SPS member profile: Richard Dart, MD

December 2021 member spotlight

Richard (Dick) Dart, MD Emeritus Research Clinician at Marshfield Clinic Research Foundation Wisconsin Medical Society President (2014-2015) Nephrology Marshfield, Wisconsin

Q: The COVID-19 crisis has magnified and exacerbated inequities in health care, with communities of older people disproportionately affected by the disease. What efforts are needed to coordinate care in smaller rural communities in Wisconsin?

A: This is a very important question and complex in several ways, not unique nor unlike pockets of vaccine resistance seen in urban areas or where access may be difficult. That said, there are possibly some unique aspects that have been a bit more prevalent in rural communities as perhaps not so in
urban and suburban communities.

Speaking from knowledge of where we live, in Western Wisconsin along the Mississippi River, many communities have not had easy access for testing, and if it did become available, it was often a long drive to get to a testing center in the county of residence.

Additionally, access to vaccines, as with many places where very limited public health or even community medical practices were not able to provide easy access for the vaccines when they became available, but not for a lack of trying to get them out and into arms. That was exacerbated by the unfortunate politicization of COVID-19 which, in the area where we now reside, has been fairly strongly against vaccination or disbelief in the seriousness of this pandemic.

Those in the higher risk older adult category were very relieved when we were able to get testing, and more so when our health care system set us up to get vaccinations early in 2021. In respect to our local public health nurse, who has been outstanding, as has the National Guard, regarding getting tested and at least conveying the public health messages about masking, social distancing and testing. Of course, when the vaccines became available, there was and continues to be efforts to get people vaccinated. Of course, for many, access to vaccination through their pharmacist has been a help, too.

**Q: Do you see age discrimination and age-related stigma function as a barrier to health care, both deterring older persons from accessing health services and also resulting in reduced quality of care?**

**A:** Frankly, this has not been as evident to any extent I am aware. If anything, there may be more resistance to the vaccine from misinformation and disinformation, than anything else. I have not been directly involved to any extent with assisting other elderly or even younger patients with access to health services and thus seen or been aware of a reduced quality of care by discrimination or age-related stigma as a barrier to health care. The county’s total population is 42,754 and as of the most recent tally, total COVID-19 infections were 6,687 and deaths 47, with no new cases or deaths reported as of Nov. 10, 2021. Yet, as with many places around the U.S., COVID-19 is still very much in existence with ongoing surges in infections and deaths.

**Q: As a physician leader, why is physician advocacy important to you? How can physicians have a significant impact outside the practice of medicine?**

**A:** These are two very interesting questions and challenges as to why and how I got involved in being a physician advocate and how physicians can have a significant impact outside the practice of medicine.
To the first question, I never imagined I might become involved directly in advocacy, though that potential was very clear, many, many years ago, when first becoming interested in the uninsured and the underinsured in Wisconsin, leading to presenting a lecture on the issue at a state chapter meeting of the American College of Physicians (ACP), and what was then the American Society of Internal Medicine (ASIM), the latter no longer exists having been incorporated into the ACP, many years ago. I had no background in health policy, nor ever spent any time in medical school, internship or residency engaged in advocacy or health policy. Nonetheless, awareness of many inequities and real concerns about issues that existed and still exist and have been the driver of personal involvement.

Over the ensuing years in practice, as a nephrologist at the Marshfield Clinic, along with continual and longtime activities within the ACP Wisconsin and National components—serving as a member of the Board of Directors of the Wisconsin Medical Society and president 2014-2015, and on a number of councils within both of these entities—and as a longtime member of the AMA and other medical professional societies, advocacy began to take on more and more relevance and meaning. Many trips to Washington, D.C., for ACP Leadership Day and Madison, Wisconsin, on Doctors Day but a bit more limited opportunities to be a part of an AMA delegation to D.C., have all strongly reinforced a personal willingness to be involved in advocacy as very real and important. It has added a perspective to the value in donating to several medical PACs, including the AMA and others.

In serving as a delegate, visiting legislators or even taking action via email or a call or letter, have usually, not always but usually, reaffirmed that presenting talking points on legislation either pending or proposed, where those impact the practice of medicine and the care and well-being of our fellow citizens, by way of including personal experience, is powerful.

Though my tenure as WMS president was well before COVID-19 hit, my presidential "theme" was on team-based care (TBC), a concept which happened to be gaining attention due to pressures for patient access and care, with an insufficient physician workforce available especially in underserved (rural and urban) areas. I saw TBC as likely to have a great impact on the future practice of medicine on many levels. One area in particular that I felt was a growing concern and remains so, was physician burnout.

It is worth re-emphasizing that from these many experiences, the expertise and depth of training and skill required to be a physician, added to providing hands-on care, lends much impact to what we bring to any endeavors from contacts with legislators to volunteer work in free clinics, to daily practice with non-physician team members. All this continues to provide personal motivation even though no longer involved in direct patient care but engaged in clinically relevant research and other medical professional activities. These unique opportunities continue to provide focus and interest to be involved as much as possible in advocacy and to try to add a positive impact on behalf of the practice of medicine and the medical profession. The challenges are more intense and complex but they also provide great opportunities to work to improve patient care and enhance professional satisfaction and
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