

Opinion

“Good Morning!” “Who Are You?”

As long as I can recall, I’ve wanted to have the above verbal exchange with people I don’t know who foist themselves upon my consciousness, especially abruptly, and most especially in the morning. In a medical office, the opening “Good morning” gambit is an invitation for the patient to begin trying to figure out the identity and function of the person who said it. As a boy, I was most interested in who might be qualified to wield the needle (my mother did not have plausible deniability about whether shots were involved with appointments). When I became an ophthalmologist, I had my staff introduce themselves to patients, but I’m ashamed to admit that I would often stride into the room without identifying myself. Wasn’t it obvious? I fit the doctor stereotype—male, necktie wearing, white coat flowing—and besides, the patient had an appointment card with my name on it.

Since then, it’s become much harder to pick the physician out of the lineup of suspects, as the workforce has become more diverse in every dimension. Thankfully, you can’t rely on gender, race, age, dress, habits, or ability to speak “doctoresse” anymore. And now, whole teams of medical support staff are well trained and focused on enhancing the patient experience. How much more pleasant it is to practice with such a team than it used to be in a solo setting. But for the patient,

it has only enhanced the confusion. “Who are you?” is more frequently thought, and even uttered, than ever before.

At the federal level, a bill requiring truth in advertising (defined as business cards and stationery, as well as purchased media) would make it unlawful to engage in behavior that misleads patients about the provider’s level of training. Originally proposed as the Healthcare Truth and Transparency Act of 2011 (HR 451), it has since been reborn as the Truth in Healthcare Marketing Act of 2013 (HR 1427). It has been opposed by most nonphysician provider groups and, like many other bills in this Congress, is awaiting action. In contrast, the good news on the legislative front is the proliferation of recently passed state laws that mandate transparency about the identification and qualification of those who provide patient care. The AMA’s Truth in Advertising campaign, with the Academy’s active support, has begun to achieve traction at the state level. There are now 19 states that require health professionals to identify themselves and their credentials, with four more states coming on line in 2013.

These actions are coming just in time because the Affordable Care Act (ACA) will result in a surge of newly insured individuals seeking medical care. Many allied health groups are attempting to use this by-product of ACA as justification to legislate scope

expansion by trying to convince state legislatures that the only way to adequately treat the influx of new patients is to allow less-qualified providers to practice medicine. But who is placed at risk? It’s the patients who believe that all these providers who call themselves “Doctor” or wear a white coat are physicians. Thus, it becomes all the more important for providers to properly identify themselves to patients. It’s time to get behind the AMA’s effort, which appeals to both conservatives (transparency in a free market) and progressives (patient empowerment). But expect opposition from those who think “Who are you?” is an irrelevant and intrusive question.



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