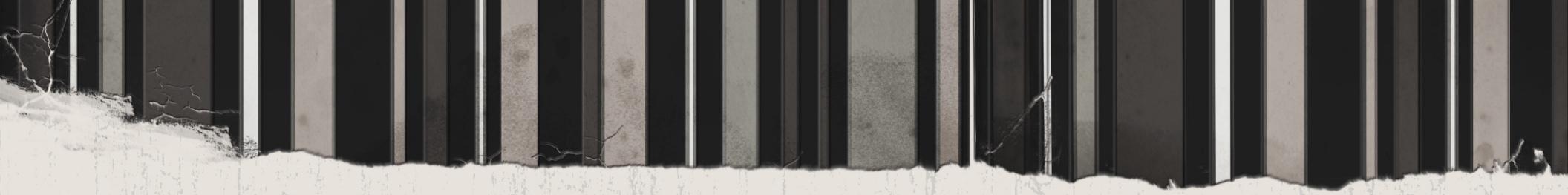
Vox Medici

Profiles in medicine



Vox Medici

LocumTenens.com was inspired to create this ***eBook series*** by our perception that in the midst of all the heated rhetoric surrounding healthcare, there is one voice that is eerily quiet—the doctor's voice. Pundits, politicians, and insurance companies have had (and continue to have) their say, but doctors tell us time and again that they feel that they do not have a seat at the debate table. This is their chance to be heard, and it is our privilege to give them a forum. At LocumTenens.com the quality of our doctors is the strength of our business, and we would like to say ***thank you.***

Profiles in Medicine

In this issue of *Vox Medici,* we are profiling doctors whose stories have inspired us. These tales of courage and personal triumph are just a few of so many examples that we hear about every day. These doctors all have two things in common, a love for the healing arts and a deep concern about the state of healthcare in America.

Healthcare spending hit $2.5 trillion in 2009, 17.3 percent of GDP. The government spends more than 20 percent of its budget on Medicare, Medicaid and CHIP. And the numbers look even grimmer in the future. Persistently high obesity rates and retiring baby boomers mean we will have an older, sicker population than ever before.

But there is reason to be hopeful as long as medicine continues to attract the best and the brightest, people who care deeply about helping others, as the doctors in the following profiles do.

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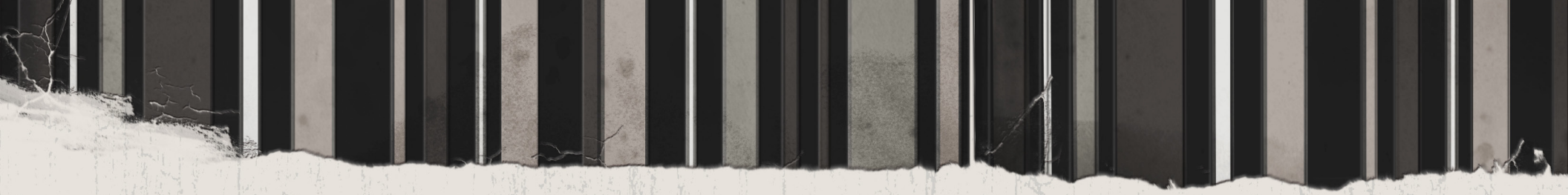


For a Chicago doctor, a four-decade-long dream finally fulfilled

Lianne Holloway dreamed of being a doctor from age 12, when she was captivated by June Lockhart's role as a country doctor in the TV show *Petticoat Junction*. But that aspiration was so far removed from her social paradigm that she put it aside for 24 years. Finally, in August of 2010, Dr. Holloway hung up her shingle and opened her solo family practice.

Dr. Holloway was born in the Back of the Yards area in Chicago, a blue-collar urban neighborhood where most people grew up expecting to go to work in a factory. Girls who were smart could get a job "downtown" as a secretary, and that is what she did.

She had gone to college in fits and starts over the years, but nothing added up to a degree. At age 36, her paradigm shifted. Her mother died, unexpectedly, before reaching retirement age, leaving many unfulfilled plans and dreams. Dr. Holloway enumerated several goals her mother was putting off until retirement—gardening, writing, owning a dog—modest enough goals.

