

Eighth Annual Nicholas J. Pisacano, MD, Memorial Lecture: Family Medicine Equals Power

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Several years ago, I decided to forgo future invitations to speak. I determined that I had done my thing, said almost everything I had to say, and was in danger of repeating myself, of becoming redundant. In the past year, my health has deteriorated, so that I no longer have the voice to sustain a formal talk even when I have the desire. I hope you will bear with me on this issue.

When this invitation came I had to break my resolve and say “yes.” Why? Because I have always been an ardent admirer of Nick Pisacano. Though I think he knew of my admiration, I still have some regrets that I might not have clearly expressed, while he was still alive, my joy in being a personal friend and my admiration for his accomplishments. Perhaps this presentation is one way I can honor him now.

How many of you knew Nick and had some personal contact with him? He read Latin works in their original form, played the piano well enough to pay his medical school expenses, and was a passionate spokesperson for converting general practice into a national and internationally recognized, board-certified specialty. I am going to share something about him that some of us knew and many did not. In addition to all his intellectual and cultural accomplishments, Nick was a keen observer of organizational structure and process. Consequently, he was a great source of inside information about what was happening inside the organizations of family medicine. I used to seek him out and sit by him at the business sessions of the American Academy of Family Physicians. He knew the intrigue behind every controversy, and if he trusted you, you could learn about the inside maneuvering as various proposals were discussed and debated. He always had definite opinions about the merits of the issues and about the validity of the various speakers’ statements. This information would be delivered as a sidebar conversation. If you didn’t catch it the first time, it was not repeated. It was an educational

experience in interpersonal relationships and organizational intrigue.

I was told that this part of the conference does not have to relate directly to medicine, nor does it have to relate to family medicine education. It is supposed to be uplifting and encouraging and send you off with a good feeling. What a tall order. What can I say that will send you off with a good feeling?

Then there is the issue of how to present an uplifting message to a large audience. I briefly considered following the current rage of using PowerPoint. I decided against it because, of the last 12 PowerPoint presentations I have attended, only one came off without a glitch, and one never came off at all.

Recently I heard a noted speaker suggest that it might help to begin a talk with either a bit of humor or an outrageous falsehood. My ability to project humor is limited, but because I can confidently say I feel absolutely no apprehension in attempting the latter, you can spend the next minutes looking for the outrageous falsehood.

My next statement is not a falsehood. It is an absolutely true statement. Trust me on this. I talked to God and she told me I am absolutely correct. My statement is: Family medicine as an academic discipline and as a practice specialty has been a major success during these past three decades. I am convinced that it will continue to be a success in the decades to come regardless of what happens to the economy, future resident match days, health insurance coverage, HMOs, PPOs, or any other alphabet initiative that might come along.

Within the comparatively brief history of family medicine, there have been times when the specialty has felt and behaved as if it were an underdog. We believed we were undervalued and underpaid, and more importantly, we felt unloved and unrecognized. There were times we acted like Harry Tru-

man, who, while he was President and living in the District of Columbia, said: “if you want a friend in Washington, you ought to buy a dog.” I believe we have recovered from the need to buy a dog and are ready and able to flex our wings and soar to the heavens.

The first of April I heard a wonderful presentation by Larry Green, Director of the AAFP Robert Graham Policy Center in Washington, DC. Dr. Green said that family medicine is not broken, it is underpowered. I agree that family medicine is not broken, but I would rephrase the underpowered part of his statement. We are not underpowered. We have power, but it has been underutilized.

There have been times that we failed to recognize the unbelievable power that was available to the discipline; consequently, we failed to use that power to leverage improved quality care for our patients and to leverage a positive influential position for our specialty. I am convinced we have the power. We must utilize it, and we have to utilize it effectively for good and just causes, because with power comes responsibility. Jeffrey Pfeffer, in his 1992 book, titled *Managing with Power: Politics and Influence in Organizations*,¹ said it better than I can when he wrote:

Getting things done requires power. The problem is that we would prefer to see the world as a kind of grand morality play, with the good guys and the bad ones easily identified. Obtaining power is not always an attractive process, nor is its use. . . .

