CORRESPONDENCE

A Broader Diagnosis—What North Carolina Needs from Its Physicians Now

David Huff

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To the Editor—My father was a pediatrician in Asheville, known for his calm presence and sharp diagnostic instincts. Years ago, when the governor of North Carolina experienced unexplained arm pain while visiting the area, his aides called my father.

After listening briefly, my father began gently, "Tell me about your day. What have you been doing?" The governor replied, "I've been playing with my grandchildren." My father followed up, "Were you lifting them up in the air?" The governor nodded. "Yes, I was." My father smiled. "That explains the pain." He still did a quick exam, but the trust came from his ability to listen, ask the right questions, and understand the full picture.

The governor had called a physician with whom he had a relationship—someone he trusted. And my father used that opportunity, as a doctor with the governor's ear, to again advocate for the children of North Carolina. He had long been involved in efforts to expand early childhood development programs and viewed every moment of access as a chance to advance that mission.

That moment continues to resonate. Across the state today, health systems and providers face converging challenges: chronic disease, behavioral health crises, infectious disease threats, workforce fatigue, hospital closures, and widening inequities between urban and rural communities. These are not isolated issues. They are symptoms of deeper systemic forces affecting both patients and those who care for them.

In this complexity, physicians remain uniquely positioned—not only to care for individuals, but to speak up for the health of communities. As healthcare and regulatory agencies face uncertainty and dismantling at the national level, physicians will play a growing role in leveraging their authority at the state level—where trust, access, and policy intersect.

Over his career, my father cared for generations of children and helped shape early childhood health policy in North Carolina. He believed a pediatrician's role was not just to treat illness, but to champion the environments in which children grow up.

Many physicians are already leading—quietly, persistently, and with deep moral authority. When those voices enter the broader conversation, the diagnosis becomes clearer. So does the path toward healing.

My father passed away last year, but the example he set continues to guide me. North Carolina needs physician leaders willing to step forward—not just to treat, but to transform the systems that shape our collective well-being.

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