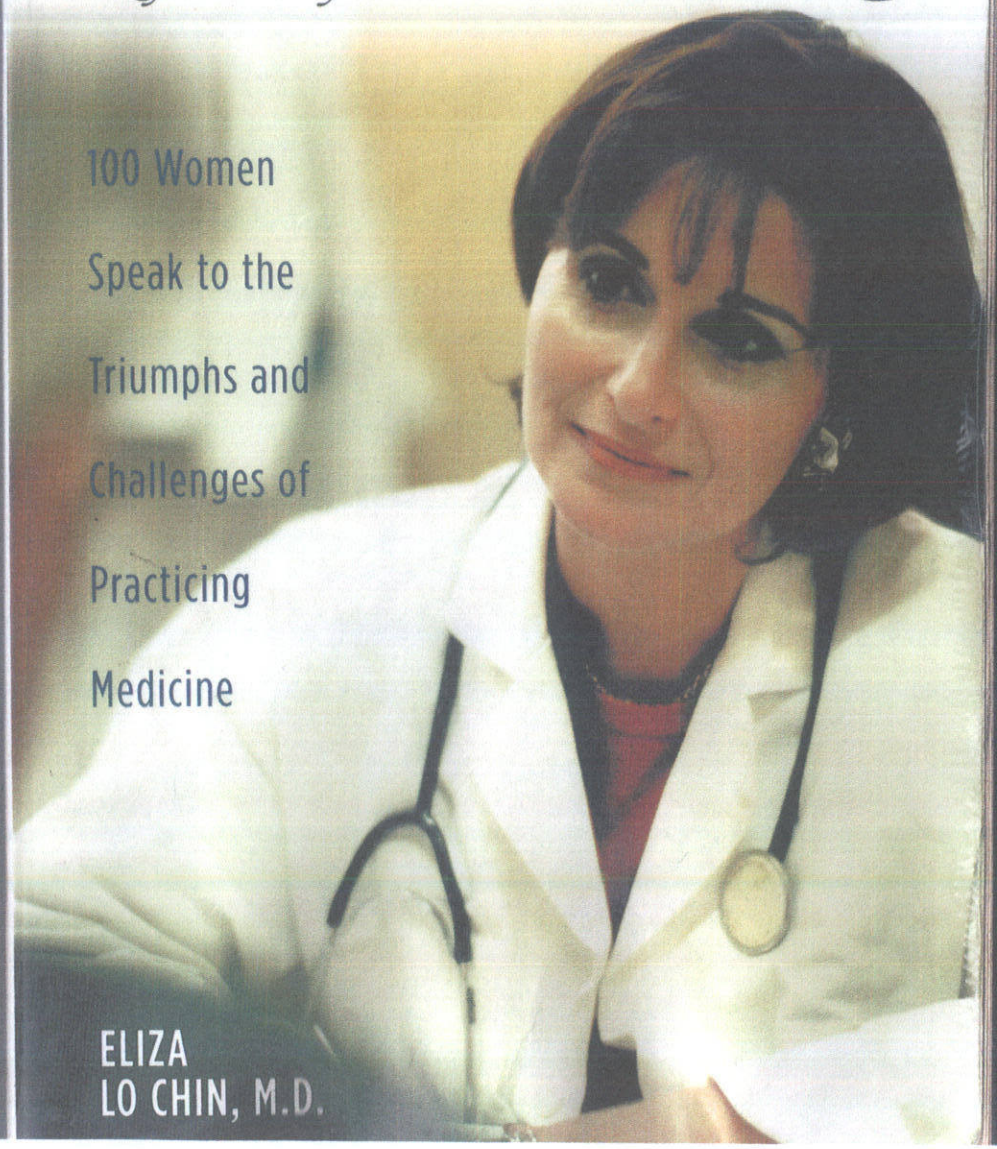
This Side of. Doctoring

Reflections from Women in Medicine



100 Women Speak to the Triumphs and Challenges of Practicing Medicine

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For the women and men
whose stories made this book possible
and for my family, who made my story possible.

daily schedule and long for the short, uncomplicated medical encounter. My face no longer lights up in anticipation of opening the handwritten letter in my mailbox. Nowadays, these are much less likely to be testimonies to my care and much more likely to be complaints about the referral, the waits, or the most recent visit.

My Middle Eastern patient comes to see me. As always, she wears traditional Muslim clothing, her round face peering out of her headdress. Widowed and alone, she is suing her employer for sexual harassment in a long, arduous battle that will determine whether she can continue in the research career that she loves. I have been so impressed with the pluck and courage of this shy, lonely woman fighting to survive in a radically different culture. Our visits usually move quickly through the hypertension and the knee pain to the real reason for her visit: my support, my affirmation, and my reassurance that she will be all right. I see the hurt in her eyes as I am pushed for time one day and brusquely cut short our discussion.

