We are SCMS - our Mission, Vision and Values

By Louis L. Constan, MD

Our **Mission** *(bringing physicians together for the common good)* is what we've been doing for 121 years. Our **Vision** (today's topic) is the nitty-gritty impetus for that Mission. It's what gets us up in the morning and what gives us the energy to get through the day. It is of paramount importance. As the Good Book says: *Where there is no vision, the people perish*[1] . With our Vision (We aim to improve the lives of physicians and the patients we serve) firmly in mind, we expect SCMS will flourish, rather than languish:

Improving the lives of physicians

Some would argue that this goal is unnecessary. Aren't the lives of physicians good overall? Money, power, prestige… what else would anyone need? The scourge of Burnout testifies that our personal and professional needs are decidedly not being met. We herein affirm those needs and work against the forces that cause physician Burnout.

In short, if we ask the simple question: "Is there any other institution, anywhere, whose goal is to improve the lives of Saginaw physicians," there can be only one answer. The SCMS.

Improving the lives of the patients we serve

Some would argue that this too, is an unnecessary goal. Certainly there are myriad other organizations seeking patient well-being. Their effectiveness, though, can be a mixed bag. Consider these:

- **Government**. It operates Medicare, Medicaid and county health departments. It regulates insurance companies; reigns in polluters; provides housing, recreational opportunities, food assistance. Surely government can be relied on to improve the patient-care experience. Yet, as we know all too well, governmental efforts are often buffeted by special interests who strive to use government to benefit only some. Zero-sum game. Some patients win, some lose. Inequality, social determinants of health, widespread suspicion of governmental actions leading to inadequate public health measures. In too many ways, the government fails the deepest and broadest needs of our patients.
- **Business**. Adam Smith, the father of Capitalism, asserted that if everyone were free to follow their own self-interests, the overall welfare of the population would be assured, as if an "invisible hand" were guiding the system. To be sure, many have benefited from an open market system, but that invisible hand doesn't distribute evenly. Immense wealth for some, but that wealth is not always used in constructive ways. Consider the activities that harm the health of our patients: Pollution of the air and water, anti-competitive strategies that increase costs, and suppression of those who pursue healthier working conditions through collective bargaining. Those higher profits (a sacred Adam-Smith-Self-Interest), can actually harm the general welfare. Capitalism clearly cannot be depended upon to improve the healthcare of the patients we serve.
- **Insurance companies**. Surely it is in their vital interest to improve the healthcare of their subscribers. Yes, except when they deny necessary services because they find them too costly to their bottom line.
- **Hospitals**. Our traditional partners in patient care. Except that hospital profitability may depend on investing in and promoting the best-paying sectors of their operations to the detriment of lesser-paying but arguably more essential services such as primary care, patient education and public health.
- **Non-governmental organizations**. It is an American tradition: Every disease deserves its own promotional organization. These NGOs collect money for research, endowed professorships and public-interest campaigns. What they don't do is provide medical care and they run the risk of becoming the very special interest groups that distort government spending, benefiting some groups while harming others.

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The scourge of Burnout testifies that our personal and professional needs are decidedly not being met.

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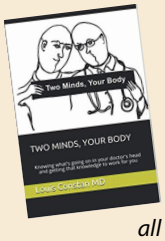
Bottom line: We cannot depend on any other organization to take the lead in improving our lives and the lives of the patients we serve.

One final thought: We must never forget that the welfare of physicians and their patients are inexorably intertwined. They come as a package. American society makes no effort to improve the welfare of physicians. And although it takes some effort to improve the lot of patients, as we have seen, they are often flawed. Only one organization in our county unabashedly strives to improve the lives of both physicians and the patients we serve. We are the SCMS!

Stay tuned for discussion of the seven **Values** we hold most dear.

[1]Proverbs 29:18



If you find it difficult to communicate with your doctor; if you find it hard to get personal attention from an 'impersonal healthcare industry'; if you don't understand all those insurance-company rules; if you don't know how to change your bad health habits; If you think you may be on unnecessary medications; if you are perplexed by those annoying health-product advertisements; and if you'd like to know which are your greatest health risks - you'll appreciate this Family Doctor's advice, gleaned from 44 years of practice.

