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REMARKS TO PHYSICIANS

OREGON STATE BOARD OF MEDICAL EXAMINERS

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GREETINGS, ETC.

IT STILL SURPRISES ME, BUT I HAVE BECOME A RECOGNIZABLE FELLOW. WALKING ALONG THE STREET, IN THE NEW YORK SUBWAY,

[GIVE EXAMPLE OF THIS TRIP TO PORTLAND], PEOPLE COME UP TO ME:

"HI, DOC!", OR "KEEP UP THE GOOD WORK!" OR,

"I KNOW YOU! YOU'RE THE ATTORNEY GENERAL. KEEP AFTER THOSE TOBACCO COMPANIES."

IF MY PLANE IS DELAYED, I OFTEN END UP HOLDING OFFICE HOURS IN THE AIRPORT WAITING AREA."YOU ARE THE ONE WHO FINALLY MADE ME STOP SMOKING!"

OR EVEN, "SAY, I HATE TO BOTHER YOU, BUT I'VE GOT THIS PAIN IN MY ELBOW..."

ON SEVERAL OCCASIONS I'VE BEEN RECOGNIZED, AND THEN BOTH PLEASED AND SADDENED BY SOMEONE SAYING TO ME,"I WANT TO THANK YOU FOR MAKING ME PROUD, ONCE AGAIN, TO BE A DOCTOR."

I'M PLEASED, OF COURSE, BECAUSE I'VE GIVEN MY LIFE TO THIS PROFESSION, AND IT HAS BEEN GOOD TO ME.

BUT I'M SADDENED TO HEAR FROM SO MANY OF MY COLLEAGUES WHO HAVE LOST THE PRIDE, THE JOY OF BEING A PHYSICIAN.RECENTLY, ONE OF MY FRIENDS, QUITE ACCUSTOMED TO SPENDING HIS TIME WITH OTHER DOCTORS, FOUND HIMSELF WITH A GROUP OF LAWYERS INSTEAD ---YES, THE TWO CAN GET TOGETHER!
THE ATTORNEYS WERE CONGRATULATING THEMSELVES ON WHAT THEY WERE ABLE TO DO FOR THEIR FELLOW CITIZENS.

IT HAD BEEN A LONG TIME SINCE MY FRIEND HAD HEARD DOCTORS SPEAK IN THAT VEIN.IF LAWYERS CAN FEEL GOOD ABOUT WRITING A WILL,
CAN'T WE FEEL PROUD ABOUT POSTPONING ITS USE.

AMERICAN MEDICINE IS AT A CROSSROADS.

OUR HEALTH CARE SYSTEM IS BEING TORN APART BY THE STRUGGLE BETWEEN SOCIETY'S ASPIRATIONS FOR HEALTH CARE AND OUR RESOURCES TO ACHIEVE THEM.AMERICA'S HIGH EXPECTATIONS ARE FAST OUT-RUNNING THE NATION'S ABILITY TO PAY FOR THEM.

IN OTHER WORDS, WE HAVE A CLEAR GAP IN OUR SOCIETY TODAY BETWEEN WHAT WE WOULD LIKE TO SEE HAPPEN IN HEALTH CARE ... AND WHAT CAN REALISTICALLY HAPPEN IN HEALTH CARE. THE STRUGGLE BETWEEN OUR ASPIRATIONS AND OUR RESOURCES HAS COME AT THE WORST POSSIBLE TIME,

A TIME WHEN DEMOGRAPHIC TRENDS ARE RUNNING AGAINST US.

IN A CLIMATE OF SCARCITY AMERICANS WILL HAVE TO WORK OUT AN EQUITABLE SHARING OF NEEDED MEDICAL RESOURCES BETWEEN ONE POPULATION GROUP THAT IS GROWING -- THAT IS, THE ELDERLY, PEOPLE OVER THE AGE OF 65 -- AND THE POPULATION GROUP THAT IS COMPARATIVELY SHRINKING -- THAT IS, CHILDREN UNDER THE AGE OF 18.OVER THE PAST 8 YEARS I'VE DEALT WITH ADVOCATES FOR CHILDREN AND I'VE DEALT WITH ADVOCATES FOR THE ELDERLY. THEY ARE BOTH VERY DEDICATED AND VERY PERSUASIVE GROUPS. AND BOTH WILL BE QUITE RIGHTLY COMPETING FOR A <u>LARGER</u> PIECE OF A <u>SMALLER</u> PIE.

