with migraines. Finally, Munro and Loizou[5] decribed a family of 2 siblings and their father who had experienced TGA episodes, 2 of whom had multiple episodes.

We acknowledge that these rare familial clusters of TGA cases may just be coincidental. Yet in the absence of a confirmed etiology for TGA, they do provide evidence that TGA may have a genetic component. We suggest that clinicians obtain careful family histories of their patients with TGA and consider publishing reports of any who may have a positive family history. Whether they lead to predisposing factors, a diagnostic marker, or the etiology, such reports will advance the understanding of TGA.

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http://dx.doi.org/10.1016/j.mayocp.2015.03.006

In reply—Familial Transient Global Amnesia

We thank Dr Dandapat and colleagues for their complimentary comments on our review and for sharing their clinical experience with us. As they correctly point out, there have been a few reports of familial clusters of transient global amnesia (TGA) cases.[1-6] Given the relative infrequency of TGA, it is reasonable to consider that these familial clusters may not be just coincidental. Details provided on these familial cases have been sometimes incomplete, but we found that migraine was a comorbidity in at least one of the family members with TGA in 4 of the 6 familial cases reported in the literature.[2,3,5,6] Thus, a common genetic predisposition to migraine and TGA[7,8] could potentially explain familial aggregation. Further research will be necessary to clarify this possibility.

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Dissatisfaction as a Unifying Force for Social Action

To the Editor: In their article published in the February 2015 issue of *Mayo Clinic Proceedings*, O'Donnell et al[1] are right to mention dissatisfaction with the practice of medicine as a major factor that generates physicians' lackluster interest in addressing health policy issues. However, there is another factor that must be mentioned, the fact that most medical students do not learn the importance of defending medicine's ideals in medical school or in residency. They are too busy learning the basics of being doctors, and once they are in practice, the importance of participating in medical affairs seems like a waste of time compared with the demands of practice, personal life, and continuing medical education.

The point is that although physicians who are dissatisfied with practice may be "disinclined" to address the great issues that affect their professionalism, dissatisfaction itself is a poor excuse. It is a rationalization that condones and worsens doctors' reluctance and hesitation. Cleary, it is a cop-out.

Dissatisfaction should serve as a unifying force that brings doctors together, a catalyst that leads them to activism. Clearly, not all doctors have the time or are motivated to take a serious interest in health care policy, but obviously more are needed. It is up to our medical schools to teach students the importance of protecting physicians' professionalism. If it doesn't start in medical school, there is little hope of it starting at all.

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In reply—Dissatisfaction as a Unifying Force for Social Action

Dr Volpintesta raises a number of interesting points, particularly with respect to how one's early medical education might set his or her trajectory for future