

# Rediscovering the Joy of Medicine

**H**ow many physicians do you know who are growing tired of all the hassles surrounding private practice and thinking about exploring careers in other fields? If you're like most doctors, you probably can point to quite a few.

Blame it on managed care, poor reimbursements, too many hours, not enough sleep, malpractice suits—the list goes on and on. Confronted by more external stressors and pressures than their predecessors, many doctors today are wondering if the personal sacrifices demanded by their jobs are worth it.

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In a 2005 physician-retention survey conducted by The American Medical Group Association and Cejka Search, group-practice leaders reported that most physicians who left a practice did so voluntarily. Of these, more cited “practice issues” (such as work pressure, not fitting in with the practice’s culture, and hours that didn’t allow a “quality lifestyle”) than money issues as the cause of their departure. The authors of the

report said that the number citing practice issues was up significantly from prior years.

A report published in the *Annals of Internal Medicine* in 2002 found that as many as 1 in 5 physicians are “dissatisfied” with their careers, but the percentage varied widely by specialty. Physicians specializing in geriatrics, infectious diseases, and nephrology were more likely to be satisfied with their careers.

Those in gynecology, otolaryngology, and general practice were more likely to report dissatisfaction. Women and mid-career physicians were also more likely to report dissatisfaction. The authors of the report did not come to firm conclusions about what makes some physicians more likely to report dissatisfaction; but lower income, longer hours, and graduation from a foreign medical school all correlated with lower career satisfaction.

Considering the industry's evolving landscape, how can physicians avoid becoming dissatisfied with their career choice? How can they re-energize their commitment to medicine and rediscover the passion they once felt?

There's no simple answer. But the physicians who maintain their enthusiasm seem to have a couple of things in common: they focus on the aspects of medicine that interest them or arouse their curiosity, and they carve out time to pursue personal interests.

## Preventive Measures

Richard Shames, M.D., a general practitioner at The Preventive Medicine Center in San Rafael, Cal., and the author of several health books for consumers, was alerted to the hazards of the profession during his first year in medical school—during the 1960s. He recalls reading an article posted on the student bulletin board. He doesn't remember the source, but he says the content "was burned into my memory," says Dr. Shames. "It was a dramatic list of statistics showing that doctors were among the least healthy members of our society. They had the most heart attacks, mental illness, addiction, suicides...I couldn't believe it. I was fascinated because this was my chosen profession. What was I getting into?"

He continued on his career path, but was determined not to become one of those statistics. He realized that many physicians shared some obvious traits: they were overachievers and demanded a great deal of themselves, sometimes pushing themselves beyond reasonable limits. So whatever it was that drew him to this profession, he knew it had to be tempered with a strong dose of self-care activities.

He began following his interests and entered the field of preventive medicine and health education. At the time, he says, the in-vogue careers were cardiology, neurosurgery, and medical

research. But he didn't yield to peer pressure, and he followed his passion.

He believes that his choice stemmed from watching people being admitted to the hospital for a "quick fix," then leaving, only to return to the unhealthy lifestyle that had landed them there in the first place. He calls it the revolving-door syndrome. From his perspective, treating patients wasn't as satisfying as discovering the root cause of their ailments or developing effective strategies to improve their health and quality of life.

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During his internship, he had been involved in establishing a hospital-based intern association, which he says was one of the first in the country. The motivation was self-preservation, he says. Several hospital interns had attempted suicide; some had succeeded. The association was begun in an effort to prevent the situations that led to suicide attempts. Interns helped each other deal with the stress and demands of the job by listening to each other's problems, offering coping tips, and suggesting counseling when appropriate.

A big part of their self-preservation strategy involved following their own passion in medicine, says Dr. Shames. "We did what we were interested in, even if it was bending some of the rules or precedents," he says, adding that the term "integrated medicine" did not exist in the 1960s. "It's worth challenging some of these rules."

He has continued to challenge the rules in order to build a satisfying and rewarding career. In one of his early positions, he headed a clinic for a county health department. Seeing patients, admitting many to the hospital, performing rounds, and handling other tasks, he was close to burnout. So he proposed a job-sharing arrangement: reduce his work hours by half and hire another doctor to pick up the slack.

