By increasing our commitment to professionalism, we can do better,

Robert J. Jaeger, MD, FACOG
President, Wisconsin Medical Society

From a very young age, I was fortunate to know what I wanted to do with my life. My grandfather was a rural general practitioner—he made house calls, delivered babies, casted fractures, repaired hernias, removed appendices and gallbladders, and was frequently paid in livestock and produce. He occasionally took me on rounds with him, and among the things he taught me was that the purpose of practicing medicine was not prestige or generating a large income, but helping people. I still try to adhere to those values, believing that virtually all of us are committed to providing excellent care regardless of personal costs in time, education and financial and legal risk.

Before I was sworn in as President of the Wisconsin Medical Society in April, I thought a lot about which issue I wanted to focus on during my term. Medicine has changed considerably since my grandfather’s time. From public health issues like injury prevention, patient health literacy, and the looming physician workforce shortage; to practice management concerns such as increasing paperwork and implementation of electronic health records; to inadequate funding for government health care programs and the need for national tort reform; it’s easy to feel overwhelmed.

All of these are important issues that merit our attention and action, and our Wisconsin Medical Society is already working hard on many of them. Still, the list is daunting, and the cumulative weight of these issues has contributed to a sense of powerlessness among many in our profession.

The truth is, however, we’re doing a whole lot right here. Many studies and reports recognize Wisconsin physicians for providing high quality, cost effective care. In fact, the Agency for Healthcare Research and Quality earlier this year ranked Wisconsin as the state with highest overall quality, The Commonwealth Fund’s State Scorecard places Wisconsin among the top 10 states for overall health system performance based benchmarks for 38 indicators of access, quality, costs, and health outcomes and a New York Times article in September also recognized Wisconsin for high quality, cost effective care.

Still, there is a growing disillusionment among many of our colleagues who are dispirited by slow progress in achieving lasting tort reform or fair Medicare reimbursement, or honest and reasonable treatment by insurers. Finding ways to control costs is driving health system reform efforts, with too little regard for quality and access to care. The uncertainty regarding the hurried changes health care reform will bring adds yet another concern. Even if health care reform isn’t enacted, numerous continued bureaucratic efforts are already in place to control reimbursement: value-based pricing, diagnostic-related groups, pay for performance, never events, physician quality reporting initiative, payment bundling, the sustainable growth rate, State Children’s Health Insurance Program (SCHIP) and more.

Can we do better? Of course we can! And I believe the answer to effectively coping with the problems facing medicine begins with professionalism—including a duty to act together on behalf of society, toward bettering the general health and well being of the community.

One of the most useful and important documents in this area is the Wisconsin Medical Society Report of the Task Force on Professionalism, which can be accessed on the Society’s website. It’s an excellent work product that merits consideration and action, not filing. Another valuable resource is the patient-physician covenant, which was passed by our House of Delegates and subsequently by the American Medical Association (AMA) House of Delegates. It is also available online, and I urge you to not only read it, but to post it in a spot where you will see it often.

On the next few pages of the Journal, Doctors Dart and Frey also offer valuable insights into different facets of professionalism. But my purpose here is not to present a scholarly treatise on the topic, but rather to elicit a call to action.
**Brown County: Forum on health care reform**

The Brown County Medical Society (BCMS) and the Green Bay Chamber of Commerce in September hosted a forum on health care reform. Nearly 700 people from the Green Bay area attended the event, proof that county medical societies are helping to build community among physicians and patients.

A panel of physicians and business leaders—including Wisconsin Medical Society members Nicky Plementosh, MD, and Cynthia Lasecki, MD, and representatives from Bellin Health, Prevea Clinic, BayCare Health Systems, and Aurora Medical Group—discussed the importance of covering the uninsured, reforming medical malpractice laws, and promoting cost efficiency. Following the discussion, patients chimed in with questions about how to protect Medicare and improve access to care.

BCMS President Thomas Wilkins, MD, who helped organize the event and served on the panel, said the audience was impressed with the ideas local physicians brought to the table.

“They appreciated the multiple opinions and points of view, especially at a time when dialogue about the issue had gotten pretty ugly,” he said. “One person even asked physicians to extend their leadership role and hold more events like this.”

In a similar effort to stay abreast of developments in

The Wisconsin Medical Society is a participatory democracy, a member-driven society. It requires member participation to function. There is not an acceptable alternative, in my opinion, to having a functional Wisconsin Medical Society, or an American Medical Association. If they did not exist, we would undoubtedly begin today to form an organization that could represent physicians of all races, gender, specialties, and practice models at the local, state, and national levels. It is imperative we reinvigorate organized medicine beginning on the local level—hospital medical staffs, municipal, and county medical societies. The obstacles are formidable but the need is undeniable, and it starts with us.

First we must participate. Attendance in our House of Delegates dropped from 164 in 1995 to 115 in 2006, and the number of resolutions submitted decreased during the same period from 66 to 17, respectively. Many of our county medical society meetings are attended only by a small group of active physicians. Attendance by young physicians, those in practice less than 10 years, is minimal. As an OB/GYN for more than 35 years, I understand busy schedules. But active county medical societies, with engaged members, truly can make a difference.

For example, last year in Portage County, as a result of 17 deaths—largely teenagers—from prescription drug overdoses, the Portage County Medical Society donated $1000 for an unused prescription drug collection. They promoted the program through letters to the editor and pamphlets to their patients. (See highlights of other county medical society efforts throughout this article.) Activities like these increase collegiality, improve public relations, promote participation, and most importantly, improve the quality of life for our patients. If you already are active in your county society, invite a colleague to join you. Consider social events with spouses, or participating in the AMA’s Doctors Back to School, a program that encourages minority students to pursue medicine (more information is available at the AMA’s website, www.ama-assn.org). And if you haven’t been active, find a way to get involved.

