Association of Life Insurance Medical Directors of America

Insurance Medicine — The Need For Two Organizations

Dr. Bill Bradley, as Chairman of the ACLI Medical Section, recently wrote an articulate statement concerning the relationship of the two organizations, "them" and "us," which really describes two distinctive vehicles by which "we" accomplish our rather diverse missions. (See *Medical Section Report*, Spring 1988)

The subject of the necessity for two separate insurance medicine organizations has spawned a good deal of press over the years. In 1971 Dr. John Pearson's column in *Insurance Medicine* outlined the unique history and purpose of ALIMDA concluding, for the Executive Committee, that "we therefore believe that the two medical organizations are complementary, and that the status quo should be maintained. Consequently we are opposed to merger, joint meetings, or dissolution of either."

Perhaps observers outside the speciality are not as acutely aware of the differences in structure, purpose and accountability of the organizations, and they see us pull together in joint efforts for such common interests as the current AIDS challenge. But the insurance medicine specialist certainly recognizes that ALIMDA is an association of individual member physicians, accountable to the membership, and representing the speciality in the House of Delegates of the A.M.A., in sponsoring the Board of Insurance Medicine and generally furthering the professional, academic, and ethical interests of the individual practitioners of insurance medicine. The Medical Section of the ACLI operates under the review of the leadership of that trade association and offers an optimal avenue for the application of insurance medicine scientific and educational skills to legitimate industry interests in regulatory, legislative, and industry-related arenas.

Access to the significant resources of the ACLI supports those efforts and explains the unique capability of the Medical Section. Lacking such staff and resources, ALIMDA is really not able to be adequately responsive on a timely basis. On the other hand, the Medical Section could never be granted a seat in the A.M.A. and be accepted in the Council of Medical Specialty Societies. Also, ALIMDA has an international membership which has no counterpart in the Medical Section.

Dr. Pearson's statement of 1971 listed 14 unique ALIMDA historical and operational characteristics. These remain current but do not require recitation here. I certainly endorse Dr. Bradley's viewpoint and encourage the generous commitment of time and energy by medical director members to the worthy efforts of both these representative organizations. Together they represent us well, as no single organization could do.

Roger H. Butz, M.D.
President-Elect, ALIMDA

Call for Papers

The Program Committee for the 98th Annual Meeting, Seattle, September 25th - 27th, 1989, invites participation in the scientific program during ALIMDA's centennial year.

Persons preparing papers for oral presentation should forward an abstract stating title, speaker, purpose, material and methods, results and conclusions, in 500 words or less. Presentations should not exceed 20 minutes in duration. Subjects of particular interest based upon membership suggestions are mortality and morbidity, disabiltiy, psychiatric issues, claims, healthcare fraud, underwriting controversies, and electrocardiograms. Other topics of general interest will be considered. Abstracts must be received by December 31, 1988:

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