



# North Coast Physician

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## Cover Photo

**"Moonstone Sunset"**

*Stephen Kamelgarn, M.D.*

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## Sticks & Stones

Stephen Kamelgarn, M.D.



When we were children, a common taunt we tossed around was, “Sticks and stones may break my bones/but names will never hurt me.” Well, we were wrong. Words contain power, and how we use those words determines how we deal with the world, and how the world deals with us.

More than thirty years ago, when we got demoted as doctors and re-labeled as “Healthcare Providers,” and patients morphed into “healthcare consumers,” or (more odiously) “clients,” the entire nature of the physician-patient interaction was forever changed. What previously had been a human one-on-one interaction, which may have even contained a spiritual dimension, turned into a simple business transaction.

The process was completed when medicine was transformed into “The Health Care System,” and ultimately the greed merchants came up with “Managed Care,” which should have awakened both doctors and patients. Managed Care can only be defined as: “The denial of medical treatment by a doctor to a patient so that someone else can save money.” The internal memos in the insurance industry confirmed that adage by referring to patients as “loss leaders” and “expenses.” When we parse the words we actually see what we get and what we’ve become.

We talk about “the Art and Science” of medicine, yet in the name of efficiency, cost containment, “productivity,” or what have you, the art has been sacrificed. History taking has been taken over by pre-packaged, check box forms, or para-professional people, and the teaching and advising has been sub-contracted out to more “clinical specialists.”

From time immemorial, the interaction with a patient has been a ritual, whether it was a Bronze Age shaman waving a rattle above a patient’s head, or a 21st

Century physician placing a stethoscope on a patient’s chest while asking about his/her smoking habits. And it is this ritual that is part of the healing process. Multiple studies have shown that patients derive more satisfaction from their visit and do better when the doctor actually lays hands on them. Obtaining a history and talking with the patient is part of this same ritual.

It is in the taking of the history, and in the advising and treating that we practice our art form. How we, as artists, shape and mold the interview is paramount in our interactions with patients. For us to perform our art, we need time: time to establish relationships, time to tease out the seemingly petty details, time to bargain with patients to help them arrive to their unique path to health. As physicians practicing an ancient art form, the time commitment doesn’t change. Human beings are the same today as they were a hundred years ago when we became a scientific profession. It takes the same amount of time today as it did back then to take a good history and build a constructive interaction with a patient. Nothing has changed, except the corporate medical model we’ve been forced to subscribe to. And it’s that change in focus that has demeaned the physician-patient (not the healthcare provider-client) interaction into nothing more than a commercial transaction.

Since we’ve become Healthcare providers, and patients have become clients we lost the time that’s so important in our profession – just because patients are merely consuming commodities and a patient visit is predicated on 10-15 minute throughput, irrespective of what’s actually going on. That’s not time. That’s an assembly line service, which leaves neither doctor nor patient satisfied. They say that, “The Devil is in the details,” and by eliminating those details, we lose out on so many opportunities to improve and impact on patients’ health.

By being downgraded by the powers that be into Healthcare Providers we’ve allowed ourselves to be co-opted and turned into automatons with fancy degrees and huge educational debt. We’ve allowed the experts and insurers to tie our hands into knots, and take away our artistry.

Our entire palette has been taken away, and all we’re left with are shades of gray. The color, the nuance that used to characterize the doctor-patient interaction has been washed clean to a monotone, monotonous flat gray. A gray that is emblematic of cybernetic, mindless ‘droids—representatives of a soulless gray technocratic robotic society and its moneyed interests.

If we wish to reclaim our rightful place as complete healers, and use all the colors on our palette, we then need to reclaim the time we need to give us and our patients the necessary space to develop the relationships that will allow us to once again use the art as well as the science.

And part of that claim is to completely discard the word “provider” when describing a healthcare practitioner. We, as physicians, don’t “provide” anything. We practice medicine in partnership with patients, not clients or consumers. Therefore, we are Practitioners, and refer to our partners in healthcare as Patients, not clients or consumers. There is nothing demeaning in calling a patient, “patient.” Yes, it separates the role of physician and health partner into their individual components, but it doesn’t imply that one role is less important than the other.