He says the county health officer wouldn't even consider his suggestion. "It was very suspect to do something new," he

recalls. “Who was I to question what [the county] had been doing for years and years?”

But he persisted and even offered to resign. That did the trick. Not interested in replacing him, the county hired an additional doctor. The job-sharing arrangement worked so well that the clinic now supports several doctors on a rotation basis. Everyone was happier, he says, adding that challenging the status quo improved the job satisfaction of each doctor.

Now, years later, Dr. Shames says he continues to enjoy his career and personal life. Previously frustrated at other practices where he barely had time to say more than hello to patients, his shortest patient visit now is 30 minutes.

He doesn't earn as much as in the past, so he doesn't drive fancy cars or live in a big house with a mortgage to match. But the upside has been huge. At age 61, he says he looks as if he's in his 40s, feels good, has a “great time” with his patients, and thoroughly enjoys his work. He rides his bike to work every morning and routinely practices yoga and meditation.

“What good are material things if you die prematurely of a

## Dumb Mistakes Smart People Make

Even bright people can make mistakes when it comes to career and life planning. Here are some common miscalculations:

1. Waiting for opportunities to fall into your lap.
2. Deferring decisions until you are fired or burned out.
3. Over-intellectualizing about where to go and how to get there.
4. Believing that success in one area automatically translates to success in every area, without the need for the same effort that led to the first success.
5. Aspiring to be perfect in all things, especially when you set your standards unattainably high.
6. Worrying about what you can't change instead of coping with what you can.
7. Focusing on what you should have done in the past instead of what you can do now or in the future.
8. Responding “yes—but” to every positive thought, intention, or bit of good advice; dreaming up improbable rationales to excuse obvious negatives.

heart attack due to stress?” he asks. “I think doctors do their best work when they’re taking better care of themselves.”

## Starting Point

Many doctors engage in self-exploration to discover and focus on what really satisfies them about medicine. Some end up choosing different career paths that excite and motivate them while others are deliberately changing certain aspects of their medical practice.

Stephen Rosen, Chairman of Premium Career Management for Physicians in New York City, works with physicians who have career-related problems. He says very few are able to rekindle their love of medicine by continuing along the same path. If they do, he says their career problems only grow worse. But he also says that even a small change can make a big difference. Doctors don’t need to leave medicine or change a great deal about their practice to have a career that includes satisfaction and well-being.

“You don’t have to break glass to get fresh air,” he says. “You

9. Deciding you must earn the same money, or maintain the same level of status, responsibility, or prestige in your next career or job.
10. Keeping your feelings of dissatisfaction to yourself, or dumping them inappropriately on your family, friends, or in angry correspondence.
11. Expecting your professional life alone to bring you complete personal fulfillment.
12. Burning your bridges behind you.
13. Postponing gratification in your work.
14. Holding onto an irrational belief that you owe a lifestyle commitment to your current employer or career, to your next job or career, or to a sizable investment in your expertise (which can be a form of habituation or addiction).
15. Staying where you are for fear of failing elsewhere.
16. Using your present high salary as an excuse not to change jobs or careers.

*Source: Stephen Rosen, chairman, Premium Career Management for Physicians and career coach at Celia Paul Associates, NY, NY, [www.onlinecareerclinic.org](http://www.onlinecareerclinic.org)*

can open the window. That's what I would say to doctors who are running up against a brick wall in their practice."

He says there are five questions that doctors must ask themselves if they're thinking about changing jobs within medicine or jumping ship to a completely different career:

**Should you change career directions?**

It sounds simple, but there are many things to consider. For example, do you still enjoy applying your skills, talents, and signature strengths? Do you feel a sense of ownership, inevitability, and authenticity when using them? Does your work anchor or center you?

**Are you ready to change career directions?**

Consider how you feel about the earning less money, working for younger colleagues, or finding that the new direction doesn't work out. Also, do close colleagues agree that a change may be in your best interest?

**How difficult would this be personally?**

Be realistic about what you can and can't change about yourself. Are you optimistic about your life and potential new career? Can you leave behind colleagues, associates, mentors, advisors, and important role models?

