tion, depressive mood, antidepression treatment, coping, and optimism. Despite this fact they were tested in preliminary Cox proportional hazards regression analyses, but none had any influence on the outcome. Because the group differences were minute and we had a large number of other covariates, which needed to be included in the final analysis model, the aforementioned variables were excluded from further analysis, and because of lack of space this circumstance was not mentioned in the text.

So far, we have no reason to doubt that the positive effect in the trial was caused by the CBT. However, the latter is a sort of black box, containing a number of modalities, potentially causing a number of changes. Which of all these changes that caused the positive effect ("gold nuggets") is as yet unknown.

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Fairness and Effectiveness of Maintenance of Certification

In the process of addressing common misconceptions, Levinson and Holmboe[1] rightly note the benefits to physicians and their patients of board recertification. However, nowhere do they note that in internal medicine, those physicians who became board certified after 1992 (myself included) are required to recertify every 10 years, while those at the American Board of Internal Medicine (ABIM) who originally created this policy do not have to recertify, unless required to do so by their employers. Given the costs associated with recertification (recertification fee of $1570-$1772 per 10 years, plus time lost from work or vacation to take the examination), this amounts to a regressive tax, since it falls more heavily on younger physicians who have spent fewer years in practice and may have lower incomes and higher educational debts.

Obtaining and maintaining certification should be required for licensure of all physicians. In addition to being fair, requiring recertification for all practicing physicians may improve quality of care. Holmboe et al[2] found some evidence that physicians who had graduated from medical school more than 20 years ago were more likely to score in the lowest quartile on the Maintenance of Certification (MOC) examination for internal medicine and do worse on some performance measures for Medicare patients. In a systematic review of data relating experience and age to physician performance, 70% of studies demonstrated a negative association between length of time in practice and several measures of good physician performance.[3] It would be interesting to know how many academic medical centers require their more senior faculty to maintain board certification, given that these institutions function as leaders in education and policy.

Also, consideration should be given to creating a national medical license. Having obtained a number of state licenses over the years (consequent to brief locum tenens stints between residency, fellowship, and academia), the process of licensing by state boards places a financial burden on physicians (separate fees for each state) and creates a large, lifelong administrative burden (since each old license must be investigated by each new employer). Having separate state licensing boards may not efficiently root out bad physicians who leave one state under a cloud of suspicion only to have their trails of malfeasance rooted out later, because state reports regarding physicians who have been disciplined for unethical and/or illegal activity are not always readily available to other states or to the general public, even since the establishment of the National Practitioner Data Bank.[4]

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Maintenance of Certification in Internal Medicine—Realities: In an "Uninvited Commentary" to the Levinson and Holmboe Article

Although certification and recertification were originally designed to ensure quality in patient care, they have evolved into a discriminatory, money-making juggernaut with marketing to hospitals, insurers, and licensing boards, and—without any reasonable proof of efficacy—are slowly being tied to the right to practice medicine. The Commentary by Levinson and Holmboe[1] is somewhat equivalent to the Internal Rev-

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