What is a physician's unique value?

re physicians pill pushers, the heart of patient-centred care or part of the team? These and other possibilities were debated at the Canadian Medical Association (CMA) annual meeting Aug. 18 in Ottawa, but it seems the winning definition won't be delivered until 2017.

CMA's Physician Unique Value Proposition Working Group presented a background document, outlining six roles: communicator, collaborator, manager, health advocate, scholar and professional.

This backgrounder "hints at existential angst," said Dr. Brian Goldman, keynote speaker and host of the popular CBC radio program, *White Coat, Black Art.*

The background statement is "symbolic in that it represents how difficult it is to define a unique value proposition," said Goldman. It emphasizes how physicians have more training and work longer hours than other health professionals, but this emphasis is not "lofty enough." It also "hints at the alchemy of diagnosis," and Goldman believes this is crucial. "Physicians are ones that formulate plans from diagnosis."

But the key to defining the physician's unique value is the ability to define scope of practice, according to Goldman. "Nurse practitioners think they do 80% of what physicians do. The major reason this may be the case is that too many of us spend too much time at the bottom of our scope of practice," said Goldman. "My plea is to aim high and keep pushing that scope out."

Addressing the issues underlying medical slang may open the door to a better definition, said Goldman, who recently released his book, *The Secret Language of Doctors*. "The more time we spend understanding things from another person's perspective ... the more we will probably not feel the need to engage in pejorative slang — the us and you model. The value proposition is about operating in the team."



Dr. Brian Goldman, author of *The Secret Language of Doctors*, challenged doctors to think big when defining their value.

According to the CMA background document, the push to define the physician's unique value is coming from several directions. First is the proliferation of formally recognized health professions in Canada; Ontario alone has 27 regulatory colleges. Second, nonphysician occupations are encroaching on the physician's domains in both primary and specialty care. And, according to a 2013 public opinion poll quoted by CMA, 56% of people agree that "nurses and pharmacists are as knowledgeable as my doctor." Only 23% of respondents agreed that physicians make a contribution to health care that no other provider is capable of making.

There were plenty of views from the attendees at the CMA annual meeting on what makes a physician uniquely valuable. Dr. Léo-Paul Landry, former longtime chair of CMA, pointed to a humane practice as key. "We as a profession are in danger," he told attendees. Physicians pride themselves on their knowledge and evidence base. "Patients may see this as us being too bent on [the] scientific part

and lacking a bit on the empathy level." Landry made a plea not to neglect the humanities and philosophy. "Patients ... take it as given that we have the skills ... but they are looking for more than that; they are looking for the human part."

Maybe it's the resistance of physicians to the industrialization of health care at the expense of the experience of care that helps set them apart, opined Dr. Andrew Clarke, a delegate from Doctors of BC. "Maybe it's about being able to see the big picture for this patient, not the big picture about health care."

The crux of the issue is that "the public doesn't really know what we do," said Dr. Tim Nicholas, chair of the CMA working group. "The more we do on this, the more it helps us as a prof and as a patient."

CMA President Dr. Louis Hugo Francescutti said this discussion should be "never-ending," but added that the CMA will have a definition in time for its 150th anniversary in 2017. "This is the soul of what we do." — Barbara Sibbald, *CMAJ*

CMAJ 2014. DOI:10.1503/cmaj.109-4878