Each chapter is illustrated with real-life examples from his and other doctors' practices. Each chapter ends with 'bonus' essays written by the author and published in newspapers and magazines giving the doctor's viewpoint. This will give you a unique perspective and allow you to 'get into the mind' of a doctor. Sweet!

Available on Kindle (different cover but same book) and paperback.

SCMS/MSMS 2024 MEMBERSHIP DUES NOW PAYABLE

Membership dues are payable by December 31, 2023

Thank you for your membership in the SCMS and Michigan State Medical Society (MSMS). Membership in both organizations is required pursuant to our Bylaws. ***SCMS and MSMS membership is so much more than membership meetings. We are not only support for you, but for your office staff as well. Click HERE to review "Benefits of Membership."***

MSMS no longer collects SCMS dues, so payment must be made directly to both organizations.

This summer, MSMS elected to charge a non-negotiable 10% fee to collect county medical society dues, effective September 1, to help offset their deficit. The SCMS is not in a financial position to absorb the 10% fee in this fiscal year or going forward. The fee we would be required to pay is the equivalent of losing 27 active members. Fifty-five percent of SCMS members do not pay dues (retirees, residents and students), therefore, our active members (45% of total membership) fund the SCMS.

The SCMS emailed and faxed dues invoices to members in October and November. If you did not receive your dues notice, please check your spam/junk folder for an email from **jmcramer@saginawcountyms.com** (new email as of 10/18/23). If you can't locate your invoice, please contact the SCMS for a copy. Both SCMS and MSMS invoices need to be paid in order to continue membership. SCMS dues are 100% tax deductible as a business expenses, while 76.1% of MSMS dues are tax deductible as a business expense.

Payments for SCMS dues can be made by check or credit card, however, a processing fee will be added to credit card payments. The SCMS is also accepting donations to assist with increased costs for educational membership meetings, *The Bulletin* and community outreach programs.

WHY PAY DUES?

- Because all physicians need to "fund their voice."
- National polls show physicians as one of the most respected professions. Sadly, they don't use their clout often enough to preserve their profession and protect their patients.
- The strength and effectiveness of SCMS/MSMS as your professional association is predicated on strong membership.
- There is strength in numbers. Together we are stronger.

If you have questions or concerns, please contact Joan Cramer, SCMS Executive Director, at (989) 284-8884 or **jmcramer@saginawcountyms.com** (new email effective 10/18/23).

To pay SCMS dues:

- Click **HERE** to pay $309 by credit card (processing fee added) or to make a donation
- Mail check payable to the SCMS to 350 St. Andrews Road, Suite 242, Saginaw, MI 48638-5988
- Questions or updates for the SCMS: Email **jmcramer@saginawcountyms.com** or call/text (989) 284-8884

To pay MSMS dues:

- Online at **www.msms.org/renew**
- Call MSMS Account Specialist, Christina Spitzley at 517-336-5762
- Print the invoice from your account record and FAX to MSMS at 517-336-5716
- Questions or updates for MSMS: **CSpitzley@msms.org**

As a member, your concerns are addressed and your voice is amplified. Remember: If you're not at the table, then you're probably on the menu!

RENEW TODAY AND KEEP ORGANIZED MEDICINE STRONG!

Our Values: Service

By Louis L. Constan, MD

If you ask an economist what all we doctors do he may say something like, "They provide a service of a medical nature." They might even proffer some standard Adam Smith[1] dogma about "Supply and Demand" and how we and the patient are in a financial relationship and how fees are sensitive to the supply of physicians and the demand of patients. The patient consumes the service, evaluates its value and thereby determines what he will pay. Supply and Demand. If everybody seeks their own narrow self-interest, an Invisible Hand will balance everything out and result in the greatest good for the greatest number of people.

Not exactly spot on, when it comes to medical care. What we provide is ever so much more complicated than other services, than selling shoes or cutting hair.

No news to you, dear reader, but it would be nice if someone would explain all this to those in charge who make so many dysfunctional rules and therefore our lives so difficult. I shall now attempt such an explanation. So, listen up Mr. Jerome Powell.[2]

Doctors are different, Mr. Powell. We're directed by our Hippocratic Oath, which requires us to put the patient first, above our own welfare, above our own self-interest. By the way, our marching orders have been with us for 2,500 years, 12½ times longer than your "Fed." They deserve your attention and respect. Here are some of the major differences between us and your typical service provider:

They: Actually expect payment for their services before or right after the service occurs. With them you cannot plead poverty or that you forgot your insurance card or that you left your wallet in the car.

