The Changing Center of Medicine **February 22, 2026**

Dear Residents,

While I am not a medical historian, I am deeply interested in the history of our profession and the evolution of our professional identity. I was raised in Pakistan, where doctors, especially surgeons, were and perhaps still are regarded with near reverence. I remember a patient, grateful for the successful repair of his broken arm, saying to my father, “Above us, God; next to God, you.”

My first sustained effort to understand the modern history of the physician began with Michel Foucault’s *The Birth of the Clinic*. He described a time prior to the French Revolution when physicians visited patients, often aristocrats, in their homes, relied largely on the patient’s narrative, and treated symptoms, occasionally with insight but without the benefit of clearly defined pathophysiology. After the Revolution, care became available to the broader public and increasingly shifted to hospitals - the “birth of the clinic.” At the same time, autopsy and pathology began linking symptoms to anatomical findings. The medical gaze changed. The biomedical model took hold.

That gaze, as Foucault described it, sometimes passed through the person to focus on pathology. We treated diseases and, at times, neglected the fact that diseases occur in people. We referred to patients by their diagnoses, “the diabetic in 12,” “the asthmatic in 8,” rather than as Mr. or Mrs. X with Y. It is why terms like “sicklers,” “lungers,” and “diabetics” have appropriately faded from our vocabulary.

Another pivotal moment in my appreciation of the sociology of illness came through Talcott Parsons and his concept of the “sick role.” Physicians, he argued, served as gatekeepers to that role. Illness conferred temporary exemption from normal social obligations but only when validated by the medical profession. A high fever and cough justified absence from work; diffuse aches without a medical explanation often did not. The authority to define legitimate illness rested largely with the doctor.

Medical insurance was something I had not encountered in Pakistan. There, care was either public and free or private and self-pay. During residency and beyond, I began to understand the architecture of American health care: DRGs, diagnosis related groups, determining hospital reimbursement; RVUs, relative value units, shaping professional compensation; utilization review teams facilitating discharge; preauthorization requirements in ambulatory care. A new actor stood between patient and physician, the insurer. I learned much of this history through Paul Starr’s *The Social Transformation of American Medicine*.

My father often spoke of the “holy trinity” of medicine, the patient, the disease, and the doctor. Today, that triad has become a web that includes multiple professionals, pharmaceutical companies, pharmacy benefit managers, insurers, device manufacturers, and increasingly online health platforms such as Hims & Hers Health. Now we

add another element, patient self-diagnosis aided by large language models like OpenAI's ChatGPT. Patients arrive having formed diagnostic hypotheses, sometimes seeking confirmation rather than exploration. Incoming MyChart messages may include not only symptoms but fully patient-generated treatment plans.

It may be against this backdrop of the physician's evolving and diffusing centrality that the ACP published its policy paper asserting that physicians are not providers. I invite you to read it. I understand the impulse behind the statement. Yet I also worry about how such positioning interacts with team-based care and our commitment to inclusivity across professions. It is also worth reading Atul Gawande's essay Cowboys and Pit Crews, which reminds us that modern medicine increasingly depends not on heroic individualism but on coordinated teams.

My father began practice shortly after World War II and saw his last patient in 2012, only weeks before his passing in 2013 at the age of 92. He practiced in a simpler era, one of physician primacy and cultural reverence. Like him, we have all worked hard to become trusted physicians. We understandably worry about corporatization and the erosion of the physician patient relationship. But as Rebecca Solnit writes in *The Beginning Comes After the End*:

"Our world has changed more than anyone imagined, in ways both wonderful and terrible… that this change will continue, that stability is not an option, but participating in directing change might be, if we recognize it."

Stability may not be an option. Participation still is.

Dino Kazi