It distressed Dr. Holloway that her mother had died without accomplishing these things, so she resolved not to let that happen to her.

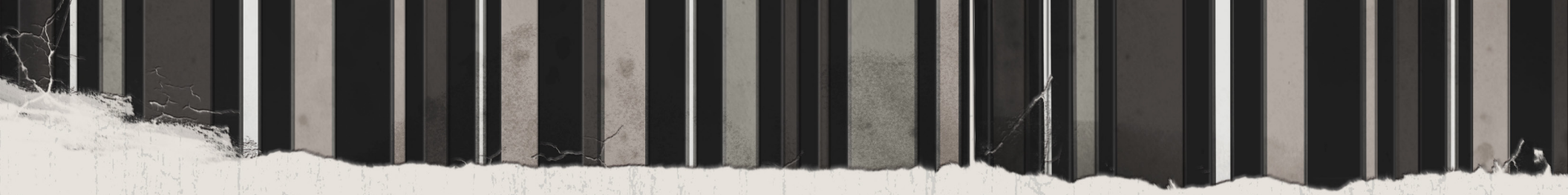
"I'm not gonna go through life putting off what I feel like I want to do until it doesn't happen," she said to herself.

So she took the small amount of money from her mother's life insurance policy and started attending community college and then university, all the while working and raising her son.

She ran into mixed reactions when she told people that she was going back to school at age 36 to be a doctor.

> *"You can't let the vagaries of fortune stand in your way. You have to get it done or you'll be forever unfulfilled.*
> —Dr. Lianne Holloway
> Family Doctor

"One of the lawyers at work actually laughed at me. He said, 'You're *how* old, and you're a freshman in college?' and walked away laughing."



Chicago doctor...Cont.

A chemistry professor at her community college, tried mightily to discourage her from pursuing medical school by saying that she would have to take courses like physics, engineering, Spanish and German. Another person suggested that she go into a healthcare career that she found out later was the fall-back plan for people who didn't have the grades to get into medical school.

Medical schools did not react in the same way, however. She only applied locally in the Chicago area because she didn't want to uproot her son, and she got interviews at every institution she applied to. And was accepted to every program she interviewed with. In the end, she decided to attend Northwestern.

"And they seemed to like the fact that I was older. I think they liked the fact that older students have focus. Once you've worked and paid bills and taken care of yourself and others, I think it gives you more of a perspective from the patient's point of view than someone who's always been taken care of."

Eventually the money from her mother's life insurance policy ran out: "So then I learned to sign my name to a lot of loans and promises," she said.

Before she started medical school, her husband passed away and her financial situation became even more difficult. She recalls having to share a car with her son and driving him to and from his swing shift job. At one point they had to wash dishes in the bathtub because she couldn't afford to fix her kitchen sink.

Even though she described medical school as brutal, she would always talk herself out of quitting.

She recalls with a chuckle how she used to tell herself, "Okay, if you quit, you have to either commit suicide or change your name and leave town because after all this, you cannot allow yourself to be seen as a failure."

Then the loan money ran out so she "sold" herself to the state of Illinois. In exchange for two years of tuition, she committed to work for the department of public health after residency.

Chicago doctor...Cont.

"And I kept reminding myself that time will go; time will pass no matter how you feel. And you've been miserable before. Just like you got through those things, you'll get through this. Only at the end, you'll be a doctor instead of just somebody who's miserable."