We: Would rather call our customers patients because we care about how they are doing more than we care about getting paid. As such, we are easily taken advantage of by the government and insurance companies. What other business willingly acts like this? Insurance companies, who claim, very often, to care about people, will nevertheless decline to issue a policy unless they are paid up front. Government contractors, as a rule, make out like bandits by overpromising and underdelivering. We doctors, in contrast, routinely give more than we take. That's what we call service.

They: Go to great lengths to get their customers to come back. SALES! SPECIALS! Here's a coupon. See our ad in the magazine, on TV, online!

We: Prioritize patient education, which is basically information that they can use to prevent illness or otherwise take care of themselves at home, without us being involved, without us receiving any reimbursement. That's what **we** call service.

They: Frequently make excuses for why they cannot provide their service or why their service will be substandard. "We are experiencing unusually large call volumes." "We are short of staff and cannot seat you at our restaurant." "I was overbooked and could not fix your plumbing when I promised." "I got busy and forgot about you."

We: Don't make excuses. Who among us hasn't worked a grueling day when dog-tired, hungry, in pain? The patient comes first. We do not complain about our personal problems. That's what **we** call service.

They: Love to close at 5 PM. Services outside of regular hours are few but highly touted; frequently geared to self-promotion, increasing customer numbers, and extra charges "for the convenience."

We: Soup Kitchen servers. Free Health Fair sponsors. Medical Missionaries. Again, our work is to prevent disease and improve community health. We don't get more customers through these services… and we don't profit from them. That's what **we** call service.

There are some providers who view the Hippocratic Oath as outmoded, that view patients as profit centers, that are OK when patients adopt an attitude of "Buyer Beware." I do not subscribe to these views. I know how hard doctors struggle to provide good healthcare in a toxic environment. I have seen it in their eyes as I myself have sat in front of them on their exam tables or laid on their operating tables. Hippocrates lives…and I fervently wish that he continues to do so for another 2,500 years.

So we, as individuals and as members of SCMS, must push on, cherishing our core value of **service to** patients and to society as a whole.

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[1] The father of modern economics

[2] Chairman of the Federal Reserve Board, and the country's leading economist

Would rather call our customers patients because we care about how they are doing more than we care about getting paid.

S.A.G.I.N.A.W. Values: Advocacy

By Louis L. Constan, MD

Have you heard? The Oxford English Dictionary just selected its official word of the year: "rizz," short for "charisma." I think there's a better word though, one that's been used constantly over the last year- "disproportionately." You know, the epidemic, or inflation, or chronic disease burdens or pollution…disproportionately affects this or that group. Economically, physically, socially and mentally. Ethnic groups, women, the addicted, the young, the poor, the incarcerated, the uneducated, the ill-housed, the uninsured. High risk groups that suffer in silence; that so often get overlooked by those who could help them. Ignored. Out of sight and out of mind. Marginalized groups that often turn up in emergency rooms, which are not equipped to help them. People with all those pesky "social determinants of health." Invisible people. Forgotten people. But not to us…to us they are our suffering patients.

Another good word is "advocacy," which happens to be one of the SCMS's core values. It literally means "to speak for, or to plead for in a public forum or courtroom." We advocate for all our patients. They may be unable to speak for themselves…as are the marginalized patients above…or they may be unable to speak for themselves because they do not understand their illness or how medical care works in our dysfunctional medical system. Making a diagnosis and implementing a treatment plan is our raison d'être. But that is never easy. The practice of medicine is a never-ending struggle. It is art as well as science. Coaxing information out of the medically ignorant, distracted or reluctant patients; shepherding them through the various challenges they face to adhere to their treatment plan; making sure they understand the diagnosis. Motivating them to get those tests, to see those consultants, to take that medicine. Computers cannot do this work. Insurance executives cannot do this. Hospital administrators cannot do this. Advocacy. It's a human activity. It's our activity. It's taking responsibility for the patient.

Turning now to our special challenge, doing all this for those disproportionately affected patients. Those even worse off than ordinary patients. They're sicker, for longer, and have greater difficulty accessing care and following up on treatment plans. It's tougher helping them. It takes more work. It takes more compassion. It takes more dedication to the values of our profession. When the disproportionately suffering see us, we need to step up our game. And we've been doing exactly that.

