Good afternoon.

As did 147 Presidents who addressed this House of Delegates before me, I am honored and feel blessed to do the same today.

I accept your confidence and your willingness to let me lead this organization during yet another year of challenges and opportunities for the profession of medicine. I am humbled by the amount of trust you’ve placed in me.

And it’s the concept of “trust” that I’d like to talk about right now. I can’t think of anything more important than trust, whether it be in personal relationships or the countless contracts between people and businesses and governments and countries that take place every day.
It’s easy to take trust for granted. We’ve all been guilty of it. And sometimes we never fully appreciate the enormous importance of trust... until it’s violated.

Then we see in the most painful of ways that trust – this complex, invisible abstract concept woven through every aspect of our lives – is the foundation upon which everything we have is built.

That foundation is as strong as we are willing to make it. And its strength is directly commensurate to the amount of work we’re willing to do to maintain it.

I fear that the trust we, as physicians, have worked so hard to develop with our patients and with society is in danger.

Each of us is an emissary of a profession in which society places an almost unthinkable amount of confidence and faith. This doesn’t happen by accident. And it doesn’t happen to just any profession. We’re trusted because as a profession, we are credible. How did we earn that credibility?
We earned this badge from our dedication to preserving and protecting human life. We earned it by putting patients first. We are part of a sacred, social contract that’s been developed and nurtured for centuries. First and foremost, we are healers.

Some of you may know that as an avocation, I’m a licensed commercial pilot. No doubt, you’ve surely heard the comparisons between the two professions many times before. I think it’s an appropriate one. As an anesthesiologist, the comparisons are even more striking.

To me, the most important aspect of this comparison lies in the resolute confidence when passengers board a commercial aircraft. There is instant and implicit trust in someone you have never met sitting in the left seat of that plane. A complete trust in the Captain and his flight crew.

Now imagine a scenario in which you’re flying, and you’re not quite sure that the person you’re entrusting your life to has the necessary qualifications to captain an aircraft. That is, a captain, but in name only.
It’s an unfathomable thought. Yet this is occurring in medicine right now, and it’s going to get worse unless we all start getting involved.

If you remember one thing I say this evening, remember this... “doctor” is not a label. It’s a culture, an avocation, and it’s a passion. But even more important, it is an expectation. An expectation from your passengers ... our patients.

Beyond our role as healers, we are also ambassadors for our profession and advocates for our patients. If we want the public, the media, and the policy makers to listen to us, we need more... **EARS.**


**Engagement**—owning an issue. I want you to own the issues confronting medicine today. You can take your pick: SGR, GME, Medicaid, tort reform, obesity, patient safety, scope expansion, and the list goes on.

**Activism**—getting up and doing something. Write a letter. Send an email. Tweet. Get involved in social media. Show up and speak out. It is part of your
heritage. Here’s a little-remembered fact -- Five of your colleagues displayed quintessential activism early on in the history of this country. They risked their lives, their livelihoods, and their families’ safety when they signed the Declaration of Independence. Now that’s activism!

By our engagement and activism on the issues that matter, we show our RELEVANCE by taking a lead role in the discussion of these issues in the eyes of the public, the media, legislators and even our own colleagues.

And finally, SUPPORT. We need your support. Your membership, your outreach to non-members. You are an ambassador for the profession, for this esteemed Society. No members, no mission.

Help me deliver this message to every physician in Michigan. With more support, there will be more engagement, more activism, increased relevance. More EARS!

Issues that impact physicians and patients are being debated right now in committees and
subcommittees, and on the floors of the House and Senate. Unfortunately, legislators are often easily swayed by passionate, agenda-driven arguments on one side and a lack of information on the other side.

We must help fill that void, and educate legislators. As patient and public health advocates, we have a responsibility to bring health care policy in line with health care reality. It is not an option to leave policymaking at the mercy of the whims and fantasies of others.

One of my predecessors put it this way:

“It is not my purpose to characterize the Legislature with hard and uncouth names, but simply to indicate their inaptness to judge of the merits of a profession, the alphabet of which they have never known.”

That was from the inaugural address of MSMS president J.H. Jerome, MD, of Saginaw. The year was 1868, more than forty years before the Flexner Report, a landmark report changing the face of medical education. In the 1860s Michigan physicians were pushing for funding for structured medical
education, and the Michigan Supreme Court had recently ruled that “a doctor is anyone who calls himself such.” Wow, have we come full circle?

