When you read this column, it will be early January 2017. My calendar today though says November 16th. It has been just one week since the election. It’s been a rough week for me, and I’m having more trouble than usual deciding what to write about. I had planned to write about opioids, and about how SGIM needs to get more involved in the conversation about the epidemic and its solutions. But the election is weighing much more heavily on my mind.

While I am conscious of the fact that some SGIM members voted differently than I did (and I don’t want to disrespect those votes or those members), I also want to be honest about how shocked and depressed I’ve been about the results. The morning after the election, I had a full schedule of patients to see. It was the only time in my career when I haven’t felt emotionally capable of caring for others. I’ve had what I think is a grief reaction, going through many of the Kübler-Ross stages. First, Denial: if I go back to bed and pull up the covers, none of this will have happened when I get up. Next, Anger: I hate the FBI, Bill Clinton, and gender bias. Bargaining usually follows Anger, but I went straight on to Depression: I felt down, depressed and hopeless; I had real trouble falling or staying asleep; I felt tired and had little energy. My PHQ-9 score was pretty high. I avoided news, newspapers, political conversation, and social media.

But now I’m entering Acceptance. Or at least I’m getting closer. In the Kübler-Ross model, Acceptance means thinking that everything is going to be okay. Acceptance comes with calmness and stable emotions. That doesn’t quite describe where I am, but I am calm and have spent a lot of time thinking about how to respond to the election—how to respond personally, as a physician caring for a group of patients, as an educator caring for a group of learners; and also how to respond as an SGIM member, and how SGIM should respond as an organization.

My thoughts about how to respond are starting to take the form of a list of New Year’s resolutions. I’m not the best resolution maker. Sometimes I forget to make resolutions. Sometimes I forget what resolutions I made. But, over the years, I’ve realized that the key to both making and keeping resolutions is to keep them simple and limited in number, to try not to aim too high, and to pick things that are achievable. Here are two resolutions for me, for SGIM, and for SGIM members.

Personally, I’m making the following election-related New Year’s resolutions:

1. I resolve to be more politically engaged. Despite having strong opinions, I have been pretty passive as an often-overwhelmed-and-having-too-many-commitments private citizen, but I resolve to pay more attention to local and national politics, and to redistribute my charitable contributions to support more of my personal agenda.

2. I resolve to try to understand my patients better. The election taught me that I am out of touch with how almost half of the United States feels about many important issues related to their health and their health care. I don’t care about my patients’ politics, but I do want to understand their views on their health care, and how their financial strain and other stressors affect their lives and health. I need to do a better job of understanding where they are coming from.

For SGIM as an organization, the election results bring challenges to many of our core values and to our advocacy platform. As I wrote in a letter to members, SGIM will be doubling down on our efforts and advocacy on preserving and promoting universal access to health care. SGIM believes access to health care is a fundamental right, and keeping Americans healthy strengthens our economy, families, communities, and security. SGIM’s other high-priority areas will continue to include funding for biomedical and health services research, equitable reimbursement for general internists, and adequate funding for health professions training. There are also significant threats to those priorities.

My two resolutions for SGIM as an organization are the following:

1. SGIM will strive to keep members informed about policy changes and advocacy...
opportunities. We are still working on details, but hope to more effectively highlight the quarterly policy updates from CRD, our Washington consultants. You can access it on the Web site link: http://www.sgim.org/communities/advocacy/advocacy-reports. We can and should do a better job of sending you there as just one of the ways we try to keep you informed about the current policy climate. The advocacy Web site contains other useful tools: the Health Policy Committee’s series of articles in the Forum and sponsors useful content at every annual meeting, but especially at the meeting in Washington in April.

2. SGIM will work to broaden our reach and strengthen our voice by engaging with other organizations interested in advocating for preserving and promoting access to health care. We have already formed a coalition with pediatric and family medicine groups and are actively working on a shared policy agenda. See my November Forum column for more information. We must reach out further to other organizations that have also prioritized universal access to care to create the most effective and loudest opportunities for influence.

As SGIM members, you will, of course, make your own resolutions. In your lists, along with exercising more, sleeping more, and working less, I hope you will consider adding one of the following:

1. Resolve to get to Acceptance and to move on. We will do our best work if we can have stable emotions and embrace the future. Our patients and their families always do best when they get to Acceptance. We will all need to work together, in a nonpartisan way, to protect the advances in access and the commitment to primary care that the Affordable Care Act has created.

2. Resolve to stay engaged and informed about policy issues affecting your patients and SGIM. That’s hard, and it might directly counteract the resolutions to work less and sleep more. It means opening those GIM Connect e-mails, reading those Forum articles about policy, and perhaps choosing a policy related workshop instead of whatever other session you want to attend at the regional or national meeting. But, SGIM needs you and your voices to have the greatest impact for our patients.

I hope that these two resolutions are achievable for me, for SGIM as an organization, and for you, the SGIM member. SGIM members are amazing advocates for their patients—inpatients, outpatients, insured, uninsured, legal, undocumented, addicted, sober, in red states or in blue states. I feel privileged to work with you and hopeful about 2017.

References