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## Why I Quit Practice For Good

### *And How I Learned to Love Healthcare Again*

By Michelle Mudge-Riley | January 1, 2006

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I used to be embarrassed about leaving clinical medicine.

Although I'd considered it for awhile, it took me more than three years to make the decision to leave. I worried that if I quit medicine I wouldn't be able to support myself, and I would turn into a bag lady. I had no training in anything other than patient care.

But I was miserable. And I feared that my misery would become my permanent disposition more than I feared poverty.

Even I was surprised by my own unhappiness. Growing up, I had wanted nothing more than to become a doctor. The science of medicine fascinates me — the way the parts of the human body work together and how one part influences another, like a chain reaction. In medical school I had been a member of the honor society. I got good grades, participated in community service activities, served in leadership roles and ran marathons.

One class I didn't enjoy was called Standardized Patient Assessment Lab, where we would interview actors disguised as patients. It was a way to practice taking a history from a patient, doing full physicals, and putting together lists of possible diagnoses. For some reason I didn't realize this class was exactly what a doctor does, day after day.

If I hadn't known it before, my third and fourth years of medical school taught me exactly that. As I rotated through the various specialties for a month at a time, I tried desperately to find one I enjoyed enough to focus on for the next few decades. One of my weaknesses is that I am unmotivated by what I am uninterested in. Inevitably, by the end of each month I would be going through the motions of being curious. I would leave the hospital early whenever I could get away with it.

During these years I worked side-by-side with younger doctors, some residents who had only been physicians for a couple of years. I really picked up on the cynicism and despair of some doctors, both young and old, and noticed this was manifested by a lack of interest in patients and an ugliness to the staff.

I made friends with the interns and residents as I helped them with their scut work, and was surprised to hear some talk openly about how much they hated patient care and medicine in general. Often they would see patients as obstacles that kept them from getting enough sleep or from getting home to relax. It shocked and scared me when I identified with them.

I didn't want to be one of those people. I didn't want to be someone who yelled at traffic as I drove to work in the morning. Spending my days seeing as many patients as possible or reading slides or performing surgeries wasn't something I loved enough to be OK with the tradeoffs: lack of time with a possible family or the prospect of being sued for malpractice.

### **Personal Crisis**

But how could I just quit? So much time and money had already been committed to my medical training. Also, I admit to being drawn to the respect society bestows upon physicians; it is easy to get used to. And the certainty of a stable and potentially lucrative career is not easy to walk away from. This heavy mix felt like a blanket engulfing me. I wanted to will myself to be a doctor, yet I wanted out of my life.

I withdrew from my friends and family. I avoided the topic and didn't return calls. I was afraid of what people might say — and even more afraid of what they would think. Was I a quitter? There was that one time in high school when I left the track team mid-season. This must mean I can't finish what I start, right? No one really likes their job, that's why they call it work, isn't it? What, I couldn't take it?

All I could do was get through each day, getting angry at nothing and losing a little more of my sense of humor and my perspective on anything. I started playing the lottery on a weekly basis and really believing I might win. I believed it would solve all my problems because financial concerns were largely what kept me going to work every day.

Then, I quit.

What followed was a period of intense job search activity. I think my family and some of my friends were afraid they'd see me behind the counter at Starbucks. I went through a series of various full- and part-time jobs, some in the medical world and some separate from healthcare completely.

I was working as a medical sales rep when I happened to voice some of my thoughts to Jan Clement, a faculty member of the Master's in Health Administration at Virginia Commonwealth University. She was in a position to understand what I was looking for and how to go about helping me find it. The graduate program and executive program educates students on issues integrated in clinical care within the healthcare industry. The program focuses on concepts such as managed care, healthcare delivery in a variety of settings, information technology, and strategic management.

### **A New Life**

I continued working my sales job while taking a few courses in the part-time executive program. I loved it. So after a semester, my fiancé and I decided I would go to school full time. I'm getting a second chance. I take part in every opportunity, every lunch-time speaker, every extracurricular meeting. I participate in the administrative residency where I will be mentored under a leading executive in a healthcare delivery organization anywhere in the nation.

You might be wondering if I am going back to school because it is comfortable. I think I am closing the gap between my values, interests, and behavior, as I will be learning how to reconcile my past education with my future skills to be an effective leader in healthcare. One's thinking influences one's behavior, and one's behavior, in turn, influences thinking. It's why it's so important to live with balance, to have passion for what you spend a major portion of every day doing, or at least like it enough to not be staring at the clock all day. It's also one of the hardest things to find or maintain because we are all susceptible to the perceptions and judgments of others. We all have commitments with work that impinge on family and personal time. It's when the things involved with those work commitments start to negatively influence our behaviors towards others while decreasing our internal motivation that something has to change.

I admit I am still dealing with some guilt about leaving the practice of clinical medicine. From time to time the shame resurfaces and I wonder if I am just a quitter, too immature to stick it out. Sometimes I imagine I hear it in the responses people give when they ask what I do and I tell them my story. But there is a certain amount of pride I have in myself that I stuck to my values and didn't just go the traditional route. I searched for, and I think I found, a fantastic way to incorporate my education and interests to benefit society. Can I infuse what I learned in medical school into a career in administration? I don't know yet. But I know this: I don't have to fake my interest anymore and I am once again asking questions about what I am learning. I am looking forward to the future, at what paths lay ahead, and not trying to figure out how to avoid everything. This is what gives me hope and keeps me going.

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