

Why Family Medicine?

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31 Family Medicine Physicians Offer Reasons Why They Chose to Enter the Specialty

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In interviews with senior medical students who chose to enter family medicine, researchers found that early exposure to meaningful FM experiences, contact with family practice role models, and diverse nature of work were significant motivating factors. Below are some comments from study participants:

“Meeting Dr A. as part of rural week in first year emphasized to me how family doctors do more than 10-to-4 office practice. They do a lot more—in the emergency department at 8:00 am, doing minor procedures, they’re on call, they do a variety of things. I hadn’t been exposed to this before.”

“I had a clerkship experience in family medicine I really enjoyed. My supervisor in St Thomas was so up on all of the research, so willing to teach, so knowledgeable and very good with his patients. I really saw that he was making a big difference in their lives.”

“I did a family medicine elective where I was able to see patients over and over again. The emphasis was on the doctor-patient relationship and the whole concept of continuity of care. I could see that my supervisor loved his job, and he went out of his way every day to tell me what he enjoyed about his work.”

“I liked the way he knew the patients, he knew the family and what happened to the grandmother and why this was important. That was the thing that made me think family medicine was different and better for me.”

“I did a lot of electives on my own in first and second year and liked most of them. The variety just reinforced my interest in family medicine. I loved just about everything I went through, so family medicine for me just allows me to continue that flexibility.”

“The beauty of family medicine is that you dabble in so many different things and throughout your life within practice you can choose to focus on different areas at different times.”¹

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“I like the fact that we get to develop relationships with patients and follow them long-term That was a big area that I really enjoyed I always found, especially when we did emergency medicine ... I wondered whatever happened to that patient It just was killing me. So I just like the fact that you do get the follow-up, and you get to see what’s going on, and you get to build trust and a good relationship.”²

Medical Student

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In the 2004 National Physician Survey, family medicine physicians had the opportunity to share aspects of their professional work they found most rewarding. Below are some comments:

“My obstetrical practice. Patients who say thanks and write beautiful letters of appreciation ...Preventive and patient education aspects. Keeping patients out of hospital and truly doing primary and secondary prevention.”

“Developing a therapeutic relationship with my patients; treating several generations within a family and following patients over many years; counseling patients.”

“Having the implicit trust of my patients to direct their [preventive] care and treat their diseases. The privilege of having families count on me as one of their own and especially to share the growing up of their children.”

“The patient encounter itself; the immediacy of being able to help patients; learning from colleagues/specialists/CME; being involved in health education and promotion; the variety and problem-solving of medicine as a career.”³

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“There is probably no area of medicine as wide-ranging as family. The traditional primary care family practice offers continuity of care, a never-ending range of medical problems and patients of all walks of life, ages, etc...Moreover, many family docs are choosing to train further with a variety of fellowships offered in: emergency medicine, palliative care, sports medicine, obstetrics, geriatrics, anesthesia, surgical assist, women's health, hospitalist, travel medicine, etc. Most of the international work being done is by family doctors (i.e. Doctors Without Borders/Medicine Sans Frontiers, Physicians for Global Survival). Many are combining these other areas with a primary care focus while lots of others are simply making this their entire career choice.”⁴

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“I love the breadth of family medicine. I love being able to take care of just about every person that walks through the door. Even when another doctor is the right person to take care of a niche need, I love knowing that I was usually the person that identified the problem and that I'll be responsible for the long-term care. I love the fact I can care of patients' needs from prenatal care to end of life care...I love taking care of sick patients. I love easing a patient's pain. I love figuring out why a person can't catch her breath then treating her to the point she can breathe easy again. I love the procedures we do. I love the challenge of sticking needles and knives into patients to diagnose and treat them...I love the fact I can competently take care of undifferentiated patients in a clinic, hospital, or ER. I love the fact my comprehensive family

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medicine training allowed me to care for emergency patients for 11 years...I love taking care of complex patients. I love explaining to them why they don't feel 100%, laying out their options, and then negotiating with them which approaches they'd like to try. I enjoy the intellectual challenge of working with patients who have 5 chronic diseases and 3 new symptoms. I love it when this process causes a patient to sleep better, regain lost energy, regain some self-confidence, return to the job, return to their volunteer work, be in less pain, or any number of other positive outcomes."⁵

