THE DISAPPEARANCE OF SOLO PRACTICE AND THE FUTURE OF MEDICAL PROFESSIONALISM.

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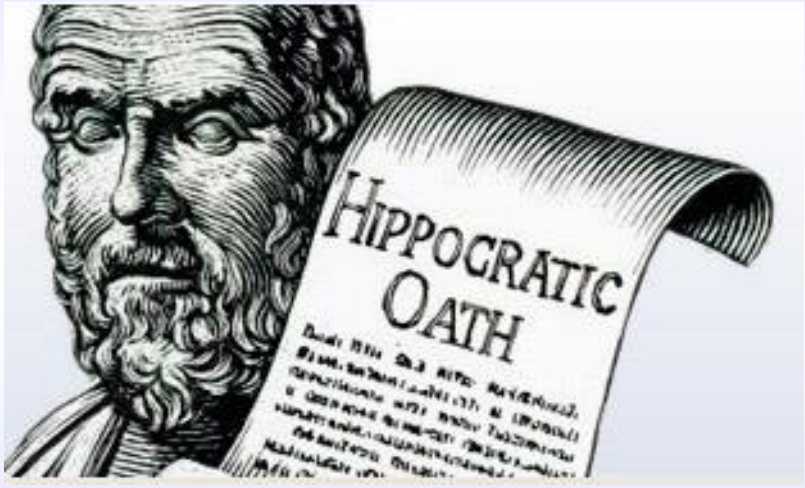
David and Sheila Rothman served as consultant and expert witness for the Attorney General of the State of Texas in litigation against Johnson & Johnson related to the marketing of Risperidone.

THE CONCEPT OF PROFESSIONALISM

Professionalism often evokes a nostalgic response:

- The doctor who made house calls
- Who was free of drug company bias
- Who had never heard of KOLs and speakers bureaus



THE CONCEPT OF PROFESSIONALISM

But nostalgia can be misleading. Until the 1970s:

- The profession was all white, all male, all upper middle class
- Fee splitting was common
- Fee for service lent itself to abuses of overuse

THE CONCEPT OF PROFESSIONALISM

For all the debates over professionalism, vital questions remain:

- What are the challenges that professionalism will face over the next several decades?
- Looking forward, what will it mean to make professionalism a force for change?

The Disappearing Solo Practitioner

1996: 41% of physicians in 1-2 person practices
2013: 32% of physicians in 1-2 person practices

- physicians in 6-50 person practices *climbed* from 13% to 19%

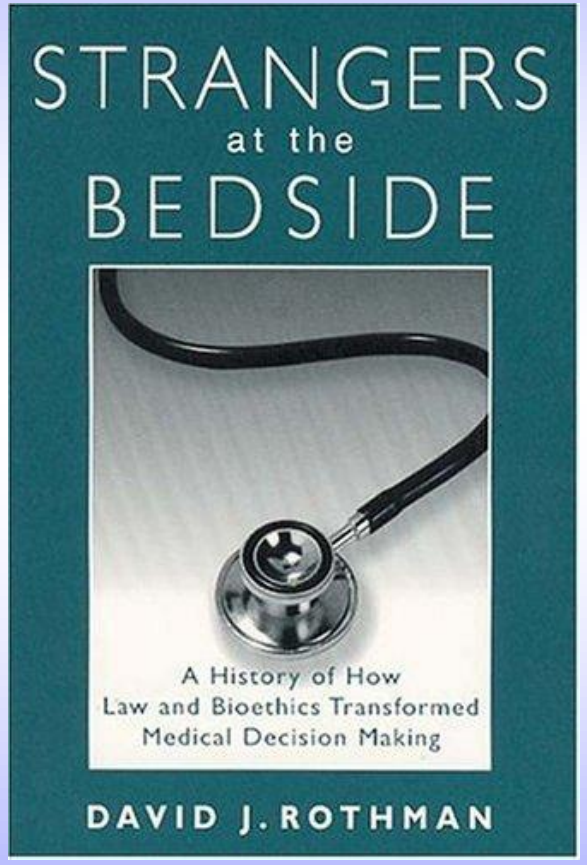
Changing medical practice

- Only 1 % of newly licensed physicians seek solo practice
- This is New!

I) TRANSFORMATION OF HEALTH CARE DELIVERY

Strangers at the bedside

- The rise of the “ist”
  - Intensivist
  - Hospitalist
  - Laborist
- Urgicare medicine
- Wal-mart/Walgreen medicine



The new problems confronting medical professionalism take us into uncharted territories.

We face unprecedented challenges:

- group practice,
- medical care by strangers.

- HOW TO THINK ABOUT PROFESSIONALISM NOT SIMPLY AS AN ATTRIBUTE OF INDIVIDUALS BUT OF ORGANIZATIONS.

Group practice: questions and concerns

- Will the opportunity for closer collegial oversight enhance quality care?
- Will the change from self-employed to employed reduce professional commitments?
- Will it adversely affect earnings and encourage red envelopes, overtreatment, and conflict of interest?
- Will allegiance to the organization replace allegiance to the patient?

How does an ethic of professionalism incorporate the reality that doctor-patient relationships are transient interactions between strangers?