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...
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 get-
ting more energetic and visionary physicians
involved.

W. JEANNE MCKIBBEN, MD
Oberlin, Ohio

REFERENCES
1. Clough, JD. A proper role for organized medicine

IN RESPONSE: I thank Dr. McKibben for her
thoughtful response to my editorial on orga-
nized medicine. The editorial expresses my
opinion as a practicing physician, as a mem-
ber 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, how-
ever, 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 echoes the sen-
timents 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