AMA membership revisited

In the August AAP News I read that the American Medical Association (AMA) is now looking at changing over from an individual membership organization to an “organization of organizations.” I think it is important for the Academy to know that there are many physicians, myself among them, who do not belong to the AMA and do not belong to the AMA on purpose. It is not an accident that I have chosen to not be a member of the AMA and should my membership with the AAP require me to also be a member of the AMA, I will not be a member of the Academy.

On the same page as Dr. Sia’s article about the AMA meeting, there is a commentary by Charles Willson, M.D., FAAP which encourages members to join the AMA. The first sentence of his commentary says “As the only national organization speaking for all physicians...” Well I would point out to you that the AMA is not the national organization speaking for all physicians because it does not speak for me. He points out in his article that the AMA has tackled the difficult issues of Medicare coding and RBRVS. What the AMA has not done is to recognize the fact that Medicare has been the biggest single boondoggle of American medical history and should be dismantled, not further complicated by “coding” and RBRVS. Dr. Willson further points out that the AMA was the leader organization on the national Patients’ Bill of Rights legislation. I am not so sure that represents a move forward.

He points out that the AMA funded Physicians for Responsible Negotiation, the first national attempt at forming a physician labor union, which also I think was markedly unsuccessful. If the AMA indeed staffs a national litigation center to help physicians who have been sued, I don’t know anyone who has received any benefit from it. The fact is, if the AMA was really going to be helping us they would have been pushing for a tort reform throughout the United States, which would probably have a bigger impact.

As far as I am concerned, the AMA simply represents another huge bureaucracy that really offers no benefit to those of us who are on the front lines trying to practice medicine. I certainly don’t have a problem with Dr. Willson wanting to be a member of the AMA and I certainly don’t begrudge anybody’s membership in the AMA, but I do not want to be forced to be a member of the AMA via my membership with the Academy.

Pamela S. Smith, M.D., FAAP
Sycamore, Ohio

Address causes of ADHD

I read and enjoyed Carla Kemp’s Health Briefs (July AAP News, page 2), especially, “Tobacco companies target teens” and “Bike injuries often traumatic,” and I’m writing to comment on the report, “Costs of treating ADHD.”

According to this report, “The rising prevalence of ADHD and stimulant medication prescriptions suggests that the disorder will put a large burden on the health care system.”

Although the article said that health care costs for a child with ADHD totaled $1,151 for a year, the authors pointed out their findings “underestimate the health care costs associated with ADHD since most children receive a significant portion of their care in mental health and school settings.”

Here’s my message. Nine AAP Fellows and other professionals from the Universities of California (SF) and Texas, MIT World Wildlife Fund, Yale and elsewhere spoke at the November 1999 conference, ADHD: Causes and Possible Solutions. These speakers concluded that many children with ADHD would not require stimulant medication prescriptions if the causes of the ADHD symptoms were addressed and appropriately managed.

William G. Crook, M.D., FAAP
Jackson, Tenn.

For more information, contact Dr. Crook at drcrookh@aol.com