

## **We Talk the Talk, Let's Walk the Walk!**

The last several weeks have been interesting. The Arizona Republic has had several articles discussing the problems with medicine but few options for significant change. A local trial lawyer expressed the opinions that the doctor shortage was a myth and using malpractice cost as an excuse for the problems of medicine was misleading. The trial lawyer's representative suggested that the number of malpractice suits was actually declining. These statements have been answered by various physicians but most of the answers were reactionary. (see article on page 30)

The problems with the practice of medicine are many. Physician supply is critical. Nursing supply is as much a problem as physician supply. Respect for physicians has taken a negative turn over the last decade and recent studies suggest nurses are regarded higher by the public than physicians. Hospitals have progressively more control over the physician staffs and often give lip service to physicians needs.

Recently one of the Phoenix hospitals had a national ownership turnover and the new administration admitted that the hospital had been scavenged to improve the bottom line. This action was to the detriment of the hospital services and physician base. The reported new plan is to build up the system and then sell it! This statement provides the physician staff with a great deal of confidence that the new administration is willing to commit the time and financial resources to turn the hospital around. Don't you want to jump on board and help with that task?

The next few years are critical to the future of medicine. As physicians, we can either fight or continue to depend on Congress to be "fair" to medicine. The goal of the Medical Society to continue the party line and fight for the patient's rights and quality of medical care is a very important one. The tendency to allow political action committees and not organized medicine to bring issues to the forefront has been the trend. A recent trip to the AMA brought this home to me when an executive of the AMA rebutted a young physician question with the statement that we need to focus on patient care and not be controversial. This is the mindset that has caused the AMA to lose credibility and members.

What can we do? We all talk in the doctor's lounge about problems but we never come up with concrete suggestions that will possibly correct the problems.

Congress then asked "representatives" of medicine for help. Unfortunately, the "representatives" usually are professors from prominent teaching hospitals. While many of these recommendations start with good intentions, the ultimate regulations often cause more compliance issues and put more strain on the day to day practice of medicine.

Let's look at this issue. I am going to ask for your participation. Send Round-up your specific examples of disruptive, confusing, or costly regulations of day to day practice. I am asking for one to two particular problems that limit you and your ability to function. These suggestions may be about constraints you face or problems that create unnecessary

costs and reduplications in services. Most importantly, send your suggestion on how to resolve the problem to decrease your stress and decrease the cost of medicine. Perhaps we can make suggestions to our representatives that will cut the cost of medicine and take the continued pressure off of the physician reimbursement area that is the continued target for cost cuts. We will review these suggestions and submit them to our representatives for consideration. Problems and solutions from the “real world” should be heard.

I would like to remind you to please give the Society your e-mail address. I am told that only 10% of the membership has trusted the Society with their e-mail address. We would like to build this base and keep you better informed about important medical issues. Again, the Medical Society will NEVER sell or distribute your information. Please take a few minutes to respond. Take a stand! Give us your problems and solutions. We need individuals to become involved. Let us hear from you.

**Jud Tillinghast, M.D.**  
**President**