



A proper role for organized medicine in a new era

Organized medicine's salvation lies in the ideals that led physicians to become doctors in the first place

Organized medicine has fallen on hard times. Membership in many local and state medical societies is declining, and American Medical Association (AMA) membership is flat.¹ This decline began with the emergence of strong specialty societies during the 1970s,^{2,3} in some cases pitting specialties against each other. The downward slide in society memberships accelerated in the 1990s as more physicians, seeking to survive in managed care, moved from private, fee-for-service practice into groups. In fact there are now more group practice physicians in the AMA than individual practitioners. The medical societies saw this happening but, for the most part, did not (and in many cases still do not) understand the needs of this new breed of physician for whom the old approaches have become irrelevant.

STAKING OUT THE REACTIONARY POSITION

In the past, the state and county medical societies played a reactionary role in virtually every political debate affecting health care, and to some extent they continue on this path. They have acquired the reputation of opposing whatever the current reform proposal was, while rarely offering a reasonable alternative (or even directly addressing problems everyone inside and outside the health care system knew existed). The societies protected the interests of physicians, but were often blind to the needs of society and even to the needs of the patients they served. They were almost never seen as a part of the solution, and gradually they came to be viewed as part of the problem. Long adherence to this reactionary approach has so damaged the credibil-

ity of the profession that the Clinton administration eschewed physician input when it set out to develop its health care reform plan, one of many mistakes that led to the ultimate failure of the plan.

OVERRIDING SELF-INTEREST: THE CALL TO UNIONIZE

One of the latest manifestations of this tendency to emphasize overriding self-interest is the call for physicians to unionize. In some communities, the medical societies are leading this movement.⁴ In Tucson an employed group of physicians voted to unionize in January.⁵ On Long Island, New York a physician-owned managed-care organization serving 20,000 people joined the Office and Professional Employees International Union, an affiliate of the AFL-CIO.⁶ At the time of this writing, the Philadelphia County Medical Society was considering unionizing, despite antitrust implications.

Physician unionization continues the retrogressive deprofessionalization of medicine that already irritates many physicians. It should also strike fear into the hearts of the public. Some countries have already felt the pain of a physicians' strike, but the United States has so far been spared this embarrassment. Medical societies should be resisting this unfortunate trend rather than abetting it.

SALVAGING ORGANIZED MEDICINE: BETTER IDEALS, NOT BETTER DEALS

Many medical societies have tackled the problem of declining membership by revising their dues structures, proposing alternative forms of

membership (group or corporate memberships and unlinking local and state memberships) or enriching their societies' benefits packages (cheap deals on car leases, cellular phones, insurance, credit cards).⁷ Although members welcome cheaper dues, it seems unlikely that any of these methods will cause large numbers of physicians to return to the medical societies. Such solutions are cynical and miss the point of the physician's reason for being. In fact, such membership enticements buttress one of the most objectionable assumptions of managed care, that physician behavior is completely economically motivated, and that "aligning incentives" will get physicians to behave in a desired way.

If there is to be any hope of salvation for organized medicine, it must lie in a rededication to the ideals that led most physicians to become doctors in the first place. Foremost among these ideals is the quest for more effective disease prevention and better care of the sick. These are ideals that speak to all physicians, regardless of the system in which they work. Medical societies have tremendous latent power at their fingertips; they can mobilize physician volunteers to do just about anything that makes sense for the health of the communities in which they serve.

Such a strategy of health advocacy will accomplish more for the health of the population than any single integrated health network plan could ever hope to accomplish. It will, over time, restore physicians to the ranks of the "good guys," a position from which they have been absent for too long.



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REFERENCES

1. American Medical Association web site (<http://www.ama-assn.org/men-data/wmmed/infoserv/data/table14.htm>).
2. Truhlsen SM. History of the secretariats of the American Academy of Ophthalmology. *Ophthalmology* 1996; 103(8 Suppl):S153-163.
3. Harris CC. The formation and evolution of the Society of Nuclear Medicine. *Semin Nucl Med* 1996; 26:180-190.
4. Burling S. *Philadelphia Inquirer*, 1997, Feb 3; Sect A:1.
5. Physician unions press ahead. *American Medical News* 1997, Feb 10.
6. Pallarito K. New York unions flex muscle. *Modern Healthcare* 1997; 21:211.
7. Michigan physician groups and the MSMS services they use. *Mich Med* 1996; 95:17-21.

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