

## *Where do We Go From Here?*

Stephen Kamelgarn, M.D.

What is a physician? This is not a question I ask in jest or as a *Jeopardy* answer (“This professional gets screwed by the insurance industry on a regular basis.”) But this is a question I ask more than a little rhetorically.

For the past 2500 years or so, a physician has been that individual who has listened, cajoled, berated, empathized with, and even cured a few people, who have suffered with illness. For most of history the career of a physician has been more of a calling than a job. He or she may have been more or less (usually less) trained than one would wish. But the important aspect was that the physician was the person who dealt with illness one-on-one. Although there were always the forward-looking individuals who realized that treating disease (usually infectious disease) involved cleaning up the environment: purifying water supplies, adequate management of human and animal waste etc., and turned it into a mission and crusade, the average physician spent hours and days at a patient’s bedside offering what little he or she could. But during those long hours spent hand-holding, and little else, the physician was able to actually perform the role of teacher and healer, providing psychic comfort and education.

Yes, I’m well aware that in the past hundred and fifty years, or so, our increasing technological competence has enabled us to do more than was even remotely dreamed of just a few years ago. And, yes, although we’re capable of curing a few more people and extending a lot of life expectancies, what really is our role now? For each new piece of technology we use, our actual contact with patients becomes more distant, rushed and impersonal. As our ability to cure people has mushroomed, we seem to have lost many people we actually *heal*. By healing, I mean providing a substrate of health to allow people to achieve an integration with their environment to allow us to achieve our full potential. This is more than putting yet one more stent into someone’s artery or berating them because their A1c is 7.3%. It means creating an environment that allows us to act with compassion and understanding irrespective of someone’s basic disease or economic status.

I mean we're living in a society of rapidly accelerating global climate change, increasing school massacres, police-state security apparatus, spy-in-the-sky predator drones, and economic angst as the economy sputters on, to name just a few of the ills that currently beset us. How many of us--how many of our patients--have just given up, and just "go thru the motions?"

On a more immediate level we've become witnesses to the collapse of our medical care delivery system. We're functioning in an ever increasingly dysfunctional delivery system and what do we do? We see over and over again the medical horror stories that many of our patients are forced to endure: endless pre-approvals and denials of vital services, loss of dental and vision benefits, interminable waits to even *qualify* for diminishing services, medical bankruptcies and rushed visits. All this leading to increasing morbidity and dis-ease. To many patients we seem to be either shills for Big Pharma or greedy little tradespeople. Do we cave in to the anti-human values foisted on us by the whacko system and just "go along?" Do we man the barricades, fighting the good fight in the name of our patients, only to burn out in a vainglorious, losing, individual crusade? The system, as it now stands, is impregnable. Either way we choose to exist within the system, we and our idealistic, humanistic values, will lose to the forces of economic greed, corruption and short-term thinking. Is there not some third way that we can use to make the system more humanistic and fair--allowing people to actually heal themselves and their psyches?

I know that this sounds like some sort of mystical, New Age-y concept of spirituality. But that's not what I mean (Well, maybe a little). But there are object lessons in how we can approach change, and make it change in the right direction.

In the April 15, issue of *The New Yorker* there's an interesting article by Nicholas Lemann ("When the Earth Moved: What happened to the environmental movement", pp 73-76) about the very first Earth Day in 1970, and how the environmental movement has changed in the past 40 plus years. He feels that the movement scored its greatest victories in the early 1970's: the Clean Air Act of 1970, the Clean Water Act of 1972, the Endangered Species Act and the creation of the Environmental Protection Agency in 1973. Forty years later, with vastly greater access and budgets, the environmental movement suffered its greatest defeat when Congress wouldn't even consider a global climate change bill that had been crafted over ten years. Mr. Lemann feels that the movement went from working on a small, local level in 1200 different

locations, and it had morphed into a “top down,” “rubbing shoulders” with the power brokers and insiders. As the movement moved more “inside” it became a lot more accommodating, incremental, and ultimately less effective.

That article got me to thinking of our relationship to healthcare reform. Do we rely on the seemingly increasingly ineffective major organizations, AMA, CMA et al? Or do we look for a way to stimulate change from below. Mr. Lemann feels that with the first Earth Day emphasis on “Teach-ins” and local educational events was a more effective tactic in obtaining lasting change. The first Earth Day was school based, locally controlled and mass-participatory. Why can’t we in medicine do the same thing?

The way it stands now we’ll get AMA and CMA and the rest of their ilk squeezing minimal, accommodationist concessions out of the powers that be. But the Kafkaesque nightmare that our health care delivery system has become will not be changed one iota. The structure will remain unchanged as we tinker about the edges.

If we truly wish to effect revolutionary change that will improve our lots perhaps we should start spending our energies in treating each patient encounter, each encounter with a physician in training as a “teach-in.” We can treat each encounter as an educational dialog that will help people to see that there are alternatives to how the world works. There are alternatives that don’t squelch our basic humanity in the name of profit or national security or budget neutrality or whatever. Within the constraints imposed by environmental limits there are ways we may “progress” and be given the dignity of our inner humanity. We are not cogs in a giant machine, but individuals with hopes and aspirations that don’t include getting jerked around by an unfeeling, cybernetic system.

True change can only rise from below. It can’t be imposed from the top down. We must mobilize the public at large to effect lasting change. If we, as physicians, can harness the inchoate rage and ennui that exist in the country into a movement that, by sheer weight of numbers, forces the powers to change—a little here, a little there, until finally it demands national action we can enter back into a relationship with our patients where they get both healed *and* cured.

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