

## The Commitment to Acting in the Public Interest

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**Immediate Past President**

Being able to serve as your president has helped reinforce my commitment to what we do every day—educate. We educate our patients, our peers, our residents, and our students. It is a role we do without fanfare, or celebration, yet each of us has a meaningful impact on our learners. It is this impact that we are all striving to provide. Each of us is working in a challenging environment, each of which is unique, yet there is a commonality of experiences and aspirations that brings us together.

We are in the middle of a time of unprecedented change. The hope of meaningful health care reform is palpable. Yet, as an organization and as a discipline, we need to have our act together. The concept of the Patient-centered Medical Home has been grabbed onto as a “life raft” by those of us trying to communicate what it means to serve our patients and our communities. But the Patient-centered Medical Home is a concept, not a place. And as such, the interpretation of that concept is uncertain. In fact, it needs to evolve and, more importantly, it needs to be studied. It should not have a checklist associated with its completion. It should be a process that leads to better outcomes in both health and satisfaction for our patients.

The concept of the Medical Home has led some to either argue that it is irrelevant or that it is already what they do. Either way, these are destructive positions, because what the words Patient-centered Medical Home will potentially become are a divisive, politicized symbol. Like any symbol, it is the value ascribed that denotes its meaning. This symbol has the potential to move the conversation forward in a way that underscores the needs of our patients. The Patient-centered Medical Home must not become about us but must be about our patients.

It was embraced as a way to consistently create a more effective and efficient model of health care delivery and to facilitate improvements in the patient-physician relationship. Yes, it does describe the need for a personal physician for each patient, and the need for physician-directed medical practice, but this needs to come without a self-serving, defensive approach—but rather with an awareness of the importance and value of every member of the care delivery team. Potentially more importantly, it speaks to access to care, whole person orientation of care, the coordination of that care, and the critical nature of quality and safety. Of course, it also speaks to the need for a new payment structure that acknowledges the value of this care. These are the principles that we need to unify behind.

STFM as an organization, and each one of us, has a role in making these principles a reality. As teachers, we have the responsibility

to prepare our learners for this environment.

This year, in addition to this role, I have had the pleasure of being a second-year student in a master in health administration program at the University of Washington. Within this program, one of my classes focused on health policy development; a book for this course, by Deborah Stone, is titled the *Policy Paradox—the Art of Political Decision Making*. She articulates the differences between the desires of an individual and a community and the concept of public interest.

Public interest does not negate self interest. Instead, public interest incorporates self interest if, and only if, it is something that is good for the community as a whole. Public interest becomes a primary goal, instead of self interest. Self interest has a primary goal of one's own welfare as defined by that individual. Public interest means that there are common interests among individuals. It means that there is consensus about common goals, and it means that there are interests that are just good for the community, as a community, as opposed to as individuals. Yet, good public policy is something that combines the needs of the individuals with the needs of the community.

The entire discipline of family medicine was developed out of a countercultural movement, in the public interest, due to a sense that health care was moving in the wrong direction during the 1950s and 1960s toward specialization and fragmen-

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tation of care that was not good for our patients.

In the 1990s, the move toward family medicine was based on a shift in the economic paradigm, and many of us became seduced by what the managed care movement could do for us, a self interest, rather than what it could do for our patients.

We are entering a new generation. Unfortunately, it is a time when every aspect of our society is being economically challenged. Yet, it is this very reality that makes meaningful change a real possibility. We stand at a crossroads. We need to help our society to get it right. The focus needs to be on our patients and those who have never had the opportunity to be our

patients. Yes, there must be a new economic paradigm, but we need to maintain our actions in the public interest, rather than our discipline's interest or our personal interest.

Yet, in this case, if we maintain our focus, our patients, our discipline, and we, as family medicine educators, will be empowered. As a community of family medicine educators, we have a shared set of values. We need to share these values, but we also need to be good listeners and define how to effectively integrate our values into the design of a new system of care. We need to do this for our community of patients, not for us. And finally, as educators, we need to share the science of medicine and how to successfully operate within whatever

new system of care is created. More importantly, we need to ensure that our learners have the skills in communication and professionalism that will enable them to act in the public interest.

Thank you for the opportunity to serve as your president over the past year. It has been a great honor.

*Acknowledgment:* I want to thank STFM President Terry Steyer, MD, who allowed me to use the President's Column to share these thoughts as I transition to my new role as your immediate past president.

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