



Illustration by Jim McGuinness.

Editorial

Leadership for the future

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Leadership in medicine, medical education, and health care is more important now than ever before. I am convinced that the medical profession needs a new form of leadership, one based on the values that Alpha Omega Alpha was founded on: professionalism, leadership, service, research and scholarship, and teaching.

In 1935, as many as thirty-five percent of hospitals were led by physicians. By 2009, that number had fallen to four percent.¹ Today's leaders of health care organizations are mostly graduates of health administration programs or business schools, not doctors. What happened?

The twentieth century brought advances in science and medicine that transformed our understanding of medical science and patient care. These advances led to technological breakthroughs that resulted in better care for patients, but also brought an explosion in the cost of medical care. A growing perception that physicians were unable or unwilling to constrain the rising costs of health care led hospitals and

insurance companies to develop the concept of "managed care," in effect usurping the authority of physicians to directly manage care for their patients. This in turn led to the consolidation of economic power and political influence over the practice of medicine by corporations rather than with physicians. The traditional practice of medicine evolved into the *corporate* practice of medicine.

In theory, physicians, health care organizations, and patients should have a symbiotic and collaborative relationship, with the common goal the quality care of the patient. But in practice this is often not the case. All too often, medicine is a corporate business and the financial bottom line is the principal value and objective, even in nonprofit organizations. This means that leaders of health care organizations are chosen from among those who are educated and trained in health administration and business, rather than from among physicians.

Health care organizations are now the employers of many

physicians, and this employer/employee relationship can disrupt the bond between doctor and patient by inserting the organization between them. The focus of health care organizations on the bottom line often means an imbalance between the need to manage costs and the vision to develop a future for medicine and health care that supports patients, caring, and health education, and enables the delivery of high quality compassionate care for patients and society. The profession of medicine needs physician leadership to restore that balance.

At the same time that medicine needs leadership, it needs a renewed focus on professionalism. Professionalism and leadership in medicine are inseparable because professionalism is the foundation for medicine's contract with society, which is based on the following principles:

- The primacy of patient welfare, and the physician's dedication to serving the interest of the patient.
- Respect of patient autonomy—being honest with patients, advocating for them, and empowering them to make informed decisions that are ethical and based on appropriate care.
- The pursuit of social justice, including the promotion of justice in the health care system and working to eliminate discrimination in health care.²

The future direction of health care will depend on physician leaders working together with health care organizations to use their knowledge, skills, experiences, and values to develop new models of health care delivery that fulfill the profession's contract with society and meet the needs of patients. We believe that a good model for physician leaders is the concept of servant leadership.

A concept distilled by Robert Greenleaf in his 1970 essay, "The Servant as Leader" and expanded in his 1977 book, *Servant Leadership: A Journey into the Nature of Legitimate Power and Greatness*,³ servant leadership can be summarized this way: "Great leadership is about doing the right thing in service to others." At its core, servant leadership asks leaders to identify their values, to share their vision, and to inspire others—to work with passion for their goals. In doing so, they will find joy and self-respect. Their rewards are the positive results they achieve and their personal satisfaction.

Effective leaders need to be competent as managers, but leadership is much more than good management—and more important. Leadership provides vision, purpose, and direction, while management makes it all happen.

Four contemporary thinkers provide further insight on leadership:

- Dr. Wylie Souba, Dean of Dartmouth Medical School, provides us with a concise definition of leadership: "Leadership defines what the future should look like, aligns people with that vision, and inspires them to make it happen despite obstacles."⁴

- John Kotter, former professor at the Harvard Business School, defines leadership "by what leaders do: they cope with change, they set direction, they align people to participate in that new direction, and they motivate people."^{5,6}

- Warren Bennis, pioneer in the contemporary field of leadership studies, emphasizes that leaders should be "catalysts for constituents who seek four ideals: meaning or direction, trust in and from their leaders, a sense of hope and optimism, and results."⁷

- Jim Collins, who wrote *Good to Great*, argues that the leaders who will make the most difference are those who want to be great, and want their teams or organizations to be great. They want to make a positive, important, and distinctive difference over a long period of time. These leaders build enduring greatness through a blend of personal humility, professional will, commitment, and perseverance to the cause, movement, mission, or work—not to themselves.⁸

Whichever visionary we look to, all agree that modern leaders provide organizations with vision, purpose, and direction as they inspire the people they lead to serve the values all hold in common.

