What Our Patients Deserve

Good evening and thank you.

It is an incredible honor to address all of you for the first time as the president of the American Medical Association— and to do so surrounded by family, friends and colleagues who are so dear to me.

Many of you have traveled great distances to be with us tonight, and it means so much to me that you are here.

I have thought a lot about this moment – and what it would feel like to stand at this podium, under these bright lights, with so many distinguished leaders in medicine, so many mentors, seated behind me.

To call this moment humbling doesn't capture it. It's moving. It's awe-inspiring.

It's motivating because you feel like the world of medicine has placed an enormous responsibility on your shoulders to speak for our entire profession, to call attention to the challenges our patients face, and to illuminate the very common frustrations that are driving physicians away from medicine.

A few months ago, I didn't know if this night would even be possible.

As I lay in recovery from brain surgery at the Mayo Clinic, with tubes and wires monitoring my every movement, this night – this honor – this opportunity to improve health care seemed a very distant dream.

I am here tonight because of the brilliance of many skilled physicians, because of the enduring love and patience of my family and friends, and because our health care system, for all its flaws – and there are many – is still the best in the world for people like me.

But that is not true for everyone. Most patients who walk through our doors have a much different experience.

Will insurance cover this procedure?

How much is this medication?

How long do I have to wait to see a specialist for this lump in my neck?

These are questions that a vast majority of patients have to ask themselves. They experience a system that is ailing and in serious trouble.

Like me, our health system needs the input of many skilled physicians – physician leaders across every state and specialty – who are working together with incredible purpose and urgency.

It needs the AMA more than ever ... leaders in our profession speaking with one firm and commanding voice.

Our patients deserve better.

Our physicians deserve better.

Our nation deserves better.

The importance of access to physician care is very much on my mind tonight. Right now, in order to save dollars from the federal budget, many in government are seeking to cut basic health insurance from the most vulnerable in our communities. From the kind of people I see every day in my practice in Flint.

Another reason I am here and able to take the presidential oath tonight is because of the incredible advancements our nation has made in biomedical research and medical treatments that simply would not have been possible without the brilliance of physicians and scientists and considerable financial investments by our government.

In fact, the medicine I'm currently taking – an IDH inhibitor– to help prevent growth and maybe even shrink my residual brain cancer, is a drug that was developed through a close partnership between pharmaceutical companies, academic researchers, and the National Institutes of Health – with major government-funded support.

Millions of people like me, none of whom have this privilege, this stage, and this microphone are alive tonight thanks to decades of government investment into research and exploratory science at leading universities and institutes. We cannot lose sight of what medicine and science have achieved in our lifetimes.

And we cannot abandon this progress and endanger the health of millions whose illnesses could have been treated had we stayed on course.

This is not a path toward greatness ... it is retreating from our moral obligation to provide compassionate care for all who need it.

We owe a tremendous debt to those who've blazed a path so that we could walk.

I stand here tonight on the shoulders I quite literally stood on as a kid, those of my parents, Apparao and Sumathi, two immigrants from India who settled in this country believing it offered them – and their future children – opportunities that simply were not possible at home.

They made great sacrifices to come to the U.S. in the early 1970s without knowing anyone. Without a community to guide them. They practiced medicine and cared for patients at a time when our country desperately needed it.

They are part of a generation of immigrants – like those before them and those who still cross our borders today – who, perhaps more than anyone else, believe in what has long been called *The American Dream*.

They see our patchwork nation as a fertile land of near limitless opportunities, and they give back by building communities – and raising their children to be leaders and to help others.

It was my parents who, let's say – gently – nudged me to pursue medicine after I briefly flirted with becoming a broadcast journalist.

And my family's story begins in our hometown of Flint, Michigan, a small Midwestern city whose growth, decline, and resurrection symbolize the very worst and best of our nation.

Flint is a city with a national reputation that simply does not paint the full picture. It has been my home throughout my life. A place where communities have struggled and rebuilt. A city with an underdog mentality – a tenacity – that constantly works toward a better future.

The Flint my parents arrived in was a bustling, thriving city thanks to the General Motors automotive plant that provided a steady paycheck and a good life for tens of thousands of residents. It was brimming with shopping and great restaurants downtown. It was quite a culture shock for my parents, who both grew up in farming families in rural India.

Becoming a doctor was a dream for many children in India – a dream that both of my parents had, but not one that was easily attainable.

My father's father owned a small farm – just 30 acres of land. And he sold that land – acre by acre – each year to earn the money to put his children through school. By the time my father graduated, all the land was gone.