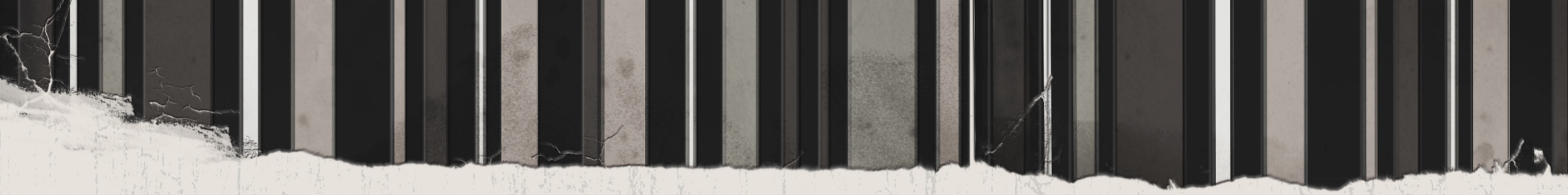
Now that she's accomplished her dream of opening her own family practice, she says it is everything she dreamed it would be. As most doctors, she finds the insurance aspect difficult, but she really enjoys her patients and being their healthcare partner. She even tells some of them her story because she thinks it helps them to see that she understands where they are coming from.

She tells people, "I was a human being for a long time before I was a doctor. I'm still just a person."

She foresees enjoying her career for years to come. She has modest goals, mainly just to be comfortable; she's not in it for the money, she says.

She waxes philosophical when considering the example that she set for her son. It is a good summation of the attitude that got her where she is now:

"You can't just take what life hands you. You have to go out there and get what you want, especially if what you want comes from your sense of duty or not even duty… just like a calling. When this is what you feel like you're made to do, you can't let the vagaries of fortune stand in your way. You have to get it done or you'll be forever unfulfilled."



American doctor discovers a new way of "caring" in the Dominican Republic

In a developing country, care means "the doctor is there for you" even if the technology isn't.

After completing medical school in the Dominican Republic, Dr. Raul Sora, a board certified child and adolescent psychiatrist, realized that healthcare is more than just an enormous industry; it's about caring for people in need.

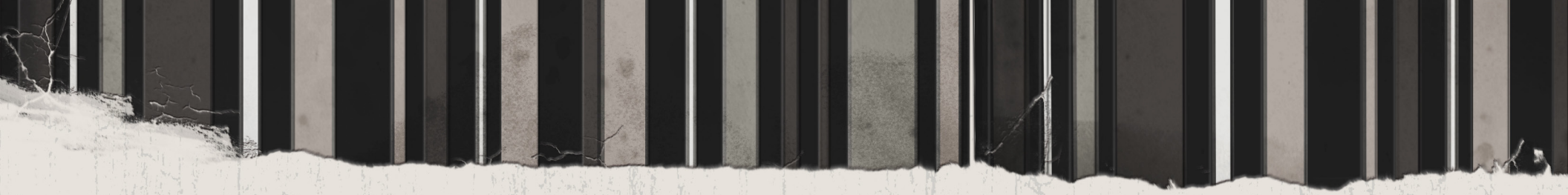
"The defining moment came as I finished my outpatient year of general medicine in the Dominican Republic. After enduring all the deprivations and suffering the abuses of the worst excesses of both the first and third world in how they treat sick people, I found that helping people and studying diseases was an impossible and noble task and that it was a vocation and not a job."

Born in Cuba but raised in the United States, Dr. Sora went to medical school in the Dominican Republic because his father had relocated there for a job with Eastern Airlines. During his time there, he noticed people were getting a high quality of care in spite of the low access to technology.

"The availability of the doctors and the willingness to work with the patients, the accessibility of the care was much higher."

There is an infrastructure in place to care for the poor, including a universal healthcare system for the sugarcane workers and public hospitals for the 70 percent of the population that is indigent, and they receive excellent care.

> *"After enduring all the deprivations and suffering the abuses of the worst excesses of both the first and third world in how they treat sick people, I found that helping people and studying diseases was an impossible and noble task and that it was a vocation and not a job.*
>
> — Dr. Raul Sora
> Psychiatrist



a new way of "caring"…Cont.

"I did see that people who weren't wealthy received as good a care as the care here since most of the doctors were trained in the United States or France."

