

# Faking It: U.S. Hegemony in a ?Post-Phallic? Era

## PHYSICIAN RELATIONS

### A Practicing Surgeon Dissects Issues in Physician–Hospital Relations

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I presume that I do not need to write about the rationale for improving physician relations. Although, publicly, healthcare leaders tell me that they serve at the pleasure of the board, privately, they tell me that they serve at the pleasure of the medical staff as well. At an ACHE seminar I led in 2005, "Practical Strategies for Engaging Physicians," one hospital CEO confided: "If I have a problem with my board, I can resolve it. But if I have a problem with doctors and they tell other influential doctors, I better dust off my resume."

Physicians resemble university professors in that their allegiance goes first to their subject matter, second to their colleagues, and lastly (and distantly) to their workplace (Cohn 2008a). Physicians are trained differently from healthcare administrators. However, if physicians are treated as adults, they behave as adults, a prerequisite for improving physician relations. As Dr. Bujak (2008) argues, when physicians see that supporting the goals of a healthcare organization serves their self-interest, then synergy occurs and magic can happen.

My passion for physician–hospital relations stems from what I have witnessed: Clinical and financial outcomes can improve when healthcare administrators, physicians, nurses, and board members learn to work more interdependently (Cohn 2008b). Care coordination is also enhanced, and the practice environment becomes one in which people reconnect with the values that attracted them to healthcare in the first place. In this column, I introduce myself, my observations, and some issues between physicians and administrators that cause conflicts.

#### ABOUT ME

I am a practicing general surgeon who takes his work seriously and himself lightly. A sign in my office reads, "It's never too late to change what you want to be when you grow up."

I was an associate professor at Dartmouth College and chief of surgical oncology at a VA hospital. I fully expected to stay in academia my entire life, but on February 14, 1996, the VA hospital underwent a budget cut and eliminated five part-time physician and surgeon positions. My wife wanted to stay in the area, so I applied and was accepted into the MBA program at Dartmouth's Tuck School of Business. Overnight, I went from being an 80-hour per week surgeon to a 110-hour per week graduate student. During school breaks, I worked as a locum tenens surgeon.

After earning my MBA, I intended to teach finance, accounting, and spreadsheet analysis to physicians. However, I learned that physicians needed guidance in

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