Dr. Richard Young

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"I liked being able to take care of people throughout the life cycle. I like being able to have real relationships with patients and being able to follow people throughout the course of their life. I have especially enjoyed the care of families as there is a lot you learn from the family context. Even though I have not delivered babies for awhile, I am still invited to the weddings of patients I delivered two or three decades ago, which is very gratifying."⁶

Dr. Michele Lundy

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"I believe a family physician is truly the patient's first and last hope in obtaining the medical care they need. Even when you are not the one providing the service, your patients look to you for what the next best step is in their care. What better way to be a part of a community than to be a family physician."⁷

Dr. Michael Brown

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"I desire a medical career that not only serves those most in need, but also, encompasses the importance of the human experience, rewarding lifelong relationships, and the excitement of ongoing intellectual and personal growth. It was clear that the practice and philosophy of family medicine would meet my goals as a physician and individual."⁸

Dr. Brittany Irely

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“I enjoyed every rotation I had during medical school, particularly my family medicine rotations. I liked the aspect of flexibility in tailoring family medicine practice to the needs of the community I plan to serve. I enjoy preventative medicine, sports medicine, and everything from delivering babies to helping patients prepare for hospice at the end of life. There is a great deal of diversity that awaits me as a family medicine physician and I embrace it with open arms!”⁹

Dr. Kara Meler

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“I love that the field allows you to shape your practice into exactly what you want. It is challenging to learn such a breadth of information, but exciting to be able to see the interconnectedness of disease states, and not focus on just one problem. I also believe in the importance of preventive medicine, and family physicians play a vital role in stopping disease before it starts.”¹⁰

Dr. Pam Rizza

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“With regard to why I chose family medicine, I realized in medical school that I enjoyed caring for men as much as women, and older adults as much as younger ones. I enjoy educating patients about screening tests and vaccines, and I find my most rewarding days to be those when I am able to follow up with a patient I've seen before. I considered all that I like about medicine, and knew that a career in family practice was the only one that would offer me these things on a daily basis.”¹¹

Dr. Stephen Lane

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“I got into family medicine because I found that I really enjoyed all the different branches of medicine and it was the only field that allowed me to become as wide-scoped as I wanted to be in my practice. I wanted to be able to take care of people throughout their life cycle, from prematurity all the way to post-mortem, to see how we really fit into this world. Medicine is really part of my philosophy of living and discovering what I think humans are doing on this earth, and family medicine is one of the most holistic ways of doing that.”¹²

Dr. Jean Zigby

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“Family Medicine came naturally to me, seemed the best fit for me from the beginning. I like the variety, the ability to interact with patients/families across the spectrum of life. There may be many conditions that I am not the expert, and I can refer those on...however, there are many more where I can provide all the care that is needed. Often all that is needed is reassurance, knowing when to say that less is more. In other specialties, it seems that the opposite is true. More is better...more medicines, more interventions...I like to think that while we know about interventions/medicines...etc., as family physicians we know when watchful waiting is more appropriate.”¹³

Dr. Matthew Agresta

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“I enjoy being able to take care of people for a long time, to get to know them, to address not only the medical aspects of your illness, but also the other variables that contribute to you getting well. It's not just the biology that matters, but also whether you're emotionally or mentally prepared to make changes in your life, whether there are stressful things going on that also affect your health. In Family Medicine there is a nice variety of things to do. I like working with kids as well as adults and being able to do some minor procedures.”¹⁴

Dr. James Nee

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“Family medicine provides the greatest number of career options of any specialty. You can work in the hospital or out of the hospital, in emergency rooms and urgent care centers, see patients of all ages and do a variety of different procedures if you so desire. For the medical student who ‘likes everything’ this is an ideal career choice!”¹⁵

Marvin Dewar, M.D., J.D.

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“Contrary to general belief, we are the backbone of medicine and can impact our patients more than any other specialty. Your patients will seek your opinion in almost every aspect of their lives. It is an awesome responsibility, but also very satisfying.”¹⁶

Siegfried Schmidt, M.D.

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“I went into family medicine because I enjoy interacting with people in all stages of life from childhood to adulthood. Being someone’s family physician gives you a special way to bring healing into many areas of a person’s life.”¹⁷

Michele Emery, M.D.

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“I feel family medicine is unique in that it offers the ability to treat people who are ill, but also works toward health maintenance and disease prevention in all ages.”¹⁸

Dan Rubin, M.D.