We are troubled by the issue of means and ends. We are perplexed by the fact that “bad” people sometimes do great and wonderful things, and that “good” people sometimes do “bad” things, or often nothing at all.^{1(p343)}

It is easy and often comfortable to feel powerless—to say, “I don’t know what to do, I don’t have the power to get it done, and besides, I can’t really stomach the struggle that may be involved.” Such a response excuses us from trying to do things; in not trying to overcome opposition, we will make fewer enemies and are less likely to embarrass ourselves. It is, however, a prescription for both organization and personal failure. This is why power and influence are not the organization’s last dirty secret, but the secret of success for both individuals and their organizations.^{1(pp344,345)}

What powers do we in family medicine enjoy? I will discuss only four, although I believe there are others. These four are not in order of importance; rather, they are in the order that they emerged as I was preparing this presentation. Furthermore, these four powers require almost no effort on our part. They are (1) power of numbers, (2) power of voice, (3) power of persistence, and (4) power of altruism.

Power of Numbers

I once heard an executive of a Fortune 500 company say that we often do not recognize the power that comes with numbers. He described 1 person as a caucus, 2 as a partnership, 3 as a corporation, 12 as a task force, 24 as a power breakfast, 80 as a law organization, and 100 as a grassroots movement. What would he have labeled 69,063 family physicians and an additional 15,943 general practitioners?² I would call it an army.

One reason we might have failed to recognize our power in numbers is that family physicians are the major providers for rural and undeserved areas. In these rural communities, there are not 24 family physicians for a power breakfast, nor are there even 12 to form a task force. Most often it is 2 or 3 who sometimes work together or who might work separately. In this day and age, a three-member corporation seems fairly insignificant and thus can result in the sense of isolation, the feeling of being alone, and the fear of being one of a kind.

Yet 23.7% of family physicians and 23.3% of general practitioners practice in rural communities compared with 9.0% of pediatricians, and 10.9% of internists (personal communication, AAFP Robert Graham Policy Center, Washington, DC). Family medicine is the lifeline for health care for rural America; this is power.

Just think of the power that is represented in this room. In 1969 there were 3, and I mean only 3, graduates of family practice residencies. In 2000 there were 56,910 living graduates from accredited family practice residency programs.² This leads to my second reason why family medicine equals power.

Power of Voice

If you want to change the world, you have to be heard. Unless you open your mouth and sing in the choir, you are simply taking up space. We all know

that if everyone sings from the same page and in unison, the choir is more effective. We sometimes forget that the agenda is set by those who sing. Only rarely is an agenda set by those who sit with a closed mouth. When you combine the power of numbers with the power of voice, we have the power to make a very large, loud, and effective chorus. Especially if we all sing from the same page.

One arena where the power in numbers combined with the power of voice can be considered a success is the restructuring of the American Medical Association (AMA). Despite a decline in membership, the AMA is still the largest medical organization in the world. It is the major organization from which the press and our government request information, and it remains an active voice in the United States and the world. It is therefore important for family practice to be a major force in its current and I hope transformed state.

As you know, 3 years ago the AMA restructured, and specialty societies gained 200 of the 550 delegates in the AMA House of Delegates. Currently, the AAFP is the largest specialty society in the House of Delegates, with a total of 19 votes. The second is the American College of Obstetrics and Gynecology with 11 votes, and third is the American College of Professors, which merged with the American Society of Internal Medicine and the American College of Radiology, with 10 votes each. The AAFP is larger than all but four state medical societies, which is one reason family medicine is politically noticed.

Dan Ostergaard, AAFP Vice President for International and Interprofessional Activities, when talking about the impact of family medicine on organized medicine through the AMA, has told me that approximately one third of the AAFP active members are members of the AMA. He also stated that there is an orderly process involving family physicians in many areas of the AMA, including resident, student, and young physician activities, as well as the AMA Medical School Section, where some family physicians participate on behalf of their deans.