**What's the best way to decide which direction to take?**

Of your transferable skills, ask yourself which of these you most enjoy using or applying. Then identify your professional and personal priorities and important constraints, ranging from compensation to geography.

**How would you implement the change?**

Talk to people who are performing the job you want. Will it require additional education or training? Against whom will you be competing? By your gathering this type of information, your decision will be grounded in current marketplace realities.

Mr. Rosen points to two clients. One was an ob/gyn in her late thirties who became burned out. She was on call 24/7 and had performed more than 700 deliveries. Working too many hours for too little satisfaction, she decided to make a career shift. Since she was also interested in women's health issues, she moved away from delivering babies and accepted a position as a hospital administrator that focuses on women's health care, policy issues, and hospital safety—bringing a physician's perspec-

tive to these important topics. Now she is following her passion and feeling more satisfied with her career.

The other client was a facial plastic surgeon. His practice supported an onsite operating room that was expensive to maintain. Unfortunately, the population surrounding his practice was drastically changing. Because people could no longer afford his expensive services, his practice began to dwindle. The doctor's high monetary losses—roughly \$10,000 a month—were only matched by his high stress levels.

“His issue was that he was a terrible businessman,” explains Mr. Rosen, pointing out that the physician needed a job in which he did not have to deal with the financial issues of practice. “It

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took us about six months, but we worked it out that he had to close his practice and relocate. We figured out how he could present himself not as a partner or principal of a group practice, but as a colleague who could eventually buy into the practice over a period of years.”

Not only did this doctor receive multiple job offers, but he was no longer required to deal with the side of medicine he disliked—financials.

“Many self-defeating career strategies are avoidable or alterable,” Mr. Rosen says. “You can discipline your mind to focus on those positive thoughts that enhance or reinforce your assets. Without denying reality, you can affirm your transferable skills” and approach career decisions with confidence.

Sometimes change comes through self-exploration and strategizing towards a goal. Sometimes it comes by force. That's what happened to Jone Geimer-Flanders, D.O., a cardiologist in Schertz, Tex. Like many doctors, she also experienced high frustration and stress from her job. Back in 2004, she started developing feelings of helplessness and hopelessness—symptoms of depression that, studies show, are quite common among physicians (especially female physicians). She felt the pressure to succeed was too much, she says, and she didn't see how to address her situation.

She implemented change only after she was forced to—when she was diagnosed with stage-three colon cancer.

“The emotional stressors in my life made me more run down and more prone to cancer,” says Dr. Geimer-Flanders. “I got the diagnosis, and it was almost a relief. It sounds crazy. I said, ‘Oh, good, I have to change my life now.’”

She closed her practice, shifted all but a handful of patients to another cardiologist, and then set a goal to focus less on treatment and more on education and preventive medicine.

In between chemotherapy and radiation treatments that lasted for approximately eight months, she completed a training course in imaging so that she could evaluate echocardiograms. Then approximately four months later—with her cancer in remission—she opened a new practice that focused on the preventive side of cardiac care.

Although she still works many hours, she says that this time around, her heart is in her work. “I evolved into a preventive medicine doctor, and [I find it] a lot more gratifying to prevent disease than treat it,” she says. “I feel as though I’m making an impact. I like the type of problems I’m dealing with. I do a lot of education, and it is unbelievably gratifying to explain to people what they can do to prevent problems rather than why they’re dealing with heart failure after an event.”

She says she hears a lot of excuses from physicians about why they can’t change jobs or careers. Some feel that owning a medical practice is a lifelong commitment written in stone. Others believe that their families will suffer if they cut back on how many patients they treat or accept a position at a lower salary.

But none of this is necessarily true, she says. Although she admits that doctors may not initially earn as much money after switching jobs, she points out it will certainly cost them far more if they suffer from a heart attack due to stress or cancer, as she did. After changing disciplines, she also discovered the emotional benefits of a career switch and found she was more efficient at performing her job.

Sometimes she shares her experiences online via the Texas Medical Association’s Website. The Association formed an online community comprised of its member physicians, who chat with each other to vent their frustrations about their job, share clinical

ideas, offer support, ask questions, and relay job stories.