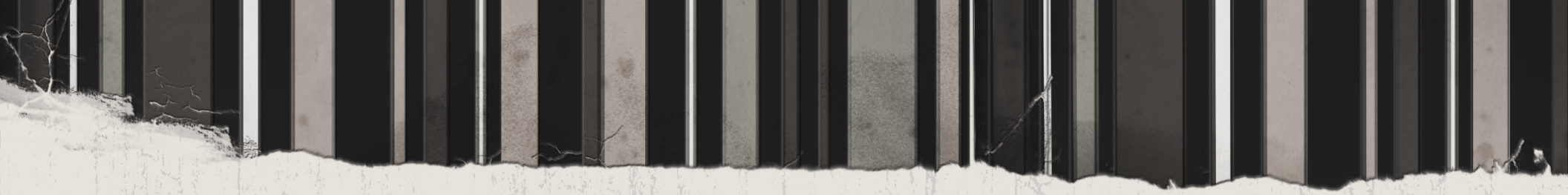
He believes that the healthcare business in America has become a profit-driven industry instead of a people-driven industry. He thinks it has become "rote, indifferent, sort of ivory tower" and all about the money.

"The attempt to see so many patients and cut every corner to save money has really undermined the ability of a doctor to actually see a patient and talk with them and try to deal with them as a person as opposed to a series of signs and symptoms. "

But that was not his ideal. He saw the quality of care that was possible with scant resources, and he wanted to do more for people.

"It became a realization to me that working to help other people was a vocation not just something to make a dollar off of. There was such a need for people who were willing to try to help others both in this country and outside of this country that was a defining moment for me."

And this idealism is what keeps him working in medicine, he says. His plan, after some time off, is to work in public health.



From rural Idaho to MD: a physician's journey

Doctor Maria Schwartz's life story is replete with the legendary grit and determination that we think of as being quintessentially American. It is the sort of story that will no doubt be woven into the fabric of American mythology generations from now.

The daughter of a rancher and a Hungarian immigrant, who was displaced during World War II, Dr. Schwartz grew up in the 1960s and 70s in rural Idaho where her family owned and operated a ranch. The nearest town to her home had 135 inhabitants. It was too small even to support its own school, and Maria and her seven brothers and sisters had to be bused two hours a day to the nearest school. (Amazingly, all eight of the children in her family went to college.)

There was a small hospital a dozen or so miles away from where they lived, but the quality of care was inconsistent.

"Any time we got sick, we were never really encouraged to seek medical care," Dr. Schwartz said, "because a lot of times, we didn't have insurance, and healthcare was sort of luck of the draw in terms of the quality of care that you received."

As a teenager, when her father had a heart attack, he was admitted for treatment to a hospital 150 miles away in Spokane, Washington. She remembers regretfully how none of the family was with him when he died because they couldn't be away from the ranch to stay with him around the clock.

The lack of quality healthcare in rural America was distressing to Dr. Schwartz when she was growing up. She regarded it as a social injustice, and the seeds of her desire to have a career in healthcare came from those early experiences.

> *"I thought that people in rural areas, farmers and ranchers, people that grow food, are the backbone of this country. I thought that it was really a social injustice to be treated differently and not to expect the same quality healthcare that the rest of the country was able to have access to. It was certainly one of the motivating factors for me to study medicine.*
>
> — Dr. Maria Schwartz
> Physical Medicine and
> Rehabilitation Doctor

Idaho to MD…Cont.

"I thought that people in rural areas, farmers and ranchers, people that grow food, are the backbone of this country," she said. "I thought that it was really a social injustice to be treated differently and not to expect the same quality healthcare that the rest of the country was able to have access to. It was certainly one of the motivating factors for me to study medicine."

By any account, Dr. Schwartz's accomplishments, finishing high school, college and medical school all while overcoming the deprivations of rural life, make her an outlier in the realm of human achievement, but she also prevailed against cerebral palsy, a condition she acquired due to trauma she suffered at birth.

