The Importance of Resident Engagement in Health Policy

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There is a disconnect between the general public’s perception of doctors and what becoming a doctor entails. Last year, Daniela Drake, MD, MBA, wrote an article titled, “How Being a Doctor Became the Most Miserable Profession.”¹ In this article, she adroitly described many of the issues affecting physicians today.¹ The article had hundreds of comments overnight and has been shared on social media outlets thousands of times since publication.

Drake’s article is one of many publications in the popular press lamenting the current state of becoming a doctor. These articles have sparked several conversations at orthopedic residency programs throughout the country. Nine out of 10 physicians would not recommend the profession to interested young students.² Growing bureaucracy and bottom lines have required physicians to increase patient volume at the cost of focused, quality patient care. Furthermore, every medical decision or interaction is offered under caution of legal recourse.³ Increased stressors may partially explain why physicians have one of the highest suicide rates of any profession, at 300 to 400 cases a year.⁴

In the past few years, several dissatisfied physicians, residents, and students have contacted the authors about the state of health care. A handful of these orthopedic residents and medical students have created accounts on websites like Dropoutclub.org, which matches physicians with business jobs. At significant emotional and financial costs, several of them have even followed through, stopping partway through medical training to pursue a career in business. This is a serious problem. We are losing some of the best and brightest minds from undergraduate schools, and projected physician shortage statistics demonstrate that there may not be enough providers to deliver a new health care system.⁵

Dr Joseph Marr of Alpha Omega Alpha has provided an excellent summary³ of how health care has fallen on hard times; however, we are not counted out as a profession. National Resident Matching Program statistics demonstrate that students are still competing and filling the ranks of residency programs.⁶ Orthopedic surgery continues to be one of the most competitive and rewarding specialties in medicine.⁷

Even with this status, no specialty is immune to dissatisfaction or societal misperceptions. For example, many in the general public do not differentiate between medical specialists—we are all doctors. We like to believe that orthopedic residents are more satisfied and content with their service in medicine and can serve as role models for other residents to become more engaged in health policy. Through health policy engagement, all residents can influence the issues and policies that have led to increased physician dissatisfaction. In this effort, we can improve physician satisfaction and correct public misconceptions. Many physicians complain about their current state and express their frustration with health care, but very few take the important next step and become engaged in health policy work.

Engagement in health policy issues should be a chief concern to residents. As the next generation of orthopedic surgeons, being “just” an orthopedic surgeon is not acceptable in today’s health care climate. Physicians-in-training need an awareness of

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health policy to truly be advocates for their patients’ well-being. Becoming involved at the local, state, and/or national level in the development of health policy is an important duty for all physicians but especially for those early in their career.

Most physicians are not trained in policy work and have decided to shut the door to these discussions. Instead, they focus on their training and direct their energies to research, education, and patient care. With this mentality, they have the ability to help one patient at one point in time. Through health policy, however, we have the ability to help many patients at a point in time.

We are fortunate in orthopedics to have several resources available to residents to encourage their engagement in policy work. The American Academy of Orthopaedic Surgeons (AAOS) created the AAOS Resident Assembly in 2014. The Resident Assembly is an advisory body to the AAOS composed of orthopedic residents addressing topics relevant to resident education and training. Health policy is an important aspect of the AAOS Resident Assembly. An orthopedic resident can join the Resident Assembly Health Policy Committee at any time by contacting the AAOS. The American Association of Orthopaedic Surgeons was founded in 1997 and designed to engage in health policy and advocacy activities on behalf of musculoskeletal physicians and patients. The American Association of Orthopaedic Surgeons provides several resources to educate members about health policy issues.

In addition to the Academy and the Association, the orthopedic Political Action Committee (PAC) is one of the most active and involved medical PAC groups in the country. It has attained this status largely because there are numerous policy issues affecting orthopedics today. Many states have orthopedic societies that offer free membership to residents along with annual meetings and information on state-level initiatives. The National Orthopaedic Leadership Conference (NOLC) is held in Washington, DC, each year and allows orthopedic surgeons to lobby national leaders on important issues. Orthopedic residents can play a crucial role in all of these groups and can bridge the divide between dissatisfied seasoned physicians and incoming students.

Some residents may argue that they do not have time to become involved in these policy avenues. Others may argue that they should not be involved in policy work and should just focus on diagnosis, medical management, and surgical skills. Of course these topics are the primary focus of a resident physician-in-training, but several studies demonstrate that with work-hour restrictions, residents have some additional time.\textsuperscript{3,4,9} Perhaps with the extra time, residents can turn to online resources, the AAOS, the PAC, or their state societies to learn more about health policy issues specific to orthopedics. There are many issues, including the financing of graduate medical education, that are especially relevant to residents.

Learning about health policy issues is likely to be a self-driven pursuit, as these topics are not commonly covered in residency programs or medical school curricula. Residents can learn every branch of the brachial plexus, but without discussing and learning health policy, they are doing a great disservice to their patients and the medical community. There are many entities that are interested in the patient–physician relationship, spanning from industry and insurers to hospitals and policy makers. However, no entity is more important to this relationship than the patient and the physician. Health policy directly influences this relationship and the public’s perception of physicians. With an improved understanding of orthopedic health policy issues, there are several ways residents can become engaged.

The 3 advocacy resources every organization has are money, time, and people. Money is in short supply for most residents. Residents commonly incur medical school costs on the order of 6-figure debt.\textsuperscript{10} Most residents, however, can forgo a purchase or two and provide a small contribution to policy initiatives. If their finances are too tight, residents can give a weekend or two of their time to a policy effort. Residents can visit their state capital, attend an event with a political representative in their district, or help other residents involved in policy work. Although resident time is limited, given that we are talking about our patients and our profession, this is time well spent. Finally, regarding the people element, we can empower ourselves through education in health policy and, as a volunteer body of informed individuals, we can bring new energy to this aspect of health care. Physicians reading this editorial can become involved in health policy or can encourage fellow residents to become involved as well.

If this editorial motivates one resident to become more involved in health policy, it was worth every second of composition. If we do not get involved, we are allowing others to represent our profession. This could be a major factor in the increased physician dissatisfaction rates.\textsuperscript{2} We cannot expect policy makers, lawyers, or elected officials to address the trials and tribulations of the modern-day physician. As a unified voice, we have the potential to improve the entire medical community. Resident engagement is crucial to defend what is important to us and to make the profession better for physicians and patients. Members of the AAOS PAC commonly quote the motivational saying, “If you don’t have a seat at the table, you’re usually on the menu.”

\textbf{REFERENCES}
