The recent SGIM annual meeting focused on physician burnout, an important issue for generalist physicians. Yet, few of the sessions addressed the complex, inequitable, and wasteful healthcare financing system that frustrates clinicians, poorly serves patients, and is a root cause of burnout.

Over the years, few plenary or other featured sessions at annual meetings have explored the option of fundamental health care reforms. The current political and health crises in the United States lend special salience to such issues. There is a “burning platform” for advancing important policy changes that SGIM members have long supported.

We urge the SGIM leadership and meeting chairs to take several actions to ensure that our society plays an active role in addressing the needs of our patients and the policy milieu that profoundly influences the everyday lives of clinicians. We propose that SGIM forthrightly advocates for a single-payer national health insurance program in the United States that covers all our patients and ensures that the 2018 annual meeting includes ample (and prominent) space for discussion of healthcare reform and other efforts on behalf of social justice. The particular steps we recommend include the following:

1. Passage of a clear, unequivocal resolution indicating that the SGIM endorses a national single-payer health insurance program in the United States. We note that a 1992 SGIM resolution endorsed “universal access” to health care. This resolution also called for “simplicity” in the design of this system, a “common financing system throughout the United States” and minimization of “administrative costs.” The resolution was passed following SGIM member surveys showing broad support for these principles among society members. A subsequent 2005 member survey reaffirmed these principles, and it found that 87.9% of SGIM members believed in “a single consolidated health care financing mechanism throughout the United States.” It is time to codify this sentiment with an updated, unequivocal SGIM resolution endorsing a national single-payer health insurance program in the United States. Members of the “Single Payer Interest Group” would be happy to assist in drafting such a resolution.

2. Following consideration (and hopefully passage) of a clear single-payer resolution by SGIM, we propose a society-led lobbying initiative advocating that Congress enact single-payer legislation. Given the current political climate, we suspect that many SGIM members would embrace the chance to participate in such an effort. With guidance and support from the SGIM leadership, such advocacy could have great impact.

3. Inclusion of major sessions and plenary speakers that address healthcare reform—particularly single payer—in the 2018 national meeting. Unfortunately, past meetings have rarely featured such presentations, although many have been proposed.

4. Sessions and speakers at the 2018 national meeting that situate the grave problems in health IT in the influence of market models and business interests of health care institutions and IT vendors that are driven by the perverse incentives of our health care financing and quality monitoring systems. While attention to the technical and practice design issues surrounding health IT is important, our discussions should also encompass and focus on analyses of why and how defective systems that greatly contribute to dysfunctional workflows and burnout have characterized the IT landscape.

Many SGIM members are passionate advocates, and leading teachers and researchers on the broad policy issues that shape the future of our work and profession. Yet, too often, discourse within SGIM has neglected these topics. With existing health care and other social programs under grave threat—even as 28 million remain uninsured and physicians are increasingly alienated and unhappy—it is essential that SGIM’s leadership and members engage in vigorous discussion of (and action on) these issues.

Sincerely,

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