



Commentary

With the kind permission of Dr. S. Y. Tan, Professor of Medicine, UH, we bring you some of his thoughts about lifelong learning and CME...

Excellence

Dr. Tan reminds us of an old story about a beautiful actress fainting in a restaurant, and the sound system asking whether there was a doctor in the house.

A lone medical doctor was beaten to the star's languishing form by a doctor of philosophy, a doctor of music, and a doctor of divinity.

The Ph.D. was a mine of pathophysiological knowledge, the musician had superb powers of communication, and the divine had unsurpassed compassion, but the medic was able to elbow them aside because, in that situation, he had the relevant competence. And that for me is the crunch. Competence above all!

This story is not meant to disparage the important qualities of compassion and communication. However, being a thoroughly competent doctor is clearly a necessary component of our professionalism. It is a cliché to nag that much of medical knowledge quickly becomes obsolete, and that clinical skills will rust out with time. Life-long learning in order to keep at Medicine's cutting edge is expected of all of us, generalists and specialists alike. But how many doctors do keep up?

Enter the world of continuing medical education, fondly referred to as CME. It purports to provide useful learning for doctors, and many locales have demanded mandatory credit hours for re-licensure. The idea is that we can now force doctors to update their area

of practice. The outcomes data are unfortunately more sobering.

Those who need the learning most are also apt to be the ones to thwart the system. No CME committee or enforcement agency can prevent the recalcitrant doctor from dreaming his time away at a conference, or attempting to touch up his attendance records, which are easily falsified.

A better approach is to instill in physicians the curiosity of discovery, encouraging them to be seekers of knowledge, not rote learners or copiers of lecture notes. The problem-based-learning (PBL) method that has been widely adopted and is the mainstay at our medical school, is a step in that direction. The arrival of the informatics age will help doctors further.

Regular usage of Medline searches for the latest in diagnosis, pathogenesis and treatment keeps high the passion for learning, which translates into optimal patient care while medicine grows in interest and excitement.

To be excellent, one needs to be refreshed, to recharge. In his book, "The 7 Habits of Highly Effective People," Stephen Covey calls this "sharpening the saw."

He tells the story of the woodcutter sawing furiously without stopping to rest or to sharpen his saw that had obviously gone blunt. As a result, he was far less efficient and effective in his task. We too have need to sharpen our saws as we feverishly pursue our profession, caught up in the ritual of clinical duties, much like the woodcutter and his logs.

To maintain excellence in our work, we must strike a balance that ensures rest for the mind and body, with time out for family and outside interests.

Although Straub CME programs provide a remarkable cross section of medical erudition over the course of the year- attendance at times is embarrassingly sparse. Your interest and participation in our Friday noon conferences can contribute much to our professionalism.



Letter to the Editor

Sirs:

Thank you for Dr. Pat Chinn's comprehensive and cogent paper on the Prepaid Health Care Act [PPHCA]. Its historical overview was especially helpful to me, the newest member of the Prepaid Health Care Advisory Council. I am one of two who replaced the "wolves guarding the hen house," viz. the HMSA and Kaiser representatives who had been on the Council.

I have only been on the Council for six months or so, but I can report there seems to be a definite intent to help Hawaii obtain a more competitive health care insurance market. However, we are primarily hampered by matters of law. As Dr. Chinn accurately points out, we seem to be "frozen in time" [1974] by the exemption to ERISA Congress granted Hawaii.

I myself would welcome her recommendation that Hawaii should repeal PPHCA to accommodate our changing health scene three decades later. To those in our state legislature who fear this would lead to loss of benefits, I would point to: 1. The PPHCA has indeed become "part of the work culture of Hawaii," and 2. Employers actually did continue to provide benefits from 1974-1983 when this was all being hashed out.

Readers are encouraged to contact their state representatives. The Council needs its hands untied.

Mark Dillen Stitham, MD
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