THE PHYSICIAN VOICE IS VANISHING. WE CAN STILL SAVE IT.

Editorial by The Academy of Medicine of Cincinnati
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As Experts are Sidelined, Misinformation Fills the Void — and Our Patients Pay the Price.

Telling the truth in medicine has begun to feel risky.

A few months ago, a local reporter asked the Academy of Medicine of Cincinnati for a physician to address the recent claim — that taking Tylenol during pregnancy causes autism. Seven different specialists in obstetrics and reproductive medicine were approached. All seven were willing.

And **none were permitted to speak.**

Not because the science was uncertain — **it is not.**

Not because the physicians lacked expertise — **they did not.**

But because the current climate has turned even straightforward, evidence-based clarification into a perceived risk.

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The New Risk Landscape

Physicians represent the entity or system that employs them. Today, **nearly 80% of physicians are employed,** and have a responsibility to represent their employer. This percentage is not new. In fact, the percentage of employed physicians has risen by only 10% in the last 5 years.

What is new, however, is the heightened level of institutional caution — shaped by funding structures, litigation fears, and political scrutiny.

We have arrived at a dangerous crossroads where institutions elevating evidence-based medicine can be mistaken for advocacy, and advocacy can be mistaken for defiance.

When Constraints Appear, Care is Affected

This example above is far from an isolated case. Across Ohio and the nation, physicians are being discouraged or outright prevented from publicly addressing evidence-based public health concerns. It's not just about one claim or one topic. It's a pattern — one that threatens every community's ability to receive trustworthy, science-driven guidance.

The turmoil surrounding vaccine and preventive care guidance at the national level — **the dismissal of long standing ACIP members, misleading claims on vaccine safety, and public trust in the CDC at a record low** — filters straight down to the exam room.

Conversations with patients are becoming longer, harder, and more emotionally charged.

We've already seen the effects: vaccination rates dropping, preventable diseases returning, parents confused about what's safe for their children, and communities divided over facts that should be indisputable.

At the very moment when institutions should be elevating their physician voices for the sake of community health, the weight of political and funding pressures has led many to retreat instead — stepping back from the microphone just when clarity matters most.

Financial Pressures Compound The Challenge

While we navigate these landmines simply to practice medicine, the larger system continues to shift beneath us. The new federal Rural Health Transformation Program pledges $50 billion to support struggling hospitals — but half of that funding is tied to a scorecard incentivizing changes in how care is delivered, including expanding scope of practice for non-physician providers. **That's not reform — that's leverage.** It tells states: change your care model, or lose your funding.

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At the same time, the new $100,000 H-1B visa fee has forced many residency programs to abandon sponsorship of H-1B physicians. Yet, **physicians on H-1B visas are twice as likely to practice in rural areas,** widening the gap in patient access deemed critical by the Rural Health Transformation Program.

Censorship Takes Many Forms

With institutional research and other grant funding linked to increasingly strict federal and state mandates, **a single "flagged" term in an email, presentation, or grant can jeopardize compliance status or funding eligibility.**

Organizations have spent countless hours editing their website copy. Research publication links lead to "Page Not Found" messages. More and more, physician stakeholders engaged in health initiatives with the Academy are requesting to use their personal email addresses to avoid penalties.

These pressures differ in form, but they share a common result:

Physicians and institutions are being discouraged — directly and indirectly — from speaking clearly, publicly, and confidently about evidence.

But Silence is Not Neutral

So where does the community turn when seeking facts amidst the headlines?

The public narrative doesn't stop when physicians fall silent; it simply shifts to voices less qualified to guide it.

Unfortunately for too many in our community, **misinformation** left unrefuted automatically becomes **"fact."**

The consequence is direct: when medicine is silenced, patients suffer.

Where Physicians Can Still Speak Freely

If evidence-based medicine is to endure, **physicians must have a place where professional voice is protected.**

That is why the Academy of Medicine of Cincinnati exists — and why its independence matters now more than ever.

The Academy is:

- Physician-led
- Not institutionally or politically directed
- Not dependent on federal funding
- A shared space where physicians from all systems can collaborate
- A platform for collective communication when individual institutions must be cautious.

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Through the Academy, physicians can:

- Address misinformation with clarity and evidence
- Craft unified statements on emerging clinical concerns
- Support one another in maintaining professional voice
- Strengthen public trust in science-based medicine

This is not political advocacy. It is professional responsibility.

The Responsibility is Ours

We are the profession that pledged to do no harm.

Remaining silent when misinformation spreads — when patients are misled, confused, or put at risk — is not neutrality.

It is harm by omission.

Now is the moment to speak — not alone, and not recklessly, but together, grounded in evidence and guided by the obligation we share.

Through the Academy, we can preserve what medicine has always stood for: truth, clarity, service, and the health of our community.

The Physician Voice is Vanishing. We Can Still Save it.

In 2012, **25%** of physicians were employed. Today, it's **80%.**

That shift hasn't reduced the need for an independent physician voice — if anything, it has made it more **urgent.**

But just as sharply as employment rose, Academy membership — and with it, the strength of an independent physician voice in our community — has declined.

The risk is real. If we lose the Academy, we don't just lose a platform. We lose a safeguard: the one place in Cincinnati where physicians can engage without institutional oversight, political pressure, or employer influence — where the message is shaped by physicians alone.

JOIN US— not to sustain an organization, but to preserve the independent voice of our profession, and the trust of the patients who depend on it.

Because medicine cannot ***heal*** if it cannot **speak.**

The Academy of Medicine of Cincinnati—founded in 1857 — is the region's home for physician advocacy, connection, and collaboration. We unite physicians across specialties, amplify their voice on issues that shape care, and work to strengthen the health of Greater Cincinnati.

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