

Q&A: Helping young doctors exercise the power to make change

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As a freshman in college, AMA member A. Patrice Burgess, MD, thought "giving back" was something reserved for one's time outside of work. That is, until she considered a career in medicine.

"A lot of people work a job and punch a clock, and then if they want to give back to the community, it's through some type of community service, and that's how they fulfill that part of themselves that most of us have—to do something good for other people," she said. "But I soon realized medicine would be the perfect profession because it would enable me to pursue my intellectual passions and help others at the same time."

Her family medicine practice isn't the only way in which she gives back. She also advocates for patients and physicians by coaching the next generation of doctors.

Dr. Burgess is executive medical director at Saint Alphonsus Health System, in Boise, Idaho. Among her numerous trailblazing accomplishments, she was the first person to hold the young physician position at the Idaho Medical Association (IMA) and also the association's first member of the AMA Young Physicians Section (AMA-YPS). She served as the alternate delegate for the YPS to the AMA House of Delegates and became the chair of the AMA-YPS in 2002. Later, in 2004, she became the first female president of the IMA, where she remains a member of the board of trustees.

She is now a member of the AMA Council on Medical Service, which studies socioeconomic forces that influence the practice of medicine. She also chairs the Idaho COVID-19 Vaccine Advisory Committee.

Dr. Burgess spoke with the AMA about her passion for helping young physicians get established in their profession. Her story has a timeless theme: Each generation stands on the shoulders of the ones that came before it.

AMA: When you started college, you were a chemical engineering major. Engineering and medicine are both science-based, but they're very different on a practical level. Why did you switch to pre-med?

Dr. Burgess: I went into chemical engineering because I was good at math and science in high school. And there was a program called Women in Engineering, where I did a course on a college campus for the summer, and that really encouraged me.

But once I started engineering, I realized I liked the biological sciences—how the body works and the people side of things—much more than the math side of things. So I did a little soul searching over Christmas break and realized that medicine would be the ideal blend of my love of science and my people side.

I have to credit part of that to my dad. He was a minister, and he suggested I read a book called *Dear and Glorious Physician*, by Taylor Caldwell, about the Apostle Luke, who was a healer of his time. It really clicked with me, as in, "Wow, I can have a profession, but I can also be giving back." ...

To me, that's why medicine is a profession and not just a job. I enjoy every single bit of what I do, and I feel like it's a calling because, all day long, I can experience that scientific joy but also that altruistic fulfillment.

AMA: When you finished your residency, one of the first things you did was join the AMA-YPS. Why? Why not just focus on your private practice?

Dr. Burgess: There's something about that stage of your career, when you're transitioning from residency to practice, that's really impactful—to go from being under some degree of supervision to being out on your own. That's a big step, and it's a scary time.

To be with other people in the same position is a real bonding experience. The strongest friendships I've formed are from my time at the AMA. They're still with me to this day. Having that bond and that camaraderie makes me want to share it with other people in that stage of their careers.

AMA: What are the top-level issues for young physicians today?

Dr. Burgess: Well, you're transitioning from a structured environment in medical school and residency—where you don't have a lot of decisions to make from a career standpoint—to practice, where you have to make some truly huge decisions. What kind of practice are you're going to join? Will you sign a contract? Will you take out a loan? The more people you can talk to and get advice from, the better you can avoid stepping into a big financial mistake.

AMA: You became the first female president of the IMA and the association's youngest president ever at the time. How did you use that role to further your outreach for young physicians?

Dr. Burgess: I tried to create opportunities for them. For example, when I was involved with the IMA as a resident, we had never sent a young physician to the AMA House of Delegates. But then I got an award that paid for me to go to two AMA meetings. I had been an AMA member since I was a medical student, but that was the first time I'd been able to attend an AMA meeting. I fell in love with the process and working on issues, and I wanted to go back.

So I asked the IMA if we had ever sent a young physician, and they said no, so they created a position on the board and appointed me to it. Later on, I ran for a trustee position and eventually became the board president.

But to this day, we have a young physician position and we still send that person to AMA meetings. That wouldn't have happened unless somebody had advocated for it, so I'm pretty happy I helped create that position.

AMA: Which parts of your work as IMA president would young physicians find most significant?

Dr. Burgess: I've always advocated for the uninsured, but during my presidency, we also adopted policies that advocated insurance coverage for all Idahoans, and those ended up enabling us to support Medicaid expansion in our state, which we achieved a year or two ago.

The other issue I really worked on was mental health. Idaho has long ranked very low—either 50th or 49th in mental health professionals per capita in the U.S.—but recently we were able to get a psychiatry residency. We now have two residency programs in which the first two years are done either at the University of Washington or the University of Utah, and the last two years are done in Idaho. That has really helped us chip away at that low ranking.

AMA: What do you say to young physicians who shy away from advocacy or organized medicine, either because they think it doesn't make a difference or because they can't find time to be involved?

Dr. Burgess: It's a personal choice, and you can advocate in lots of different ways. Not everybody wants to go to a meeting or a debate, but there are other ways you can be involved. So I tell people that they have to pick what's comfortable for them and where they feel that they can have the most impact.

When people tell me they're frustrated with prior authorization or they're frustrated with any other thing, I remind them that they can make a difference. People say changing policies and changing laws takes so much time, and that's true—some of the things we've accomplished have taken several years of work—but that's how it works. Government is big, and big things move slowly.

But no other organization has the depth and breadth of representation that the AMA does. There's no better place to make change.

AMA: Every generation of doctors has a defining issue—something that typifies their approach to health care. What do you think the latest generation of doctors' defining issue is, or will be?

Dr. Burgess: The Affordable Care Act—access, affordability, Medicaid expansion, all of that. What ends up happening with that will be pretty defining because it could change so many things in our practice.

I also think there will be changes with employment of physicians. The practice of medicine has changed dramatically in my time. And I think we're on the cusp of what will come next.

I'll probably retire before it's completely defined, but we'll see. I've watched this evolution over my entire career, and it's got to end up somewhere better than where it is right now.