

**As Doctors Get a Life, Strains Show
Quest for Free Time
Reshapes Medicine;
A Team Approach
By Jacob Goldstein
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Dear Mr. Goldstein,

I am writing to you understanding this letter will be too long to print in the paper (perhaps excerpts could be printed) yet to present to you another view regarding the new concepts in medical care you have written about and another consideration for those in our profession espousing the benefits of a new paradigm for obstetrical care.

This is my thirty-fifth year as an obstetrician. It is the greatest and most rewarding of careers and I would choose no other. It has never felt like a “job” or a daily routine. Being on call Nights and Weekends is part of this profession and what I knowingly “signed up” for. Of course, Obstetrics has its stressors and it’s “dark side,” but the sum is overwhelmingly positive. The leaders in Ob-Gyn today were proudly my fellow residents and colleagues as I trained in Ob-Gyn and Maternal Fetal Medicine in the 1970’s. We are a generation of Obstetricians who like those before us cared for our patients before, during and after childbirth. We understood and still understand the need for consistent and compassionate albeit quality patient care, the need for time to generate trust, the hallmark of the doctor-patient relationship, and above all an ethic, both a moral ethic and a work ethic to either be with our patients in their time of need or to delegate this care to our partners or trusted colleagues, when we physically can not be at their side. This model still works today and will survive despite efforts to encourage its demise.

I do believe the Ob/Hospitalist model will expand, and some of our young physicians will embrace it as a means to rescue a quality of life they *fear* they will miss, but we as educators must not deceive them. We must teach them about mindfulness, about the privilege of caring, and above all about what it means to be **responsible** for a patient's health. Medicine is a profession, not a job. The care of the pregnant patient begins with a positive pregnancy test and ends with the post-partum visit. Teaching and mentoring residents to provide pre-natal care and then to purposefully send their patients off to be delivered by a physician unknown to them is sending the wrong message to these trainees.

In my didactic teaching at the Yale School of Medicine, I teach a course to our medical students and Ob-Gyn residents on the care of the family whose baby has died. It is paradigm for a humanistic approach to patient care and incorporates all that is vital in the role of a physician. Sending a patient to the hospital to be cared for by a Hospitalist after telling her that her baby has died is abandoning her at her most vulnerable moment- a time when she needs our care and attention the most. We must teach *involvement* with our patients' care, not *detachment*.

Thus I conclude with a plea. Let us train our doctors with the tenets of altruism, professionalism, mindfulness and medical ethics. Quality of life issues will be prominent in the decision of medical students to choose certain specialties. But in Obstetrics and Gynecology, we should be able to emphasize the value and rewards of the complete obstetrician, and not lead our residents towards the mindset of being labor and delivery floor technicians.

I will continue to deliver my patients' children and continue my mission to educate my students. I will do so with fervor and commitment which I hope, when enveloped with a solid academic and clinical umbrella, will be contagious and infect them with similar passion.

Thank you for reading this personal expose of thoughts on this matter. I would appreciate any comments you might have.

Sincerely,

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