

Chapter 8

Multiple Paths in Health Care

Susan D. Ross
Consultant Internal Medicine, USA

ABSTRACT

The personal experience of Medicine by each physician is the product of a large number of dynamic and diverse factors: inborn talents and deficiencies, social and cultural environments, type of schooling, exposure to teachers and mentors, colleagues, family and friends, and of course, perhaps most important of all, encounters with patients. Many of these influences are beyond the direct control of the physician, and nearly all continue to change throughout a lifetime. Out of this seemingly random and chaotic mix of influences, each physician develops his or her own highly unique, and ever evolving understanding of what it means to practice Medicine today.

INTRODUCTION

If a thousand different physicians were to write their stories, you'd have a thousand different experiences of Medicine. If one physician were to write her story several times during her career, you'd likely have several different understandings yet again. Yet in all cases, perhaps some common lessons could be discerned. This chapter relays a few selected lessons learned by one physician over many years in practice.

DOI: 10.4018/978-1-60960-097-6.ch008

There Are Multiple Career Paths In Medicine

This advice was first given to me by my future father-in-law, a pediatric psychiatrist practicing for many years in Philadelphia. He told me this as I approached my graduation from university. I was trying to figure out what to do with my undergraduate bachelor's degree in experimental psychology. Although I had originally chosen it purely out of interest in the subject, when it came time to graduate and find a job, it appeared to be

a useless degree. My only option seemed to be to continue on in academia to pursue graduate studies in psychology, but this option just didn't interest me.

While I knew what I *didn't* want to do, I had no idea what I *did* want to do, until my boyfriend's father suggested a career in Medicine. Yes, it is a good living in this country, but he also emphasized the intellectual and human rewards of studying and practicing Medicine. And he underlined the flexibility it affords women in particular, in terms of type of practice and hours of practice. He sold me on the idea.

Luckily I had already taken nearly all of the required subjects, except one, Organic Chemistry. So this course I took at a different university near my home town, while I lived in my parent's home and worked in a warehouse putting price tags on fancy women's clothing to be sold in high-end shops. (That was a unique educational experience too, but that is another story!). I did well in the chemistry course, and took my Medical College Admission Test (MCAT). My Verbal score was stellar, but my Science score was not. So I continued to study while working my warehouse job, followed by a dull office job, both of which convinced me more than ever that I just *had* to gain admission to medical school. Eventually, I succeeded in raising my MCAT Science score, and I was granted admission to the Faculty of Medicine in Toronto. And that open door changed everything, forever.

I have now been out in the world, practicing Internal Medicine, for twenty-six years. I have practiced in both Canada and the U.S., in both a hospital practice as well as an office practice, in a country with universal health care and in a country with free-market health care. I have worked as a clinical investigator writing protocols and treating patients on clinical trials. I have been part of senior management in a biotech company. I have been an entrepreneur in co-founding another company, MetaWorks, a consultancy specializing

in systematic reviews and meta-analyses. I have been the Medical Director of an AHRQ Evidence-based Practice Center (at MetaWorks), and more recently, an independent consultant in Evidence-based Medicine. And I have worked as a volunteer physician in a local clinic for uninsured people.

None of the paths I have taken over my many years in Medicine were planned at the beginning of my career. Not one. I never had a master plan for my life in Medicine. Perhaps some do, but I didn't. Instead, I have pursued paths that opened up to me along the way. And those paths have been many and diverse.

All this is to say that I am living proof that my father-in-law was right - there *are* multiple career paths in Medicine. To those contemplating a life in Medicine, my advice is simple – do it! In Medicine, there are countless opportunities throughout your career to go in whatever direction your talents, interests, and energy might lead you. Clichéd? Perhaps. But nonetheless true. If you seek purely financial rewards, get an MBA and work in business. But if you seek a deeper understanding and experience of life, get a medical degree and choose your paths.

Beware of Dogma!

In the Spring of my final year of residency in Internal Medicine at a downtown teaching hospital in Toronto, I met with my residency program advisor. These meetings were required of all senior residents, and intended as a forum to advise residents regarding professional career paths after completion of training. Dr. C exuded confidence and great skill at the bedside, and I admired his clinical acumen. I looked forward to our discussion of my plans for life after residency. Not that I had anything definite in mind. I'd hoped that maybe I'd be invited to stay on in the teaching hospital, as a junior faculty member. But that hadn't materialized. Although I had excelled at the bedside, my Chief of Medicine had told me that

10 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:

www.igi-global.com/chapter/multiple-paths-health-care/49247

Related Content

Blood Vessel Segmentation in Complex-Valued Magnetic Resonance Images with Snake Active Contour Model

Astri Handayani, Andriyan B. Suksmono, Tati L.R. Mengkoand Akira Hirose (2010). *International Journal of E-Health and Medical Communications* (pp. 41-52).

www.irma-international.org/article/blood-vessel-segmentation-complex-valued/40927

Adaptive Neuro-Fuzzy Inference Model for Monitoring Hypertension Risk

Ngozi Chidozie Egejuru, Oluwadare Ogunlade, Peter Adebayo Idowuand Adanze Onyenonachi Asinobi (2021). *International Journal of Healthcare Information Systems and Informatics* (pp. 1-32).

www.irma-international.org/article/adaptive-neuro-fuzzy-inference-model-for-monitoring-hypertension-risk/295818

Affordable System for Rapid Detection and Mitigation of Emerging Diseases

Nuwan Waidyanatha, Artur Dubrawski, Ganesan M.and Gordon Gow (2011). *International Journal of E-Health and Medical Communications* (pp. 73-90).

www.irma-international.org/article/affordable-system-rapid-detection-mitigation/51622

Exploring Free Questionnaire Data with Anchor Variables: An Illustration Based on a Study of IT in Healthcare

Ned Kockand Jacques Verville (2012). *International Journal of Healthcare Information Systems and Informatics* (pp. 46-63).

www.irma-international.org/article/exploring-free-questionnaire-data-anchor/64354

Critical Systematic Review

Jennifer M. Wilby (2009). *Handbook of Research on Information Technology Management and Clinical Data Administration in Healthcare* (pp. 870-878).

www.irma-international.org/chapter/critical-systematic-review/35819