

## The Reply



We welcome the opportunity to address Dr Reinharth's letter because it gives us a chance to also reply to the many appreciative emails we received about our article.<sup>1</sup> It seems to have touched a chord—or a nerve.

We agree with Dr Reinharth that over the past few decades physicians have lost much more than a name, which is why we might be long overdue for revisiting our job description. What is “doctoring” in the 21st century?<sup>2</sup> What are the ingredients that go into that unique cocktail that makes a “healer” rather than a mere technician or “provider”?

As Dr. Bernard Lown told the *Boston Globe* in 2001, “we go into medicine to make a difference.” If that's the case, what are the personal qualities that allow us to do so? What are the traits we need to recruit for, and then nurture during training? We wrote about these issues in separate articles,<sup>3,4</sup> but the overwhelmingly positive feedback received by our article suggests that the time might have finally come for introspection, especially if we need to understand what distinguishes us from other health care workers.

That the tipping point might have been finally reached was also suggested by other articles published in the past year over the use of the term “provider.” We counted at least 3, including a position paper by the *Western Journal of Emergency Medicine* that not only pledged to ban its use in reference to physicians but also articulated quite eloquently the reasons behind such choice.<sup>5</sup> This is encouraging, because if other editors follow suit, then our profession will be undoubtedly forced to revisit the issue of what defines it, which is, of course, something much larger than a simple title, and yet something we owe not only to

ourselves but also to our patients. The alternative is to accept a blanket name that disregards the particular training and dignity of *all* clinicians.

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<https://doi.org/10.1016/j.amjmed.2022.02.027>

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**Funding:** None.

**Conflicts of Interest:** None.

**Authorship:** All authors had access to the data and a role in writing this manuscript.

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