Through hard work and the considerable sacrifice of their families, both of my parents achieved their dreams of becoming physicians – my father a radiologist and my mother a pediatrician. Married at the age of 25, they left India in pursuit of a better life.

A decade later, the Flint of my childhood was quite different. The major automotive plants had closed. People were losing scores of jobs and fleeing the city. Investments dried up, and along with it, so did the civic pride that once defined our city.

I too left Flint in 1988 to attend medical school at the University of Michigan, where I met a brilliant and beautiful young woman whose passion for medicine exceeded her initial passion for me. But I eventually wore her down.

After medical school and residency right here in Chicago, Nita and I returned to Flint, this time with newborn twin boys. We set up our independent practice determined to help the community that raised me and be part of our city's triumphant rebirth.

It was one of the most rewarding and challenging decisions I've ever made.

Post-industrial Flint had – and still has – incredible and heartbreaking health disparities. Widespread poverty, community disinvestment, and a man-made disaster of deteriorating lead pipes have contributed to high rates of obesity, chronic disease, cancers, infant and maternal mortality, and other conditions that paint a pretty bleak picture of health.

Life expectancy in Flint is about 12 years shorter than its suburbs

Nita, as an OBGYN, and I, as an otolaryngologist, see these health disparities up close. We live them with our patients, and we want for them what every physician wants for those in our care:

Longer, healthier lives.

Timely access to care.

Abundant healthy foods, a steady paycheck, and quality schools.

Health coverage that makes that care affordable instead of the number one cause of bankruptcy.

So, I ask myself, is the health system we have today capable of addressing the health needs for the people of Flint? The health needs of people anywhere in America?

Physicians, especially those like Nita and me in private practice, face extraordinary financial pressures just to keep our doors open.

Many have had to make difficult choices to lay off staff, or limit the number of Medicare or Medicaid patients they see, or to close their practices altogether. And when they do, it exacerbates an already crippling physician shortage in the U.S. that is likely to get much worse over the next decade.

Where are our patients supposed to turn?

A couple weeks before I was scheduled to fly to Mayo for brain surgery, a patient called me to schedule a follow up appointment for an ENT issue she had. I told her I would

unfortunately be unable to see her for at least the next six weeks while I recovered from surgery.

After checking her options to see other ENTs in our area, she decided it would be quicker to just wait for me to return.

To return from brain surgery!

She didn't know – none of us could know – if I would even be able to practice medicine on the other side of this. In fact, I wrote a note to my office and operating room staff thanking them for 25 years of working together, in case there wasn't a 26th.

But that's the state of medicine today.

Too few physicians, stretched far too thin, attempting to care for a growing patient population but instead dealing with computer and phone "permissions."

Like many of you, prior authorization hassles with insurance companies, even over the most routine of treatments like insulin for diabetics, are an endless frustration for me, my small staff, and our patients.

A few months ago, my staff had to call an insurer about a prior authorization issue because "Mukkamala" wasn't coming up as a provider in their system.

I've been in practice for 25 years and yet, somehow, I wasn't on the list of the largest insurer in our state?

This is not a sustainable health care model.

It is unnecessarily complicated.

And I'm afraid it only gets worse from here if we cannot press Congress and policymakers to address the most egregious failures of our current system and put health care back on solid ground.

This won't happen by accident.

This won't happen because members of Congress suddenly have an "epiphany" that they are failing physicians and patients and worsening the deep health divides in our nation.

It only happens because physicians, in great numbers, stand up and demand that it happens.

That is the work of the AMA.

That is the work across organized medicine and physicians in every state who are in the trenches with us.

Our patients and our colleagues are why we fight.

And why we will continue to fight until our health care system truly reflects the values of our profession.

Compassion.

Access.

A respect for human dignity and rights.

We have a long way to go. But I'm committed to this work, and I'm ready for this fight.

The AMA continues to sound the alarm about what two decades of declining Medicare payment to physicians is doing to independent practices and its disastrous ripple effects across health care.

We continue to call attention to the worsening physician shortage, driven by excessive administrative burdens and busy work that steal time from our day and contribute to an increasingly impersonal and bureaucratic system.

Is it any wonder that physician burnout continues to hover around fifty percent?

We continue to defend medical practice in our states through contentious battles over scope of practice, believing what our research clearly tells us – that patients want, deserve and simply do better when their medical care is directed by those with the most training: their doctors.

We continue to influence the design and function of health technology so that it enhances – it *augments* – what a physician can do.

We continue to educate others about the deepening health inequities and push for equity-centered policies that open doors to care for all who need it.

This is what it means to be a physician leader today in this dramatic moment for health care in our country.

What are we doing to create the kind of health system that meets the needs of our changing nation?