We need more family physicians to get involved. Because of the obvious power of numbers and voice, I would urge you to be a member of the AMA. Though you may not wish to be involved on a day-to-day basis, the direct and indirect influence that organized family medicine can have on the fabric of health care in the United States makes the

\$420 dues worthwhile. To take full advantage of the power of numbers and voice, more than the current one third of our AAFP membership needs to be members of the AMA.

Robert Greene, in his 1998 book *The 48 Laws of Power*,^{3(p122)} wrote:

Everything in the world depends on absence and presence.^{3(p119)} [Some say] make yourself less accessible and you increase the value of your presence. This law only applies once a certain level of power has been attained. The need to withdraw only comes after you have established your presence; leave too early and you do not increase your respect, you are simply forgotten. When you are first entering onto the world stage, create an image that is recognizable, reproducible, and is seen everywhere. Until that status is attained, absence is dangerous. Instead of fanning the flames, it will extinguish them.

Power of Persistence

Instant success takes time. Despite the influence of instant e-mail response and split-second news that we see on television and hear on the radio, not much in life happens overnight. This becomes clear as we think about the years involved in medical research, and it is clear as we think about facilitating and implementing major policy changes. The restructuring of the AMA House of Delegates, and thus the potential for policy change, did not happen over night.

Seldom does change occur in a straight line. Change has its ups and downs, its peaks and valleys. Recently I heard a lot of doom and gloom about the future of family medicine. I even heard some say that family medicine has hit its peak; it is in a free fall and unlikely to recover. I disagree. Peaks and valleys reflect the cyclical nature of progress. What is discouraging in one area will be compensated by achievement in another. We have to persist. Most of the time just hanging in there works. It is called the pain-in-the-ass strategy.

Robert Greene states that "In the realm of power, your goal is a degree of control over future events."^{3(p103)} Only our successors will truly be able to judge our degree of control over future events. To most of us, everything looks like a failure when we are in the middle, and most of us are in the middle rather than at the beginning or the end.

To be successful in changing the world, we cannot get distracted by setbacks or get discouraged that it did not happen yesterday. Persistence pays off. We have to be like the Energizer bunny who just keeps on going and going and going.

Family medicine as a discipline has displayed the power of persistence. Despite some setbacks and some disappointments, we are still focused on providing the best quality of health care for all individuals. The specialty is still recognized with pride and considered to be vital to the US health care delivery system.

Power of Altruism

Edmund Pellegrino, who delivered the first Pisacano Memorial Lecture, articulated in an earlier article that the source of our professional ethics lies in the obligation of the professional healer to serve the patient on terms of the vulnerability that illness has on those affected.⁴

Webster's New World Thesaurus provides as synonyms for "altruistic" such terms as "unselfish, considerate, benevolent, and humanistic." Using these related terms, I suspect each of you in this room has a personal altruistic code of behavior that you could articulate if requested. I doubt, however, if it is something you think of frequently or deliberately follow as a rule for behavior. It influences you more subtly. Benjamin Cardozo⁵ expressed it as follows:

The heroic hours of life do not announce their presence by drum and trumpets, challenging us to be true to ourselves by appeals to the martial spirit that keeps the blood at heat. Some little, unassuming, unobtrusive choice presents itself before us slyly and craftily, glib and insinuating, in the modest garb of innocence. To yield to its blandishments is so easy. The wrong, it seems is venial (forgivable). . . . Then it is that you will be summoned to show the courage of adventurous youth.

I agree with Cardozo. Altruism is not defined by drum and trumpets. It subtly affects our behavior, oftentimes without our awareness. Even so, altruism is the basic fuel for power. Altruism is what drives the direction taken by the power of numbers, the power of voice, and the power of persistence. Such is true for physicians on an individual basis, and ultimately it is true for organized medicine.

Using Pellegrino's idea that professional ethics lies in the obligation of the healer to serve the

patient according to how the illness affects the person seems to me to be a guiding altruistic principle for family physicians. Recognizing that you helped someone provides the energy to persist, to voice convictions, and to join with colleagues in numbers to choose the high road when choices are to be made.

