



# executive office update

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## Ideological agnosticism fundamental rule of engagement

This issue's Final Word guest column by COMPAC Chairman Dave Ross, DO, emphasizes not only the inherent value of physician engagement in the political process, but also hits on one of the most fundamental rules of engagement: ideological agnosticism. To borrow from former U.S. Speaker of the House and Texas lawmaker Sam Rayburn, the vote of the politician of questionable judgment and personal character is the same as that of the debutante.

### Separating personal beliefs

In my three-decade tenure as a physician advocate, I have found that physicians consistently and understandably struggle with separating their personal political beliefs from the more hard-nosed pragmatism that dictates medicine's support of an elected official (or candidate) whose track record or predisposition is demonstrably pro-medicine even when at odds with local doctors' own partisan or ideological leanings. I understand that it may seem counter intuitive in a world defined in terms of clinical science, but the process that ultimately sets public policy has its own logic and, yes, ethics. Legislators who stand in harms way and support, or even champion, medicine's issues will logically expect a certain level of reciprocity from their medical communities, regardless of whether they come from the left or the right, and regardless of whether they are likeable or not.

I have also found that most physicians who master the art of political engagement, from the ballot box all the way into the halls of the statehouse and Congress, are the most effective advocates for their profession and the causes we pursue and defend. In the course of campaigns and on into the often con-

tentious give-and-take of legislative sessions, they have forged sustained working relationships with their members of the Legislature and Congress. The sustainable relationships develop and exist not because there is an agreement on all matters of policy, although that doesn't hurt, but because those politicians consider them a reliable, unimpeachable resource on the complexities of health policy, and know that those physicians will stand by them when they are inevitably challenged.

### Making decisions

These are subjective matters but, again, there is a logical construct for evaluating the relative disposition of an incumbent or the more speculative assessment of a candidate seeking office. It falls into three interdependent components.

First the lobbyists' and political professionals' rating: This is how they stand on the issues and the subjective "grade" by those who are immersed in the process. This goes beyond record votes to include the many nuanced ways a legislator can help or harm – sharing inside-the-caucus intelligence, arguing on our behalf behind those closed doors, speaking on the floor, or working their colleagues before a crucial vote, to mention a few of the more obvious measures.

They will also take into consideration the X factors – to what extent the legislator can reasonably be expected to go against the current and stiff powerful constituencies or leadership and caucus pressures. When the review pertains to the office-seeking candidate or challenger, this assessment has as much to do with what the candidate doesn't say as what he or she pronounces. In our candidate screenings, truth and accu-

racy are not always the same thing, and the political pros can tell the difference.

Second, the similarly subjective views of the local medical community are

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dropped into the equation. Area physicians are not likely to know the insiders' take on the incumbent, and may well fall back on word-of-mouth sources and their own partisan leanings. If the lobby grade is relatively high, but the incumbent risks being tarred and feathered if he or she were to show up at a medical society reception, that dissonance has to be resolved, usually by putting the political pros in the room with the local doctors to try to level up perceptions—closing those truth-versus-accuracy gaps.

The third interdependent factor is race intensity. If the A+ pol is equally beloved by the local medical community, but hasn't had a serious challenge since his/her first term, then resources should be diverted to the race where the incumbent has walked the plank with medicine and incurred the considerable wrath of the trial attorneys.

Pragmatism means we rarely indulge in

the luxury of getting angry – though we have that capacity when circumstances dictate. Pragmatism means we pick fights where our voices can make a difference. But that doesn't mean just betting on sure things. It means an adversary will know when he or she has been in a fight, and opposing us means we won't back down or be intimidated.

Pragmatism also means we will stand by those who support us, regardless of their party, fashion choices or personality disorders. Pragmatism also means there is no one vote and no one issue that defines a friendly incumbent or a candidate worthy of our support. Health care policy veers right and left of center, and there is plenty of room for debate.

In this election, we will find friends and adversaries in high and low places and in both parties. Our success will be directly proportional to the degree of local medical community engagement and the follow through into Denver when the Legislature convenes in 2013. ■



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