So, nearly a hundred and fifty years later, we physicians are still educating the Legislature about health care and the public’s welfare. Where would we be if the physicians of MSMS did not persistently engage, act, be relevant and support our profession and patients? Again, I want your EARS.

Who else do we need to educate? I am going to suggest we take a good, hard look in the mirror.

An excellent Wall Street Journal article published earlier this month pulls no punches in this regard. I’ll read from the first couple paragraphs: “Doctors need to work on their people skills. It’s something patients have grumbled about for a long time. Doctors are rude. Doctors don’t listen... Doctors don’t explain things in terms patients can understand....” And “That lack of communication, after all, isn’t just frustrating for patients. It can hurt the quality of care, drive up costs and increase the risk of lawsuits.”
I’m proposing that nothing is more critical to our future success and to the safety of our patients than communication. Never – and I’m not being dramatic here – has effective communication been more important. That’s because never in human history has communication been so effortless, so pervasive, so powerful a tool by which policy and opinions can be influenced.

People are talking all the time – in Tweets, on Facebook, in message boards, on blogs. Constantly. Incessantly. Much of it, frankly, is noise...But it’s being consumed nonetheless.

If you’re not an active and intelligent participant in these evolving conversations, your message will not be heard. For better or worse, 24/7 conversation is the new reality.

As informed, dedicated professionals, we need to become a part of this dialogue. Or other, less-informed individuals will do the talking for us. Are these the people we want our peers, patients, and legislators listening to?
Earlier this year, I attended the AMA’s National Advocacy Conference in Washington where I participated in the “President’s Forum” that fostered direct interaction with AMA president Dr. Jeremy Lazarus.

During the question and answer period, I stood up and asserted to Doctor Lazarus that we in medicine have a “problem with our upbringing.”

I pointed out that medical students get little or no education about advocacy, leadership or even how to communicate. Other professions place a much higher priority on those skill sets. They understand its value, its power, and the importance of the ability to persuade. I even suggested that maybe we should put more weight on an applicant’s leadership and communication skills for admission to medical school. I said I feared that the medical profession has become complacent, and our leadership role in health care may become a fleeting memory, if we continue down the present course.

I was very encouraged two weeks ago when I spoke about physician leadership at the MSMS Medical Student Section. A young student named Alec Harris
said he too was struck by the absence of leadership and advocacy training in medical school. Before applying to medical school, he had been employed where there was a significant and continuous push to acquire leadership training. He asked me, “Why not in medical school?”

I could not agree more. We have to do a better job of training future physicians to be effective leaders as head of health care teams and to be better communicators.

Understanding how to influence health care policy should not be left to on the job training or worse – ignored.

I have faith in the future of our profession. But I believe we are at a crossroads. We can go along to get along, or we can get our EARS on and Engage, Act, be Relevant, and provide the Support the profession of medicine deserves on behalf of our patients and the legacy we have been left by others.

Finally, I went into medicine for probably the same reason you did. I wanted a profession where, when
my head hits the pillow each night, I know that I’ve done my best to make a difference in peoples’ lives.

And I became involved in organized medicine probably the same way many of you did. I was encouraged by others at my hospital and my county medical society to do so. Some of you are in this room today.

I would ask each of you, in turn, to be a mentor in some way to a student, to a resident, to a colleague and show them how to become involved.

Show them how to take the left seat in that cockpit. Lead by example.

Remember, none of us can do it alone, but each of us can make a difference, not least when we speak up in unison for our profession.

There’s an old saying in Washington...“If you don’t have a seat at the table, you’re likely going to be on the menu.” In all candor, it’s not enough to just be a good doctor anymore.
Even as we practice medicine amid a changing health care landscape, we must constantly remind the public and policymakers that the reasons they chose to place their trust in us have not changed.

Yes. There are threats to the cornerstone of our credibility—the doctor-patient relationship that has existed since antiquity. There are those who hope to leverage our changing health care context for the purpose of undermining this relationship; hijacking the credibility that we have worked so hard to achieve.

It is our duty to ourselves...our colleagues...our patients to defend the doctor-patient relationship. We know it is worth defending.

Amidst a chorus of competing interests...we must speak louder.

I will add my voice to the conversation, but I need each of you to join me. Together, we will be heard.

Thank you.