**“Sticks”, Continued on Pg. 17**

**Save-The-Date  
Annual Membership Gala  
November 11, 2023  
North Coast Physician**

**“Sticks”, Continued From Pg. 4**

While changing our language won't totally turn things around, it's a start. We need to correct those well-meaning people who refer to patients as clients, and we need refuse to deal with the insurers and bureaucrats who refer to us as Health-care Providers. When I was teaching and mentoring students I made each one pay a dollar everytime they referred to us as “providers.” I re-iterate: we are practitioners and teachers. After all, the word “doctor” comes from the Latin: “ docere – to show, teach, or cause to know.” If teaching is not one of our primary functions as physicians, then we have no business calling ourselves doctors. If we're not given the time to perform our teaching function, we're only doing half a job

Until we can change the definitions under which we operate—again to reclaim the title “physician” and “doctor”—until we can control the terms we use in the debate, we'll never be able to elevate the Art to the level of the Science.

**Notes:**

1. Weismann, Gerald “Baumol’s Curse” in Galileo’s Gout: Science in an age of Endarkenment Bellevue Literary Press 2007 p. 71 §

## How To Help In The Maui Fires

Our hearts go out to the people of Hawaii for the devastation and loss they've suffered due to the devastating wildfires on Maui and Hawai'i Island, especially the historic town of Lahaina where more than 2,700 buildings have been destroyed. News reports put the Maui death toll at 96 as of Aug. 14, but Hawaii Governor Josh Green said today he expects that total to grow with hundreds of people still missing.

The California Medical Association (CMA) has received numerous requests from physicians and others who want to know what they can do to help. Our colleagues at the Hawaii Medical Association (HMA) have published a [dedicated web page](#) that will be regularly updated with the latest updates, resources and volunteer and donation opportunities.

## **Registration Now Open for 2023 OMSS Assembly**

### **Is your medical staff registered?**

The California Medical Association (CMA) Organized Medical Staff Section (OMSS) will hold its 2023 Annual Assembly on Friday, October 20, in Los Angeles, immediately prior to the CMA House of Delegates.

OMSS represents medical staffs of California hospitals, health facilities and emerging delivery systems by providing education and advocating for strong self-governance and quality patient care.

The OMSS Assembly is open to all physicians concerned about the role of strong self-governing medical staffs in improving patient care and safety. Participants will have the opportunity to learn about critical issues impacting medical staff governance and operations and network with representatives from medical staffs across the state.

[Click here to register.](#)

Any questions about the OMSS Assembly can be directed to: [medstaffhelp@cmadocs.org](mailto:medstaffhelp@cmadocs.org).

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Refer to Practice Opportunities on our website for a list of Practice Opportunities for Physicians. Separate listing for Advanced Practice Clinicians is also posted. Recruitment Brochure; Links to Local Recreation; Links to Loan Repayment Programs; and more....  
[www.hdnems.org](http://www.hdnems.org)

## OFFICE SPACE

## OFFICE EQUIPMENT

## MISCELLANEOUS

### SIGN UP TO HOST SOCIAL EVENT

sign up today to host Friday PM Rounds (Welcoming New Physicians, Retirement Parties, etc), Women in Medicine Social, Spouse Social, etc.

*Send email to: [hdncms@gmail.com](mailto:hdncms@gmail.com)*

## Did You Know?.....

Physician Memorials and Historical Articles, and Awards are posted on the Medical Society's website under "News & Publications" *North Coast Physician* excerpt page - [http://www.hdnems.org/North\\_Coast\\_Physician2.html](http://www.hdnems.org/North_Coast_Physician2.html)

## California Physician™ Career Center

VIEW JOB POSTINGS, CAREER RESOURCES AND MORE!

<https://careers.cmadocs.org/>

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## KNOW OF HOUSING OPTION?

The Medical Society frequently receives calls for help in finding housing for our new physicians, Residents and other healthcare professionals. We also are trying to keep a list of "rooms" available for medical students that are rotating through . If you or know of someone who has rental or temp housing options, please let us know.  
Send email to: [hdncms@gmail.com](mailto:hdncms@gmail.com)

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*DEADLINE: 15th day of the preceding month to be published*