A proper role for organized medicine: The AMA response

(MAY 1997) EDITORIAL

TO THE EDITOR: I am writing in response to your commentary piece, "A Proper Role for Organized Medicine in a New Era," in the May issue of the *Cleveland Clinic Journal of Medicine*.[1] Although we, the American Medical Association (AMA), make no secret of our membership challenge and agree that the proliferation of specialty societies has contributed to the competition for physician dues dollars, your editorial does not offer a substantive exploration of what the AMA's role should be in the professional lives of America's physicians.

You suggest that organized medicine's redemption lies in "the quest for more effective disease prevention and better care of the sick," as if these goals were invalidated because we also offer a selection of tangible benefits for which our members have asked. We do not fatuously assume that thoughtful, highly trained professionals (yes, *our* peers) make their affiliation choices based on better car leases or cheaper insurance. We believe that professional membership decisions depend on an individual's identifying with the organization's mission. At the AMA, that begins with the standards of conduct bodied forth in the Principles of Medical Ethics, standards we believe congruent with "the quest for more effective disease prevention and better care of the sick."

At a practical level, the AMA performs a number of useful functions that are best undertaken by a national umbrella organization. In that sense, specious attacks on one or another of the items on the AMA's legislative and advocacy agenda, deliberately ignoring all the others, are an unfortunate, and perhaps unavoidable, fact of life for the AMA. I would like to stress that it is the AMA's House of Delegates which sets the course for the organization. The House of Delegates, sometimes rough hewn but always democratic and open, is composed of your peers, representing organizations of which you are likely a member.

As you point out, the Clinton administration's reluctance to include organized medicine in the development of their health reform plan contributed to the plan's collapse; however, the reservations we articulated regarding specific points in the Health Security Act (HSA) did not arise in a vacuum, nor were they promulgated to choke back a huge groundswell of physician support for the HSA. Our policy was arrived at through a consensus building process that sought input from the whole federation of organized medicine. Physicians all, like you.

A few of our initiatives include:

- The AMA participates in each of the organizations that accredit medical education (LCME, ACGME and ACCME) to maintain the standards for what is widely regarded as the best medical education system in the world.
- The AMA occupies center stage as America's leading patient advocate against tobacco by creating an anti-tobacco coalition of investors and mutual funds, sending comprehensive smoking cessation guidelines to 200,000 primary care physicians, and successfully pressing the FDA to create more vigorous restrictions on the tobacco companies.
- The AMA Coalition of Physicians Against Family Violence, formed in 1992 and now with over 8,000 members, has developed seven physician protocols and launched a national awareness campaign that brought domestic violence into the national consciousness.
- Just this year the AMA organized the National Patient Safety Foundation, which will strive to shift public discourse on medical errors from anecdotal "horror stories" in the media to a more constructive discussion of how procedural errors occur in our increasingly complex health care delivery environment and what can be done to prevent such errors.
- In an era of flat or declining discretionary Federal spending, the AMA has lobbied aggressively for medical research funding. Our efforts contributed to the National Institute of Health's 7% 1997 budget increase and helped preserve funding for the Agency for Health Care Policy and Research which spearheads the outcomes research movement.
- Specific to group practice physicians and those practicing at the academic health centers, the AMA has been sharply critical of the Health Care Financing Administration's

Office of the Inspector General's PATH (Physicians at Teaching Hospitals) audits which are retroactively enforcing regulations that were either unclear or contradictory.

We certainly believe that each of these different initiatives is a necessary component of "the quest for more effective disease prevention and better care of the sick."

Sadly, I agree that the "retrogressive deprofessionalization" of medicine continues apace on many fronts. If physicians in some settings see unions as the answer, it is because they believe they have no other choice. I would submit to you that organized medicine, for all its imperfections, remains a viable alternative because we have advocated (and will continue to advocate) for patients, physicians and the profession of medicine. It remains much less clear to me that the government or those who define patient care in terms of performance in the capital markets will be able to do so.

In order for us to represent physicians, physicians must choose to be members. As an organization, we must pursue creative ways to serve and retain our members. Physicians will make this choice if they see the AMA to be an organization committed to "the quest for more effective disease prevention and better care of the sick." Everything else we do flows from this. All our other group practice benefits and advocacy efforts (Group Select on the AMA website, group practice membership, deferred compensation tax changes for nonprofit organizations, etc.) are secondary.

If any physician objects to organized medicine's perceived "reactionary role" they need only join and participate in the policy-setting process. The door is open to the AMA's House of Delegates, and it will open wider as changes adopted last year will bring more physicians to the table. We do this because we recognize the need to "speak to [and for] all physicians, regardless of the system in which they work."

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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. Seward for his thoughtful response to my editorial on organized medicine, which appears to have touched a nerve (positive or negative) in many physicians.

I am sorry that Dr. Seward saw my editorial as a "specious attack" on organized medicine that "does not offer a substantive exploration of what the AMA's role should be in the lives of America's physicians." It was intended as constructive criticism. In my role as vice president of the local county medical society, I am very concerned about declining membership in that organization and about the excessive time spent by the Ohio State Medical Association (OSMA) on internal political squabbling rather than meaningful service to patients and outreach to physicians.

Dr. Seward's list of initiatives is interesting and speaks for itself. One thing I would have pointed out, if I were he, is the encouraging effort of the AMA to develop an in-house conscience through the recent appointments of Linda Emanuel (an ethicist) and Reed Tuckson, MD (the outgoing president of Charles R. Drew University for Medicine and Science), to their ethics department. This signifies movement in the right direction at the national level, especially if it translates into some recognizable change of direction regionally and locally.

I would also like to note that at least Dr. Seward and I agree on the bottom line, when he writes: "Physicians will make this choice [ie, join the AMA] if they see the AMA to be an organization committed to the quest for more effective disease prevention and care of the sick.'...All our other group practice benefits and advocacy efforts...are secondary." But many physicians must not see it that way, because membership continues to decline, especially in the state and local medical societies.

It would be a sad thing for organized medicine completely to lose the opportunity to bring physicians together by not recognizing the fact that the health of the patient is our only reason for being; that is what we all have in common. We had better put it at the forefront of our thinking if we are to retain any credibility in today's world.

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