Advocacy for all our patients, and especially for the disproportionately affected by disease, fits nicely into those core values that define us.

Here are some recent examples of special advocacy by our Society:

- **Patients who were having trouble getting prior approvals**. SCMS/MSMS pushed the state to act. And it did. This, by the way, made us national leaders over this issue.
- **Patients who are uninsured**. We pushed the country to act…and it did. The Affordable Care Act helped tens of millions. Giving them health and even life itself.
- **Patients who are unhoused (homeless)**. SCMS members supported T.H.R.I.V.E, a business and medical coalition, in its plans to improve local housing.
- **Patients who are undernourished**. SCMS and individual members supported the Saginaw Soup Kitchen.
- **School children who are hungry and unable to learn because they are hungry.** We supported the enlightened legislators in Lansing who are providing free lunches to each and every Michigan student.
- **Patients who are ignorant of the resources available to them**. SCMS's "The Doctor Is In" Health Fair.
- **Patients who do not have a doctor**. SCMS doctor referral service. SCMS support for the CMU College of Medicine, ensuring future supply in critical specialties such as Emergency Medicine, Family Medicine and Psychiatry.
- **Patients in third-world countries**. SCMS members in medical missions to the poorest of poor countries around the world. Even to those in war zones.
- **Countless individual SCMS member contributions to our community**. Every time you serve on a community Board, volunteer for a committee at a hospital, provide advice on a medical topic for a school or other community organization; you advocate for patients.

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Advocacy for all our patients, and especially for the disproportionately affected by disease, fits nicely into those core values that define us.

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So, in their great need, all our patients, and especially those who are disproportionately affected by adverse social determinants of health, can count on us to advocate for them.

And should any of them, in frustration over the constant battle they face getting quality healthcare, ever raise their arms to the sky, crying out in frustration: "Who speaks for me," we can proudly reply: "We do!"

OFFICE SPACE FOR SALE

Medical Arts I Building
4705 Towne Centre Road, Suite 304
Saginaw, MI 48604
2,450 Square Feet
Call for details: 989-297-0662

GUEST WRITERS WELCOME!

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Articles are not designed for self-promotion, but rather as information for members.

FOR SALE —Handicapped Lift Van

2017 Ford Transit Connect Titanium LWB

29,500 miles
Red w/gray leather interior
Bruno Joey Scooter Lift Installed (value=$3,000+)
Amigo Mobility Scooter HD w/adjustable seat ($3,645)
Garage Stored, One Owner
New Battery (September 2023)
$29,000.00

Call or Text Mary 810-623-0120

If you find it difficult to communicate with your doctor; if you find it hard to get personal attention from an 'impersonal healthcare industry'; if you don't understand all those insurance-company rules; if you don't know how to change your bad health habits; If you think you may be on unnecessary medications; if you are perplexed by those annoying health-product advertisements; and if you'd like to know which are your greatest health risks - you'll appreciate this Family Doctor's advice, gleaned from 44 years of practice.

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Available on Kindle (different cover but same book) and paperback.

CADUCEUS MEETINGS FOR RECOVERING HEALTH CARE PROFESSIONALS VIA ZOOM

For many years, the SCMS promoted the Caduceus Meetings for Recovering Health Care Professionals in Freeland. I was recently made aware the meetings have been discontinued due to the retirement of the facilitator.

I reached out to several resources around the state, and have learned there are two Zoom Caduceus meetings available to health care industry professionals. The meetings have adopted many of the principles of 12-Step programs. Caduceus meetings are "closed" meetings for recovering health care professionals including, but not limited to, doctors, nurses, dentists and pharmacists.

Sunday at 7:30 p.m.
Meeting ID 341 745 4172, Password serenity

Monday at 7 p.m.
Meeting ID 527 439 897, Password gratitude
Meets in person on the third Monday in Grand Rapids

Another resource is the Physician Support Line

1-888-409-0141
NOW LIVE
7 days a week - 8am-12am EST
www.physiciansupportline.com

I confirmed they are open to all physicians, residents and medical students from 8 a.m.-12 a.m. seven days a week except for federal holidays. They have volunteer psychiatrists staffing the phone lines. They do not report to any organizations and is a confidential service.

