



Strength in Numbers, Strength in Message.

DCMS President Mark A. Casanova, MD, FAAHPM

In many ways, it is natural for physicians in practice to maintain our primary professional focus on the patient directly in front of us. Not only is it natural, but it is appropriate. However, it is also appropriate to bear in mind all of the other patients, real or potential, who are not directly in front of us. This is the premise of the prima facie medical ethics principle of Societal Justice. It is the focus of how we, individually and collectively, ensure that we have the ability to equitably care for the masses with as much devotion and expertise as the individual. To be clear, the two focuses should not be considered as conflicting, but as coordinated and complementary to each other. The direct focus on the patient, in some situations, can be the simpler of the two tasks, though certainly not always easy. The focus of the patient in front of us was the ultimate focus of four years of medical school and 3-10 years of post-graduate education. Societal Justice and emphasis on how we apply care on a population basis can certainly be more challenging, especially in the complex healthcare structure that we exist in.

There is one aspect of promoting health on a population basis that I certainly didn't appreciate while in residency, or even early in my practice. In fact, it wasn't until I became more involved in efforts with DCMS, TMA, and organized medicine, that it became clear that there was a necessary and unavoidable interaction with politics and politicians in order to put public health recommendations into practice. Whether it is promotion of vaccines, tort reform, increased GME residency slots in the state, or enhancing care for pregnant woman, at the end of the day we need public policymakers by our side. This is where organized medicine comes into play. We can also look to Rudolf Virchow (1821-1902), the Father of Pathology, for guidance: "Medicine is a social science,



and politics is nothing else but medicine on a large scale. Medicine, as a social science, as the science of human beings, has the obligation to point out problems and to attempt their theoretical solution. The politician, the practical anthropologist, must find the means for their actual solution.”

If we are being honest with ourselves, I believe that many physicians would acknowledge that politicians are probably only second behind lawyers in the hierarchy of individuals we would prefer to avoid direct interaction with, outside of a patient-physician relationship, of course. However, we need the politicians, policymakers, think tanks, and the like, in order to assist with putting our recommendations, our “theoretical solutions,” into actual solutions. This does not necessitate becoming political in the way that the term is used today, which is frankly polarizing. As such, we need not shy away from organized engagement in politics for fear of the red-blue divide. Instead, we are generally safest if we stay in the neutral purple zone and emphasize that our theoretical solutions do apply to all: red, blue, purple, and every other color.

To the colleague who would say, “I’m really interested in being involved in direct advocacy,” my response would be, “We have opportunities for you!” In all seriousness, whether it be at the DCMS or TMA level, we have ample opportunities for physician members to engage in direct involvement in policy suggesting, policy crafting, policy counseling, and ultimately, policy implementation. Or the colleague who would say, “You know this sounds great, but it’s just not my strong suit, but I am supportive in principle,” my response would be, “No worries, your membership and representation as such speaks volumes, and we will commit to keeping

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you informed of our efforts.”

If ever you feel that there are paths that you may differ with, or feel that you have value to add, please never hesitate to reach out.

Lastly, many of us know of a colleague who might say, “I just don’t get what organized medicine offers to me.” This could even be one of your partners. I would ask you, as a member of DCMS, to share with your colleague that if they value tort reform in Texas, efforts to expand funding for maternal healthcare, increasing the tobacco purchasing age to 21, promoting reimbursement for telemedicine in the midst of the COVID-19 pandemic, increased PPE supplies for private practice, then these are just some of the benefits that organized medicine, DCMS and TMA have offered to all of us.

As we continue to push through the COVID slog, I would implore you to never cease in your attempt to create the theoretical solution, for the improved health of our patient, as well as our brothers and sisters at large. In doing so, we must also continue to collaborate with policymakers and politicians in order to craft the actual solution. **DMJ**

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