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JULIA MAROUS STRAUT

No social advance rolls in on the wheels of inevitability. This is no time for apathy or complacency; this is a time for vigorous and positive social action.
—Martin Luther King Jr.

Few would have questioned Matthew Neal and James Starman if they had focused exclusively on their studies and the torrent of exams facing them in their second year here at the School of Medicine. Instead, Matthew and James, while sustaining their notable academic progress, mobilized medical students across the commonwealth to take action on an issue that threatens to greatly compromise health care for many Pennsylvanians. In February, they sent a petition with 1,251 medical student signatures to Governor Edward Rendell. At issue: Medical malpractice insurance premiums in Pennsylvania soared 40 percent in 2002 alone (while rising 15 percent nationally), and they continue to rise. An obstetrician, for example, is likely to be faced with $135,000 or more in premium payments each year. This has had dire consequences. More than 1,400 physicians have closed their offices, left the state, or limited their services because of malpractice insurance costs. Those who stayed were more likely to be lured into the practice of defensive medicine (i.e., hoping to avoid liability by ordering expensive and sometimes unnecessary tests or dropping out of "high risk" areas, such as delivering babies). Students couldn't imagine how they could establish a practice in Pennsylvania; and many were heartbroken at the thought that they wouldn't be able to make a go of it in communities they loved, particularly when those graduating in 2004 expected to assume medical school debts of almost $140,000 (the average at Pitt). Matthew and James requested a meeting with the governor to discuss these issues as well as how to address physician errors that are likely to emerge when economically driven time constraints have become so severe.

Health care is broken in so many ways in this country: 44 million uninsured, skyrocketing costs, declining financial support for academic medical centers that care for the indigent and uninsured, lack of physicians in rural areas, politicized research agendas … It is my view that physicians themselves contributed to this mess: Doctors as a group for so long were resistant to embrace Medicare or any changes to the system that might involve the fair and rational control of, and compensation for, healthcare expenses. We removed ourselves from the discussion and let others assume the responsibility and authority to take on issues that needed our unique expertise and insight. Yet it's our responsibility as physicians to be stewards of the health of this country, and it's time that we reclaimed leadership and authority. (In these troubling times, it's helpful to remember that a kick in the behind eventuates in a step forward.) I'm delighted to say that at Pitt, we needn't look further than our own students for inspired leadership. Life and death issues face us, and there's much work ahead for those of us who have pledged to consecrate our lives to humanity. In March, Matthew and James were granted an audience with the governor—a credit to their passion, positivism, adroit organizing, and leadership. If relief comes, these two second-year students will have had no small part.

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