“We don’t have the time to sit down and talk about medicine as we did in medical school,” says Dr. Geimer-Flanders. “This is kind of a virtual break room. It’s a place where you can anonymously and safely chitchat with your colleagues. It’s a way for me to help other people who might have been in my same position prior to their having a meltdown.”

Some of the suggestions she offers to fellow physicians include the following:

- **Find someone you can talk to, even if it means paying for a psychotherapist.** An objective listener is more important than you may imagine. You need someone in your corner!
- **Create a timeline.** Change takes effort and is rarely success-

### Plan Your Next Move

Thinking about changing disciplines or fields? Before you make the leap, consider the following tips offered by Stephen Rosen, chairman, Premium Career Management for Physicians and career coach at Celia Paul Associates, New York, N.Y., [www.onlinecareerclinic.org](http://www.onlinecareerclinic.org), and co-author of *Career Renewal* (Elsevier, 1998).

- Recall your most enjoyable accomplishments and experiences, especially those that are deeply felt and emotionally fulfilling. Then ask yourself what other venues in the medical industry offer those same opportunities and intrinsic rewards.
- If you’re stuck in neutral and don’t know where to turn, keep a career journal/diary to collect all your positive thoughts, idea associations, insights, and conversations with colleagues that may lead to unique career opportunities.
- Regularly affirm your skills, assets, and best attributes, and remind yourself that with energy, optimism, and persistence you will find a place to use them.
- Identify people you know who are doing what you think you might want to do. Call them. Find out what they like and dislike about their job, who else does similar activities, and how they got there.
- Volunteer, if necessary, to try a new job or career so you can see if it fits who you are and what you want. This will help you find the right one, the best one, the inevitable one—the one that engages you in work that’s a worthy expression of who you are. Then make it your own.

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ful the first time out. Set a date, and begin the process of change. If and when something fails, adjust and retry.

■ **Identify people around you who can help.** You cannot do this alone. They may include a spouse, clergy member, or partner in your practice.

■ **Realize that change will cost you money in the short term.** Usually, when we stop performing the way we are accustomed to, we are less productive. But relieving stress often makes a person more effective and productive in the long term and therefore more successful.

■ **Pinpoint the problem.** What specifically leads to frustration or stress? What are the possible solutions? Dr. Geimer-Flanders points to a colleague who realized that much of his stress and anxiety resulted from covering calls on weekends for another physician. His solution was to become involved in a different call group.

■ **Avoid burnout.** It's always better to prevent it than to recover from it!

Another approach is to consider that career burnout may in fact be a presenting complaint rather than the illness itself. Think of the patient who comes to the doctor with stomach pains. Although his symptoms are real, they may be brought on by his stress over his troubled marriage. In the same way, physicians should pay attention to their complaints as symptoms and clues to the root of the problem, says Jane Straus, a lifecoach in Mill Valley, Cal.

## Making Changes

If you think you might want to make changes in your career or professional life, Ms. Straus warns against allowing fear, self-judgment, or limiting beliefs to restrict choices. A job change can mean veering away from what you know and have grown accustomed to. Your fears about the difficulty of such a change may prevent you from going ahead. Likewise, your belief that it will cost too much money to make a job change may limit your options. Self-judgment may lead you to believe that you're too far past your prime to make the necessary changes.

As an example, Ms. Straus points to physicians who don't hire the help they need in the office. "Their fear is that they can't afford

it,” she says, “but what happens is that they can’t afford not to, because they get burned out. It’s a vicious cycle. Cut that vicious cycle before [you] become burned out. Don’t cheat yourself.”

Sometimes doctors can tweak minor details in their practice or career that turn out to make a big difference in their job satisfaction. For some, it may be changing work hours. For others, it could mean specializing in a specific procedure in order to increase their efficiency and professionalism.

**Sometimes doctors** can tweak minor details and make a big difference in their job satisfaction. For some, it may be changing work hours. For others, it could mean specializing in a specific procedure that maximizes skill and professionalism.

The first step, she says, is to think about all the personal changes you have experienced since you completed medical school. How are you different today from when you first started practicing medicine?

