



remarks

Career Disenchantment The high cost of education and stresses of medical practice diminish one doctor's satisfaction with his medical career. Had he known what he knows now, he may not have studied medicine.

BY LAURENCE YUNG, DO



I hadn't always wanted to become a doctor. In fact, my road to medical school was long and tortuous. I spent time in college taking the prerequisite science courses. I also became interested in martial arts as a vehicle to allow me to help others with their health. Teaching martial arts professionally allowed me to grow inside as well as learn from my students. After ten years however, I had the desire to finish my undergraduate schooling and enter medical school. I finished my bachelor's degree in science and sat the MCAT.

I was fortunate to be accepted by two excellent medical schools. I chose the Chicago College of Osteopathic Medicine because of its tenet of holistic medicine.

Having worked many blue-collar jobs before medical school, I took with me a good work ethic and understanding of how hard it can be to earn a living. My goal was to get

through medical school whole and balanced. My training in martial arts helped me stay focused on my goal and gave me endurance for long hours of internship and residency. Medical school is a process that, while difficult, is only a means to an end. Not everyone deals with the stress well, and there are always students who don't finish or who leave

medicine to go into other fields of endeavor.

I found that in medical school you are exposed to information at an exponential rate and are expected to assimilate most of it. You are not taught how to use the information however. You are given the tools and each individual must decide how best to use them.

The larger playing field is only slowly revealed. In the first two years of medical school, you are insulated from the realities of practicing medicine. During that time you study the science of medicine. The last two years, in clinical rotations with attending physicians, housestaff, and ancillary support staff, is where

I found that in medical school you are exposed to information at an exponential rate and are expected to assimilate most of it. You are not taught how to use the information however. You are given the tools and each individual must decide how best to use them.

REMARKS

Continued from previous page

you develop your feeling for the art of medicine. Reality begins to creep in as your trainers expose you to the day-to-day struggles of practicing medicine in the current health-care environment.

Internship and residency help you to hone skills in managing your own patients and maneuvering around the various obstacles of the health-care delivery system. But you still are somewhat insulated. If you are able to moonlight, as I was, the blinders come off to some extent.

After residency you must find a position where you feel comfortable with your surroundings and enjoy the community in which you will live and serve. I think the high debt load physicians often have after completing residency and medical school forces some new doctors to make decisions based mostly on finances. That is why there is such a movement of physicians within the first five to ten years of practice.

The work of practicing medicine is hard, but not in a purely physical sense. It is mentally grueling. On a regular basis you are inundated with requests from insurance companies to validate your knowledge and decision making. Frequently someone without a medical background tells you that your patient may not have a treatment or medication that is essential for him. As the patient advocate that you are trained to be, this is very frustrating.

Patients also can be very demanding of you and your time. It is not unusual for patients to tell you what they need as opposed to you and the patient having a pertinent discussion as to the best treatment plan. Patients may decide not to follow your recommendations. They also frequently feel slighted if they do not receive what they wanted.

There are constraints from the federal

and state agencies that oversee the management of fraud and abuse. The stance that all physicians must be abusing the system and committing fraud puts the physician on the defensive daily. You have to constantly expend resources to follow guidelines initiated in Washington and state capitals.

Which leads me to my question. Has it all been worth it? My answer is "yes." I still very much enjoy my day-to-day interactions with my colleagues, staff, and—more importantly—my patients. I

The high debt load physicians often have after completing residency and medical school forces some new doctors to make decisions based mostly on finances.

am thankful for patients allowing me to become part of their lives, and hopefully adding to their health in some way.

That said, if I had my choice of professions now, I would seek another path. Many other professions allow you to become a leader in helping the community and affecting people's lives. There is no other profession that demands such a high investment up front of its students. It is not uncommon to come out of medical training with a \$100,000 to \$200,000 debt. One would expect, therefore, that no other vocation gives one greater reward. But I have not found that to be true. It is not the profession, but what is done with it that allows for that feeling of accomplishment and service to community.

I know that I am not alone in feeling this way. Physicians are retiring earlier citing the constraints placed on them by

outside sources. Doctors are moving into other professions after becoming disillusioned with medicine. They are going back to school and reapplying for other residencies as they look for a more meaningful way to apply their talents.

I don't believe the process of medical school training needs to change very much, but the current health-care environment does need to change. There should be more resources and avenues for medical students to pay off their debt before they retire. We could reform the way we practice medicine so that patients' expectations are more realistic. We should make sure that future generations have health care by making it a priority that all citizens have access to basic health coverage. There should be a true partnership between physicians, nurses, other allied health professionals, and the state and federal legislatures. We should ask that insurance companies not be quite so greedy in their desire for profits.

All of these needs will be addressed in time, but to what degree I am not sure. I do know that we are entering a very interesting time in medicine where we will need to come to grips with costs versus benefits or the system will become unusable for everyone. Then we will have more and more people uninsured and without any health-care resources.

If you ask me again in ten years if I would still choose to go into medicine, I may answer differently. But that may well depend on the future state of medical practice. ■

Laurence Yung, DO is a family physician. He has been practicing in Portage, Michigan for nearly three years. He still trains in martial arts for personal growth, stress management, and daily meditation.

The comments in Remarks are solely those of the author and may or may not be shared by UO or its advertisers.