor doesn't just cure, because cures can come despite our intervention. A good doctor isn't simply a great diagnostician, because a diagnosis without a solution is morbidity. A good doctor isn't one who knows the most scientific details, because there is still so much not known; and a good doctor is not just caring, because sympathy and compassion alone will not fix a sick body. A good doctor is the mélange of all these and more.

On a societal level, we have to advocate for the betterment of public health. We must formulate policy and legislation that achieve a health care delivery that is advanced, affordable, and accessible to all. By piloting public health care policy, we can refute the axiom, "If you truly want to practice medicine, become a politician."

But what have CMA and SSVMS done to enhance our practices of medicine and advocate for improved healthcare? Since 1860, from the despair of a cholera epidemic in which 17 local Sacramento physicians died caring for the afflicted, our society has answered that question beginning with its incarnation as the Sacramento Society for Medical Improvement (SSMI).

Statewide within the CMA, excellence in medical care is promoted in many arenas. It is ensured by the CMA Institute for Medical Quality, keeping the standards high for healthcare facilities. The CMA Foundation, the charitable arm of the CMA, reaches out to improve community based healthcare. In the CMA there are numerous public health advisory committees, over 500 members of the CMA House of Delegates and Trustees, CALPAC, specialty, and ethnic societies and, many, many other groups and staff all devoting countless hours of time and resources to improving social health.

At our local level in SSVMS, health is served by the committed efforts of SPIRIT Program volunteers, participants in AdoptaSchool, members of Committees on Public and Environmental Health, Child and Adolescent Health Services, and Emergency Care.

We have been active in planning for disaster relief, bioterrorism, correctional medicine and working with local governmental agencies in a nonpartisan manner to facilitate a common sense public health care policy. Community healthcare outreach is also greatly assisted by the faithful efforts of the SSVMS Alliance.

We physicians not only must minister to our patients at a personal and societal level, but attend as well to the noneconomic integrity of our profession. Politically based intrusions into medicine such as scope of practice legislation, mandated nonrelevant CME, Medical Board overzealotry, and dishonesty and unscrupulousness within our own ranks; all are assaults upon the integrity of our profession that must be repelled.

We have to innovate and drive the science of medicine and health care policy forward. We cannot become a "Detroit of Doctors," losing market share, power and influence through defensive, dated dogma. The adage innovate or die holds literal truth in medicine. All of us have a duty to learn and advance new treatments, therapies, and more cost efficient ways to proffer medical care.

It is through the many legislative, judicial, and scientific efforts of the CMA and SSVMS that we preserve the integrity, ethics, art and science of medicine. Technical advisory committees, strong affiliations with specialty societies, educational outreach through sponsored CME, Judicial, and Professional Conduct committees all maintain that probity. From this environment patients can have faith in a safe product that is undergoing vigilant refinement and scrutiny which can educe that trust exhibited in their saying, "My doctor says... "

We as trusted doctors are not only responsible for our patient's health, societal health and our profession's health, but also our personal and financial health. We have studied hard, forfeited time and youth and struggled to the pinnacle of academic excellence. We amass tremendous debts and work formidable hours in both training and eventual practice. We have long days, have high overhead, chaotic clinics; stressful surgeries, make life and death decisions daily, and yet we still have families to support and nurture.

Nationally, it is estimated that administrative costs of healthcare are almost 25 percent while doctors' service fees are only 20 percent. We deserve and should expect adequate compensation. If medical practice cannot be economically attractive, less capable talent will be left to care for the public. Thus indirectly, our own personal and economic self interest is critical to the health of our nation.

CMA focuses extraordinary attention to these issues like MICRA, keeping costs of liability insurance down, stopping Medicare and MediCal cuts, preventing insurance malfeasance as in the revolutionary CMAled RICO settlements, and many other economic initiatives saving physicians tens of thousands of dollars annually. These efforts also keep small practices and community clinics viable to continue aiding the indigent and the underserved.

My mother once told me she was tired of listening to organ recitals. I wasn't sure what she was talking about until recently when my wife, colleagues and I began lamenting our growing list of minor maladies yes, our organ recitals! Will we have a choice of competent doctors, wellequipped hospitals, and new medications for us when we need them? Will Medicare even exist after all those years of tax contributions?

Thus we are not just doctors, we are patients too! We are in the unique position of being deliverer and recipient of health care. We order blood tests, we get phlebotomized, we prescribe medication, we gasp at our pharmacy bill, we recommend colonoscopies; we get colonoscopies and wonder why we recommend them! We prevent sickness, we get sick, we send patient bills, we pay bills, we buy expensive health insurance, we get limited

access to care, we usher in new life in hospitals, we will lie and may die in hospitals. Accordingly, we have a compelling vested stake in improving the quality and affordability of medicine.

"My doctor says." Reflect upon that simple statement. It is a metaphor about patients' confidence in their doctors, inculcated by the promotion of the art, science and public health care achievements of our colleagues in the national, state and local medical societies past present and future.

"My doctor says..." You should follow this prescription: "Be active in organized medicine. It is good for the public's health and good for you!"

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