Have your needs or career interests changed? If so, does your current job reflect those changes? If not, what fears, self-judgments, or beliefs are stopping you from realigning your career?

“When people go to medical school, they’re idealistic and don’t know what practicing medicine is really like,” says Ms. Straus. “So reality can be very different from their picture of it. They may be burned out from the very beginning if their picture doesn’t match reality. Find out what your picture is—what do you need in your life? What [about medicine] do you want to get more from?”

Part of this process also involves identifying your personality style, she advises, pointing out that physicians may not fully consider their personality style in their job search and end up working in the wrong environment. Some personality styles may include the following:

- a director, who needs to be the boss,
- a promoter, who thrives on receiving attention for his or her accomplishments,
- an analyzer, who enjoys more behind-the-scenes research work, or
- a supporter, who needs to work for a worthy cause.

Look around you. What do you need to change in your own

job or career to better match your personality style? For example, if you're a supporter in private practice, you can satisfy that need by volunteering on a medical mission or a clinic in a low-income area. Non-profit organizations are often looking for physician volunteers for short stints (like a two-week trip to a developing country) or an ongoing involvement (such as a day a month at a local clinic for the uninsured). (See chapter 4 for more on volunteer opportunities.)

Many people use money as an excuse to avoid taking a risk in another career direction. "There isn't a person around who can't use money as an excuse," says Ms. Straus. "If we use it as an excuse, what we're doing is negating our own inner voice. We're the ones who suffer for it, and so do our families, and so do our patients. Do what it takes to live a happy life. That's how you can best service your family, patients—anybody."

## Second Wind

Steven Hodes, M.D., in Edison, N.J., found yet another path

### Unexpected Symptoms of Burnout

- **Cynicism:** When you feel jaded about your patients or your own work contributions, you are experiencing one of the most serious symptoms of burnout.
- **Boredom:** Are you losing interest in your work? Pay attention or you may fall behind in your field or run out of energy entirely.
- **Feeling Stuck in a Rut:** When you get up in the morning consistently feeling dread, wishing it was the weekend, or that you were someplace else doing something else, it is time to re-evaluate.
- **Addiction:** Physicians, like anyone else, can use chemicals, exercise, TV, the Internet, or even sex to avoid having to face the ramifications of burnout.
- **Physical Symptoms:** Headaches, even injuries, can be symptomatic of burnout. If you frequently get minor aches or illnesses, or ever fantasize about being too sick or injured to do your work, then you need to change something in your life.
- **Anxiety/Depression:** Beyond chemical causes, genetic factors, or even temporary stress, prolonged anxiety or depression can overwhelm you if you're not doing what makes you happy. If you hold

to a more satisfying career. More than 30 years ago while he was in college, he studied religion, philosophy, and spirituality. But since he also enjoyed natural science, he eventually chose a career in medicine, specifically gastroenterology.

After practicing as a gastroenterologist for 20 years, he became frustrated with many aspects of his practice—everything from working with HMOs to the escalation of malpractice insurance premiums. He says he unintentionally allowed his negativity to affect his interaction with patients. He badly needed a midlife diversion. So he returned to his first love.

Although fascinated by religion, Dr. Hodes says he would not describe himself as a “religious man.” He says, “I got back into the study of spirituality out of curiosity.”

Dr. Hodes began exploring Kabbalah, or Jewish mysticism, and discovered that certain concepts resonated with him. One concept that particularly interested him was that all humans are spiritually connected and that doing acts of kindness to others elevates your soul. This concept changed the way he approached

yourself back, you may somehow emotionally manifest your discontent and unhappiness.

■ **Jealousy:** When you think someone else’s life is better than yours, and you’re angry about it, rather than being excited about possibly creating something similar for yourself, you’re in burnout mode.

■ **Low Self-esteem:** If someone thinks you’re great, but you don’t feel that way, or if you find it difficult to accept compliments, you may secretly know that you’re not doing what you’re supposed to be doing.

■ **Defensiveness:** Whatever you secretly criticize in yourself will feel worse coming from others. If you think you’re bright, then someone’s calling you stupid won’t impact you. But if you believe you’re not among the best and the brightest, that comment will sting. You may become more defensive when you are in burnout.