Joan Cramer, SCMS Executive Director

S.A.G.I.N.A.W. Values: Genuine Health and Inclusiveness

By Louis L. Constan, MD

Note: To read Dr. Constan's previous articles on SCMS Mission, Vision and Values, click HERE or visit our website at www.SaginawCountyMS.com and click on the Mission, Vision and Values graphic on the home page

Genuine Health

Remember the old joke about the hapless physician who bemoans his unfortunate patient: "I don't understand why he died; I had his electrolytes perfectly balanced!" Getting over-involved in one small aspect of a patient's care risks missing the big picture. Life and death (and doctoring) are more complicated than we can ever imagine. A web of interconnected factors. No single factor determines life or death, just as no single factor determines genuine health. We cannot point to just one thing and say "that's what we're all about." Curing an infection or reaching a cancer remission may be just our first steps.

Perhaps this all goes without saying but, for the record, let's parse this a bit. What exactly do we mean when we say that we, as a Medical Society, promote genuine health?

Physical Health Of course. Body parts all working according to specifications. Check. Got that from the first day of med school.

Mental Health Sense of belonging, acceptance. What some minorities (and LGBTQ's) lack. A healthy mind gets us through the day. Eating, sleeping, working, parenting…finding the time. Mental imbalance leads to increased stress hormones and strokes, heart attacks. The current wave of suicides, drug use, and dysfunctional health behaviors points to the need for more attention to mental health.

Spiritual Health Patient has a sense of purpose, meaning. Putting self in the bigger picture…perspective. People who are spiritually healthy are often happier, less stressed, more physically and mentally healthy.

Oh, let's not forget the health of those around us. We are social animals. We need to live our lives in the midst of supportive friends, family. We need their support when we are ill. They need us when they are ill. Without that, no cornucopia of miracle antibiotics and chemotherapy can be totally effective. When those around us are sick physically/mentally/spiritually, they cannot help us.

And, of course, there's the larger society. People we may not know, but whom we depend on for goods and services. Joblessness, homelessness and loneliness lead to social conflict, bad neighborhoods, inadequate social safety net, epidemics spread by people who, for whatever reason, don't get proper medical care. When one of these folks suffer, it affects us all.

It may seem frivolous, to some, concerning ourselves with issues that seem peripheral to the practice of medicine. But physical/mental/spiritual/relationship/societal health has always been a goal in Medicine. Hippocrates himself said: "Wherever the Art of Medicine is loved, there is also the love of Humanity." Above all else, we serve Humanity.

That hapless physician in our first paragraph would not be so surprised if they were in the habit of looking at the whole patient rather than just a lab report. Asked different questions. Looked at different parameters. Why did this patient get sick in the first place? Is he "battling to get well" or has he given up? Who is his support group? Are they involved? Who will take care of him if and when the current problem resolves? Will he have the resources to eat right, exercise, pay for his medicine, and get transportation to doctor visits in the future?

And so, it is thoroughly natural and necessary that, just as we show our love of Medicine by our constant study, by keeping up, by giving good service to that patient who is in front of us; we show our love of Humanity by being good parents, good friends, helping each other; by supporting activities that make our community, state, nation and world a better place. We show that love in myriad ways: Working at the Soup Kitchen; doing missionary work; importuning the legislature to increase insurance coverage; serving on SCMS and hospital committees.

And we strive to reach that goal of Genuine Health for all. Love of Medicine; love of Humanity. They go hand in hand.

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In the SCMS community, we readily accept new doctors regardless of the color of their skin, how they worship, or where they are from.

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Inclusiveness

Not to be confused with DEI (Diversity, Equity and Inclusion), a multifaceted initiative introduced by business and educational establishments to fierce criticism by some, but which has demonstrably proved successful in improving the number of women and minorities in participating institutions. DEI, in general, is important but our discussion here is more focused on how doctors operate. DEI for doctors.

Also, not to be confused with Implicit Bias Training, which was introduced by the Michigan government in an attempt to rectify the dearth of quality healthcare for minorities. Bias, of course, is bad and, although it is hard to prove this effort has been effective, it certainly has been enlightening. We all have biases and need to consciously ameliorate their effect on our patients. It is hard to prove that such training has moved the bar much though. Clearly, other factors are in play, such as lack of health insurance, jobs, quality housing, and incomplete access to primary care. Getting rid of our biases is important for Inclusivity, but there is more involved.