What are we doing to ensure that our country will always be a land of opportunity for people like my parents —people who came here for a better life, believing, one day, that their son or daughter could stand on a stage like this and carry this torch forward?

For so much of my career, my view of the patient experience and the needs of our health system have been sharpened by what I see in my practice and what I experience through the difficult work of organized medicine.

This perspective changed forever last November, at the AMA's Interim Meeting in Orlando. I was giving a rather routine talk to physicians and medical students at the Minority Affairs Section meeting when my speech became garbled and for a minute or two, I wasn't making any sense.

It was one of those moments when I was lucky to be in a room full of physicians that knew me well.

Although I didn't realize what was happening, colleagues in that room – some of whom are here tonight – worried that I might have suffered a stroke and urged me to get evaluated.

A few days later, an MRI revealed the kind of diagnosis that shakes a person to their core - an 8 cm temporal lobe cancer on the left side of my brain – one that likely had been growing for years.

A lot happens when you get diagnosed with a brain tumor.

There's a lot to process – not only for the person with the tumor but the loved ones in their life.

For me – a physician with a highly analytical mind who tries to keep his emotions in check – the question was simply: *Okay, I've got a brain tumor. Now what?*

I was fortunate that within a couple days of this MRI, I had half a dozen opinions from leading experts, and ultimately an appointment at Mayo Clinic with some of the world's best neurosurgeons and neuro-oncologists.

I had successful brain surgery last December -- and I stand here tonight incredibly grateful but also changed by this experience.

No, not because my brain is smaller. I've changed because I have a better understanding of our health care system. After 25 years as a practicing physician, I was at death's door as a patient.

As Nita and our sons will tell you, I have found a well of emotion inside me that I had long ago buried. Unfortunately for them, they now bear the brunt of it.

I speak to others about my experience as often as I can – to medical students and residents, to reporters, to fellow physicians and to fellow brain tumor patients.

I even started a file on my computer that I simply call "tumor wisdom" and in it I reflect on how fortunate I am, what insights I have gained about medicine, and what our patients need from us.

Some of these musings are quite personal, like the note that talks about how impatient and intolerant I can be with patients who have psychological needs on top of their physical needs.

I know this to be a character flaw, not in my patients, but in me – and I'm working on it.

Other notes relate to religion and the power of prayer and worship, beliefs that are important to my parents and millions of others, but, until now, had never been of great significance to me.

I now pledge myself to approach such things with open mindedness and not the cynicism from before.

But the very first note I wrote when reflecting on my cancer was this: If I lived just one mile away in almost any direction in Flint, if I didn't have the connections that come with being a prominent physician and now, president of the AMA, I would still be waiting for that MRI scan instead of healing at home.

And the outcome could have been much, much different.

There are tremendous gaps in our health care system that require our attention.

And it all starts with timely access to care.

That's why continuing to fight for adequate health coverage for our patients is <u>so important</u>.

Why fighting to repair and rebuild our physician workforce is so important.

Why fighting to spend more money on our patients and less on health care bureaucracy is so important.

Why fighting to remove the barriers to care that impact so many people is so important.

And why fighting for a sustainable, equitable health care model is so important.

<u>This</u> is the work of the AMA.

And it's the work that will sustain me throughout my presidency and however many years I have left to serve my community – and my profession.

One other note of "tumor wisdom" that I wrote down says: "Don't wait to show affection to people until a moment like this."

And so, I stand here tonight with immense gratitude, not just for the support that I have received in the last few months, but for the support from loved ones and friends throughout my career and on my journey to becoming AMA president.

Thank you to my Michigan State Medical Society & Great Lakes State Coalition, their delegations here, and my advisors within. My home.

Thank you to my fellow otolaryngologists and our academy's delegation here. My home away from home.

Thank you to all of the people here tonight from Flint, including my office staff, for your patience and tireless support.

Thank you to my inner circle of friends and advisers within this House for helping me be a better leader.

Thank you to my fellow board members and those that preceded them for teaching me how to lead.

Thank you to the generation of leaders before me for paving the way – and for all that you have done to shape this organization.

And of course, thank you to my in-laws, my parents, my wife Nita, and my sons Nikhil and Deven – for absolutely everything.

There is no doubt that our nation and our profession face many challenges right now. And in moments like this it would be easy to fall into hopelessness and apathy.

But this is where we must find the motivation to drive us forward – to push the work of this organization forward.

I believe that physicians are built for moments like this.

We are problem-solvers.

We are advocates.

We are resilient.

And we are determined.

We must speak with one voice to demand a better future for our patients and our profession.

This is where we <u>rise</u>.

Thank you so much.

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