



remarks

A Satisfied Doctor At least one physician believes that medicine is still the most personally satisfying profession in America. Despite administrative frustrations, wise choices can make medicine a rewarding career.

BY STEVEN P. DAVISON, DDS, MD



I recently read an article in this section of *Unique Opportunities* entitled

“**Career Disenchantment,**” (May/June, 2002). The writer discussed how the high cost of education and stress of the medical practice diminished his satisfaction with his medical career, and that if the young physician had known what he now knows, he may not have studied medicine. My experience has many parallels with this physician’s, but I have come to completely separate conclusions.

I am a plastic surgeon in my third year of practice at a university hospital in a large east coast city. According to articles in the May/June issue of *Unique Opportunities*, this was described as the most difficult environment in which to practice medicine because of the influence of managed care. I do predominantly reconstructive work and struggle with remuneration and appropriate payment for highly specialized services on

a daily basis. In addition, I work at a major university and am, therefore, under all the constraints of institutionalized medicine with very little control of my own destiny, unlike what I would have in private practice. However, I could not be more satisfied with my choice of a career in medicine.

I had always wanted to be a plastic surgeon. However, the opportunities to do so were difficult to exploit. I started

off training in the United Kingdom where less than three percent of people go to universities (as opposed to the 30 percent who go to universities in the U.S.) I had the opportunity to leave high school in 11th grade for a guaranteed slot in dental school, which I took over trying to get into the highly competitive medical school class the following year. I became a dentist, took subspecialty training in America, and finally went back to medical school when the opportunity arose. I am board certified in plastic surgery and otolaryngology and practice predominantly head and neck reconstruction. To amplify my business

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and practice experience, I worked full time as a dentist 40 hours a week running a private practice while going to medical school. In addition, I paid my way through college doing a multitude of tasks including working on construction sites as a painter, in boatyards, and any number of normal occupations far less attractive than medicine. Returning to medical school to become a plastic surgeon cost me ten years and \$1,000,000 of lost income. Despite this, I could not be happier.

I would like to offer some thoughts on why people are dissatisfied with medicine and feel that their sacrifices outweigh the benefits. In reading through the entire journal in May, I found all the answers in different parts of each article. I think the main reason people develop dissatisfaction with medicine is that medical school, as Dr. Yung discussed, deals a lot with medical education but lacks in preparation for the other stresses involved in practicing medicine. Certainly it is a rare residency program that discusses the implications of business decisions, recruitment, negotiation, and the types of medicine one can practice. I think a business course should be an integral part of every residency program. The shorter the residency program, the more intense the business course needs to be. By the time residents get to their final year of residency, they need to fully understand the market forces in medicine, the influences of managed care, the spectrum of their peer groups, how they will be remunerated, ICD-9 and CPT coding, and compliance.

The second reason I think there is dissatisfaction with medicine as a profession is that very few junior physicians do what I would describe as a personal inventory of their value systems. By this I do not mean spiritual or moral. I am

talking about a true internal review of what is important to them. Mistakes are made throughout the course. They picked a specialty because they liked a mentor who belonged to that specialty. They picked a specialty because they thought the lifestyle would be better. They picked a job because it paid the most rather than being most tailored to their personal and family goals. They picked a work environment or a location because it had the most vacation and the best package but was so far away from their families and their in-laws that it created an enormous amount of family conflict.

All of these things are discussed in numerous articles in *UO*, including the articles on incentives and compensation. I have an entire lecture with residents where I try to educate them on what to look for in a job. The first thing they need to do is draft a system similar to that described in the Franklin Day Planner where they prioritize what is important to them. I am a very independent and fiscally driven individual, but I work at a major university multi-specialty practice because far more important than these two values is that I cannot stand to be bored. I do not want to make a lot of money in private practice doing the same ten operations on the same suburban housewife population. I want to be stimulated, interact with professional colleagues, and be challenged every day, and this is far more important in my value system than being my own boss and running my own practice.

Frustrations I deal with I picked. I do not feel that the cost of medical education, although substantially high with \$100,000 to \$200,000 of debt, is inappropriate. To review back to the compensation article in *UO*, the amount of

money physicians make is completely out of perspective with what the general population makes. The lowest median income described (\$143,000 for pediatricians for the year 2002) is in excess of two-and-a-half times the median household income for Americans. It has been stated that every year of investment in tertiary education is worth a 16-percent increase in income. I would suggest that the return on investment is far higher in medicine if one considers diagnostic radiologists with an average income of \$262,000.

One way to eliminate the financial debt associated with medical education would be to have a more graduated system of payment from intern to attending level. Instead of a four- or five-fold increase that one receives when one leaves as a chief resident and starts as an attending, how about a \$10,000 to \$20,000 increase in salary per year but with a lower ceiling? Then one could service one's debts earlier, retire them quicker, and not have such a substantial encumbrance when one gets into practice. However, how many chief residents would be happy moving from being a chief resident to a junior attending for \$10,000 more? Few, I think! If debt repayment is a graduating physician's highest priority, eliminate it with a stint in the [Indian Health Service](#).

One of the substantial problems with the junior physicians I see is the perpetual state of adolescence that most medical students and residents find themselves in. They are just not ready for the realities of life as physicians.

Having been in private dental practice for four years while going to medical school, I know that that is how life is. Every job has stresses, difficulties, and problems with partnerships, problems with remuneration, overhead, debt

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ratio, or problems with management, advancement, and job opportunities. As a class of the highest paid professionals in America, and by inference the world, what are we whining about?

I also understand that a lot of physicians at age 55 and higher are beginning to retire, as discussed in the incentives article. My father is a highly successful engineering manager for one of the most successful defense corporations in America with a 28-year career. His current salary is less than the starting salary discussed in the incentive levels article. In addition, he is struggling with the fact that he is 60 and now less valuable to a company. For a physician, the period between ages 55 and 60 is the most productive period of most people's careers. In how many other professions do people choose to retire or seek other careers at 55 years old and have the financial liberty to do so? Most people at age 60, such as my father, are trying to hang onto their jobs.

In conclusion, I suggest that although the stressors are greater, the environment is changing, and the playing field is more complicated, physicians should stop whining, take a better personal inventory, set priorities, and make better decisions. Overall you will be happier. If you are a highly driven, aggressive, hands-on individual who wants to live in a rural environment, do not become a pediatrician who works for an HMO in a major city. On the contrary, if you are a family-oriented, routine driven, conservative individual who values your private time, do not be a neurosurgeon at a busy metropolitan hospital. ■

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