

## FROM THE EDITOR

## It's Not About Me or My Patient: Medicine and Politics

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**H**ealth care has been featured in the news almost daily—whether it is an unending stream of budget cuts, SGR woes, Medicaid pay cuts and eligibility cuts, or, most recently, the Supreme Court taking the judicial challenge to health care reform. It is not uncommon for the practicing physician to be inundated by a flurry of e-mails from professional organizations such as SGIM and ACP, urging us all to contact our legislators in hopes of communicating to the decision makers (or decision procrastinators) the importance of pushing any meaningful reform to the next decade and generation.

Physicians have been likened to the ostrich that has buried its head in the sand. Unlike the bird that has inspired the myths (ostriches do not bury their heads; they merely dig holes in the ground to make nests), we physicians have decided that if we ignore the problem long enough, it will go away. Decades of inaction and inability to articulate the need for reform are the hallmark of the lobbying efforts of the health care industry. We have been unable to make a persuasive argument about the need for reform in health care delivery, payment structure, and tort law. We have, however, been suc-

cessful in ensuring that the *it's all about me* message has been loud and clear.

- If there are Medicare cuts, physicians (I) will see fewer Medicare patients.
- If there are GME cuts, physicians (I) will not choose medicine as a career.
- Every Society has made a persuasive argument that its rates should not be cut.
- Give us more and we will do less seems to be the theme of physicians' arguments to date.

We have not been articulate enough, until recently, to state that we will try to ensure that we reduce costs in a meaningful way. We have made a strong case about how overworked we are and how reimbursement is insufficient for the services we provide—unlike plumbers or lawyers. Given the critical nature of the looming cuts that threaten the very existence of some physicians and practices, we have been tardy in unifying with a single voice about the importance of physician engagement. We are well trained in analyzing the issues and symptoms yet unable to mobilize at the individual

physician level to voice our concerns. As a community, we have not realized that the individual physician, medical student, and resident have to make a case for practicing medicine in their own unique way.

SGIM has a very detailed agenda and blueprint for physicians on how to engage and be part of the national dialogue. With the elections looming, physicians owe it to themselves and their patients to engage in the political discourse.

In this issue of the *Forum*, as we have in previous issues, we highlight commentaries from physicians who have tried to make a case for lighting a spark: starting a conversation on the role of the physician in public policy. We have a robust conversation on patient records and the harms/benefits of transparency; an update on women's health describes recent changes to contraceptive policy; and the president's column highlights the vision of SGIM.

Burying heads in the sand is not an option—for the ostrich or the medical community. We would like to hear what unique issues you face in clinical research, education, and practice—please consider sending us your thoughts.

SGIM