Inclusiveness, as we are using it today, refers to several aspects of our professional life:

Collegiality Inclusiveness as a factor in collegiality. In the SCMS community, we readily accept new doctors regardless of the color of their skin, how they worship, or where they are from. In our day-to-day lives, we, as a matter of necessity, work with a wide array of different physicians...and develop short-term and long-term relationships with those doctors. Any given professional meeting can look like the United Nations Assembly. Without the disfunction.

Leadership Inclusiveness is how we select leaders for our Society. The SCMS has abundant opportunities for physicians to serve our Society. Prestigious positions such as our President are open to all members. SCMS has a well-traveled leadership track, and our leadership comes from all specialties, all races, all religions; men and women; town and gown. Such inclusiveness, it seems to me, has enabled us to be effective in our service to local, state, and national initiatives. Our deep and enduring value of Inclusiveness has shaped our organization. We should be proud of that.

Patient Care Inclusiveness is how we approach patients. We are there to help…in any way possible. No judgment zone.

Contrast all this with other organizations in American society. It is not the norm. Universities, many of whom have "legacy admissions" give primacy to alumni's children; thus, filling with members of the dominant cultural group and well-to-do families to the exclusion of worthy but socioeconomically challenged students. Certainly not inclusive. And their leadership positions at the highest level: Presidents, board members, department heads, are often skewed towards one gender and one cultural group.

Attorneys, famous for their no-fee-too-big philosophy, brag about the small segment of their practices devoted to "pro-bono" work; this token scarcely making a dent in the huge segment of society who cannot afford and do not ever receive needed legal help. Not inclusive. (Doctors do not have a word for the free care they give…for doctors, it is simply "care.")

State legislatures, these days, legalize restrictive funding for and access to medical care when such care is for out-of-favor groups. Not inclusive.

Women's' healthcare is routinely devalued by regressive politicians who don't appreciate the enormous contribution that women make (one politician recently stated that women who complained about their status should be "shut up" by their husbands). Not inclusive.

Churches (yes, even churches) discriminate. Only certain types of people are welcome to become clergy, get married, take communion, participate in the life of that faith community. Not inclusive.

Pharmacists in some areas can and do refuse to fill certain fully legal prescriptions for patients, inserting their own views into the medical care system and restricting medical care for one group or another.

Contrast all these painful prejudices with the way physicians approach their patients. Never "Who or what are you" but "what problem do you have and how can I help?"

That is what I call inclusive!

GUEST WRITERS WELCOME!

If you would like to write an article of interest to your colleagues for publication in a future issue of *The Bulletin*, please contact Joan Cramer at jmcramer@saginawcountyms.com for further information.

Articles are not designed for self-promotion, but rather as information for members.

S.A.G.I.N.A.W. Values: Networking, Always Learning, We Lead

By Louis L. Constan, MD

Note: To read Dr. Constan's previous articles on SCMS Mission, Vision and Values, click HERE or visit our website at www.SaginawCountyMS.com and click on the Mission, Vision and Values graphic on the home page. Articles are also available at louisconstan.substack.com

Networking

"The action or process of interacting with others to exchange information and develop professional or social contacts." Oxford English Dictionary

For our purposes today, we're talking about interacting and exchanging information between doctors or between other professionals who are serving the needs of our patients. Is this important? Of course it is; that's why it's one of our seven core values. And it's easy to see why:

- Two brains are often better than one.
- None of us has all the answers. Medicine is very complex
- Our experiences differ. We all see rare cases and unusual cases from time to time. Picking the brain of a colleague who has more experience with those particular cases is a "no brainer."
- Stress is too, too common in our profession. Sharing the load can lead to better mental health.

So there you have it, doctors communicating deeply and often; smoothly and effortlessly. Great idea, except it doesn't happen like that in the real world.

Take my own experience with a little problem I had personally called Burnout. The symptoms were multiple and non-specific…so my Family Doctor, over time, needed input from some nine different consultants. I told my story to each in excruciating detail. (I say excruciating because, as a doctor, I'm trained to suppress my own needs…part of the problem, of course). I had the advantage of medical training, so I brought each consultant up to speed on my situation in an organized, thorough fashion… tailoring the narrative to the particular field of interest of each consultant. I explained relevant parts of the history, particular insights of my Family Doctor, and outstanding questions it was hoped the consultant could answer. Non-medically-trained patients would never be able to provide such quality information and most consultants would never be handed such vital information.

