

KEEPING THE

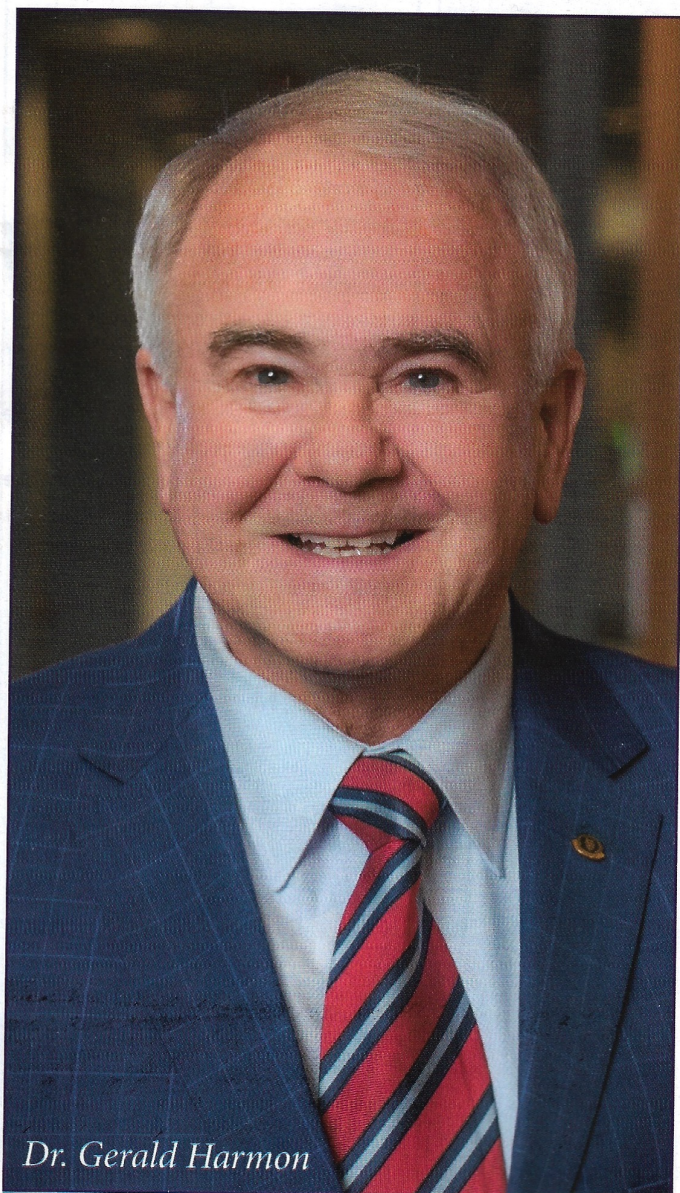
AMA



AMERICAN MEDICAL ASSOCIATION

HEALTHY

By Helen Mitternight



Dr. Gerald Harmon

Between his military medical training and his family medicine practice, perhaps it was inevitable that Dr. Gerald Harmon would look at the field of medicine in a holistic, “get ‘er done” way.

Dr. Harmon, who lives in Pawleys Island, is the immediate past president of the American Medical Association and has an eagle’s eye view of the overall health of the medical field.

He has seen the inequities in access to health care, demonstrated nowhere as clearly as it is here in South Carolina, and changing that situation has been a cornerstone of his time at the AMA.

“When I look at the AMA and its mission, I also have to look at the huge health disparity in outcomes for Black, brown and Native Americans versus whites. The reality is that somehow we don’t deliver the same care. Pregnant moms who are Black have four times the negative outcomes as whites. We have to drill down and find out why that’s happening,” Dr. Harmon commented.

Dr. Harmon oversaw the release of a health equity plan during the past year and, although it’s too soon to see how it will affect health outcomes, he’s optimistic that changes will come. He pointed out that telemedicine will help, but he added that it’s no panacea.

“Telemedicine is the future, but it does not replace traditional medicine.

It’s important to touch everyone, to not just treat disease but also to treat the patient with the disease. A video visit can do a lot, including treat mental health, but it can’t do everything. You can’t examine an abdomen or set a bone with telemedicine.” he said.

Even without the advent of telemedicine, family medicine has seen dramatic changes since he started practicing.

“Back in the ‘80s, when I went into family medicine, you’d take care of the whole family, from cradle to grave. It let you try and prevent some of the chronic diseases that become the leading cause of death and disability. But now, people go to a specialist. Consumers have driven us more toward convenience care, and it’s evolved from taking care of the whole family the whole time to an episodic thing,” he said.

Dr. Harmon also has seen the rise of COVID and skepticism toward medical science.

“I think we’ve brought military principles to a health care enemy with COVID, with a battle plan and organizing forces,” he observed.

Still, despite the military discipline, the skepticism has led to burnout and dropping out, and the resultant shortages among medical professionals.

“Twenty percent of doctors are guaranteed to retire soon, and 40% of nurses say they’re out of here in the next two years,” he said. “It’s telling us we will have a huge shortage in X-ray technicians, lab technicians, bedside nurses, dentists and pharmacists – everyone. They’re burned out. In South Carolina, you have less than 50% willing to be vaccinated. There was a lack of trust. I would call it a pandemic of misinformation that puts public health at risk, with people trying to profit from the number of hits they got on their disinformation.”

COVID was just one arena in which the AMA found itself in the political crosshairs.

“In the states where they’ve made abortion illegal, to take the judgment away from the physician and put it in the court system is an insult to the physician-patient relationship,” he said. “When politics negatively impacts the patient, we have to speak up. We have to make the best health decision versus what side of the political or religious side of the aisle we’re on. That’s our bottom line. What’s best for the patient. What’s best for health.”

Still, Dr. Harmon said he’s an optimist, especially about the future of medicine.

“We need to do a couple of things: get politics out of the exam rooms, reduce barriers to patients and improve telehealth access. We need to work collaboratively in health care teams. And we need to get more doctors. If there’s a shortage of pilots, you don’t say, ‘Let’s put a flight attendant in the cockpit.’ You say, ‘Let’s get more pilots.’ And to get more doctors, you need to ease the burden of the health care education debt. You know, there’s more than a \$215,000 debt when you finish medical school. It’s a mortgage without a house. We need to have debt forgiveness and tax incentives to encourage work in rural areas.”

He gets that optimism from medicine itself and also from the continuity of taking care of generations in families.

“I think being a family doctor in South Carolina is a gift from God. My record is five generations in one exam room.” 