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WILKOFF, M.D.

LETTERS FROM MAINE A Reverence for Pediatrics

ne of my plans for this year is to read more widely and think more deeply. As part of that plan I read a column

by New York Times columnist David Brooks. In it he refers to "On Thinking Institutionally (On Politics)" (Boulder, Colo.: Paradigm, 2008)—a book by political scientist Hugh Heclo.

According to Mr. Heclo, we are all shaped by the institutions through which we navigate our lives. In this broad sense institutions include our family, the schools we attend, and eventually our

The extent to which we internalize the

rules and traditions of those institutions defines us as either an institutionalist or an individualist

Those of us who revere the ones who preceded us and accumulated the rules that support the institution are thinking institutionally. According to Mr. Heclo, institutionalists "see themselves as debtors who owe something, not creditors to whom something is owed."

You don't have to look very far to see that currently our society is tilting toward individualism. Chest-thumping end zone performances by egocentric professional football players and former senators who don't think paying taxes is important are all part of a phenomenon that has spilled over from the Me generation.

But, there remain a few high-profile figures who still revere the institutions in which they have thrived.

Mr. Brooks and Mr. Heclo quote Ryne Sandberg on the occasion of his induction into the Baseball Hall of Fame: "I didn't play the game right because I saw a reward at the end of the tunnel. I played it right because that's what you're supposed to do, play it right and with respect. ...

"If this validates anything, it's that guys who taught me the game ... did what they were supposed to do."

Now it's time to start thinking more deeply. Do you see yourself more as an individualist or an institutionalist? What about your fellow physicians? Do they treat the practice of medicine with reverence? You may want to ask yourself, "What are the institutional values that define medicine?" Is it the Hippocratic oath? And, who were your physician models?

Ironically, it was probably the 10 years I was in solo practice that injected me with a reverence for the institution of pediatrics. Parents had other choices. They could have trusted the health, and on rare occasions, the lives of their children to someone else. But because I had adopted a set of skills and attitudes from the instructors in my training programs and through the mentorship of my former partner, and because I conformed to what parents viewed as the principles of the institution of pediatrics, they chose

Among my role models were two older surgeons. These gentlemen dressed in a manner that respected the sensibilities of their patients.

They introduced themselves with a handshake. They were instantly available when they were on call and never sounded as though my call for help was an imposition. There was never a hint that profit was a motive in their decisions to operate. They were classy and professional physicians who revered their profession.

Fortunately, there is room for creative thinking and action in most institutions. Great institutions like pediatrics not only tolerate but encourage their members to think outside the institutional box. And, luckily we have chosen a profession that still deserves our reverence. I hope you agree that we owe pediatrics far more than it owes us.

DR. WILKOFF practices general pediatrics in a multispecialty group practice in Brunswick, Maine. To respond to this column, e-mail Dr. Wilkoff at pdnews@elsevier.com.

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Pediatric Infectious Diseases in the Headlines

A Continuing Medical Education Conference

October 24 – 25, 2009 Royal Sonesta Hotel, Cambridge, MA

Topic Highlights:

- What Is The Diagnosis? with James H. Brien, DO
- Influenza Challenges: Diagnosis, Treatment, Resistance, and Immunization
- CaMRSA Diagnosis, Treatment, and Prevention
- Otitis Media Is There Consensus About Treatment and Prevention?
- The Child With Stridor Diagnosis and Management
- EBV: Diagnosis, Complications, and Complex Cases
- Impact of the Rotavirus Vaccine on Rotavirus Disease
- Malaria: Recognition and Management
- HPV Vaccine: What Have We Learned?
- Next Steps in Preventing Meningococcal Disease in Children
- Next Generation Pneumococcal Vaccines
- Does Probiotic Use Limit Certain Infections?
- New Challenges for Travelers
- · Hectic Fevers in the First Year of Life
- Vaccine Safety
- STD Guidelines



Target Audience: This conference is designed for pediatricians, family practitioners, general practitioners, nurse practitioners, residents, and allied health professionals.

Accreditation: This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Boston University School of Medicine and *Pediatric News/Family Practice News*. Boston University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Boston University School of Medicine designates this educational activity for a maximum of 12.25 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Continuing Medical Education Provider Unit, Boston University School of Medicine is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.

Educational Objectives: Through participation in case discussions, small group workshops, and attendance at lectures, participants will be able to:

- Apply evidence-based practices concerning immunization across the pediatric life-span
- · Identify less commonly seen travel-acquired diseases
- · Improve identification and treatment of various pediatric infectious diseases

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