Medicine, health care, and education are not corporate businesses, although some health care organizations reflect the values of corporate cultures and missions. To be true to the profession, leadership in medicine must be based on medicine's core professional value: the care of the patient. The medical profession desperately needs physicians—with their experience in clinical care and medical education, their commitment to service and patient care, and their special knowledge, skills, and education—to provide the leadership for the next steps in patient care, clinical medicine, medical education, and medical practice.

Much is changing in medicine, including the increasing complexity of the interconnected parts of basic and medical science; the systems of medical practice and education; the rapidly changing social structures surrounding medicine; and the accelerating pace of change and interconnectedness. In concert with these changes, leadership in medicine is also evolving.

The days of trusting that "doctor knows best" are fading, and the tasks of leaders and best practices in leadership are evolving. Great leaders can be developed with leadership education, training, mentoring, coaching, practice, experience, and reflection.

The traditionally accepted models of education and practice, however, are no longer effective to meet contemporary and future leadership needs. Flexible leadership—whether hierarchical or team-based, or both—is needed, but can be hard to develop without a plan and support. There is a disconnect in today's health system organizations between

the contemporary leadership competencies needed and the knowledge and skills to put them into effective practice.

In his essay "Building Our Future: A Plea for Leadership," Wiley Souba elaborates on leadership: "Fundamental leadership principles are critical to building a better future: 1) recognizing that the work of leadership involves an inward journey of self-discovery and self-development; 2) establishing clarity around a set of core values that guides the organization as it pursues its goals; 3) communicating a clear sense of purpose and vision that inspires widespread commitment to a shared sense of destiny; 4) building a culture of excellence and accountability throughout the entire organization; and 5) creating a culture that emphasizes leadership as an organizational capacity. Leadership and learning are inextricably linked."⁹

At the AAMC's annual meeting in November 2012, AAMC President Dr. Darrell Kirch gave an address titled "The New Leaders for Academic Medicine."¹⁰ In his speech, he referenced the leadership model of Liz Wiseman and Greg McKeown, as set out in their book, *Multipliers: How the Best Leaders Make Everyone Else Smarter*. Wiseman and McKeown write, "Multipliers consistently strive to make everyone around them smarter by unleashing others' full potential and empowering the broader problem-solving abilities of the entire organization. In short, multipliers are not necessarily the geniuses. They are the genius makers. They invoke each person's unique intelligence and create an atmosphere of genius—innovation, productive effort, and collective intelligence. A multiplier believes that most people in organizations are underutilized, and that their capabilities can be leveraged with the right kind of leadership."¹¹

Whether we view ourselves as "multipliers" or leaders, leadership has long been a core value of Alpha Omega Alpha Honor Medical Society (AΩA), and is a criterion for membership in the society. A key component of our society's mission statement is "To improve care for all by encouraging the development of leaders in academia and the community."

Many AΩA members have become important leaders in medicine, education, and health care, while others aspire to become leaders. Such physicians can benefit from formal leadership training, as well as having direct leadership experiences to complement their clinical competencies, caring experience, and professional values. Future physician leaders in medicine must consciously prepare to become competent both as clinicians and leaders, as well as to be coaches and mentors to develop leaders in the next generation.

While many AΩA members are leaders and others are aspiring to become leaders, there are many who have not chosen to lead. We believe this is a lost opportunity for those in need of leadership as well as for the field of medicine in general.

Leadership is about making a positive difference and everyone, especially AΩA members, has the skills and opportunities to make a difference and provide leadership.

This raises an important question for Alpha Omega Alpha and our profession: How can we best support and contribute to leadership promotion and development as part of our professional responsibility, mission and core values?

While AΩA will continue to support our society's mission to advocate and support the work, development, and success of a new generation of leadership in medicine for this century, leadership that exemplifies the core values of our profession and the commitment to a spectrum of successful approaches to leadership that include servant leadership and leadership based on core professional values and caring, is there more we can do? You have my commitment to continue to carry forward our long-standing mission, vision, values, and traditions, and to advocate for and work to develop the next generation of physician leaders for medicine, health care, education, and society.

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