■ **Impatience:** When you want others to hurry when they speak (e.g., when patients are describing their symptoms), feel road rage by honking at slow drivers, bark at your spouse or kids for the slightest infractions, these are clues that you’re unhappy with your life.

*Source: Jane Straus, life coach, keynote speaker, and author of **Enough Is Enough!: Stop Enduring and Start Living Your Extraordinary Life** (Jossey-Bass, 2005). [www.stopenduring.com](http://www.stopenduring.com)*

his medical practice.

Dr. Hodes explains it this way: Back in the biblical days of Jerusalem, many believed that beggars were actually doing people a favor since they were enabling others to perform acts of charity. Without beggars, he says, people could not earn those “spiritual points.”

“Kabbalah seemed like a fascinating introduction into mysticism because it was offering this unique and different perspective on Judaism that I had never seen before,” says Dr. Hodes. “I started to change my opinion of religion, in general became less of an atheist, and started to find that there was something that would explain why man had this spiritual drive.”

From that point on, his attitude towards his practice began to change. He began considering each patient who came into his office as a gift along his spiritual path. Without his patients, he says he wouldn't have an identity as a healer. He realized that he was not just providing a service, but his profession was now part of a larger picture that he hadn't seen before.

“I'm actually more grateful to be a physician now than when I started,” he says, explaining that his Kabbalah studies helped him brush away annoyances that he routinely experienced. He says he shows more care and compassion to his patients, which greatly impacts the process of healing.

For example, one of his patients was a man in his 70s who complained of abdominal pain, diarrhea, and weight loss—classic symptoms of irritable bowel syndrome (IBS). Dr. Hodes says that, typically, gastroenterologists find this condition frustrating to treat because it's often associated with emotional problems, such as stress. Even during his training, he says, little time was spent on IBS diagnosis and treatment.

But, thanks to his Kabbalah orientation, Dr. Hodes didn't dread treating this man's IBS; he welcomed the challenge. This was the perfect test to see how he could apply his new learning, his new understanding of the mind, body, and spirit.

After ruling out organic pathologies, such as cancer or colitis, Dr. Hodes asked the man about stress and other personal issues. Initially, the patient denied having any stress or personal problems. In the past, Dr. Hodes says he would have probably taken his initial statement at face value and moved on. But not this

time. Whether it was his newfound knowledge or intuitive skills, he persisted and continued to ask questions.

“I didn’t stop with his initial denial,” he says. “On subsequent visits, when I kept saying, ‘Your symptoms are disproportionate to what I’m finding, I really think that there’s something that you’re not revealing to me or facing up to,’ little by little, he started to open up.”

As it turned out, Dr. Hodes explains, the man was subconsciously mourning the loss of his wife. Once Dr. Hodes discovered this, he explained to him that the gut has its own nervous system (enteric nervous system), which is almost separate from the conscious mind and may be responsible for the symptoms of irritable bowel syndrome. Since subconscious issues can negatively affect a gastrointestinal tract,

**Most physicians begin to think about retirement as they push 60. But with his fresh perspective on life and medicine—call it a second wind—Dr. Hodes’ enthusiasm for medicine is at an all-time high.**

Dr. Hodes prescribed an antidepressant.

On follow-up visits, the man commented that he was feeling better and had gained weight. Within six months, he was taken off all medications. The man thanked Dr. Hodes for caring enough about him to persist.

Dr. Hodes says, “I was gratified by taking somebody who did not have a life-threatening condition, but who was miserable from it, and guiding him along a path.”

At his stage of life, Dr. Hodes, who is 58 years old, says most physicians think about retirement. But in his case, the opposite is true. Since he developed this fresh perspective on life and medicine—call it a second wind—his enthusiasm for medicine is at an all-time high. While he plans to pursue teaching, lecturing, and writing (he currently teaches at a local university and writes his own blog, [www.meta-md.com](http://www.meta-md.com)), he doesn’t believe he will ever stop interacting with patients.

Although the Kabbalah was the vehicle he used to change his perceptions and attitudes about medicine, he says every religion or belief system from Christianity and Buddhism to Islam can offer that inspiration and a spiritual core and can create an alternative awareness about medicine, including the doctor-patient relationship.