THIS HAS CHILLING ETHICAL IMPLICATIONS, AND WE MUST GUARD AGAINST LETTING OUR ETHICS BE DETERMINED BY OUR ECONOMICS,

AND NOT THE OTHER WAY AROUND.AS I SAID EARLIER TO DAY, TO A GROUP OF YOUR CIVIC LEADERS,

WHEN I OR OTHER PEOPLE TALK LIKE THIS, OUR CRITICS COME BACK AT US AND SAY THAT THINGS REALLY AREN'T THAT BAD ... THAT ALL WE NEED TO DO IS PUT A REIMBURSEMENT CAP ON THIS ... OR CHANGE THE ELIGIBILITY REGULATIONS FOR THAT ... OR CUT BACK A LITTLE HERE ... OR PRUNE BACK A LITTLE THERE.DURING 8 YEARS AS YOUR SURGEON GENERAL, I'VE LISTENED TO THESE DEBATES AND I'VE THOUGHT ABOUT THE TRUE HUMAN COSTS ASSOCIATED WITH THAT KIND OF A PATCHWORK APPROACH.

AND TODAY I'M MORE CONVINCED THAN EVER THAT OUR WHOLE HEALTH CARE SYSTEM NEEDS TO BE STUDIED WITH AN EYE TO MAKING A NUMBER OF VERY MAJOR CORRECTIONS.NOW, I CAN ALREADY HEAR THE CRITICS SAYING,

"WAIT A MINUTE, DR. KOOP. THE SYSTEM AIN'T BROKE, SO DON'T FIX IT."

TO WHICH I WOULD REPLY, "YOU'RE WRONG. THE SYSTEM IS BROKEN ... AND IT MUST BE FIXED." BAND-AIDS WON'T DO. I SAY THERE'S SOMETHING TERRIBLY WRONG WITH A SYSTEM OF HEALTH CARE THAT SPENDS MORE AND MORE MONEY TO SERVE FEWER AND FEWER PEOPLE.

OUR PROBLEMS HAVE RESULTED IN A THREE-TIER FRAMEWORK OF HEALTH CARE. WE'VE ALWAYS SAID WE NEVER WANTED EVEN A TWO-TIER SYSTEM.

BUT WE HAVE IT ... AND A THIRD TIER, ALSO.

IN THE FIRST TIER ... THE BOTTOM TIER ... ARE UPWARDS OF PERHAPS 30 MILLION AMERICANS -- ABOUT 12 PERCENT OF THE POPULATION -- WHO FALL BETWEEN THE CRACKS AND HAVE NO HEALTH INSURANCE COVERAGE ... NO HIGH OPTIONS ... NO LOW OPTIONS ... NO OPTIONS AT ALL.THEY'RE NOT OLD ENOUGH FOR MEDICARE AND NOT POOR ENOUGH FOR MEDICAID.

WHAT, THEN, DOES THIS "HEALTH CARE SYSTEM" OF OURS DO FOR THE UNINSURED?

IN THE VAST MAJORITY OF CASES THE ANSWER IS ... VERY LITTLE ... OR NOTHING.AND THEY ARE SUFFERING THE CONSEQUENCES. AS YOU KNOW, STUDY AFTER STUDY INDICATES THE CORRELATION BETWEEN NO MEDICAL INSURANCE AND INCREASING HEALTH PROBLEMS.

THE HEALTH PROBLEMS OF THE LOWEST TIER,

IF IGNORED BY SOCIETY NOW, WILL BE BORNE BY SOCIETY LATER.THEN WE HAVE A SECOND TIER.

THIS TIER RECEIVES A NARROW RANGE OF BASIC MEDICAL AND HEALTH SERVICES WITH MORE OR LESS FIXED LEVELS OF REIMBURSEMENT.