So what? Isn't there a value for the consultant to view every patient without prejudicing his conclusions with the conclusions of other doctors? In doing his own "history and physical?" We keep telling ourselves this; even as we hear that quiet voice inside our heads worrying that we might be missing something.

Who, in reality, has the time to take a laborious "complete history and physical," with open-ended questions about all the details over perhaps several years, a head-to-toe exam, and all 20 items in the "review of systems?" We simply must have data gleaned from other doctors who have experience with the patient. We need to know their insights. We need to build on their work. Anything less is a waste of time, money and expertise.

Every doctor, every specialty is different, but when all is said and done, we must each ask ourselves:

- How many times today would it have been helpful to share ideas about a mutual patient?
- How many times today did I actually do so?
- What are the roadblocks to doing so?
- Would that other doctor be available to take a call?
- Would I be available to take a call?
- Are my chart notes clear enough that another doctor would understand them?
- Are my chart notes clear enough but too long to read in a timely way?

Patients know that we have a problem. They complain to the staff, to friends and relatives and to kindly old doctors such as myself.

I know, these days, that there are myriad ways to pass along information other than face-to-face. But the back and forth of a conversation, in real time, has its advantages. Questions can be asked, points can be clarified, decisions can be made. Communication is always hard. Miscommunication comes all too easily. Networking can ensure our patients get that comprehensive care we all value so very much.

Always Learning

There's the old joke about the big medical school exam: The questions were the same every year, but the answers were changed.

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I know, these days, that there are myriad ways to pass along information other than face-to-face. But the back and forth of a conversation, in real time, has its advantages.

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Lest our chuckles over this joke hide its kernel of truth, I offer examples of recent dramatic changes to the practice of medicine. The old ways changed suddenly and some doctors did not keep up…to the detriment of their patients.

Using Antibiotics We all know the story of Alexander Fleming and penicillin. But before penicillin there was prontosil. A humble chemist in a dye factory, a Gerard Domagk, noticed that his dyes inhibited infections in mice. Well, he was not a doctor, so when he suggested using this dye to treat his daughter who had a systemic strep infection, his daughter's doctor flatly refused. You see, the then "tried and true" treatment of systemic strep infections was that of repeated, painful and disfiguring cutting and lancing. Domagk had to go behind the doctor's back to save his daughter. Always better to save your patient than to save face.

Doing Tonsillectomies Fast forward to the post-war years. It became fashionable to remove tonsils when they became infected. Though the new antibiotics worked quite well, the surgical option was often favored. Myself and nine siblings, every last one of us, had the surgical option. We all survived the OR, but others did not. Fatalities did occur with tonsillectomy. Twenty years later this was still going on, at least in our fair city. Some doctors were frightfully slow to learn. Welfare of patients subservient to the whims of the profession. The outmoded idea that "If you can't cut it, you can't cure it" persisted for decades. Remember when radical mastectomy was the gold standard for breast cancer- any stage? Plenty of Saginaw patients had the disfiguring, lifechanging procedure long after it was debunked.

Prescribing Weight Loss Drugs Back in the mists of time, someone noticed that certain drugs, amphetamines, caused weight loss. And the race was on. Dozens of products followed, each purporting to be safe and effective for weight loss, inevitably turning out to be neither. "Never prescribe diet pills" was a useful mantra. And then, suddenly, diet meds were both safe and effective. In this case, it was patients who jumped onto that bandwagon, dragging physicians along with them. Listening to patients is as important as listening to the experts.

Getting Consults Getting the opinion of a respected colleague, an almost sacred activity, with a prominent place in the patient's record; now just another bit of data, automatically filed in the EHR, easily missed in the volumes of data slipped into that stream of data constituting the ever-expanding and unreadable EHR. Was it an enlightened choice to jump headfirst onto the EHR bandwagon? The jury, for me, is still out.

Giving Your Opinion Confidence in our profession has been in freefall for some time now. Advice not taken; prescriptions not filled; tests not done; referrals ignored. Constant complaints. "Why is the doctor spending all my time staring at a screen, is he even listening to me? Does he even care?" We need to learn how to listen better, to show empathy, to spend time explaining and persuading. A brilliant diagnosis is worthless without these skills.