Conclusion

Please be clear that I am not suggesting family medicine is the only medical specialty that enjoys power. Nor is it the only medical specialty that employs power. I am suggesting, however, that in the past we have not always had the vision and the determination to use our power either to the extent that might have been possible or to the extent that might have facilitated high-quality care for the patient and the advancement of our discipline. Nevertheless, we are making progress and will continue to do so.

Obviously, there are some areas where we are power deficient. Because of my special interest in leadership, some areas of power that occur to me are those that come with visible numbers:

- Of medical school deans and vice presidents for health sciences from family medicine
- Of administrators and appointees of influential health care agencies and high-ranking governmental positions
- Of CEOs of major health care industries and organizations
- Of elected public officials in federal, state, and local positions.

Let us look at these areas of power as targets, not as failures. Seldom is anything finished. Using our power is always an evolving activity that continues to expand and develop.

It is helpful to recall that the state of development and its success or failure are usually judged on the basis of perception, not necessarily reality, as illustrated by the story of the customer who said: "I'd like a large pizza." "Would you like me to cut it into six or 12 slices?" asked the clerk. "Just six please," requested the customer, "I could never eat 12 slices."

I want to close with a personal statement of my faith in the future of family medicine and my faith in you, my colleagues. I have spent most of my

professional career working with colleagues like you. During these years, you in family medicine have become my heroes who keep on giving and giving. Let me illustrate with a personal sharing. Though I will probably have difficulty with this sharing, I want to do so because of who you are and the contributions you make to graduate medical education.

At this point in my metastatic breast cancer, I am in the care of a wide variety of health care professionals. I have an oncologist, who is now the provider with primary responsibility and the coordinator of my care. I also have a pulmonologist because of lung involvement, a radiologist because of the CAT scans and bone studies, an exercise physiologist, an infusion team, a family physician, and of course my family members, who provide me loving care and support.

I get excellent care from the entire health care team, and I know all are concerned and go out of their way to accommodate me. In fact, because of my position at the University Medical Center, I am sure I receive VIP treatment. My family physician, however, has played a special role. She is the one member of the team who routinely asks me how I feel about the setbacks, which seem to occur about every 4 months. She gives me permission to feel, to grieve, to sigh, to cry, and to be frightened. Others are more inclined to give me permission to be brave and courageous and tell me that I am an example for others.

Perhaps the most astounding exchange with my family physician was when I finally found the courage to express concern about the final days before death and how I would handle it. She gave me a sense of peace by saying, "Don't worry, I will be there."

I know there is a chance she will not actually be there, because she is an academic physician with other responsibilities, and she also takes vacations. But those four words, "I will be there," took a

weight off my shoulders that had been there from the day I first heard the words, "Unfortunately, your breast cancer has returned."

She is a hero just as you are heroes. She has personal power with her patients just as you have personal power with your patients. As a family physician, you come from a heritage of small-time heroes who function out of altruism. You are those who quietly do your job day by day, who do not ask for awards or plaques, but who facilitate the well-being of your patients by a statement as simple as "I will be there."

Though we can speak with pride about the power of numbers, the power of a loud voice in unison, the power of persistence, and the power of altruism, in the end that power comes from the individual efforts of individual people. At the Family Medicine Keystone III Conference last October, William R. Philips, MD, MPH, who is at the University of Washington in Seattle, provided a "pearl." He said, "You can pretend to care, you can pretend to know, but you cannot pretend to be there." My closing takeaway statement is the following:

One person makes a difference, and everyone should try.

References

1. Pfeffer J. *Managing with power: politics and influence in organizations*. Boston: Harvard Business School Press, 1992.
2. *Facts about family practice*. Kansas City, Mo: American Academy of Family Physicians, 2000: Table 1, Table 6.
3. Greene R. *The 48 laws of power*. New York: Viking Press, 1998.
4. Pellegrino ED. Humanistic base for professional ethics in medicine. *N Y State J Med* 1977;77: 1456-62.
5. Cardozo B. In: Gardner JW, Reese FG, editors. *Quotations of wit and wisdom*. New York: WW Norton, 1975:111.