Editor's Message

On Leadership

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My college roommate committed suicide a few years after we graduated. I was horrified and saddened but not truly surprised; in her 26 years she had seen a lot of suffering, much of it at the hands of her own parents, who were savagely abusive to her and her eight siblings, while remaining outwardly respectable and active in their religious community. Something she once said has stuck with me every time I have to make an uncomfortable decision: "It's not so much that I'm mad at my parents. I feel like they were just crazy, just monsters. It's all the people in authority who knew what was going on and let it happen. The people who stayed out of it when they should have spoken up."

I have never met those particular silent observers, but I have met their doppelgangers everywhere. They are the people who don't vote because they "aren't political" and then complain vociferously when those elected don't follow their unvoiced directives. They are the Facebook pundits who post about outrages happening on the other side of the planet, but who refuse to let a homeless shelter or a drug treatment center open in their community. They are the hospital staff members who let a colleague take a beating in a group setting for expressing an unpopular opinion, and then later tell him privately, "I really liked what you said in there."

This is more than laziness. This is bad leadership.

Most of us are just doctors showing up to do our jobs, and we don't think of ourselves as "leaders" per se, but we would be wrong. By the mere act of becoming physicians, we have signed up for a leadership role. Legislators are more likely to listen to us than to non-physician civilians.[1] Patients are more likely to listen to us than to our nurse educator, even if we spend 5 minutes compared to her hour long visit. If we were not perceived as leaders, commercials would never make liberal reference to what "4 out of 5 doctors surveyed recommend." This gives us great power but also great responsibility. We don't have the option of keeping quiet. Our silence is as much of a political action as our speaking.

We are taking action when we "call in a Zpack" for the patient with what we know is a viral bronchitis: we are choosing that our desire to avoid conflict is more important than our role as the stewards of antimicrobial therapy. We are taking action when we let a nurse use "MD" as the universal term for "physician" because we aren't in the mood to speak up for our profession on that particular day. As an attending physician in residency once advised me, "If all of your patients love you, you are prescribing too many benzodiazepines." We choose to be emotionally comfortable rather than to be professionally responsible.

We all think that if it were truly important, if the chips were really down, that we would stand up and make a difference. But if you can't stand up to support a colleague in a meeting of your peers, what makes you think you would intervene when the Nazis came for your neighbor? If you can't ask a patient about the weight loss that is clearly a consequence of an eating disorder, how do you think you would fare in the face of a McCarthy hearing?

Strong-arm tactics are not leadership. Coaching a patient into making better choices is not the same as browbeating a smoker or insulting someone about their weight. A true physician leader is someone who can communicate with the resistant and inspire change, getting buy-in from the nursing

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staff and the patients and moving forward as a team, not someone who gets out in front steamrolls over any opposition.

At the AOA House of Delegates in July, our profession made an historic decision to move forward into a unified system of accreditation. Our ACOFP President and Board of Governors showed one kind of leadership in their rigorous scrutiny of the process, and expression of appropriate concerns. President Carol Henwood, DO, FACOFP, *dist*., showed even more leadership, however, in vowing tireless effort on behalf of the osteopathic profession, even when it might move in a direction other than the board had recommended. It is much more of a challenge to lead when on an unexpected path, but she committed to facing it.

This is what we need to do right now, as physicians voted into positions of leadership, and as physicians in the de facto position of being leaders in the community. However the ACGME system moves forward, we can only shape the face of the osteopathic identity if we show up to represent it. We should not assume that others will handle it on our behalf, any more than we should assume it's everyone else's job to wash their hands in the hospital, but not ours, or that the neighbors will make the call to protect a child in jeopardy, so we don't have to. We don't get to stomp off and go home when things don't go the way we wanted and we don't get to leave the room when the patient is coding.

When we certify in CPR, we are taught that when identifying an emergency, we don't say, "someone call 9-1-1"; we choose someone in the crowd of bystanders, we point, and say, "You! Call 9-1-1 now!" Or, as any TSA agent will tell you, "if you see something, say something." As osteopathic physicians, we are the response team. It's always our job, whether it's easy or whether it's uncomfortable and inconvenient. We are the activists. We are the mandatory reporters and we speak for those who don't have a voice. We are the educators who need to make sure every single residency knows what an osteopathic physician is and how we stay unique.

My challenge to you is to remember you are a leader today, in everything you do. Be an educated leader, be a compassionate leader, be an inspiring leader. But never forget that it is part of what you signed up for when you took the osteopathic oath. We can't move forward without you.

REFERENCES

1. Texas Congressman Michael Burgess, MD, July 2014