“I would like physicians to not lose that special relationship, that privileged relationship that we have with patients and not be overwhelmed by all the extraneous aspects of practicing medicine,” Dr. Hodes says.

## Fishing for a Change

Some physicians firmly believe that they’re trapped by their professional circumstances. Instead of exploring alternatives, they continue practicing medicine in the same fashion, day after day, month after month, without any end in sight. Their happiness turns to frustration; their enthusiasm or love for medicine diminishes a little more with each passing day.

Think about your own situation. What changes can you make—big or small—to make your job better, simpler, happier, more satisfying or rewarding?

Sometimes the answer can be quite unexpected. Career coach Bill Dueease, president and cofounder at The Coach Connection in Ft. Myers, Fla. ([www.findyourcoach.com](http://www.findyourcoach.com)), tells of a successful but unhappy doctor who increasingly grew dissatisfied. The doctor hired Mr. Dueease to help him with his medical career. What he found was a new hobby: fishing. After six coaching sessions, the physician realized that he had been allowing his career to dictate how he spent his time off as well as how he spent his work hours, says Mr. Dueease. Many weekends, for instance, he played golf—a game he disliked—because that’s what other doctors did. To make matters worse, it took away from his leisure time with his wife and daughters.

What he really enjoyed was fishing. So he traded his golf clubs for a boat and fishing rod. Perhaps the best part of all was that he could fish and be on call at the same time. Unlike golfers, who need those around them to be quiet so that they can concentrate on their swing, the fish don’t mind if he’s talking on the phone. And his patients don’t mind if he dispenses medical advice while sitting on his boat deck rather than in his office.

Fishing also gave him the opportunity to spend more time with his wife and children, who now often accompany him on fishing outings. In the past, Mr. Dueease says, two forces were pulling this doctor in opposite directions—family and career. When he was with his family, he felt guilty not being at work.

When he was at work, he missed spending time with his family.

“He was able to redirect his focus,” says Mr. Dueease, adding that the physician worked smarter hours, reduced his work hours, and improved his effectiveness. “He was able to take care of that conflict, to enjoy his work more because he knew he was going to be able to double his time with his two daughters and wife, and to no longer feel guilty about being at work.”

Mr. Dueease believes that physicians must discover and follow their own passions since their love of medicine will carry them only so far. They need a release or an escape, whether it’s woodworking, gourmet dining, or fishing.

The 80-hour workweeks are often self-inflicted, he adds. Physicians get caught in the trap and need to learn how to establish boundaries.

“If I get within six inches of your face, you’ll start backing off,” Mr. Dueease says. “[Physicians are] letting [their careers] get within six inches of their faces. They’re allowing people inside their boundaries, [and then those] people control their life. They need to control their *own* life. Lawyers do it. Business owners do it. Being a doctor does not require you to suffer.”

### Career Tune-Up

Are you restless, perhaps even bored with practicing medicine? Take some time to re-evaluate your interests and career. Start by answering the questions below:

- What did you love about medicine when you started?
- Are you doing enough of what you initially loved today?
- If not, why? What pressures or obligations keep you from that?
- What would you have to change to do more of what you thrive on?
- Do you ever focus on work problems to avoid something else that is not right in your life?
- What changes have you experienced personally and professionally since completing your medical training? How are you different today?
- Does your work reflect who you have become?
- If not, what fears or beliefs may be hindering you from making the necessary changes?
- What kind of support do you need to overcome these obstacles?

Source: Jane Straus, life coach, Mill Valley, Calif.

Many doctors let their work demands interfere with their ability to develop friendships with other physicians or coworkers. Generally, doctors don't have close personal relationships, only acquaintances, among coworkers, says Bob Murray, Ph.D., a clinical psychologist at Fortinberry Murray Consulting in Reno, Nev., and author of *Creating Optimism* (McGraw-Hill, 2005). One of the first questions Dr. Murray asks his physician clients is about their relationships with colleagues. He says that, although physicians may see colleagues on the golf course or meet them once a year at conventions or workshops, there is rarely dialogue about personal issues that are important to them, which forms the basis of a relationship.