Political involvement, both through county societies and as individuals, is also important. Getting to know elected officials by inviting them to county meetings or through other venues helps ensure that they listen to our concerns when they’re making decisions that impact health care. Participating in the Society’s Legislative Key Contact Program and making political contributions are also effective ways to ensure the physician voice is heard, and we simply aren’t doing enough.

In 2007 physicians contributed more than $15,000 to WISMedPAC and $20,000 to WISMedDIRECT—just $35,000. That works out to $5.56 per physician! By con-
trust, dentists contributed nearly $50,000, chiropractors donated $150,000, and teachers contributed $1.5 million. If each physician gave $100, we’d have almost as much as the teachers to support policymakers who understand health care and can affect reasonable reforms.

If we want a voice in state legislation—we can and we must do more. If we want our voice heard at the national level, we must increase the number of Wisconsin physicians who are members of the AMA, and contribute to AMPAC. Unfortunately, because of declining membership in the AMA amongst Wisconsin physicians, we lost both an AMA delegate and alternate delegate following theAMA meeting last month. This couldn’t have happened at a worse time. Our specialty societies are vital to continuing education and promulgation of practice guidelines, but will have little influence on health care reform legislation.

The AMA, on the other hand, has the economic resources and the recognition by Congress and the President to be effective at the national level. Given the ongoing health care debate, being an AMA member has never been more important to our patients and our profession. If you are an AMA member, thank you. Please encourage your colleagues to join you. And if you aren’t a member, I urge you to become one today.

Finally, I beg your indulgence to address 2 pet peeves.

With increasing frequency, physicians are being called “providers,” lumping them in with all other health care professionals. It is no accident that the ultimate responsibility for the patients’ care rests with the physician, yet use of this title suggests physicians are equivalent to every other member of the health care team, ignoring differences in education, experience, knowledge, ability, and accountability. Another more insidious implication of the use of “provider” suggests physicians merely provide a service for a fee, a relationship no different than that of a tradesman with a customer and limited only by laws of the marketplace. It ignores the commitment to professionalism, to the moral and ethical principles that have governed physicians for many centuries. To equate physicians to providers is demeaning and inaccurate.

Casual dress has become increasingly common and there are certainly many places in the hospital where wearing surgical scrubs suits are appropriate. In the out-patient clinic where new physician-patient relationships are established, a clean white coat, dress slacks, dress shirt, and dress shoes are more likely to help establish trust and confidence than a t-shirt, jeans, or sandals. Casual dress is too easily misinterpreted as reflecting careless thought, neglectful care and disrespect. We dress not for ourselves, but out of respect for our patients, our colleagues, and our profession.

Remember how it was drilled into us as medical students that the “patient comes first?” It wasn’t until a good deal later I began to reflect on why that is necessary: because medicine is at heart a moral enterprise founded on the covenant of the patient-physician relationship. It is not a business, not a commodity, subject to the caprices of the marketplace. I think Pellegrino and Thomasama said it best:

“The sick person is in a uniquely dependent, anxious, vulnerable, and exploitable state. Sick persons must bare their weaknesses, compromise their dignity, and reveal intimacies of body and mind. The predicament of illness forces them to trust the physician in a relationship that they would prefer not to enter and in which they are relatively powerless. It is this fundamental vulnerability of the patient and the need for trust in the healing relationship that constitute the moral imperative for the physician to serve the patient with the patient’s best interest in mind.”

“To be a professional is to make a promise to help, to keep that promise, and to do so in the best interests of the patient. The oath we all made was a public promise—a ‘profession’—

Commitment to youth:
Medical society makes an early impression

The Ashland Bayfield Iron (ABI) Medical Society has focused its efforts in recent years to demonstrate a commitment to area youth.

“The ABI Medical Society feels we should try to make a difference early in life, for the health benefit of our children,” said President Peter Areson, MD.

This commitment starts with even the youngest children. The Society provides infant car seats to families who cannot otherwise afford one. This year alone, they have provided 20 infant car seats, and have worked with the local fire department to help fit the seats into the vehicle.

Once the children are safely home, the society’s commitment continues through financial support of the “Can’t Wait to Read” program. The program provides infants and small children with books for their parents to read to them.

Beyond these very early years, the society also tries to encourage youth to participate in outdoor activities by providing bike and ski helmets, as well as sailing opportunities.

To support these programs, the ABI Medical Society makes the most of limited resources. The society receives contributions from the “Book Across the Bay” cross country ski race from Ashland to Washburn and also relies on donations from members.

“We don’t ask for anything from recipients,” Dr. Areson said. “Our hope is that our efforts will translate into healthier habits and safe sporting for people in our area.”

The Ashland Bayfield Iron Medical Society has

made was a public promise—a ‘profession’—
that as new physicians we understood the gravity of our calling, promised to be competent, and promised to use that competence in the interest of the sick.”

Medical professionalism consists of those behaviors by which we—as physicians—demonstrate we are worthy of the trust bestowed upon us. Failure to demonstrate that we deserve that trust will result in its loss, and consequently, loss of medicine’s status as a profession.

The days of my grandfather’s practice, when it was sufficient to merely to be a good clinician, have long since passed. Today, nothing less than the welfare of our patients and the survival of our profession depends on us. By assuming the responsibilities inherent in our profession, we not only do a better job, but we win the freedom to practice guided by ethics and the interest of the patient. No one can do this alone, but with your help and continuing commitment we can build an even more effective Wisconsin Medical Society and a stronger, more effective health care system for everyone.

References
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