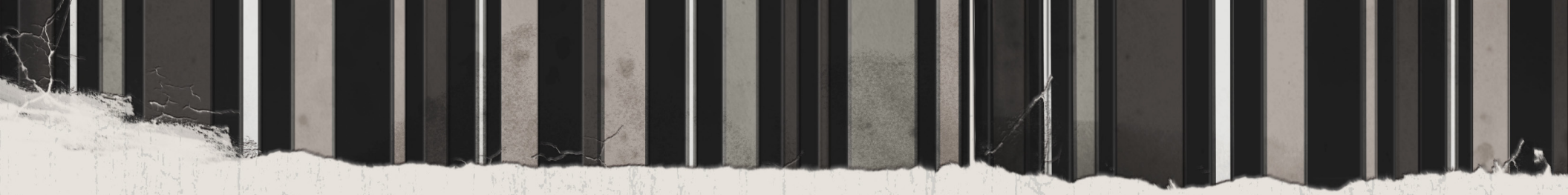
She is hesitant to pass judgment, but she speculates that her mother didn't receive the standard of care during labor, which might have caused baby Maria to become hypoxic, the trauma that caused her CP. As a result of her condition, Dr. Schwartz didn't walk until she was three years old, and she still walks with an unusual gait. Her speech was also affected; it is lilting and measured. But the range of possible outcomes of CP goes far beyond these symptoms, and she is considered very high-functioning.

Her CP didn't stop her from contributing at the family ranch. Her father believed in putting everybody to work, she said. Among other things, she rounded up cattle on horseback and drove the truck when her father was feeding the animals.

"My dad always said, 'You can do what you want to do, and I want you to always remember that.' He never told me that I couldn't do something."

Undoubtedly this unqualified support contributed to her dreaming big and shooting for what must have been an unimaginable dream to most of her peers in Idaho. She feels pretty lucky to have had the parents she did. Her mother, because of her upbringing in Europe, had a "global" world view, and in spite of, or perhaps because of, never having been formally trained in English, she believed strongly in education as the "key to freedom."

Even so, Dr. Schwartz' mother was not initially supportive of her career choice. After receiving her bachelor's degree at Lewis & Clark College, Dr. Schwartz took an administrative job working in their communications department. When she told her moth-



Idaho to MD...Cont.

er she wanted to quit that job to go to medical school, her mother was "appalled," worrying that her daughter was throwing away a good job on a long shot, and if she did get in, a career in medicine would mean she would "never have a life."

She encountered this same sort of resistance from all quarters, inside and outside of her family.

"I'd tell other people, 'I'd really like to go to medical school.' And they would say, 'Are you crazy? You have cerebral palsy. No one is ever going to let you in.'"

> *"I have to follow what my soul is telling me to do.*
> —Dr. Maria Schwartz
> Physical Medicine and
> Rehabilitation Doctor

In spite of these obstacles, she couldn't put the idea out of her mind—it seemed to "haunt" her, she said.

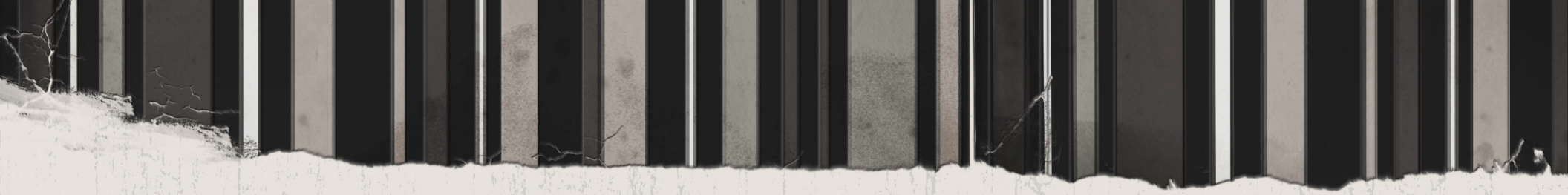
In the end, she told her mother, "I have to follow what my soul is telling me to do."

She finished medical school, and she currently has her own practice in Utah. She specialized in physical medicine and rehabilitation, a choice that she says was inspired by her own condition.

"[Having a disability] makes you a lot more perceptive in terms of challenges and how much time it takes to be mainstreamed into society and to be expected to function within the norms of people that have no physical or mental challenges," she said. "I have empathy for people who have challenges that the general population doesn't have."