THIS IS LOW-OPTION COVERAGE ... MEDICARE AND MEDICAID COVERAGE ... WITH THE PATIENT PAYING MANY COSTS OUT-OF-POCKET OR WITH THE HELP OF SOME FORM OF SUPPLEMENTAL INSURANCE, WHICH IS -- IN MY BOOK -- JUST ANOTHER KIND OF OUT-OF-POCKET EXPENSE. FINALLY, WE HAVE THE THIRD TIER, THE TOP TIER.

THE PEOPLE IN THIS TIER RECEIVE A FULL RANGE OF MEDICAL AND HEALTH SERVICES. THEY ARE COVERED BY HIGH-OPTION HEALTH INSURANCE AND ALSO HAVE A FEW DOLLARS LEFT OVER TO PAY THE 15 OR 20 PERCENT DIFFERENCE BETWEEN THE ACTUAL BILL FROM THE DOCTOR AND THE CHECK FROM THE INSURANCE COMPANY. BUT BUSINESS IS FINALLY COMING AROUND TO UNDERSTAND THAT IT CANNOT CONTINUE TO BURY INFLATED COSTS OF HEALTH CARE IN THE PRICE-TAGS OF THEIR GOODS AND SERVICES.

SINCE 1984 THE AVERAGE PREMIUMS FOR EMPLOYER-PROVIDED HEALTH INSURANCE HAVE APPROXIMATELY DOUBLED... TO $3,117 PER YEAR,

AND HAVE RISEN FROM 8 PERCENT OF BUSINESS PAYROLL COSTS TO 13.6 PERCENT THIS YEAR.BUSINESSES CAN'T ABSORB THESE COSTS AND ALSO EXPECT TO BE COMPETITIVE.

THIS SITUATION, THIS DISPARITY BETWEEN RESOURCES AND ASPIRATIONS, THIS SENSE OF COSTS OUT OF CONTROL, HAS PLACED AMERICAN MEDICINE UNDER THE GUN.MOMENTUM IS BUILDING FOR RESTRUCTURING THE FINANCING AND DELIVERY OF HEALTHCARE IN THE UNITED STATES.

EVEN BUSINESS LEADERS WHO CRINGE AT THE THOUGHT OF GOVERNMENT INTERVENTION ARE ASKING FOR A SYSTEM OF NATIONAL HEALTH CARE AS A SOLUTION TO RISING INSURANCE COSTS.A SURPRISING AND VERY SIGNIFICANT EVENT TOOK PLACE AT THE BEGINNING OF LAST SUMMER.

TWO GROUPS, UNLIKELY PARTNERS IN THIS SORT OF ISSUE, EACH CALLED FOR A NATIONAL HEALTH SERVICE. THE FIRST WAS ONE OF THE MAJOR AUTOMOBILE MANUFACTURERS,

AND THE OTHER WAS THE HERITAGE FOUNDATION, A MOST CONSERVATIVE BODY.NEVER BEFORE HAVE THERE BEEN SO MANY VOICES CLAMORING FOR RADICAL REFORM OF THE AMERICAN HEALTHCARE SYSTEM.

IN CONGRESS, IN LABOR, IN BUSINESS, IN PHYSICIANS' OFFICES

PEOPLE AGREE: SOMETHING MUST BE DONE.

WE NEED TO GET AWAY FROM THE CONSUMER-PROVIDER MENTALITY. WE NEED TO RESTORE THE DOCTOR-PATIENT RELATIONSHIP. EACH OF US."CONSUMER" BRINGS TO MIND SOMEONE SHOPPING FOR GROCERIES OR CHECKING OUT THE FEATURES OF A NEW CAR.

"PROVIDER", ON THE OTHER HAND, SOUNDS LIKE A GARAGE ATTENDANT PUMPING GAS.IF THE PATIENT THINKS OF HIMSELF PRIMARILY AS A CONSUMER,
GETTING THE MOST FOR HIS MONEY, HE AUTOMATICALLY PUTS THE DOCTOR IN THE ROLE OF THE SELLER, GETTING THE MOST FOR HIS TIME.

IF THE DOCTOR IS PRIMARILY CONCERNED WITH COLLECTING HIS FEE,

HE AUTOMATICALLY AROUSES THE CONSUMER MENTALITY IN HIS PATIENT.THE NEXT TIME PEOPLE REFER TO YOU AS A "HEALTHCARE PROVIDER", CORRECT THEM.

