



## **“Medice, Cura Te Ipsum”**

**ED Lopez, PA-C, C.P.M.M.**

I remember a time over four decades ago when as a young man, after finishing college and my PA education, that I had hoped for a long lasting, fulfilling and rewarding career. A career that I would dedicate my talents, my energies and my life to serving the sick and injured and then look back some day on a meaningful life and career thereafter thinking that it was worth the sacrifice and the journey. And while in general, I cannot complain so far, but medicine for many, or dare I say most of my friends and colleagues working in medicine today, has not been so great. And so, I ask myself, “What happened to that dream, that hope and that naive ambition that we once clung to?” Was it progress, time, politics, corporate takeovers, population growth, rising costs and new paradigms that spoiled it all?

complaints by our Washington patients and their families to our Washington Medical Commission, not only about delivery of care, but many more complaints regarding behavior, attitude, personal communication issues, lack of empathy and compassion, racism, sexism and lack of self-care. Yes... Progress has been good for us all but “there is another side of that coin” that we must consider. With progress often follows the stress of adaptation, cooperation and implementation and sometimes we are just not ready for all of it.

To all of us I ask for you to consider the words in the Bible found in the book of Luke chapter 4 verse 23, “Medice, cura te ipsum” translated to English “Physician, heal thyself”.

***“I wish to sound the alarm that according to our Washington citizens, PAs are behaving in ways that are resulting in an increasing number of complaints by our Washington patients and their families”***

And while in the 1960’s when Dr. Eugene Stead et al conceived and created the PA profession to work in North Carolina, who would have thought that today we have over 300 PA programs and over 160,000 practicing PAs in every specialty all over the world? And yes we can all agree that this can be considered progress, but with that progress has come a whole lot more.

According to several sources, today among the most important issues facing PAs are our unclear practice scope and roles, our increasing workload demands, the risk of burn out due to increasing stress levels, navigating the changing healthcare bureaucracy, the EMR robbing us of our face to face time with our patients, our limited opportunities for career advancement, challenges in our patient’s understanding of who we are as well as healthcare payors and authorities and medical staff bylaws not understanding our roles and our responsibilities. All of this and more has contributed to our responding and ultimately behaving in the workplace and at home in ways that have been less than optimal or ideal.

And while you may have heard all of this before, I bring it up here yet again because I wish to sound the alarm that according to our Washington citizens, PAs are behaving in ways that are resulting in an increasing number of

While this is NOT intended to be a sermon, it is nevertheless a warning cry from one PA to another that we examine ourselves daily and properly prepare ourselves for the job that we do each day. That we take time to explore the elements of what constitutes the often over used comment of “find your work life balance”. Examine the “why” you do what you do each day in your work and always consider, ourselves as “healers” and thus how we present ourselves to those needing our services often is as simple as sitting down and listening attentively to the physical and emotional pain that may be presented by that patient in our midst. And we should never forget that the healing process always begins the moment contact is initiated between the patient and the “healer”.

Let us remember that “Psychic Healers”, “Curanderos”, “Native American Medicine Men”, “Shamans”, “Druids”, “Acupuncturist’s”, “Massage Therapists” “Homeopaths”, and so many others, have provided a level of “healing” for many sufferers worldwide for centuries before allopathic medicine and physicians arrived on the scene and they did it all without MRI’s, EMR’s and CAT Scans but only with the common skill of demonstrating caring, empathy and the healing touch.

For PAs, we now have an opportunity to demonstrate the art of healing, despite the direction that medicine may be heading today. But we cannot do it if our lives and our own mental and physical health are impaired. I would ask you to please take a hard look at yourselves and your work and be more mindful of what you do and why you do it. Be more committed to demonstrating by your demeanor, your handshake, your face and your style toward your patients that they are the most important person in the world at that moment and that you will do what you can to help them through their medical journey at that time. I can still remember one of my professors saying to me decades ago, often because of my complaining that someone mistreated me because of my ethnicity and the color of my skin, he would calmly say to me, "Son, we are to gather warmth, from the coldness of others". While difficult to do, after 50 years of trying, while I'm better at it than I used to be, I'm still working on it.

Even the medical literature has demonstrated the pitfalls of poor Physician-Patient Communication as reported by Levinson, Roter and Mullooly et al in JAMA 1997; 277: 553-559 where it warned us back in 1997, "In examining this doctor-patient hypothesis, recent research has found that physicians who exhibit more negative communication behaviors are more likely to have been sued in the past for malpractice than those with more positive doctor-patient relations".

And even recently, those reportedly temperamental Cardio-Thoracic surgeons, at their most recent Society of Thoracic Surgeons meeting in L.A. this winter adopted their new "Policy for Respectful Scholarly Discourse to address the ongoing problem of unprofessional and disruptive behavior among members at conferences and events."

In conclusion, I urge us all to never forget why we all made the sacrifices in our lives to become the "healers" that we dreamed to be and to have that great career that we thought we could have. It starts with healing and caring for ourselves first so we can be the best PAs we can be for our Washington Citizens who need and want us to help them.

## OCHS Facilities Program

On January 10, 2025, Governor Jay Inslee issued directive 25-01 which directs the Department of Health (the department) to adopt an emergency rule regarding emergency abortion care in Washington State. The department filed an amendment to existing rules to ensure access to treatment, including abortion care, for emergency medical conditions in hospital emergency departments and to protect a pregnant person's right to exercise informed consent in prioritizing their health and safety when receiving treatment for emergency medical conditions in hospital emergency departments. [The emergency rule](#) was filed on January 13, 2025, and went into effect immediately.

The department will also conduct rulemaking to make these requirements permanent. Rulemaking notifications will be sent to the hospital distribution list using the state's GovDelivery email notifications. You can find information about hospital rulemaking projects at [Hospitals-Rules in Progress | Washington State Department of Health](#) and you can [learn more about rulemaking](#).

LEGAL ACTIONS  
COMPLAINTS