Perseverance and the Power to Change

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Madam Speaker, Members of the Board, delegates, distinguished colleagues and guests – and our international friends, I’m honored to address this House for the last time as President.

It has been my privilege to help lead the American Medical Association during such momentous times. My friends, my colleagues … our work together is building a bridge to 21st Century medicine and shaping the future for a new generation of physicians.

As we navigate these uncertain waters, we do well to remember that the history of our profession is one of innovation and change. And it is in this noble quest to find new cures to develop new approaches to preserving health, and to promote equitable access to the healing arts, that we move our practice forward.

Last June, I spoke about a bridge I visited in Norway while attending the 200th meeting of the World Medical Association. This remarkable bridge contains 58 life-size sculptures along its two rails.

The sculptures on one side depict aggressive images such as a woman fighting a dragon and a man and woman arguing. But across the bridge, on the other rail, these disturbing images reverse themselves and instead show the woman and the dragon warmly embracing and the combative couple now kissing.

These striking images represent the dualities of our lives … the ups and downs … the good and bad … the fair and unfair … and I shared my moving experience of visiting this bridge to remind us that in our lives as physicians, we face this same duality and often struggle to reconcile opposing forces.

To be a practicing physician today is to feel a range of complex emotions about our work, our patients, and our futures together.

There is great joy in medicine, but also profound frustration. Our hope for tomorrow is too often undermined by our pessimism about today.
In my travels this year I have shared my belief that it is our opportunity, our obligation, and our great privilege as leaders to recognize the challenges, but to not allow ourselves to be consumed by them.

As your president, I have tried to refrain from finger pointing, but instead acknowledge our reality, describe a vision for a brighter future, outline a path to attain it, and hopefully inspire others to work towards it.

The challenges may be great, but none of us doubt the value of our work or the nobility of the cause.

Last April, I worked three grueling night shifts in my hospital’s emergency department. These shifts are often stressful, at times overwhelming – and you can commonly count on a surge of patients between 11 pm and midnight.

On this particular weekend, the difficulty of my work was further compounded by more than 13 different error messages, freeze-ups and failures of the EHR and IT systems that stole even more time from my patients.

Then, just before midnight, I met "Bob", an 84 year-old man who arrived by ambulance. He’d been vomiting at home for nearly 22 hours. His daughter and I initially thought he’d picked up a common "stomach bug." But we could not stop his vomiting. And then he started vomiting fresh blood. Lots of it.

I escalated his care and everything changed. In addition to acute renal failure and an upper GI bleed, he had massive gastric and small bowel ischemia on CT. It was now clear that his seemingly minor illness was instead an all but certain fatal diagnosis.

Given his age, the extent of the ischemia, and his renal failure, my colleagues and I agreed that palliative care, not surgery, was the best treatment we could provide him.

I know I don’t have to describe to anyone in this room the gut wrenching experience of holding his daughter as she trembled with the shock of the news. My heart broke for her, and yet it was only 2:30 in the morning, and I still had more than four hours to go on my shift.

By 4 am, I was finally caught up and had a moment to decompress. I shared a post on a private emergency medicine group that conveyed the pathos of our work and how, in my 15th year, I am still amazed by the emotional strain of our job and how grateful I am for the work of my fellow emergency physicians.

Within 24 hours, I had heard from nearly 400 physicians. The replies should make us all feel proud:

One said: "I bitch and moan more than most, but I still love it… 33 years in."

Another replied: "Teddy Roosevelt said that life offers no greater reward than to work hard at work worth doing…it’s emergency medicine that gives me the energy, inspiration, courage, enthusiasm and power…throughout these 41 years."
And finally: "We are so privileged to be able to professionally and compassionately share that time with families and add humanness. Yes, it's hard. But it's a calling."

But also, and consistent with my message on the dualities of life, I heard …

"I'm in year 16 post fellowship and am so beyond burnout I can't stand it … There are days when one case might bring me some joy – then I'm just back to the grind. Don't know how I'll do this 'til retirement."

Here again, is the other side of the story: The inspiration we draw from our profession and the personal toll it takes on us.

We must remember: If we truly want happier, healthier patients, then we must ensure we have happier, healthier physicians to care for them.

We all understand that the biggest stressors we face today aren't with patients, but with administrative hassles and bureaucratic overreach. And the result?

Every year, thousands of our most experienced and competent doctors are leaving medicine because of excessive, and largely unnecessary, demands on our time – meaningless busywork that takes us away from our most important job of caring for our patients.