REMIND THEM YOU ARE A DOCTOR, AND THAT YOU WORK, NOT WITH CONSUMERS, BUT WITH PEOPLE WHO ARE <u>YOUR</u> PATIENTS.

OF COURSE, MEDICINE IS NOT ALONE IN ITS RAPIDLY RISING COSTS. BUT OUR PRICES MAKE PEOPLE ANGRY.RECENTLY, I ASKED THE CONTRACTOR BUILDING MY NEW HOUSE TO MOVE THE OUTLET FOR AN OVERHEAD LIGHT 1/2 FEET -- BEFORE THE CEILING WAS FINISHED. THE CONTRACTOR WANTED TO CHARGE ME $450!
WHEN PEOPLE HEAR THAT, THEY MAY LAUGH KNOWINGLY, OR GROAN IN SYMPATHY,

BUT THEY DON'T GET ANGRY.THE SAME IS TRUE FOR THE ESCALATING COSTS IN PRIVATE EDUCATION. ALTHOUGH NO ONE IS HAPPY ABOUT THE RISING COST OF A COLLEGE EDUCATION, IT DOES NOT CREATE THE SAME ANGER OR RESENTMENT AS THE RISING MEDICAL COSTS.

STUDENTS PAY THE PRICE FOR PRIVATE HIGHER EDUCATION BECAUSE THEY FEEL THEY ARE GETTING QUALITY IN RETURN,

EVEN THOUGH THE EXPECTATIONS IN EDUCATION ARE LOWER THAN IN HEALTH, AND THE FAILURES MORE FREQUENT.THE STUDENT-TEACHER RELATIONSHIP HAS NOT BECOME ONE OF

CONSUMER-PROVIDER.

THAT IS BECAUSE STUDENTS DO NOT SEE TEACHERS AS THE DIRECT BENEFICIARIES OF THE RISING COSTS, THE WAY PATIENTS SEE DOCTORS.

A HIGH QUALITY EDUCATION, STUDENTS AND PROFESSOR ALIKE WILL SAY, IS SOMETHING YOU CAN'T EVALUATE IN DOLLARS AND CENTS ALONE. PATIENTS USED TO FEEL THE SAME ABOUT RESTORED HEALTH.

BUT NOW THEY ARE ANGRY.

PART OF THE ANGER, THE DISSATISFACTION MAY BE UNAVOIDABLE.

NO ONE WANTS TO BE SICK,

AND TO HAVE TO PAY FOR IT MAKES IT WORSE. BUT PART OF THE ANGER IS OF OUR OWN MAKING.

LAST WEEK I READ AN ARTICLE IN THE NEWSPAPER OF MY OLD HOMETOWN, PHILADELPHIA, WHICH POINTED OUT THAT WHILE THE PRESIDENT OF THE UNIVERSITY OF PENNSYLVANIA MIGHT BE A TRIFLE OVERPAID AT $220,000 A YEAR, FIVE PROFESSORS OF SURGERY RAKED IN BETWEEN $440,000 AND $620,00.

THE PUBLIC HAS A HARD TIME SWALLOWING THAT. LET ME SAY IT AGAIN, THAT THE RESTORATION OF THE DOCTOR-PATIENT RELATIONSHIP IS MOST ESSENTIAL.

MANY THINGS WOULD HAVE TO CHANGE IN ORDER THAT IT BE RESTORED, BUT ONCE RESTORED, MANY OTHER THINGS WOULD FALL INTO PLACE.

DOCTORS AND PATIENTS MUST STOP VIEWING EACH OTHER AS AN ECONOMIC THREAT.WE CAN'T HAVE PATIENTS WONDERING IF DOCTORS MAKE BEDSIDE OR EMERGENCY ROOM DECISIONS ON CARE BASED UPON INSURANCE COVERAGE.

WE CAN'T HAVE DOCTORS WONDERING IF THE PATIENT ON THE EXAMINING TABLE WILL NEXT MEET HIM IN COURT,

SURROUNDED BY MALPRACTICE LAWYERS.I AM DEEPLY SADDENED WHEN DOCTORS TELL ME THAT THIS NEW ADVERSARY RELATIONSHIP HAS MADE THEM DISLIKE THEIR PATIENTS.

