# A proper role for organized medicine

(MAY 1997) EDITORIAL

**TO THE EDITOR:** I read with interest your editorial in the May 1997 *Cleveland Clinic Journal of Medicine*.[1] As an alumna of the Cleveland Clinic residency program, a practicing internist and geriatrician in Oberlin, Councilor to the Ohio State Medical Association (OSMA) from the Eleventh District, which includes Lorain County and seven other counties to the south and west of Cleveland, and recently elected to the AMA Delegation from Ohio, I would like to respond with three observations.

First, you are only partially correct in condemning medical societies and organized medicine as failing to recognize the changing times and not representing the needs of patients and physicians. The real problem is the radical change in our practice environment. Some physicians want their organizations to challenge the changes and recover the previously more comfortable way. Others recognize the inevitability of change but feel powerless to affect the system. Unfortunately, too few become involved in the membership of the policy-making bodies or are willing to give the time and effort necessary to create the atmosphere required for productive change. The Cleveland Clinic recently has encouraged neither leadership nor participation in organized medicine. When dues reimbursement was drastically reduced for the Cleveland Clinic physicians, there was a mass exodus from the local and state societies. Was this because of a perceived lack of need for the society, perhaps a lack of knowledge of the degree of legislative expertise of the OSMA lobbyists, or a sense of self-serving by the Cleveland Clinic rather than an interest in the profession as a whole?

Second, you quote from sources around the country highlighting sensationalism as is often reported by the news media, and do not demonstrate knowledge of what your own state society is or is not doing. Are you aware of the OSMA's educational programs and materials especially designed to help physicians navigate the ruffled waters of managed care? Are you aware of the legislative coup involving a comprehensive bill created by the Managed Care Task Force of the OSMA and cosponsored by Kaiser, a tremendous step forward in developing standards for the managed care organizations which could eliminate the need for multiple restrictive bills as seems to be happening now? Are you aware of the AMA's dedication to the development of ethics policies in the areas of managed care, end-of-life issues including physician assisted suicide, and the upcoming genetics revolution? And if you are, are you or your organization going to become involved with these issues in a central fashion, or continue on the periphery, criticizing and admonishing those who are trying to reach some common consensus?

Third, I do believe in the ideals that have led men and women into the practice of medicine; the quest for better prevention, better treatment, greater understanding of the health needs of all the citizens in our society. That's why I'm involved with the OSMA. I believe that involvement is the key to reclaiming our position as advocates for our patients; involvement is the pathway that allows us to work together for the future; involvement with our patients and each other through perhaps

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newly designed organizations will ensure a coordinated, not a splintered, health system. We need to support and encourage the kind of care that dedicated physicians give day in and day out. We do need to have volunteers willing to get involved in creating a better tomorrow.

I applaud your editorial; at the same time I fault it. I hope your comments will be useful in evolving faster changes and perhaps in getting more energetic and visionary physicians involved.

W. JEANNE MCKIBBEN, MD
Oberlin, Ohio

REFERENCES

1. **Clough, JD.** A proper role for organized medicine in the new era. Cleve Clin J Med 1997; 64:232-233.

**IN RESPONSE:** I thank Dr. McKibben for her thoughtful response to my editorial on organized medicine. The editorial expresses my opinion as a practicing physician, as a member of the Academy of Medicine of Cleveland, the OSMA, and the AMA, and as editor of this journal, and not necessarily that of the *Journal's* parent organization, the Cleveland Clinic. As a matter of fact, however, the Clinic's reimbursement of dues for its physicians is generous compared with that of most institutions; it would cover the cost of dues for the local and state medical societies, and the AMA, with enough left over for a specialty society. But it forces a choice, and physicians apply their dues money where they see value.

Clearly, it is organized medicine that has been "on the periphery" for a number of years, and that was the whole point of the editorial. That is not to say that there are no serious, well-meaning people in organized medicine (Dr. McKibben included) or that it cannot change for the better.

Dr. McKibben's restatement of the ideals that motivate most physicians echos the sentiments of the editorial in asking organized medicine to recognize its proper role and live it. Only then will the medical profession regain a seat at the table and the respect it deserves.

JOHN D. CLOUGH, MD
Editor-in-Chief



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