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“Three decades ago I chose family medicine as my specialty because I did not want to be relegated to being a ‘partial doctor’ who could only take care of some limited area or body system. I wanted to know enough about everything to be able to care for people of both sexes and all ages regardless of what the problem happened to be. I have not regretted this choice of specialty training for a single day during these past 30 years.”¹⁹

Ken Grauer, M.D.

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“I like the detective work and the unexpected. I like to look at the patient as a whole system, not just as ‘the heart’ or ‘the gallbladder.’ Finding the answer to the problem is what is great and it doesn’t bother me if I need help for the more in depth knowledge and procedures.”²⁰

Martha Hurst, M.D.

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“I really enjoyed all the rotations in my clerkship; I loved generalism and that can be found in Family Medicine. The beauty of Family Medicine is the continuity of care with the patient, by being able to work with families through the generations along with the relationships and dynamics of life's journey.”²¹

Dr. Peter Wells

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According to the University of Alberta, the best things about the specialty are:

- “A broad range of undifferentiated problems
- Care of medically challenging and complex patients
- Full spectrum of care from cradle to grave
- Family docs can be comprehensive but also have a special interest
- Relationships are built with patients and families over time
- Family practice is never boring or redundant
- We can do Obstetrics, Emergency Medicine, Palliative Care, child and newborn care, Care of the Elderly, hospital based care, long term care, GP-anesthesia, and minor surgical procedures.
- Flexibility in what and where you practice. We are needed everywhere.”²²

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“I chose family medicine because of the opportunity to treat the whole patient, the whole person, and the whole family. As a family physician, I have an opportunity to make a difference in each of my patients’ lives because I take care of all aspects of their health and their family’s health. For a pregnant woman whom I followed for prenatal care and delivered, when she brings her newborn baby in the office for a two-day check and when her husband often decides to establish care, I think to myself, “I feel like such a family doctor today, and I love it!” As family physicians, we often become part of the families we take care of, and that is in an opportunity many other specialties do not have. My favorite aspect of family medicine is the relationships we have with our patients. It is a privilege to take care of our patients. Getting patients involved in their health care as part of that patient-physician relationship is also very rewarding. I like to use a shared decision-making model with patients, so they can make informed decisions about their health after I provide them with the appropriate education.”²³

Dr. Christina Kelly

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“I decided to become a family medicine physician for very personal reasons. My father had a severe stroke when I was younger which left him permanently paralyzed and unable to speak. My father was not overweight, nor did he have any other risk factors such as diabetes, hypertension or high cholesterol. He did, however, smoke and had a family history of heart disease. Had his physician counseled him properly regarding his risk factors, would this horrible life-changing event have happened? This led me to a career in family medicine, where I could educate patients about their diseases and actually prevent these tragic events from occurring.”²⁴

Dr. Constantina Tucker

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“I chose family medicine because it was the discipline that most embodied the mission of holistic, comprehensive care that resonated with my own personal mission in medicine. I realized early in my education the tremendous privilege that physicians have in impacting lives for the good and I wanted to be able to use the skills I honed to make the greatest impact possible, being not only a provider of care, but an advocate for patients in arenas where decisions about health policy were being made. I was imprinted from my first year of medical school when I participated in what was then a new program of exposing medical students to primary care from the beginning of their education. Dr. Gary Reichard was my preceptor for the Longitudinal Primary Care program and in addition to appearing to know everything about medicine, he was kind, compassionate, and practiced patient-centered care. I knew then that’s what I wanted to do.”²⁵

Dr. Tamarah Duperval-Brownlee

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“During my rotations I realized I found my true passion for medicine and this was the career path I wanted to follow. My goal in pursuing a career in family medicine is to develop meaningful relationships with my patients, which will enhance my ability to treat numerous conditions and prevent disease. I feel that being able to develop this type of a relationship is a true privilege. During my time working with many different physicians I learned that what I felt most confident doing was developing a deep relationship with patients. I find patient follow-ups to be satisfying and this is one of the foundations of family medicine. In evaluations, numerous physicians commented on my ability to develop rapport with patients. I want to have variety in my career and family medicine offers the opportunity to combine counseling, procedures, interpretation of investigations and routine check-ups all in one day. An attractive aspect of family medicine is that it enables me to have a healthy and balanced lifestyle, which will allow me to treat patients to the best of my ability.”²⁶

