

## Gator Aid

We write to supplement the mention of Deborah German '76 in Ann Marie Menting's "The Dean Counter" in the Autumn 2007 issue. We strongly identify with Dr. German's characterization of the physicians she intends to educate and mentor in her role as dean of the new College of Medicine at the University of Central Florida. We are especially delighted because Nemours Children's Hospital, a new pediatric specialty facility, will be located near the medical school. We hope that as the hospital becomes part of Central Florida's expanding health services resources, we will be able to make a solid contribution to the "good doctors" that Dr. German will help nurture. We wish her the best and applaud her for being more fearful of not pursuing this important goal than she is of failure.

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## Spreading the Health

In response to "The Dean Counter," I'm proud to share the story of one of your alumni. In 1978, Rodolfo Herrera Llerandi '42 founded the Universidad Francisco Marroquín Medical School in Guatemala with the same mission as HMS: to seek excellence. By doing this, Dr. Herrera, now emeritus dean, was able to transfer the skills of his hands to the hands of the more than 500 doctors who have since graduated from UFMMS.

Dr. Herrera's leadership has shaped UFMMS into an institution that maintains the high standards required to meet twenty-first century needs—a worthy goal for a "daughter" of HMS. Now 95 years old, Dr. Herrera keeps inspiring us to pursue what doctors are for: to heal and support patients efficiently, respectfully, and with love.

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## BATTEN DOWN THE HATCHES

"What Are Doctors For?" in the Autumn 2007 issue of the *Bulletin* touched close to home. Nearly two years ago I ended my overtaxed primary care practice at Massachusetts General Hospital, where I was one of the two busiest general internists, and started Orchard Health Care, a membership practice that more effectively serves about one-quarter the number of patients I had previously. As part of that transition, I rejoined the Beth Israel Deaconess network, which enthusiastically supports such "boutique" medical practices.

The many patients who continued with me (and the new ones who joined) are pleased with the calmer and more detailed care and advice they receive. My staff is no longer frayed. I am no longer pressed so hard, nor do I have to move so quickly that I fear I will miss important medical data. I have regained my joy in the art and practice of medicine.

I am acutely aware of the socioeconomic issues that membership practices raise, but I am more concerned about the economic starvation diet that a confederation of insurers and government regulators have forced on primary care for the past two decades. Primary care is dying. The shortage of primary care physicians is critical in Massachusetts and elsewhere—and no solution is in sight. Medical students, even those attracted to internal medicine, look to other specialties to receive fair compensation for their skills and to enjoy a reasonable life. For the ten years I precepted in the primary care clerkship at HMS, not one of the talented students I worked with went into primary care.

My patients and I have escaped the shipwreck that primary care has become through the membership model, where patients pay me an annual fee so I can afford to see hundreds rather than thousands of patients. My earnings are now comparable to those of the average dermatologist or orthopedist. This is my micro-solution, but it is not a macro-solution for a core problem in U.S. medicine today: the demise of primary care. Where is our medical school on this issue? Where are the medical societies?

Perhaps we want a care system built on nurse practitioners and "disease management" telephone staff collectively trying to replace the primary care role, an alternative that is inferior across the board on cost, quality, access, and patient satisfaction. The good ship primary care is foundering on economic rocks. Prompt action might save it. But more likely our studied ignorance of the economic forces destroying primary care will continue, and we'll soon be looking around and asking what happened. We'll wonder why there are no primary care physicians, and why medical care has become more expensive, more disjointed, and less effective.

HMS is a world leader in medical research and policy. It should take a dramatically more active role in spotlighting the disintegration of primary care and in promoting changes in the regulatory and economic policies that are destroying the keystone of our medical care system.

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