

PRESIDENT'S COLUMN

Luck, and When to Duck

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I've had a lot of opportunities to think about luck lately, as I've had way more than my fair share. I hope SGIM members reading this will not feel insulted if I assert that, while we all have accomplished quite a bit through our own efforts, primarily we have been very, very lucky. We live in the penthouse on Planet Earth, with so many personal blessings and advantages that it seems silly to claim special virtue in our accomplishments. *We are the beneficiaries of random chance, and we have built on that.*

When a clinical situation worked out well despite having chosen the wrong diagnosis, plan, or treatment, I used to say to medical students and residents (and myself), "Just because you're lucky doesn't mean you're right!" I wanted to convey that one shouldn't depend on luck. Having the intellectual honesty to admit that we misunderstood the situation is crucial; we can't count on luck for all our patients.

In our professional lives, much can be attributed to luck, starting with one's innate abilities, educational opportunities, colleagues, mentors, and developments in career. However, as with patient care, one cannot depend on luck alone: *"Just because you're lucky doesn't mean you don't have to be strategic!"* Indeed, there are lots of lucky people—and lots of lucky physicians—who have failed to be strategic in taking advantage of their opportunities. In a snowball fight, it's great to have the good luck of not being hit, but strategically, it's still important to know when to duck!

What do I mean by being strategic in using your luck? At our Insti-

tute for Clinical Research and Health Policy Studies at Tufts, we avoid squandering our opportunities by selecting our research projects strategically based on The Three Rules:

1. Do only projects that we are better suited to do than any other group, based on our particular skills, resources, and opportunities.
2. Do only projects that have the potential to change the way medicine is practiced or health care is delivered or studied.
3. Do only projects that will be fun.

If all three criteria are met, we will consider the project, subject to our own available time, energy, and funding. We realize that much of our success has been due to random luck, but The Three Rules have helped to organize our thoughts and plans and to optimize our luck.

Of course, luck implies chance, and sometimes chance will not favor you. The fact that we have had multiple good flips of coins in our successes to date doesn't guarantee good luck going forward. And even with improving the odds by acting strategically, some things sometimes will go very wrong. I remember such an episode that happened to our late great friend John Eisenberg, former SGIM president and director of the Agency for Healthcare Research and Quality (AHRQ). It was a surprise to me that something hadn't worked out for this person who always seemed to be at the top of his game, who always seemed to accomplish his objectives. But even this charismatic talented leader sometimes experienced defeat. In a walk we took

at an SGIM Meeting in San Diego, he told me about a recent reversal he had as chair of medicine at Georgetown, the details of the struggle, how he tried to achieve what he thought was right, and how he was thwarted. But then John added with a chipper tone, "Then one day, I woke up and said, 'John, get over it!' And I did." He was right to get over it. He knew very well that if you are going to work with people, organizations, public policy, or in other venues, you need to both be completely engaged and give things your best shot—and if it doesn't work, don't allow yourself to be devastated by the loss. In fact, John demonstrated how to get past apparent defeats to achieve successes. A great example was his deft and visionary leadership of AHRQ. He had some great luck, but he had some great challenges, such as when the Republican's 1994 "Contract with America" included eliminating AHRQ. He not only used what good luck he got, such as the support of his college classmate and fellow Tennessean, Senator Dr. Bill Frist, he also knew when to duck, such as in abandoning the inflammatory AHRQ clinical practice guidelines and replacing them with less proscriptive evidence-based reports. He showed that setbacks should not be experienced as a personal rebuke but instead as opportunities to get the most leverage from strategic advantages. He illustrated the importance of being ambitious and strategic. You might not succeed, but if you are not ambitious and strategic, you definitely won't succeed.

I should add: *Luck is good, but get help when you need it.* Think

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broadly about what might help your work. I am reminded of a cartoon in the *New Yorker* a few years ago. A man and a dog are shipwrecked on a desert island, a little tuft of palm trees on a pile of sand in the endless ocean. The man is desperate. He points to the horizon and says, "Fido, get help!" Fido mournfully looks at his master, bravely jumps into the ocean, and then swims away with great purpose. The next frame shows Fido on a psychiatrist's couch, indeed "getting help." Consider "help" broadly. For example, realizing that I have no real training in management and that some of my physician-based and personal traits are potentially contrary to being a good manager, I have solicited help in organizational skills from experts (including, with gratitude, SGIM member Tony Suchman). I encourage SGIM members to consider their needs for skills broadly and to get help in any way that might enhance their effectiveness and enjoyment of their work.

What else should we do with our luck? *Share luck*. It is personally rewarding to share with your colleagues, and it also feeds The Three

Rules: You will have a better team, you will have more impact, and you will have more fun if you share your opportunities with others. *Teach others how to best use their own luck*. The intrinsic connection of teaching and learning is a way we leverage our luck. As we share our understanding and skills, we help others leverage their own good luck and thereby advance our work together. *Realize that your own personal luck includes the people you live with and work with*. Our families and colleagues are crucial to our success. Do not miss this part of your good luck; it does disservice to them and it will confuse you (but not others) as to your own contributions. It is a great blessing to work with people who share ideals and values but who also will always question you and tell you when you are wrong. *Don't confuse luck with virtue*. We know you didn't choose your own parents. To pretend it is virtue is like the Lincoln head on the flipped penny that lands heads up telling the other side that it was his handsome beard that earned him the upside position. Take good luck graciously, and realize that the great-

est respect you can give good luck is to use it wisely—strategically.

Finally, realize that your good luck has arrived in the face of terrible luck befalling others. I am sure many others of you join me in having to acknowledge the great debt owed to family members, mentors, and colleagues who died early. For example, instead of continuing his great contributions, at an age less than mine now, John Eisenberg developed a brain tumor and died soon after. All of us—family and colleagues—have had this kind of terrible luck. In carrying out their legacy, and in light of our own good luck, I believe we honor their lives by honoring our own good luck by using it strategically. We mustn't squander our opportunities. This includes responding to the high callings of providing excellent patient care, contributing to the lives and careers of others through teaching, and improving the health care and ultimately the health of others through research. In this, your contributions constitute the good luck of others. And, of course, to have the opportunity to have that impact is our own great luck.

SGIM