EDITORIAL

Take Back Our Profession

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What would you say if you had the opportunity to speak to a core group of medical student leaders at their annual meeting in Washington, D.C.? What advice would you give them? What warnings about the future would you deliver?

I recently addressed the leadership group at the annual American Medical Student Association (AMSA) meeting in Washington, D.C., as a guest of the AMSA president. I thought a lot about what I would want these future leaders to garner from my comments. The theme of that meeting, “take back our profession,” does sound a bit edgy, but I thought I would take this topic, turn it around, and present three strategies for accomplishing this feat. Here is the gist of my talk:

What does it mean to take back our profession, and how can we do this? It’s time for current and future physicians to come together to create the changes that we want and to embrace a new type of professionalism that will enable us to help reform our health care system. These changes consist of:

• reducing unexplained clinical variance in practice.
• improving the quality and safety of medical care.
• training the leaders of tomorrow.

We know that unexplained clinical variation in practice in the U.S. is one of our greatest challenges. According to the work of Jack Wennberg and others who helped create the Dartmouth Atlas of Health Care (www.dartmouthatlas.org), geography is destiny. Health care is rationed every day in the U.S. by socioeconomic status; race; and, of course, a patient’s residence. The variation in health care that we deliver is simply too great to contend that we all are equally adept at providing the best possible care for our patients. There is, regrettably, a bell-shaped curve of doctors’ practices, and it will be your job as future leaders to create techniques to help us reduce these unexplained variations. In short, we must abandon our slavish adherence to physician autonomy and place our patients at the center of our reasoning. This is what the new professionalism is truly all about.

It’s been 10 years since the publication of the landmark Institute of Medicine’s report, To Err Is Human, but we have made little progress since then. An excess of medical errors is still posing a critical public health crisis, and this represents a true epidemic. Improving the quality and safety of health care means that we must recognize this field as its own area of scholarly pursuit. I ask each of you to recommit yourselves to the difficult work of self-evaluation, self-measurement, and self-improvement. No one would readily admit to the need to self-evaluate, but that is exactly what the new professionalism must embrace. As medical students, you must work hard to ensure that the study of quality and safety is a part of every medical school curriculum. Recent work by Shojania and Levinson1 and others have defined this area of inquiry as a new bona fide career pathway. Remember, quality and safety are not electives!

Finally, a good leader helps to train the leaders of tomorrow. I’m afraid that medical staff leadership is largely an oxymoron! All of you assembled here tonight represent the future of medicine, and I urge you to join the conversation now. I applaud your current activism, but you also have an important mantle of responsibility that you will inherit from my generation. You must take this mantle and change it for the 21st century. As Dr. Frank Davidoff has admonished us,2 physicians have two jobs to do every day—the job of doctoring and the job of improving our collective doctoring.

I am reminded of a bumper sticker that was popular during the height of the Vietnam War that said, words to the effect of: “If you’re not a part of the solution, you’re a part of the problem.”

Thank you for the opportunity to address this leadership group this evening.

Well, there you have it—a little fire and brimstone and a little hope for the future, all wrapped together in a 20-minute after-dinner talk. If the leaders of your P&T committee had a similar chance to talk to physicians-in-training, what would you tell them and how would it differ from my advice?

As always, I’m interested in your views. My e-mail address is david.nash@jefferson.edu. Also, please be sure to visit my blog at http://nashhealthpolicy.blogspot.com.

REFERENCES


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