I AM MORE THAN SADDENED WHEN A PHYSICIAN BRAGS THAT HE TALKED HIS ON OR DAUGHTER OUT OF GOING TO MEDICAL SCHOOL.I NEED NOT EXPLAIN IN GREAT DETAIL TO THIS GROUP THE SORRY RELATIONSHIP BETWEEN RISING COSTS AND THE MALPRACTICE MESS.

REFORM IS IMPERATIVE, BUT IT MAY BE IMPOSSIBLE IN THE FACE OF ENTRENCHED INTERESTS,

DOCTORS PROTECTING DOCTORS, LAWYERS DEFENDING LAWYERS.PERHAPS A BLUE-RIBBON PANEL OF RETIRED ATTORNEYS AND PHYSICIANS, MEN AND WOMEN WITHOUT A PERSONAL FINANCIAL STAKE IN THE SYSTEM, COULD SERVE THE PUBLIC INTEREST BY ADJUDICATING CLAIMS,

DECIDING WHETHER OR NOT THE CASE SHOULD GO TO COURT.THERE ARE OTHER THINGS WE CAN DO, AS DOCTORS, EACH DAY WE PRACTICE.

WE MUST VIEW OUR PATIENTS AS HUMAN BEINGS, AS ALLIES,

WORKING WITH US IN THE STRUGGLE AGAINST DISEASE.THIS INCLUDES PREVENTION AS WELL AS TREATMENT AND REHABILITATION.

THE DENTISTS HAVE DONE A MUCH BETTER JOB IN THIS THAN WE HAVE, JOINING WITH THEIR PATIENTS IN PREVENTIVE DENTAL HABITS,

EVEN THOUGH THIS HAS THE EFFECT IN SOME WAYS OF WORKING THEMSELVES OUT OF A JOB.MOST AMERICANS REALLY FEEL THEIR DENTIST WANTS THEM TO HAVE FEWER CAVITIES.

THEY DON'T VIEW THEIR RELATIONSHIP WITH THEIR DOCTOR IN THE SAME WAY.FOR EXAMPLE, IF OVER THE LAST DECADE, DOCTORS HAD QUIZZED THEIR PATIENTS ABOUT SMOKING, AND THEN HAD GIVEN SOUND ADVICE, WE MIGHT ENJOY THAT SAME ALLIANCE IN PREVENTION.

AFTER ALL, IT HAS BEEN KNOWN FOR MANY YEARS THAT THE MOST LIKELY CAUSE OF SMOKING CESSATION IS FOR A DOCTOR TO LOOK HIS OR HER PATIENT IN THE EYE AND TELL HIM, "SMOKING IS GOING TO KILL YOU."TREATING OUR PATIENTS LIKE ALLIES IN THE FIGHT AGAINST THEIR DISEASE MEANS BEING CLEARER AND MORE COMPLETE ABOUT INFORMED CONSENT.

THAT MAY MEAN TELLING MORE ABOUT WHAT WE KNOW IN SOME CASES, SHARING OUR UNCERTAINTIES IN OTHERS. EARLY IN MY OWN PEDIATRIC SURGICAL PRACTICE, I DETERMINED THAT I WOULD MAKE MY PATIENTS AND THEIR PARENTS MY ALLIES WITH ME AGAINST THEIR CHILD'S SURGICAL PROBLEM.

I DID THIS SIMPLY BECAUSE I THOUGHT IT WAS GOOD MEDICAL PRACTICE, BUT IT ALSO HAD THE UNFORSEEN DIVIDEND OF HAVING NO ONE SUE ME WHEN I WAS IN PRACTICE. WE ALSO MUST DO BETTER IN POLICING OUR OWN PROFESSION.

FOR A VARIETY OF COMPLEX REASONS, THE NORMAL COMPETITION OF THE MARKETPLACE DOES NOT ALWAYS OPERATE IN MEDICINE TO GET RID OF THE BAD APPLES. AS PHYSICIANS, AS WELL AS CITIZENS, WE NEED TO DO SOMETHING FOR THOSE AMERICANS WHO, UNDER OUR PRESENT SYSTEM, ARE DENIED ACCESS TO REASONABLE CARE.