A new patient calls me on the phone. She has menstrual irregularities, insomnia, and mood swings, and the suspicion that she is menopausal has added the stress of a major life transition to her already present difficulties. The wait for an appointment with me is unacceptably long to her. Although I have never seen her, on paper I am already her physician, and she is angry and irritated. I call her back, having already added extra patients to my session that day. Sitting in my office with my elbows on a stack of charts that all bear notes asking me to call patients, I am overwhelmed and vaguely realize that our conversation hasn't gone well. Many weeks later, when we finally meet, my new patient forcefully condemns my lack of compassion on the phone and is uninterested in both my abject apologies and my explanations about "HMO panel sizes" and "time pressures." I know that she has labeled me arrogant and insensitive, and the sense of failure on my part is enormous. Although I spend time rationalizing and working through the experience, her diatribe against me remains one of the most painful moments in my 15 years of doctoring.

I begin to feel as if I am in a war. I speak out at meetings but feel small and unheard. I want to ask the managers and my bosses, "Where do you get your health care, and if your elderly mother is ill, do you want her to see the kind of physician you are attempting to create?" It is the practitioners and patients who will reap what these corporatized leaders have sown.

What about my dream? It has nothing to do with income, with status, or with having built a more cost-effective medical machine but is about the deep satisfaction that my interpersonal relationships and skills with my patients over the years will bring. Above all else, the physician-patient relationship must be preserved. I do not see this happening, despite my dedication to it and my efforts to sound an alarm and rouse my colleagues to action. I feel a helplessness as I face this inexorable attack. I am simply heartsick.

— *Julia E. McMurray*
Associate Professor of Medicine, University of Wisconsin, Madison

My Patient, the Doctor, and Me

I had graduated from residency, finished my fellowship, and was practicing in a high-profile, academic practice at a tertiary medical center. In a sea of eminent colleagues, I saw myself as an imposter, a pip-squeak. I wanted to be as respected as they, the balding, gray-haired, bespectacled, and very well published men. They invariably sat in the front during grand rounds, rows upon rows of polished, gleaming, erudite crania. Instead, I was a young woman who loved to (gulp!) shop and was in search of happiness. As a doctor in training, these traits had all been excusable. But as an attending physician, how would I ever fit in?

I wore glasses and put my hair up in a bun to look older. I published. I maintained a serious expression at all times, going around with furrowed brow and secretly worrying that the furrows would set. My statements became more measured and delivered with long-winded

decorum. A friend who had known me in my carefree, resident days asked in bewilderment, "What are you trying to do? Imitate Gandhi?"

My patients were mostly born in the decades before the second world war and ran the gamut from physicists to artists to socialites. Would these men and women, from an era dressed in dapper suits, bowler hats, and elegant shoes, respect me? I was sure their notion of a doctor was more along the lines of *Marcus Welby, MD* than *Dr. Quinn, Medicine Woman*. While mostly articulate and courteous, some were obstreperous and impatient. I was concerned. Would these more difficult patients have behaved better with Dr. Welby? I tried out my stereotype formula on them all, in bun and white coat, somber clothes and manner. Overall, it was a success. The majority responded well enough and things seemed to go along just fine.

But I found that my act was wearing me down. My relationship with patients seemed sterile and unfulfilling. I was too busy trying to conform to the image of who I thought I should be rather than be who I was. I longed to respond to a joke with a loud and hearty laugh rather than a measured, "professional" smile. I wanted to hug a defeated old woman good-bye but merely shook her hand. I wanted to ask questions such as, "How does it feel to be married for sixty-five years?" but it wasn't relevant to the parietal stroke.

I am not quite sure what made me decide to make the change. Perhaps it was the realization that I was so desperately unhappy with the physician I had become. Perhaps it was the rebel within me. Perhaps I was just being self-destructive. Whatever the reason, I had had enough. And so, one day, I took off my glasses and threw my white coat to the winds. I kept the bun. I made my sentences shorter. I drank tea with my patients. I felt as though I had leaped off a cliff, free-falling into a scary space, where it was just me with my patients—no coat for me to slip into, no professional mannerisms to hide behind. I felt strangely vulnerable, exposed, and open to criticism. Naked, without white coat, eyes uncovered. And I found myself swept up into a magical world, strangely enchanted and uncharted. For in giving me permission to be myself, I gave my patients permission to be themselves as well.

