

Reflections on Physicians As Lobbyists

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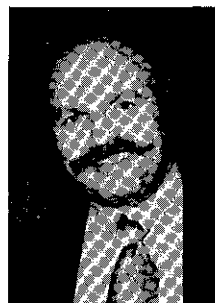
Several days spent in Lansing recently as a Doctor of the Week were not only an enjoyable and fattening experience, but also an enlightening one. The change of pace from a crowded and rigid office schedule to the seemingly disorganized life of a lobbyist was not only difficult but also exciting. There, in the lobbies and corridors of the Capitol Building, business is carried out informally through brief encounters, over lunch or dinner and in intimate *tete-a-tetes* on the Senate or House floors.

Most legislators were receptive, open and easy to approach. A few became outright friendly. The "Doctor of the Week" program is well established, and even with only minimal personal contact, chairmen were often willing to interrupt their committee deliberations to greet the representative of Michigan's physicians. Friendly legislators invited this writer onto the floor of the Senate and officially welcomed him as part of the day's proceedings.

The personality of the "Doctor of the Week" is no less important than the group he represents. Personal channels of communication remain closed, except for formal or cordial contacts, unless the doctor can comfortably mix with strangers and unless he finds it enjoyable to get to know other human beings. There is no room for back-slapping jolliness, but neither is a taciturn, somber and withdrawn lobbyist likely to do much good. Before a physician volunteers for participation in the program he or she ought to ask himself how comfortable he is in meeting new situations and new people.

My biggest and most pleasant surprise was the discovery that, in general, the caliber of the legislators, both in Senate and House, was much higher than I expected. Most of these often-maligned "politicians" turned out to be hard working individuals, at least during the three days per week they are in session. Many spend long hours conscientiously attending to the business entrusted to them. Much hard and detailed work is usually required for the discharge of even relatively minor legislative matters. While most legislators, like us all, are not entirely pure, they are also not the handmaidens of interest groups and power blocks as they are often pictured. Even legislators known to be in sympathy with groups that are generally hostile to organized medicine were willing, more than once, to lend an attentive and respectful ear, and they were also willing on occasion to make concessions that were dictated by reason and by reality.

The password is survival. It is hidden only slightly beneath the surface. All but a few of the oldest and the most senior legislators and lobbyists are engaged in a constant struggle to maintain themselves in the positions in which they find themselves, improve them if possible, and in any event prevent slipping and falling behind. This applies also to the legislative workers of the



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A scene doctors of the week are privy to—a note on the floor of the Michigan Senate.

Michigan State Medical Society in Lansing, who must “deliver the goods” to justify their existence.

A sense of tension and anxious existence unites legislators, ex-legislators and lobbyists, and they share the recognition of having a common fate. A camaraderie similar to that found among remotely stranded survivors has developed, resulting in a continuous give and take, to satisfy the various constituencies and to help each other survive personally. This camaraderie may well be the reason that propels lobbyists sometimes to recommend the acceptance of compromise positions that seem to fall short of the achievable. The leadership of organized medicine must learn to recognize this state of affairs for it may be possible, especially on important occasions, to push for and obtain better results than those recommended as the “best.”

The efforts of organized medicine in the State Legislature are designed not for the narrow benefit of physicians alone, but they are often concerned with maintaining and providing conditions that would encourage the practice of good and humane medicine, thus serving a much larger constituency than the profession. The malpractice insurance crisis serves as a good example. Physicians have been victimized first, but in the long-run patients would have to foot the bill. When the constituency that backs our efforts is larger than

usual, our voice can also be louder, clearer and more persistent. Legislators usually understand this principle better than physicians, since they are often exquisitely sensitive to nuances indicative of public support. Even legislators whose survival in office depends on support from groups that are unfriendly to organized medicine know that they must not ignore the voice of medicine altogether.

Personal charm and ease of communication are helpful in opening doors in making initial contacts. These are of less value afterwards, for decisions are generally reached on the basis of power relationships, not on the basis of reasonableness and fairness, and not even on the basis of personal friendship. These are very helpful attributes, but only when they are combined with the backing of powerful enough interests.

The voice of medicine is generally listened to with respect, because it often has the support of widespread segments of the population. It would have even greater impact if it were supported by the active interest of physicians in their offices. The public interest as well as the interests of medicine would be served better if physicians would enlist the support of their patients for programs that are medically significant and for the public's good. It is naive to ignore the fact that the present-day physician has a direct responsibility in this complex, urban society to help create the conditions for the practice of good medicine, without compromising basic traditions of the profession by doing so. Supplicants are generally regarded with pity. The voice of medicine need not and should not sound that way.

Many physicians still live in a political fantasy-world that no longer exists. It was possible in the past for a physician to devote himself totally to the care of patients, leaving everything else to others. It is not possible to do so today, for the modern physician is a businessman, an administrator and a teacher no less than he is a healer. Many physicians understandably wish to disown such unpleasant reality. They refuse, for instance, to discuss fees with patients and relegate this task to the nurse, as if money is an unimportant and dirty aspect of their practices. This attitude often extends also to involvement in political activity. And yet, all aspects of hospital work, medical education, and even the private practice of medicine are regulated, limited, and to a large extent determined by governmental laws and edicts. Medicine is not practiced in a political vacuum, as it may have been a hundred years ago, and it is not in the best interests of physicians or their patients to deny or ignore such simple facts.

Many personally enjoyable and politically helpful contacts are made during a week's stay in Lansing, and it makes good sense, politically and personally, to maintain and cultivate such contacts.