WHILE WE WAIT FOR NATIONAL OR EVEN STATE LEGISLATIVE SOLUTIONS, WE CAN DO OUR PART BY REVITALIZING THE PRACTICE OF OFFERING FREE CARE TO APPROPRIATE PATIENTS.I'M DISTURBED WHEN I READ THOSE ADVERTISEMENTS IN A COUNTY MEDICAL SOCIETY BULLETIN, PLEADING WITH DOCTORS TO GIVE HALF A DAY EACH WEEK AT A FREE CLINIC.

IN MY DAY --I GUESS I SOUND, AND LOOK, LIKE AN OLD-TIMER -- I FOUND MYSELF EXTRAORDINARILY FORTUNATE IF I GOT PAID FOR 40% OF WHAT I DID.BUT I WAS HAPPY IN MY PRACTICE, MY PATIENTS APPRECIATED WHAT I DID, AND I CERTAINLY ENJOYED WHAT I DID FOR THEM.

BUT ONCE ENTITLEMENTS CAME ALONG, DOCTORS WHO HAD BEEN VERY HAPPY TO PERFORM A CERTAIN AMOUNT OF FREE SERVICE BEGAN TO FEEL THAT THEY HAD TO BE PAID FOR EVERYTHING.

GIVING, CHARITY, HAS ALWAYS BEEN PART OF OUR CALLING.FINALLY, IN ADDITION TO ALL WE MUST DO, WE NEED TO MAKE CLEAR WHAT WE CANNOT DO.

IN A MODERN SOCIETY, THE PRACTICE OF MEDICINE HAS BECOME COMPLICATED.

IT INVOLVES NOT ONLY DIAGNOSIS AND TREATMENT, BUT ALSO THE RELATIONSHIP BETWEEN HEALTH AND SOCIO-ECONOMIC FACTORS. INCREASINGLY PEOPLE LOOK TO MEDICINE TO SOLVE THESE DEEPER PROBLEMS, PROBLEMS THAT ARE BEYOND THE ABILITY OF MEDICINE OR DOCTORS TO SOLVE.

DOCTORS CANNOT ELIMINATE THE POVERTY FROM WHICH PATIENTS COME; THEY CANNOT KEEP PATIENTS' CHILDREN OFF DRUGS;

THEY CANNOT BRING BACK THE HUSBAND WHO HAS DESERTED THEIR PATIENT. . .A YEAR OR TWO AGO I WAS ASKED TO TAKE GRAND ROUNDS IN PEDIATRICS AT A MAJOR TEACHING HOSPITAL.

WHEN I WAS FINISHED LISTENING TO THREE CASES, HAVING DONE THE BEST I COULD WITH THE PROBLEMS, I HAD TO REMIND THE RESIDENT STAFF WHEN THE AUDIENCE LEFT THAT I WOULD NOT HAVE GOTTEN AWAY WITH PRESENTING THOSE THREE PATIENTS WHEN I WAS IN THEIR POSITION BECAUSE THEY WERE NOT STRICTLY MEDICAL PROBLEMS:-- WHAT THEY HAD PRESENTED TO ME WERE SOCIO-ECONOMIC PROBLEMS THAT HAD COME TO THE HOSPITAL BECAUSE THE PATIENT HAD AN ILLNESS.FINALLY, LET ME REMIND EACH OF YOU, THAT IN THIS CRITICAL HOUR FOR AMERICAN MEDICINE, EACH OF YOU, EACH OF US, CARRIES THE ENTIRE PROFESSION ON HIS OR HER SHOULDERS.

JUST LAST WEEK, AFTER I HAD FINISHED AN APPEARANCE ON CBS AND WAS ABOUT TO DO A PIECE FOR NATIONAL PUBLIC RADIO IN CONNECTION WITH CRITICAL CARE WEEK, I WAS SPEAKING WITH TWO YOUNG WOMEN, BOTH BRIGHT, KNOWLEDGEABLE, ARTICULATE HEALTH REPORTERS.I ASKED THEM EACH THE SAME QUESTION: "ARE YOU SATISFIED WITH YOUR HEALTH CARE?"

