Sticking together

Twenty-four years ago, I left the safety of the University of Minnesota to join a multispecialty clinic in west central Minnesota. It was scary. I had always considered myself a bit of an academic and liked the mentally stimulating environment of the U. I was suspicious of any physician who didn't practice at the U, Mayo Clinic or at least in the Twin Cities because I assumed that the further you traveled from the academic meccas the dumber you became. I quickly realized I was the stupid one.

The physicians in my Willmar clinic are brilliant, hard-working and most important, fervently dedicated to the health and well-being of the people for whom they care. I have had the opportunity to work with physicians from multiple specialties and consult with colleagues from a variety of practice settings—from one-doctor family medicine practices in tiny (and very grateful) rural communities to those academic centers I still revere. Perhaps it’s that experience that has made me realize how much we all need each other.

Medicine is a field characterized by constant change. We are trained to handle the change in content. We are taught the importance of changing our care of patients as dogma changes. We are taught that we must protect our patients from medical care that is not in their best interest. What we are not taught is how to navigate the changes in the business of medicine, especially when those changes often seem illogical, capricious and evanescent. How can we possibly protect our patients from something we cannot understand ourselves? That is why organized medicine is so important to all of us.

As a dermatologist, my priorities are not always the same as those of a neurosurgeon. My challenges are unlike those faced by my colleagues in psychiatry or those who work as hospitalists. But no matter our specialty, we are alike. We all are dedicated to practicing the highest-quality, most cost-effective medicine. We all want to do our best for our patients, and we want for our patients to be healthy and happy with our efforts.

No matter our practice setting, we are all alike. Whether we are academics or solo-practice family medicine docs. Whether we practice in Minneapolis or Moose Lake. Whether we are independent or hospital-employed. Whether our primary business challenge is opaque, cost-quality rankings; narrow insurance networks; selective patient satisfaction surveys; onerous insurance pre-authorization demands; or inadequate reimbursement. We all must contend with threats to our ability to care for our patients.

We cannot face these challenges alone. If we stand as a group, we are stronger. If we speak with one voice, we will be heard. If we work together, we will have the power to do what is right. We all chose medicine so we could take care of people. Together, we will do just that.