

Presidential Address
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Oh, My Stars!

There are so many timely issues that we could discuss here today. Our patients face opioid addiction, narrowing networks and extortionate drug prices. Over sixty thousand hard working Idahoans in the gap face the specter of suffering, disability, bankruptcy, and death every time they get sick. The vast majority of the State is still short of physicians. Physicians themselves face encroachment upon their scope of practice, wasteful unfunded administrative mandates and increasing corporate control of the practice of medicine. Many of these issues have been addressed here before the House of Delegates and in reports you will find in the meeting materials.

But here this morning, I would raise a topic that unfortunately seems to have fallen by the wayside as we negotiate these complex times. Before it is too late, I think we need to talk about doctoring. Some of you may remember doctoring. It was how we spent most of our time before prior authorization and electronic medical records. One of the best books about doctoring I ever read was John Berger's classic 'A Fortunate Man'. The author uses a series of blunt vignettes, philosophical commentary and exquisite black and white photographs to chronicle the practice of Dr. John Sassall, a British GP who looked after a poor rural folk in the Forest of Dean.

The story is told of three men who fell a tree. One of them does not step clear in time. The trunk lands on him, crushing his leg and pinning him to the ground. A call goes out for Dr. Sassall, who grabs plasma and morphine, then speeds to the scene in his Land Rover with an old door sticking out the back for use as an improvised stretcher. The doctor arrives finding two men driving wedges under the trunk in preparation for lifting the tree. The injured man is agitated and screams in pain.

"The wounded man recognized the doctor; his eyes focused. For him too the conclusion was nearer, and this gave him the courage to be quieter. Suddenly it was silent. The men had stopped hammering but were still kneeling on the ground. They knelt and looked at the doctor. His hands are at home on a body. Even these new wounds which had not existed twenty minutes before were familiar to him. Within seconds of being beside the man he injected morphine. The three onlookers were relieved by the doctor's presence."

This depicts one of those cherished moments of medicine, however fleeting, when it is all so precious. It seems it always happens around 2:30. Now that can be 2:30 in the morning, when you've been called to the ER from a warm bed at home, or it could just as easily be 2:30 in the afternoon, when you have left four patients sitting in exam rooms in your clinic, with nothing more than a rushed apology and vague promise to get back as soon as you can. You find one of your long-term patients curled up there on the gurney with IV line, monitor wires and oxygen tube disappearing beneath the white sheet and warmed blanket. You know most of the family

members seated along the wall, and the patient, well, in a lot of ways, you know her better than anyone else there does.

When you come into view the patient's eyes brighten for the first time in days, her translucent hand slides out from under the blanket and you hold it, like you always do at times like this. The room falls quiet. A connectedness takes place. For that moment there is nothing but the gift of trust. I usually wait, leaving it to others to break that silence. The patient will manage a word or two of greeting or one of the family members I have met will lean over to one I have not and whisper, "The doctor's here..." in a tone which is to say, 'Everything will be okay now, or at least, as good as it can be.'

In both these instances, it is made clear that doctoring is a hands-on occupation, the hands of the doctor are central to their role as healer. Now we all know what we mean when we say that a colleague has 'good hands'. It does imply a certain manual dexterity and economy of motion. But, it also speaks to intent and gentleness. A clear and unencumbered connection between what is known, thought and decided in one's mind and what is manifest in action, especially when the best a physician can do with the hands is, sit on them. When I have the privilege to hold my patient's hand, and bask in that positive regard, however undeserved, I am reminded that a physician never holds that hand alone.

I hold that hand with all the other health care disciplines that will be brought to bear in treating this family. Nurses, therapists, dietitians, mid-levels, custodians, case managers, even administrators and on and on. We are surrounded by dedicated professionals who believe deeply in the value of their work. If we are to lead that team it behooves us to honor each of their contributions to the care we all provide and do our part to contribute to a culture of open communication, dignity and safety.

As a family doc, many times I hold that hand on behalf of my specialist colleagues who bring years of knowledge, skills and wisdom to the care of our patients. They are the eyes on the microscope pouring over slides to provide prognosis and treatment options. They are experts in imaging who guide workups and detect the subtle finding. They provide a fresh set of experienced eyes in consultation. They carry our patients safely through surgery and life-threatening illness. So much of what they do is behind closed doors or under the veil of anesthesia or altered consciousness.

I hold that hand on behalf of all who have inspired me, taught me and continue to teach me. I suppose seeing me up here today is like when you're walking along and find a turtle set up on a fence post. The situation raises all kinds of questions about how and why it came to be. But one thing is for sure. The turtle didn't get up there on its own. The turtle had help.

Like many of you, it all started with a family doc, Doc Wilcox, who delivered me, casted me, sewed me up and prescribed some of 'sawbone's pills' for whatever ailed me. To this day, I can close my eyes and ride the elevator up to the third floor of the Laurel Building in downtown Muscatine. I can read the doctor's name stenciled on the textured glass door. I can smell the disinfectant and see the starched white tunic with the buttons down the side that he always wore. I would watch as my folks hung on Doc Wilcox's every word and took such comfort from his

calm bearing and warm humor. Perhaps the idea that I might someday be worthy of such trust sparked my resolve to become a family physician.

Since then my mentors have been legion. I was lucky enough to be raised in Iowa, where the State supported access to affordable medical education for its citizens, making it possible for a lower middle-class kid from a grubby little river town to go to medical school. In Wyoming, I was blessed with a peerless residency faculty and medical community, who freely shared knowledge from their years of rural experience and taught me what sick looks like. Now, here, in my R-35 year, I continue to learn from my colleagues and am continually pushed by the residents to keep up.