ONE SAID SHE WAS;

ONE SAID SHE WASN'T.

I ASKED WHY. THE ONE WHO SAID SHE WAS SATISFIED SAID,

"MY DOCTOR LISTENS TO ME, AND HE TELLS ME WHAT THE PROBLEMS ARE, WHAT HE'LL DO, AND I HAVE A LOT OF CONFIDENCE IN HIM."

THE ONE WHO WAS DISSATISFIED SAID, "I'M FURIOUS AT MY DOCTOR.

IN ORDER TO HAVE SOME SURGERY DONE, I SAW HIM 7 TIMES IN 2 WEEKS, HAD VARIOUS TESTS AND CONSULTATIONS, AND WHEN I CALLED HIM TO ASK A QUESTION, HE SAID, `NOW REMIND ME WHO YOU ARE AND WHY I KNOW YOU.'"I SAID TO THEM BOTH,

"IN OTHER WORDS, WHEN I ASKED YOU `ARE YOU SATISFIED WITH YOUR HEALTH CARE?',

ONE OF YOU SAID "YES", ONE SAID "NO",

BUT WHAT YOU REALLY WERE SAYING IS THAT ONE OF YOU LIKED YOUR DOCTOR AND ONE OF YOU DIDN'T. ONE HAD CONFIDENCE IN YOUR DOCTOR, ONE DID NOT." IF ANY OF YOU SAW THE TWO-PART SERIES OF GOLDEN GIRLS, SEPTEMBER 23 AND SEPTEMBER 30, YOU GOT THE PUBLIC'S VIEW OF WHAT WE ARE FACING.

YOU WOULD HAVE SEEN A STEREOTYPED EXPENSIVE SPECIALIST FAIL TO UNDERSTAND A PATIENT'S COMPLIANT, WITH UTTER LACK OF EMPATHY OR COMPASSION, A STEREOTYPE I HEAR ABOUT SO FREQUENTLY THAT IT MUST BE BASED ON FACT.YOU ALSO WOULD HAVE SEEN A PATIENT WITH CHRONIC FATIGUE SYNDROME TELLING HER DOCTOR OFF IN A MANNER MANY PATIENTS WISH THEY COULD.

WHETHER OR NOT THIS IS REALITY -- THIS IS CERTAINLY THE PUBLIC PERCEPTION.THEREFORE, MY MESSAGE TO THE DOCTORS IN PORTLAND IS:

WHEN YOU ARE DEALING WITH A PATIENT,

YOU ARE REPRESENTING AMERICAN MEDICINE, YOU ARE REPRESENTING AMERICAN HEALTH CARE.WE HAVE MUCH TO DO, BUT LET'S NOT LOSE OUR POSITIVE ENERGY.

THE MESSAGE WE HAVE TO SHARE WITH OURSELVES AND WITH THE AMERICAN PEOPLE IS A POSITIVE ONE.
WE DON'T NEED THE PAST TENSE, NOSTALGIA ABOUT "THE GOOD OLD DAYS";

NOR DO WE NEED SOME FUTURISTIC MANIFESTO

PROMISING WHAT WE INTEND TO DO.WE NEED CLEAR AND

PERSISTENT AFFIRMATION OF THE MANY

GOOD THINGS WE DO,

DAY IN AND DAY OUT,

TO MAKE OUR SYSTEM OF MEDICINE --ONCE WE TAKE THINGS IN HAND -- POTENTIALLY THE BEST IN THE WORLD.I HAVE NEVER REGRETTED GOING INTO MEDICINE. I'D DO IT AGAIN TOMORROW.
AND I TELL THAT TO ANY YOUNGSTERS WHO ARE CONSIDERING IT.

OURS IS A CALLING.

IT IS NOT A BUSINESS.WE COULD HAVE MADE MONEY DOING OTHER THINGS.

WE CHOSE MEDICINE BECAUSE IT COMBINED A QUEST FOR KNOWLEDGE WITH A WAY TO SERVE, TO SAVE LIVES, AND ALLEVIATE SUFFERING.

WE HAVE TO CONVINCE THE PUBLIC WE STILL MEAN IT.

THANK YOU

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