

Reflections

Musings

Barry Wepman, MD (AQA, Wayne State University, 1971)

Thirty-nine years ago when I entered practice, the retiring doctor I joined put his arm around me and said he had seen the best days of medicine, and he felt sorry for my generation of physicians. I remember thinking “what does he know?” Now, as I contemplate my own retirement and take stock of my career, I find myself echoing those exact sentiments! But then I realize that no matter what “they” do to the structural practice of medicine, no matter how many challenges we are forced to accept, no matter how our livelihood is impacted, there is one thing that can never be taken away. That, of course, is the privilege and duty to touch another human being, and to be touched in return. This, for me, is the essence of being a physician and what helps me look forward to tomorrow. I want the next generation to have the best days of medicine as well.

From Burning Out to Burning Brightly

Richard Gunderman, MD, PhD (AQA, University of Chicago, 1992)

A radiologist closing in on retirement had lost his enthusiasm for work. Escalating demands for productivity left him feeling exhausted, and new information technology rendered his connections with patients and referring health professionals increasingly tenuous. He found himself questioning whether he was making a real difference in the lives of his patients and colleagues. This physician was burning out.

One day, he learned of a patient who suffered from advanced cancer. In her mid-50s, she had struggled to come to grips with the realization that her disease would soon overtake her. Yet there was one aspect of her cancer journey to which she could not reconcile herself. Her daughter was pregnant, and she longed desperately to live long enough to meet her first grandchild.

It became increasingly clear that she would not survive to her grandchild's delivery. Her disease was moving too fast, and the only assurances were to keep her comfortable and ensure that she would not die alone. An obstetrical ultrasound had shown that the fetus was a boy, and his parents had named him Adam. She was genuinely anguished

that she would never lay eyes on Adam.

Learning of the patient's plight set the burnt-out radiologist thinking, and before long, a plan began to take shape. At first, it seemed preposterous. It did not fit any existing guideline for the appropriate use of imaging, and would never fit into available coding and billing criteria. Moreover, it would take a perfectly good piece of imaging equipment out of service, prolonging wait times for other patients.

Yet the radiologist was undaunted. After making arrangements with the nurses and speaking with the ultrasound technologists, he unplugged one of the ultrasound machines and wheeled it up to the patient's room. Her daughter was lying beside her mother in the hospital bed, her protuberant belly uncovered.

The radiologist plugged in the machine, spread sonographic gel on the daughter's lower abdomen, and spent the next hour introducing Adam to his grandmother. He showed her all his parts—his 10 fingers and 10 toes, his beating heart, and the features of his face, even catching a fleeting smile. She could not hold or touch Adam, but she could see him.

In one sense, the radiologist's actions didn't count for anything. No order for the examination had been placed, no report generated. The unmet need he responded to corresponded to no ICD-10 classification, and there was no CPT code by which to give credit for it. The medical record contained no evidence—no images, no report, and no explanation for why an ultrasound machine had been taken out of service for 90 minutes. Some might question whether the event really took place.

In another sense, the radiologist's actions counted for everything—for the patient, her family, the other health professionals caring for her, and perhaps someday even for Adam. It counted for the radiologist, too. His outlook on work and life began to change. He began to look past productivity and revenue to the hearts of his patients. He rediscovered the human story behind the image, and savored the opportunity for service.

His inner flame began to burn a bit more brightly. The burden of exhaustion, isolation, and meaninglessness that had been weighing him down lifted, and he became a reliable source of light and warmth for patients and colleagues. He ceased dreading his days at work, and began embracing them as chances to contribute.