He believes that's why some doctors are leaving the profession. He tells the story of one physician in California who actually quit medicine after 15 years for this reason. Due to time constraints, the doctor wasn't able to form relationships—even even with his own patients—and became increasingly frustrated.

So the physician made the switch and became a career coach for corporate executives.

Now, says Dr. Murray, he spends 90 minutes with his clients and enjoys every minute. When asked if he would return to medicine, he says, "Sure, if I could have 90 minutes with my patients."

Dr. Murray explains that people leave jobs—any job, whether it's a doctor or chief financial officer—if the career path doesn't satisfy two needs: the desire to form relationships and the ability to achieve some degree of status.

"A lot of [physicians] went into the profession thinking that they were going to be these gods that people would look up to and admire," says Dr. Murray. "They found that this is no longer the case."

It's one thing to put up with long hours and challenging work if you receive admiration from your patients, your family, and your peers. It's quite another when you work hard and don't feel appreciated.

Dr. Murray gives the example of one gastroenterologist who complained about not having any time for her husband or two small children because of her 70-hour-a-week work schedule. She generally worked from eight o'clock in the morning to eight at night, six days a week. When asked what would bring the fun

back to her job, she replied, “More interaction with my patients.”

So she reduced her hours and, for the most part, observed a standard nine-to-five routine. Fewer patients were booked each day, which allowed her to increase the time she spent with each. By doing so, he says she was able to form relationships with them and exercise her curiosity about people. Despite a one-third drop in her income, she is less stressed, happier, and thoroughly enjoying medicine, Dr. Murray says. Now she wonders why other doctors don’t make similar changes.

When Dr. Murray asks doctors why they entered the field of medicine, he says most respond that they want to cure illnesses and alleviate human suffering. But he says the reasons that originally inspired the career choice can actually lead to burnout because there’s always so much more to do.

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A more realistic reason to pursue medicine, he says, is an innate curiosity about people. If physicians lack that curiosity, then they’re in the wrong profession, he adds. To make his point, he cites another physician client who wanted out of medicine after serving in private practice for about 15 years. When asked what originally attracted him to the field, the doctor replied that his real interest was learning about how different cultures approached healing. So Dr. Murray suggested that he research different treatment methodologies and see if he could apply them in his practice.

The thought definitely piqued the physician’s curiosity. He ended up taking six months off from work to study different cultural approaches to medicine; then he developed a multiethnic practice and marketed his services to diverse ethnic communities. “He had an absolute ball doing it,” says Dr. Murray.

He adds that it’s simply not true that there is no escape from career burnout. You don’t need to feel trapped by stress, frustration, anger, or boredom. Ask yourself what fascinates you about medicine. What are your real needs? What would happen if you couldn’t practice anymore? How would you feel?

## A New Approach to Business Issues

Shane Sheibani, M.D., M.B.A., a cosmetic plastic surgeon in Los Angeles, asks himself those same questions whenever he feels burned out. He also reminds himself of the reason he entered the field of medicine years ago. He says he can't even imagine what his life would be like without the opportunity to heal or operate on patients—even for one week. But like most physicians, he often becomes frustrated dealing with the business side of medicine.

During these times, he separates the business side from the professional side and deals with these issues like a businessman, not a doctor. It helps that he has an M.B.A., but it's possible for those without formal business training to make these distinctions, too.

“If it's a malpractice issue, I act as if I were an attorney,” he says. “I don't put my physician's hat on and come from a place of caring, emotion, and sensitivity. I deal with it as an attorney does—it's a matter of black and white, a matter of justice. If it's a financial problem, I deal with it as CFO or financial guy. I realize this is not an issue of medicine.”

This approach helps him deal with medicine's “underbelly” and overcome obstacles that could prevent him from feeling positive emotions about his profession.

He adds that job satisfaction doesn't come from patients, doctors, or other people, but from your own appreciation of your contribution to society, to the community, or to your calling. He believes that many physicians must use their innate gift as a healer; otherwise they won't be spiritually satisfied.

“It's a personal decision that has drawn us to this serious commitment of time, energy, and life,” he says.