If this story had a cheerful, upbeat ending, it would provide perfect symmetry to the difficult, arduous road that led Dr. Schwartz here. But unfortunately, that is not the case.

As her mother predicted, the life is hard, the financial rewards few, and the hardships continue. She sees the state of healthcare in America at present to still be unjust, especially to the doctors. She feels that medical education does not prepare doctors for the realities of dealing with insurance companies. She says doctors are sent out "like lambs to slaughter."



Idaho to MD…Cont.

"I find the insurance part of medicine quite challenging."

But the Medicare/Medicaid side is no picnic for her either. Because she is in physical medicine and rehab, she sees a lot of patients on disability, covered by either Medicare or Medicaid. And naturally, she is concerned about future cuts to reimbursements.

"What amazes me is, in what other business could you go to the person providing you service and say, 'I can't afford to pay you. If you're lucky you might get this much and it's only x% of what you get seeing someone else, but I expect you to see me and provide me with all the services that everyone else gets.' In what other business could you do that?"

Because of the current reimbursement structure, she sees a trend in her specialty toward more and more interventional procedures. She feels the system does not provide financial incentive for spending time with and diagnosing patients.

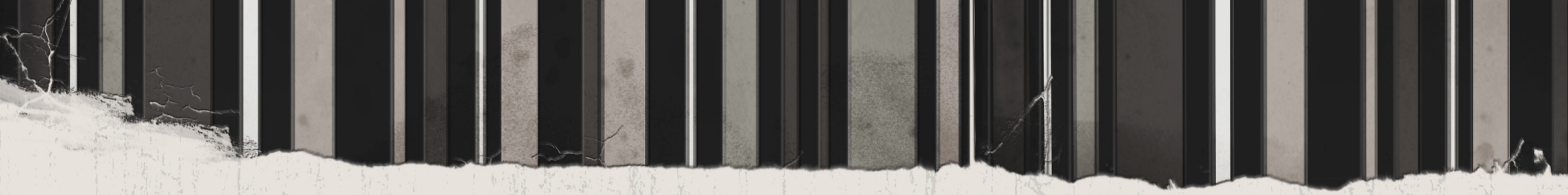
"What's the incentive to sit there and talk to patients and try to figure out what the problem is when you can basically do a procedure in half the time and get paid five or six times more?" she asked.

And to add to her worries, she is having difficulty getting health insurance for herself because of her cerebral palsy, even though it is a non-progressive condition and she is otherwise very healthy.

"I entered this profession to address social injustices, and here I am facing them once again," she said wryly.

In spite of the adversities, her indomitable attitude prevails, and she does not regret her choices. She truly enjoys patient care.

"You basically learn things about people that they would never to talk to anyone else about. Your patients are giving you their trust. That is a very rewarding thing."



A family doctor and born entrepreneur: a career retrospective

Dr. Raymond Mailloux showed signs of his entrepreneurial streak at the age of five.

It was the 1940s in Montreal and a construction project close to his home turned out to be a cash cow. Seeing that the construction workers were discarding beer and coke bottles, he brought his little red wagon with a box on it and started to collect and cash in all the bottles that they left behind. At a time when he was getting a 25 cent weekly allowance, he was able to bring in two to three dollars a week with his bottle exchange, which was *a lot* of money for a five-year-old in the 40s in Canada.

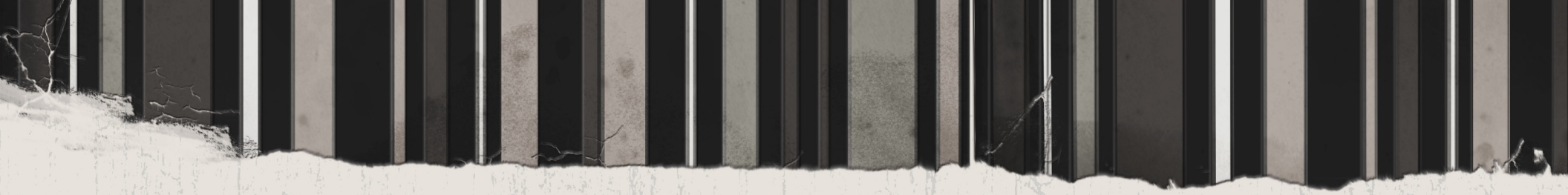
He recalls proudly how he was able to open a bank account and buy a bicycle and Christmas presents with the money he saved. The precocious child grew up to be an intrepid teenager. He worked for a grocery store and an accounting firm, which solidified his distaste for an office job. But during his job as a cashier at a grocery store, he found that he had the gift of gab. He became very popular with the families that would come to buy their weekly groceries from him.

