

We're lucky here to have our medical providers
By [John Costa](#) / *The Bulletin*
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Last week, I spoke before a group of medical professionals — mostly doctors — at St. Charles Bend.

Just guessing, but there were probably 75 members of the Central Oregon Medical Society and Central Oregon Independent Practice Association at the dinner.

I had several topics on my mind. But before I got to them, I said thank you.

I know how good we at The Bulletin feel when someone writes or calls to tell us they think we are doing a good job.

And so, in opening my speech, I thought I'd do something that is not done enough in our society: telling people how much we appreciate what they do.

I told the members of the group that all of us in Central Oregon owe them our gratitude.

Not that everyone or every outcome or experience is perfect in local health care, but all in all, we are very lucky to have dedicated, hardworking people serving our health needs, and, at a minimum, they deserve our respect. If I didn't believe this, I wouldn't have said it.

But there were more important issues to talk about at the dinner.

First: Where the worlds of medicine and media intersect is information. There is a tsunami of medical data now available for public inspection. The genie is out of the bottle, and there is no putting it back.

In this, papers like The Bulletin, with a substantial investment in health and medicine coverage, have something in common with the medical establishment. Yes, we spar with each other from time to time over malpractice lawsuits, disciplinary actions and other glitches. That's not going to change significantly.

We pursue a responsibility to the public that, no doubt, causes angst, embarrassment or worse for medical professionals, as it does for anyone caught in the crosshairs.

We have adopted a much tighter standard on these kinds of lawsuits. They are published as small public notice items in the newspaper. In most cases, we are now waiting until the suit goes to trial before deciding on any substantial coverage. But that won't take the sting out of the stories we do pursue.

In any case, even the stories we do publish about lawsuits are not the most important.

The most important are those stories that, through all the data and information that health journalists receive, give readers a look at the care that is available to them, the cost of that care and, most importantly, its effectiveness.

When you think about it, that is the core of the debate over health care reform.

And readers are interested.

Yes, they will read the occasional story of a screw-up.

But in the end, what they want is information to make decisions in, perhaps, the most important element of their lives: how to stay healthy, or how to fix what ails them.

And since patients have so much at stake, that information has to be lucid, correct and persuasive.

At The Bulletin, that takes the work of three fine reporters. They are Markian Hawryluk, Betsy Cliff and Lily Raff.

It also takes a commitment to produce both the weekly Health section and the new quarterly magazine, Pulse.

That commitment is based on an assumption that readers will take the time to digest excellent reporting.

If we didn't believe that, we wouldn't have made the investment. Thankfully, readers seem to be eating it up.

That kind of journalism is also good for the medical community and, thankfully, they seem to recognize it. The best of the profession talk to our reporters at length.

One of the reasons the doctors have an interest in informing the best medical journalists is that, without such help, the void will be filled by another brand of journalists.

Remember, medical information doesn't discriminate between receivers. Nor does it necessarily wait for a response from a practicing professional before being distributed.

We have an obligation, which we take very seriously, to let the medical community speak to the public about the great health issues of the day.

And is it very reassuring that our local medical community understands and responds as well.

So, thanks again.

John Costa