For those of you who are not yet teaching medical students or residents, I can tell you that you are missing a great opportunity. What you learn and the satisfaction you will feel from sharing your art with learners, will far outweigh the time and effort you spend teaching. One day I hope that each one of you will feel the joy I feel every day as I watch my residents and graduates out-doctor me, showing knowledge, skills and compassion that outshines their teacher.

I hold that hand on behalf of family. My parents, who filled a simple home with love, faith and ideas, somehow scraping together whatever it took for me, and my three siblings, to go to college. For the friends and loved ones who carried us through the crucible of medical education. For the family that sustains us still, putting up with our distractions, our absences and our losses. I am joined here today by my beautiful wife, Meg, and two of my kids, my daughters, Emily and Madeline, both nurses like their momma, Kellie. All of our families are to be honored for their sacrifice and their contribution to the health of their communities. For keeping us going and letting us go.

Speaking of family, without the work of our professional organizations the health of the public would suffer. Physicians would stand alone against the payers, the regulators, the legislators, the lawyers. Our practices would no longer be viable businesses. What honor and privilege that goes with being called a physician would surely be diminished. And so we all hold that hand for the Idaho Medical Association. For the staff, who do all the behind the scenes work and make these meetings happen; for the IMA policy team, who carries our sword and, when bid do so, falls on it, wearing a pained smile and saying I told you so; for Susie, who leads all of this with grace and resolve. I have witnessed the long days and weekends, the tedious and sometimes demeaning political processes, the missed flights, the late night emails. To each of them, we owe a huge debt of gratitude. I would ask that they all stand to be recognized at this time... They do what they do, not because it is just another job, but because they believe deeply in the work that we do, and the difference we make in people's lives, sometimes I think more than we believe in ourselves.

There is one other, for whom we hold that hand. More than we know, and certainly more than we are wont to admit, we hold that hand for ourselves. I think back to my years in Sheridan, all those sleepless weekends when I covered for the local family docs, rounding on the inpatients, taking the phone calls, assisting in surgery, covering an ER that was over one hundred lonely miles of sage from the next level of care. We all worked long hours at all times of day and night, seeing everything, recognizing most, getting scared often. Come Monday morning I would tuck

things in at the hospital and walk across the street to a full schedule in the office. We all got awful tired, perhaps impaired or traumatized occasionally, but I don't ever remember getting burnt out.

How is it, then, that physician burnout is such a growing problem? From watching the wonderful residents we get I just don't buy that they have started cutting docs from a different cloth. Last I heard they haven't dropped dedication from the medical school curriculum. There are even those who would find it convenient to believe that we all just need a little training in resilience... I attended the Idaho Academy of Family Physicians breakfast yesterday morning. I looked around that room at all those family docs who are holding down the fort, doing broad spectrum family medicine, in all those little dots on the map all over Idaho. I defy anyone to teach those warriors, or anyone else in this room, one thing about resilience. Doctors still work long hours, but they spend so much of that time doing very different stuff.

Joel Gallant, a distinguished HIV doc from Santa Fe, recently sent an email around to his colleagues, explaining his decision to withdraw from clinical practice while still in full flower of his knowledge and experience. In a recent NEJM Journal Watch, they quoted his email:

“For us ancient relics of the pen and paper era, outpatient medicine is not what it used to be. We click boxes on computer screens while doing our best to converse and maintain eye contact with our patients. We provide clinically meaningless documentation so we can satisfy billing requirements and meet required “quality measures.” We fight with insurance companies to get patients what they need. We take mandatory on-line training courses to satisfy administrative requirements. We worry about UDS, MIPS, MACRA, CQM, CQI, PQRS, RSR, FQHC, and PCMH. There's still medicine in there, but it sometimes feels buried beneath the growing bureaucracy and regulatory burden of modern-day healthcare.”

I recommend to you an essay from JAMA this past April in which Thomas Schwenk addresses ‘Physician Well-being and the Regenerative Power of Caring’.

“In earlier days, physicians better understood their caring role and coped with the stresses of that role through a deeply personal, reciprocal relationship with their patients. That caring relationship has been lost for many physicians in the current system of fragmented, rushed, dysfunctional, digitized, corporatized, and costly medical care—a system that prizes efficiency over relationships, profits over common good, and volume over value.”

The difference between my weekends in Wyoming and now is that I got to spend all those hours doctoring – palpating, percussing, suturing, auscultating, lancing, resuscitating, comforting, splinting, aspirating, holding – then scribbling a quick note and moving on to the next. We drew sustenance from those relationships. Our hands were at home in those wounds, wounds of the body and wounds of the heart. It was the act of caring that kept us going.

Now we spend all that time clicking, typing and filling out forms like overpaid checkout clerks for an extractive health care industry that has gone terribly off its rails. It is time that we as a profession assert and defend the notion that the value, and indeed the salvation, of being a physician lies in the exam room, in the OR, in the procedure suite, in the lab, at the gurney, in patient's homes, at the bedside; NOT at the keyboard. It is critical that we get back to doctoring. It is what we are good at. It is what our patients need from us. It is why most of us chose this calling in the first place.

Dr. Schwenk closes his essay with the following:

“The current system has made it nearly impossible for most physicians to care as deeply and to give of themselves as they wish. Only by restoring their ability to care will physicians restore their health and their professional soul.”

There is much for us to lament. But there is also much for which we are fortunate. People do still look to physicians to relieve their suffering. They gift us with their ailments, their deepest secrets, their hands to be held. We are privileged that so much needs to be done. I am beholden to each one of you here in the House of Delegates for taking time out of your busy lives to guide your Association. The Board of Trustees you have chosen represent your interests well and are a pleasure to work with. And I am blessed, more than I can express, by the honor you have bestowed on me here today, to serve our patients and profession as president of the Idaho Medical Association.