He started to notice that at times there would be families lined up two to three deep at his register when the register next door was empty.

"These were my customers. I got to know them. I knew the husband. I knew the wife. I knew the kids. We talked it up and laughed while I was putting the groceries through. And somewhere in there I thought, 'Maybe I should be a doctor.' There's no medicine in the family, zero. It was just something that I decided I should do."

> *"These were my customers. I got to know them. I knew the husband. I knew the wife. I knew the kids. We talked it up and laughed while I was putting the groceries through. And somewhere in there I thought, maybe I should be a doctor. There's no medicine in the family, zero. It was just something that I decided I should do..*
>
> — Dr. Raymond Mailloux
> Family Doctor (Retired)

And he did; Dr. Mailloux went in to one of the first three family practice residency programs in Canada.



A Family Doctor…Cont.

Eventually he and his wife immigrated to Sherman, TX, a community just north of Dallas, where he opened up a solo family practice and raised his daughters.

For 26 years, he had a successful solo practice thanks to hard work—he regularly worked 70 to 90 hours per week—and his wife's financial management skills.

Even though he recognized when choosing it that family medicine wasn't exactly the money route, he recalls fondly the joys of practice. He loved seeing children in his practice, especially multiple generations from the same family. And he always assisted in his own patients' surgeries. He also enjoyed the detective work involved.

"If you had your eyes open and asked the right questions, and most importantly, listened to what the damn patient says, you'd find the stuff."

He showed his entrepreneurial acumen again in the 1990s when he saw the tide of HMOs rolling in to nearby Dallas. He and his wife started to realize that their retirement plan, which involved selling his practice, was not going to be easy in the HMO environment. So he decided not to wait and shop for a buyer for his practice from among the three local hospitals. He made a tidy sum on the sale of his practice, and the hospital that bought it hired him to run it for five years.

He saw the rise of HMOs and problems with Medicare as reasons to retire, and after his contract ran out to run his former practice, he did just that. He credits his wife's investing chops as the reason why he was able to retire early. The pride he feels for her is apparent in his voice when he talks about how she taught herself investing principles and how to use a computer to trade online back in the 1980s.

But his tone becomes regretful when the subject of the current state of healthcare comes up. He is concerned, as many are, about the shortage of primary care doctors and the shrinking Medicare reimbursements.

A Career Retrospective…Cont.

Before retiring, Dr. Mailloux realized, thanks to his wife's accounting prowess, that he was barely breaking even on Medicare patients, so he was forced to refuse to take any new Medicare patients unless they were current patients or family members of current patients. But, he says with incredulity, some of his colleagues are actually going an extra step and "turfing" current Medicare patients.

"At this point in time, if you provide good care to a multi-system, multi-disease 65-year-old, you are gonna lose money on that visit," he says.

He believes the situation is only going to get worse. He doesn't believe that the current generation of medical school graduates is willing to work the number of hours that they did in his day. He chalks it up to a lack of motivation and not having the entrepreneurial bent.

But now family has become the priority. Their lives were turned upside down three years ago when his wife had a cerebral hemorrhage.

"While she was going through this four months of stuff, I sold our home in Sherman; I sold our condo in Alabama because I didn't know where the hell life was going."

When she got better enough, they bought a house in Garland not far from their daughter's home. Now he enjoys goofing off with his grandchildren and the time he spends doing part time work—an administration job at the hospital in Sherman, as part time medical director at a low income clinic, and picking up the odd shift at a Sherman urgent care clinic, where he occasionally surprises his former patients who drop in.