Now, when I am trying to check their gait, my patients teach me to waltz. They bake cakes and share recipes. They chuckle with delight when I compliment them on their outfits and scold me if they find out I have not had lunch. They buss my cheeks, and it is contagious. An old sailor from Ireland sings mournful ballads in a rich and soaring voice. I have learned not to care what the others might think.

I get free advice on matters all and sundry from experts. On marriage: "Always tell them what they want to hear, dear, and then do whatever you want." On child rearing: "Tuck them in bed and kiss them goodnight. Let them know you love them and tell them often. Answer all their questions or else they will ask someone else." On fashion: "You should know better than to wear heels that high, Doc. It's murder on your feet." Of the ineffable pain of irrevocable loss: "My mother died when I was five, and that was eighty years ago," the voice dissolving into sobs.

I learned about the great regrets in many folks' lives: "I should've had children" or, alternatively, "I should never have had children." Regrets most always seem to center around family themes. I heard of the fear of losing dignity, like the retired chancellor who told me, "I don't want to end up being turned around like meat on a spit." And about a certain kind of generosity of spirit. How could I agree to have my patient's grandchild named after me, when I was doing so little to cure her, only holding her hand as she got worse?

I learned about death, that it is important to send a card to the family and to call if it feels right. That it is not unprofessional to attend funerals. I learned that it is important to let loved ones know that they did everything they could, because they need to hear it, and to hear it from you. Your words echo long in their minds and bring them comfort. I learned about hope—how it springs exuberant, no matter how dire the illness, and that I had no right to dampen it.

I learned that it is a hard thing to be ill-tempered, because you only get meaner as the years go by. I learned that happy people stay happy, so it is a good thing to work on. That it is important to have friends. That

the best things in life are left said. That family is more important than career. I would never have believed I would come to this.

I tried on many gloves before I found the one that fit. I find I can use the tools of my trade so much the better for it. The fabric of my life is richer for my not fitting into a stereotype and, instead, accentuating those individual characteristics about me that are important for my profession. So I've chosen the road less traveled and oh, the difference to me!

— *Gayatri Devi*
Attending Physician, Lenox Hill Hospital, New York City
Director, New York Memory Services
Author of Estrogen, Memory, and Menopause *(2000)*

Heart Doctor

My CCU attending accosts
me with thistle-laden words that prickle near
my upper trunk. I choke, "The patients appreciate my care."

He retorts, "This is a hospital, not a hospice." Over years
I convince myself I am hospital. Then in practice

the clinging handshake takes seed, in row with
the lingering patient, the family seeking
soothing expression and word, and my helpless
laying on of hands, helping.

And the hospice within, buried in fertile soil,
germinates and flowers tubular fruit
drawn out as if by sun-warmth, feeding
on bracts of gratitude,
to meet the immense need.

— *Stephanie Nagy-Agren*
Assistant Professor of Internal Medicine, University of Virginia
Chief, Infectious Diseases Section,
Veterans Affairs Medical Center, Salem, Virginia

Common Ground

"We are a Catholic medical center, Dr. Ofri." The medical director leaned back in his chair across from my desk. "Do you have any issues with that?"

His gray hair was severely parted on the right, and I could trace the individual strands that were tethered down on the side by hair grease. He had just finished his long introductory speech with me, enumerating the vast array of services and the selling points of his medical group, clearly trying to impress me with his institution. After all, the reason I was doing a temp assignment here was because they were short-handed and looking to hire.

I was caught off balance by the question. What could he be driving at? Was my Jewish background an issue here? Was my last name too ethnic? I paused and then slowly asked back, "Should I have issues?"

"Well," he replied, in his careful New England lilt, "we do not promote birth control. If a patient requests it, we will provide it. But we do not offer it, promote it, or condone it."

Before my superego could grab control, my New York sassiness spilled out. "So, I don't suppose you perform abortions, do you?"

I could not believe I had just said that.

The older physician did not appear fazed. "No, we do not terminate pregnancies. Nor do we permit referrals to physicians who do. If a patient requests that service, we have them call their own insurance company for referrals.

He stood up and put out his hand. "We are glad to have you aboard, Dr. Ofri. We hope you enjoy your six weeks with us. And," he paused with a smile, "we hope you consider staying longer."

I remained in my office after he left, a little confused about what I had just heard and very embarrassed about the sauciness of my retort. I finally brushed it off, attributing it to high-level politics that I was not a part of.

The staff members welcomed me warmly, giving me a large office and a nurse, Karen, to work exclusively with me. At the beginning of each appointment she took a brief history from the patient, checked their