This we know is true. But let me tell you what I also hear when I'm out on the road.

I hear incredible stories of optimism and hope about the future of medicine.

I feel the tremendous energy around new technologies and innovations that are transforming our work – making it possible to care for virtually anyone, anywhere, at any time.

I see medical students excited about leaving their mark on the profession.

And I come across physicians who, when I talk about the challenges ahead, tell me it's still the best job in the world and they wouldn't want to do anything else.

Engaging with these dedicated professionals – people who revel in what they do for patients and remind me why the work of the AMA is so important – has been the best part of my year.

I don't mean to suggest the challenges we face aren't great. But they are not insurmountable.

John F. Kennedy once said, "Efforts and courage are not enough without purpose and direction."

For nearly 170 years it has been the mission of the AMA to promote the art and science of medicine and the betterment of public health – but today we are striving to be so much more.

Today we are working to support medical students, residents and physicians in their career journey, to eliminate barriers, and, when necessary, to help them channel their frustrations to make positive change.
This is the essence of the AMA’s strategic efforts, which have become a powerful force for good in American medicine.

How are we delivering on this promise?

Through our tireless advocacy in the nation’s capital that will bring an end to Meaningful Use as we know it and working to untangle the convoluted payment systems that contribute to so much physician dissatisfaction.

Changing federal policies governing electronic medical records has been one of our major efforts of the past year. We built an army of supporters at our town halls and through our Break The Red Tape campaign to challenge lawmakers so that EHRs better reflect the realities of medical practice and are not simply there to satisfy the needs of accountants, regulators and auditors.

We continue to work in Washington to secure improvements to MACRA to ensure that physicians are fairly rewarded for the important work that they do, and so doctors can succeed in the new payment options and make informed decisions for their practices.

We are delivering on this promise through our Task Force to Reduce Opioid Abuse, which is helping to shape the national conversation around the epidemic of opioid misuse and overdose.

Together we are calling on physicians to lead this effort by re-examining their prescribing habits, expanding the use of Naloxone and helping reduce the stigma for those suffering from chronic pain and struggling with substance abuse.

We are doing it through robust physician leadership training programs that encourage doctors across all specialties to take leadership roles in their hospitals, their clinics, and their communities.

We are doing it by tackling the biggest public health threat in our country today: the rise of chronic and costly diseases, such as prediabetes and high blood pressure, that negatively impact quality of life for tens of millions of Americans.

We are doing it by fighting the mega-mergers of health insurance giants that threaten to further reduce competition, manipulate physician practice, and drive up costs for patients.

We are building that bridge to the future through our exciting partnerships with entrepreneurs here at Matter Chicago and our own innovation studio, Health2047, in San Francisco.

By reimagining the medical schools of the future through our groundbreaking ACE initiative, bringing together 32 of the best and most forward-thinking medical schools in the country to create the medical school of the future.

And by working purposely to improve the perception and reputation of physicians through strategic public appearances, op-eds, editorials, media visits and reporter roundtables in New York City, Chicago, Washington D.C. and elsewhere.

This, my friends and colleagues, is how we lead change in medicine.
When I thought about what I wanted to say today, I kept coming back to one word – Perseverance.

From the development of life-saving vaccines to our modern-day efforts of organized medicine to repeal SGR ... every great triumph in medicine has required great perseverance.

But I want to tell you another story about perseverance in medicine. One that has made a profound impact in my home state of Kentucky and has improved lives for thousands of our state’s most vulnerable.

I came to know Dr. Rice Leach during the H1N1 pandemic in 2009. He was medical director and executive director of primary care at the Lexington-Fayette County Health Department; I was Chair of Emergency Medicine at St. Joseph East and a member of our local county emergency medical advisory board.

I didn't know his background at the time, but I was immediately impressed by him. He had a worldliness and sophistication in his approach to complex problems, and a gifted intellect that spoke of a life of uncommon experience.

I later learned that he had worked at the highest levels of government, having served as chief of staff to the U.S. Surgeon General and as Kentucky's Commissioner of Public Health for more than a decade. He was an esteemed professor, an officer in the U.S. Public Health Service and a consultant on health initiatives in Central America.

But what struck me most about Dr. Leach was his easy-going personality, his generous spirit, and his commitment to the community he served. He knew that collaboration was essential and had a knack for putting things in the proper perspective. He liked to say, "There ain't no such thing as your side of the canoe leaking."

Here was a giant in our profession who had built his career on public service and caring for the most vulnerable in society.

