The Elected Physician

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Doctors, it would appear, love their love-hate relationship with our political system. They are notoriously miserly when making contributions to political campaigns; they are generally too busy (read "difficult") to mobilize; yet at the same time they find it hard to understand why government is not sufficiently responsive to their wants and needs. In addition, they can be looked upon by the public (at least in the Northeast) somewhat anxiously when the doctor's political views are seen as outside the mainstream.

At the same time there is a long and important history of physicians holding public office—in the US as governors and congress-people; but in Europe, South America, Asia, and Africa, as heads of state. In recent memory at least two physicians have run for president: Ron Paul of Texas and Howard Dean of Vermont. In the 111th Congress at this writing there are fourteen doctor-legislators, all but two or three hailing from the Old South—which may speak to the political culture of both doctor and voter in that region.

That is not to say that doctors in public office legislate as doctors. As with all elected officials, the system tends to "scrub" one of one's prior occupational identity after election—our general disdain for titles allows that "Congressman" or "Governor" or "Representative" should suffice, rarely is it "The Honorable Doctor". So the public often remembers that the congressman is a doctor only on the occasion of her or his running for higher office or when asked to offer an opinion on health matters.

On the other hand, a legislator's identity as a doctor is often quite important to one's colleagues. Great importance is attached to the physician-legislator's opinion on an array of health-related issues, for good or ill, even or especially regarding issues that the doctor may admittedly know little about. (Of course, another reason fellow legislators tend to be more responsive to the physician-legislator is the ready access to medical advice!)

Rhode Island Doctors and Elective Office

A look at recent Rhode Island political affairs finds that our state has a speckled history of physicians running and winning elective office. In many respects our state's physician electoral culture is far behind a number of other states where doctors have often inhabited state legislatures for years and have attempted the occasional foray into the state Executive or to Washington.

Public service by Rhode Island physicians has been rudimentary by comparison to some other regions of the country—our doctors have been elected and are serving admirably on school committees and town councils, but only one doctor has been elected to the legislature in close to 40 years. While a physician has run and is running for mayor of the capital city [Daniel Harrop, MD, running as a Republican], one must observe with some dismay that Rhode Island political history is strewn with the failed first attempts of doctors who may have mistakenly regarded Congress as an entry-level position.

But this history for all its frustrations also holds the seed for future success. Appearing and testifying before one's town functions, serving on the school board or the city or town council, being active on one's town or state party committees all serve as the training ground for higher office. We may not have had many franchise players yet, but we are developing a good farm team and docs have shown increasing interest in running for the Assembly. In the last couple of election cycles three or four doctors ran for Assembly seats and at least an equal number came close to doing so.

It is often the case that one has to run for office a few times before one can successfully serve—and having served then helps to establish the public's trust for even higher office. Those with the desire for public office need to prove they can get a few hundred votes before trying to get a few thousand.

Getting back to the Assembly: A Primer

Because the General Assembly could be the next important level for the electorally-mined physician let's review some lessons learned.

Firstly the doctor who wishes to run for office needs the time. The perceived time commitment in serving in the Assembly often gives the potential candidate pause. In reality serving in the Assembly has actually become less time-consuming over the years. Sessions start no earlier than 4 PM and early in the year the sessions tend to be short and meet only three times weekly.

The real time commitment, however, is in the running for office not the serving. Because the state is small, Rhode Islanders expect to see their candidate personally. When running, there is little alternative to appearing in frequent forums and knocking on people's doors—and that takes time—often weeks.

Having a past public persona helps—like coming from the neighborhood where you are known—as do the funds to put on a respectable campaign. And the physician-candidate needs to articulate at least a small political platform (even if it's "I'd be better than the other guy") that makes sense to the general public, not a platform that only makes sense to doctors.

What to expect when you get there.

It is often more important to one's legislative colleagues that you are a doctor than it is to your constituents. On a whole spectrum of health-related matters, you can expect your opinion to be given deference. Although not as much as decades ago, this remains a General Assembly that has a scarcity of policy experts, and members appreciate the opinion of someone who has experience in the topic. This may get the physician legislator far—but only *so* far. The minute another legislator suspects that your opinion is colored by individual or professional self-interest or that your opinion is at odds with the perceived need of their constituency, your opinion has lost its strength.

Employ your knowledge

On the other hand the doctor should feel free to calmly employ her or his knowledge where it is helpful in clarifying an issue and especially when it helps a colleague better make an argument. Not only can better legislation be made that way, but strong allies are built that way.

Reform on a state level can be effective.

It's possible that more doctors have not run for the legislature because it may be perceived as insufficient to the problems we face, even as being "small potatoes". On the contrary, one legislator introducing a timely issue can garner quick allies and start an effort that can educate a whole generation of legislators who themselves will carry that message to higher office. In the same vein, when in the 1980s, the passage of environmental legislation on a federal level was stymied, it was the passage of a wide array of environmental laws in the states that forced federal action—if for no other reason than the fact that uniform language was needed throughout the country. A single office holder with some knowledge can move an issue with greater ease and more effect in a state than can a Federal effort. The old saw is true because examples abound: one person in the right place *has* made a difference.

Knowledge is power, votes are more powerful

One of the first lessons a new legislator must learn is that knowledge and merit are often necessary but insufficient in determining the outcome of an issue. It is the polar opposite of the "one person can make a difference" adage. There are other colleagues' votes to consider, as are the political and financial influence of others, legislative "culture", and the not infrequent testimony from those who represent "opposing science" (even if crackpot and *un*scientific). There is the story of the physician-legislator who one day made an airtight epidemiological argument about a piece of health–related legislation but because the opposition had more votes, it was the housing developer-legislator who was the epidemiologist that day.

Legislatures are slow, legislatures are too fast

At times a legislature will take years to do the right thing while it can take an hour to do the wrong thing. Regardless of your faith, the Biblical passage helps: Legislatures often "strain at gnats (while) swallowing camels." One of the reasons there are two houses in the Assembly is so the one house can slow or stop the mistakes of the other.

But don't despair. There's always the pure elation of those rare times—after spending years avoiding doing the right thing—when the right thing gets done in a lightning flash, leaving everyone aghast.

There is no disgrace in getting what you can this year.

Legislatures are by their nature conservative organizations. Incremental change more often wins out over radical change. This can be infuriating. However, although at first glance, compromise may look like defeat, it can often be the first step to coming back and winning for good later. Often the most revolutionary act is to out-live the opposition.

Even when you win, look over your shoulder.

The flipside of winning the big win without having to compromise is the admonition to watch out for next year. The opposition will have a year to muster their forces. A related note: Beware of out-of-state experts that suddenly show up in Year Two anxious to reopen the debate.

An informed media is your friend.

A lesson to learn early is to be open, accessible, and patient with the members of the news media. The good ones aren't supposed to take sides but they will gravitate to the office holder who's always been truthful.

The spring is the season when the community-minded physician's thoughts turn to elective office. It's a good time to take a personal inventory—what do you believe, who are your friends (make a list!), how important to you is taking the electoral plunge. And if the answer is that it's *very* important, then the personal and financial details will often work themselves out later.

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