Hanging Your Shingle Not so very long ago, doctors finished their training and "hung out their shingle." Opened an office. This worked pretty well for a few thousand years…until it didn't. Most of us now join some sort of group. No longer "our" practice, but a negotiated situation in which the care we give is negotiated with our peers…and sometimes with corporate board rooms. Learning to work in a group is as important as keeping up with the literature.

Think of it this way: Every patient visit is a sort of a test. Will we pass? Only if we successfully diagnose and then persuade the patient to follow our advice. Otherwise, we fail. "Always learning" is not just an ideal or a luxury, it is a necessity in the fast-paced world we live in. New knowledge, new skills, a willingness to listen carefully to new voices and to make dramatic, and sometimes scary changes in the way we practice. Listen more. Explain more. Persuade more. Always keep the end in mind. Not to preserve dogma but to benefit patients.

We Lead

This is the final essay featuring the seven values we, as SCMS members, have chosen to celebrate and to live by, all encompassed in the mnemonic "**SAGINAW**." To recap: **S** is for **Service**; **A** is for **Advocacy**; **G** is for **Genuine Health**; **I** is for **Inclusive**; **N** is for **Networking**; the second **A** is for **Always Learning**; and **W**, this essay, is for **We Lead**. And this last, leadership, may be the most important value of all. You see, because if we lack leadership the other six values may never amount to much. We may hate to admit it, but we doctors are not all that different from ordinary people. We are constrained from pursuing our profession by many of the same restraints as lay people have: Finances, politics, custom, ignorance, inertia, and so much more. Our ability to achieve our goals, to live our values, depends awfully much on whether we are able to overcome those societal restraints. Simply put, solving big problems, like the ones we face, is what leaders do.

Let me illustrate by featuring several doctors who have impressed me with the quality of their leadership. It happens that they are all Family Doctors. This is not to be construed to mean Family Doctors are better leaders, just that I, as a Family Doctor myself, am more intimately acquainted with their achievements.

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Roy Gerard, MD was the head of the Family Practice Residency which attracted me to Saginaw in the first place. In those early days, the very idea of training doctors in the brand-new specialty of Family Medicine was a bold and risky endeavor. I asked this and seven other programs; do they have the inspired leadership to succeed? Dr. Gerard clearly did, mobilizing the medical community to supply the training; pioneering the use of the SOAP note; and badgering the warring hospitals to provide funding. When more was needed, he importuned our legislators to pass landmark legislation to provide it. Finally, he pressed Michigan State University Medical School to bring about a full-fledged Department of Family Medicine which he then led for most of the rest of his life. Oh, and he was also a President of the SCMS. Leading was, for him, a way of life.

George Gugino, MD A doctor's kid from the farm town of Reese, he has a deeper breadth of knowledge about being a physician than anyone I know. I first got to know him when I became active in the medical politics of the old St. Lukes Hospital where I was Chief of the Department of Family Medicine and eventually Chief of Staff. In those days, there were myriad committees responsible for running the day-to-day operations of the hospital. I noticed early on that, for almost every one of those committees…there was George serving on it at one time or another. He clearly believed in service, advocacy, improving the genuine health of his patients and, indeed everyone else's patients as well. His broad understanding of all aspects of medicine and health, and his willingness to devote his time and talents to all of us was an inspiration to me. George was also involved with the SCMS, and served as President.

Caroline Scott, MD Caroline came late to our profession. I first met her as the wife of ***Gerard Scott, MD***. She had a lot on her plate in those days, but that did not prevent her from going back to college at SVSU and then on to MSU for medical school, ultimately joining her husband as a valued Family Doctor in Saginaw. Upon hanging out her shingle, she wasted no time becoming a leader. In the hospital, in her group of Family Doctors, in the SCMS, where she was the first female President, one of our longest-serving Secretaries, and leader of the Retired Physicians. Her efforts were noticed by MSMS, which proclaimed her "Outstanding Woman Physician" in 2006. You'd be hard pressed to find another doctor with such energy, enthusiasm, and unabashed vigor in caring for and advocating for Saginaw patients.

There you have it. The values that define us. If you missed one of the ***previous articles on our values***, I've posted them on Substack. They are free to read and share.

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