Dr. Tyler Maltman

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“I started in family medicine, because I wanted to be able to take care of an entire spectrum of health issues. This led me to preventive medicine/public health, which gave me the tools to affect the lives of entire populations. Both specialties are very broad by nature, but both also address the most common health issues that affect our population, so it seems they allow me to have the greatest impact I can.”²⁷

Dr. Timur Durrani

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“With no family or other influential connection to medicine, I entered medical school with a clean slate. Once I began my family medicine clerkship I quickly realized how excited I was to do it all. The medicine was interesting and diverse while the patients were fun and appreciative. I grew to love the continuity of care that family medicine provides. It gives me the opportunity to work with and help my patients in so many ways. The best part is the great sense of reward after a day with my patients, a feeling that confirms I have made the correct specialty choice. Another great thing about family medicine is the ample opportunity for research. I see exciting opportunities to contribute to primary care practice, administration, and public policy research. Increased emphasis on improving the quality of health care gives family medicine researchers the chance to frame the debate and build a health delivery model centered on our patients. I feel fortunate to be joining the profession in a time when we can reshape the medical landscape for the better.”²⁸

Dr. Troy Russell

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“Physicians have a wonderful opportunity to touch the lives of the people around them. As physicians we touch our patients both literally and figuratively. I can’t think of any other occupation, career or calling that allows this kind of interface...The biggest reward, which I think is unique to family practitioners, is that you are part of your community. This winter a young man came up to me in Target and presented his child to me saying, ‘You delivered him. He is such a wonderful gift.’ Who else gets that? It warms my heart...When I was a resident, I took care of four generations of a single family. What a phenomenal honor to care for multiple generations of a family. To be allowed to be part of a family in that way...You watch young women build their families and grow into beautiful mothers. You help them with that process. I’m not saying they’re good mothers because of me, but now with families being separated, some families need motherly support. You can provide that. You watch these beautiful children and you help get them ready for school. When they see you in the community, they say, ‘Dr. Joy. What are you doing here?’ Such an honor! It’s fun to see the strengths of the families. Even the most dysfunctional families have strengths that they bring. That’s pretty cool...When very difficult times hit, people will ask you to help them with very difficult decisions. As difficult as that is, it’s an honor to be there in that way.”²⁹

Dr. Joy Dorscher

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“People are so grateful, like the single parent mother who’s appreciative that we saw her daughter quickly. She couldn’t get in anywhere else. And there’s the Elder who is grateful that we saw and treated her grandchildren...I’ve never doubted the value of my work here. It’s positive even when there are negative outcomes – things that break your heart. In fact negative outcomes cause me to put more energy into my work. ..Today I saw a 50-year old Native American man. He has no health insurance. He lost his job in manufacturing a few months ago. His wife was just diagnosed with pancreatic cancer. He was in

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tears in my office. I told him I had to send him to the hospital because he's neglected his health for a long time, in part because he doesn't have insurance and thought he didn't have access to services. Today he was so sick he had to come in. I told him 'I'm glad that you're here today.' He said, 'I'm glad I'm here today too.' I said, 'If you come back to see me I'll work hard for you to get you feeling better and work to give you the necessary help. Don't give up yet.' I see this [type of situation] every day. I identify with the people I work with. I feel like I'm part of the community. I'm not an outsider coming in. It's very rewarding."³⁰

Dr. Pat Rock

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"On a typical day I might see someone with an ingrown toenail, a person with a lung clot, a person with a new pacemaker, an Elder whose fractured hip was missed in the emergency room, and a child with BBs in his nose. I am never bored!...Family medicine is a flexible profession. I've been in many different areas. I've worked in everything from urban underserved, to reservations with IHS, to tribally-based communities. I actually tried private practice for two years...Family medicine is intellectually stimulating. By the time that patients get to a specialist their problems are likely to be narrowed down. They might even already have a diagnosis. But since patients typically bring their problems first to a family doctor or another primary care provider, you get the first crack at trying to figure out what's going on. That means you need to be a good puzzle solver and be persistent. But you don't need to know everything. We have consultants. Help is available...We have opportunities to be able to change the health system. We advocate not only for our profession but also for patients who have less voice in the health systems that we serve. There's a strong social justice piece in family medicine that is very satisfying to me."³¹

Dr. Terry Marcesa

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