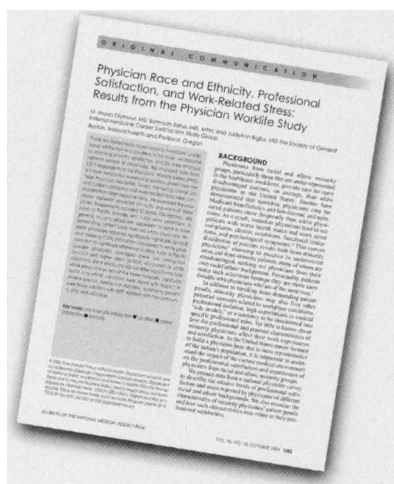
*The opinions expressed here are not necessarily the opinions of the National Medical Association.*

## Understanding Patient Health Beliefs, Enhancing Long-Term Professional Satisfaction

*To the Editor:*

I read with great interest the article, "Physician Race and Ethnicity, Professional Satisfaction and Work-Related Stress: Results from the Physician Worklife Study" in the October 2004 edition of *Journal of the National Medical Association.*[1] Glymour and colleagues addressed many patient level factors that may influence the professional satisfaction of minority physicians, including: adversarial relationships with patients, feeling overwhelmed by patient needs, patients demanding unnecessary treatments, and time pressures impairing relationships with patients. These were important questions, but another dimension may be the patient's perspective. One study found that physicians had less satisfying interactions with ethnic immigrants than American-born white patients and that this difference was associated with the patients' understanding of prevention and management of chronic disease.[2] Perhaps we need to explore further the differences in how physicians from various ethnic and racial groups respond to the many ways patients view and handle their own healthcare issues.

One of the factors that may strongly influence how patients understand healthcare is education. Another article revealed that patients whose highest level of education was high school were more likely to believe that physicians were overpaid and that they kept a large portion of insurance




reimbursement.[3] Fewer patients in this group also felt less obliged to pay medical bills not covered by insurance and were less likely to pay for better medical care or for the freedom to choose a physician. Level of education then seems to affect what choices patients make and may be another factor that needs to be explored in the context of physician work satisfaction.

Seeking to understand the diversity of patient health beliefs might be a rich learning experience that enhances our long-term professional satisfaction. At the same time, we must recognize how our own cultural and ethnic backgrounds may influence our views on our own medical careers as well.

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## Thanks to the Quiet Pioneer, Chief

As a graduate of Dr. Kelly's residency program in dermatology at King/Drew Medical Center, I would personally like to thank you for your article about him in the November *JNMA*. Those of us who were privileged to study with him and still consider him and call him "Chief" have long known what an incredible teacher, scholar and advocate he is and have long been proud of his countless contributions to the African-American medical community. A "quiet pioneer" indeed, but also a true gentleman and scholar.

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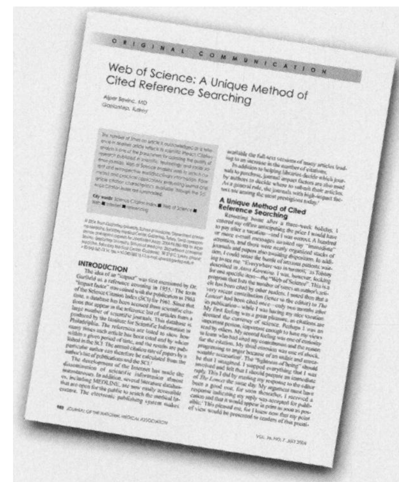


## Multilingual Approach to "Web of Science"

*To the Editor:*

"Web of Science" is a very helpful tool for both the authors of medical articles and the medical journals. Therefore, it is important that the articles like mine[1] should reach as many readers as possible. For that reason, it is crucial to publish such articles in different languages.

I would like to extend my sincere thanks to the editor and editorial board of the *Journal of the National Medical Association* for the courtesy of permission to publish the original article[1] in Turkish[2] when a turkish journal—*Turkish Librarianship* (*Türk Kütüphaneciliği*)—had requested the Turkish version of my recent article on "Web of Science."[1] *Turkish Librarianship* is the quarterly journal of the Turkish Librarians' Association, which is indexed in the "Library and Information Science Abstracts." The article captured great attention from my colleagues (both national and international), and I am pleased to see that the readers found it highly beneficial.

I would again like to thank to the editors of both journals—Serhat Baytur, editor of *Turkish Librarianship* and Eddie L. Hoover, MD, editor-in-chief of the *Journal of the National Medical Association*—for exchanging the scientific information to their readers and providing the opportunity to enable the article to be benefited by more authors.


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## Urban Healthcare Under Attack

A response to Dr. Hoover's editorial from *JNMA* November 2004 issue (*J Natl Med Assoc.* 2004;96:1492–1498):

Dr. Hoover's recent editorial, pointing out the difficulties facing African-American medical education programs, raises serious questions not only about the plight of our professional medical class, but it also raises concerns about the quality of healthcare to which our people will have access. And, most importantly, I feel, we, as professional providers, including nurses and other health professionals, must undergo a serious inventory and introspection of our commitment and obligation to our respective communities and to our interaction we have among ourselves. It seems clear to me that before we can confront the tragic dilemmas that truly haunt us in the healthcare sphere—in all of its aspects—and the impact it has on our lives, reflections on these basic notions will help lift the fog of self-defeatism to a large degree. This in and of itself will be a victory of sorts.

Moreover, we are frontline providers for our community and, understandably, they depend on us, unerringly. Therefore, if we are troubled in the ways of our work and interactions with each other, our community is in trouble. If not addressed and corrected, this then is a prescription for disaster, especially in light of some of the revelations mentioned in this letter. Obviously, once we have cleared our collective souls of the demons of self-defeatism and cognitive dissonance, we can begin to address other pertinent health-related issues.

To begin with, recent changes in the Medicare funding formula meant a decrease in the amount of money going to New York City hospitals. The reflected change in funding calculations now include metro area New Jersey hospitals in addition to the City's institutions. As a result, NYC hospitals are expected to lose over $930 million in the next 10 years.

The question then becomes, "can the current healthcare infra-

EDITORIAL

On Our Watch: The Continuing Loss of Historically Black Residency Programs—A Strategic Response

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structure in communities—like Harlem and the south Bronx, to name two—weather this impending storm?" I have to tell you from my personal experience, here in Harlem, where I reside, a walk through these institutions today will remind one that they are not the institutions Dr. Hoover spoke of and about in discussing the past glories in the training of African-American physicians.

But, on the other hand, maybe the people of Newark or Jersey City, NJ will benefit from the new funding formula—or is this rearrangement of funding by federal officials akin to "cutting off our face to spite our nose"? That is, in an effort to shore-up the anemic resources and healthcare infrastructure of the smaller metro areas and rural communities, do we strap already financially crippled institutions of the larger metro areas with more burdens?

Meanwhile, in the nation's capital, because of the closure of the inpatient care facility at Washington, DC's General Hospital, other area hospitals are being burdened by increased payment rejections and swamped emergency rooms.

In fact, one of the six institutions chosen to "pick up the slack" with the closure of DC General's inpatient service, parent company was in bankruptcy