

EDITORIAL

POLITICAL PRESSURE AND PUBLIC PROTECTION

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It may surprise most medical board appointees that there may come a time when they perceive conflict between performing the very duties they were appointed to perform and political pressures to adopt certain decisions that may not be in the best interest of the public they swore to protect.

“The mission of the Medical Board of California is to protect healthcare consumers through the proper regulation of physicians and surgeons and certain allied healthcare professions and through the vigorous enforcement of the Medical Practice Act,” reads the mandate of the board on which I was honored and privileged to serve for close to four years. I read those simple words frequently during the course of my tenure — especially when I was faced with difficult decisions that had to be weighed against some complicating factors. The mandate kept me focused on the real issues that I was appointed by my governor to pursue in the best interests of the citizens of our state. With those guiding words I was able to make the right decisions and fulfill my mission.

The task was difficult — complicated by the fiscal crisis facing California throughout most of my term. Vacant positions were eliminated; staff who retired or moved on left behind workloads to be handled by overworked staff already coping with shrinking resources. The camaraderie and fellowships that emerged helped create relations and friendships that enriched my life and gave it further purpose.

I could never think of a more noble calling than the medical profession, as our patients and their families entrust us with their most valuable possessions: their lives and the lives of their loved ones. I could never imagine serving in any other role but that of a physician. My role on the board brought me face to face with some of the darkest aspects of my chosen profession. It was painful to encounter some of the horror we discovered as we listened to patient complaints, and as we read, occasionally with tears in our eyes, the embar-

assing details of misconduct committed by “so called” colleagues.

We acted as swiftly as our resources allowed us, but with careful respect to the lengthy due process guaranteed to all by our great Constitution. Our decisions were not always popular. We had to walk the thin line separating protecting the public and disciplining the guilty health care provider. We made the best decisions we could, given the information we were provided, and we did it in clear conscience and in an effort to honor the very mandate to which we were sworn when we were appointed.

The nature of the task and its visibility invited attention from the media and a variety of consumer and other member advocate groups. This added further stress to an already stressful mission, and occasionally brought attempts by various political entities to influence some of our decisions. I was startled to discover the impact of politics on decisions that should be exclusively determined by the need for public protection, and at times there seemed to be an inclination by some members to yield to political pressure coming from high above. It was painful to watch as some tried to manipulate fellow board members to make decisions that satisfied political concerns, and occasionally followed personal agendas, at the expense of what was best for the board and the public. But as carefully crafted and orchestrated as some of those schemes were, I was proud to see the board make the right decisions in the end, and not give in to coercion and manipulation.

As political appointees, board members who accept appointments and take their oath of office, should never allow themselves to be torn by a conflict between political influence and responsibility to the public. The choice should be easy. Public protection must always be placed ahead of self promotion or appeasement of outside political pressures.