He delivered free vaccinations to young children whose families struggled to put food on the table. He treated transient adults for sexually transmitted diseases. In one of his last projects at the county, he created a needle exchange program to help those suffering from drug addiction.

As anyone who has worked in public health knows, this isn't the most lucrative way to use your medical training. And, it's far from the most glamorous. But few specialties offer such profound impact on the lives of so many in need.

Dr. Leach died this year on April 1st after a long battle with lymphoma. He was still at work, tending to the most vulnerable in our Lexington community, until just weeks prior to his death.

I thought it important to mention him today because to me this one remarkable man embodies the vision we should all have for ourselves and for our profession.

Every day in this country, there are thousands of physicians performing these quiet acts of public service with little recognition or fanfare. They honor themselves and our profession by the duty and reverence they show their communities.

And sometimes their quiet work is thrust into the national spotlight for all the right reasons.

I want you to imagine you are a young pediatrician working in one of the poorest communities in the United States, one where the number of able-bodied men and women looking for work is nearly twice the national average.

Now, imagine your research into this community has found something alarming.

One study showed that twice as many children under age 5 had elevated lead in their blood compared to two years earlier.

In some of the poorest neighborhoods in town, the percentage was three times higher.

So, you alert the state … and they dismiss your findings. They tell you you're wrong.

So, you hold a press conference and alert the public.

And you are attacked for your effort. You are accused of being a self-promoter, of deliberately misleading the public, of trying to spark mass hysteria.

The state, and their team of epidemiologists, again tells you you're wrong. They tell the public there is nothing to be afraid of.

Imagine what it takes to hold your ground when researchers, public officials, and even other doctors are questioning your results.

You double- and triple-check your data and each time it confirms what you know.

So, you press on because the community needs you and lives hang in the balance.

Of course, I'm talking here about Dr. Mona Hanna-Attisha, whose pioneering research helped expose the water crisis in Flint, Michigan, and sparked a national re-examination of America's water supply.

There are many traits that all great doctors share: empathy, compassion, confidence, respectfulness.

But it is my belief that perseverance in the face of great challenges is far too often overlooked, and is often responsible for driving change when it is needed most.

Think about what it took Dr. Mona – as she is more widely known – to persevere under those circumstances.

Think about the intense pressure on her and her colleagues to stand up for what they knew was right.
Earlier this year, I had the opportunity to correspond with Dr. Mona to thank her for her service to her community, and for distinguishing our profession in the face of great adversity.

Her modest reply to me reaffirmed the selflessness of her work.

Doctors Mona and Leach may be special people, but the qualities that make them such are common throughout our profession. Physicians care deeply about their patients and want them to lead healthy, happy lives.

That's why we became doctors.

But I share these stories to remind us that when the cause is just – as Kennedy might say – physicians shall pay any price, bear any burden, meet any hardship, and weather any storm to do what their experience and training tells them is right.

One year ago, I stood here and I spoke about the power of physicians in large numbers to overcome the bureaucratic obstacles placed before them.

And I spoke about the role of the AMA in championing that righteous cause and helping physicians channel their frustrations to bring meaningful, lasting change.

But rather than bemoan our challenges, I want to reassure physicians and medical students that, as leaders, we see a brighter future on the horizon and know a path to get us there.

Remember "Bob", the elderly man from the emergency department I told you about earlier? Well, I confess that I was wrong again.

We made him DNR and began palliative measures but did not stop treating him. While all the signs pointed to this illness being his last, amazingly, it was not.

Remarkably, his bleeding stopped, his renal function improved, and he made an incredible, perhaps even miraculous, recovery.

I visited him a few days later, the day before his discharge, and I had the chance to celebrate his amazing recovery with him and his daughter. He is a striking reminder of how uncertain, how meaningful, and how humbling our role as physicians can be.

All of us in this room know that what we do is difficult. It's complicated. And in a world…

… where politicians and bureaucrats have unreasonable promises to fulfill,

… where bean counters cannot understand why health care is not easily segmented onto spreadsheets,

… and where lawyers stand ready to armchair quarterback with the benefit of hindsight,

there will always be those like us who navigate these obstacles to preserve humanism in medicine and ensure the sacred bond between patient and physician endures.
My friends and colleagues, thank you for your hard work and your perseverance.

With our unwavering commitment to this noble cause, we can … we will … create a future where physicians and patients thrive and where the doctors of tomorrow have the support and training they need to meet any challenge.

It has been my great honor to serve as your president over the past year.

And it will be my humble privilege to continue this fight with you, side by side, for the lasting betterment of physicians and public health.

Thank you.

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