

We will try to publish authors' responses in the same edition with readers' comments. Time constraints may prevent this in some cases. The problem is compounded in the case of a bimonthly journal where continuity of comment and redress is difficult to achieve. When the redress appears 2 months after the comment, 4 months will have passed since the original article was published. Therefore, we would suggest to our readers that their correspondence about published papers be submitted as soon as possible after the article appears.

Physicians' Role in Health Care Reform

To the Editor: Dr. Kirkegaard in the March-April issue of *JABFP* made several sensible observations regarding the need for physician activism in health care reform (Kirkegaard MA. The physician's role in health care reform. *J Am Board Fam Pract* 1993; 6:163-7). I was particularly impressed by her statement that "Physicians have the knowledge, capability, and opportunity to advocate for and to effect reform within the health care system." I agree that physicians do have the knowledge and the capability, but I do not believe we have the opportunity to participate in a meaningful way in our politics. Certainly, we have a multitude of medical societies, medical organizations, and other leadership units in various teaching centers and other institutions, but they all, in my opinion, have great difficulty and are quite ineffective in arriving at any consensus of what it is that is lacking and what is necessary to revitalize American medicine. Our leadership is not really a leadership at all; it is a bureaucratic establishment out of control.

But even worse there is no real way for the private physician to be heard. We have no effective methodology, no forum, no format to exert influence in the decision-making process. Our state and national societies are mostly driven by economic and academic forces, both of which ignore the basic philosophical principles that should guide us.

Until we have local forums, perhaps in our community hospitals, that encourage the participation of private physicians, we will not have any influential number of physicians participating in health care reform. The point is that participation requires a place that is convenient, a broad-based leadership, and a commitment to encouraging examination and debate of the great political issues facing us. One outstanding failure of American medicine is its oversight in not having instituted such forums 30 years ago, when medical technology was beginning to influence so greatly the way we practice.

Edward J. Volpintesta, MD
Bethel, CT

The above letter was referred to the author of the article in question, who offers the following reply:

To the Editor: I agree with Dr. Volpintesta's salient observation that local forums, which encourage the participation of private physicians, will greatly enhance the role of physicians in health care reform; however, I disagree that there is "no real way for the private physician to be heard."

Within the political arena, physicians have traditionally held a very powerful position. Health lobbying groups, such as the American Medical Association (AMA) and the Association of American Medical Colleges, have exerted a tremendous influence in the development of health care legislation. In the 1978 campaign the AMA Political Action Committee was the number one financial supporter, with \$1.9 million in contributions.¹ These powerful lobbies supposedly comprise local physician representatives and derive much of their political support from the financial backing of private physicians. Unfortunately, the political role of physicians has been almost entirely reactive instead of proactive. Consider the AMA proposal, Health Access America, a 16-point proposal to facilitate access to care for uninsured Americans. The actual content of Health Access America is not as relevant to this discussion as the description of the proposal offered by C. John Tupper, MD, past president of the AMA. He writes, "There's nothing radical about this plan . . . freedom of choice for patients and freedom of practice for doctors are hallmarks of the plan, and there's *nothing new* (italics mine) at all about any of that."² There have been many new proposals and changes in health care in the last 30 years (and certainly there may be some radical changes proposed under the current administration). Why aren't physicians, not legislators, the ones to advocate for new changes in our health care system?

Finally, much of my original article focused on the changes that physicians can make in their daily practices to ensure cost-effective, high-quality medical care. Many of the changes are attitudinal and require no consensus, leadership, or forum but merely the personal conviction of the private physician. Physicians have a tremendous impact on their patients' personal lives, and with a little effort we can extend that impact beyond the examining room. We do have the potential to reform the health care delivery system in the United States while compassionately advocating for our patients.

Margaret Kirkegaard, MD
Hinsdale, IL