


Some DOs find their calling
away from the exam room

The road less traveled

JILL V. SVOBODA
SPECIAL CORRESPONDENT





A harsh regulatory climate, rising insurance costs, stagnant Medicare reimbursement rates, falling incomes and demanding patients—gone are the days when a physician could hang out a shingle and feel set for life.

Partly in response to today's medical environment and partly in response to their internal compasses, some DOs have broadened their careers beyond clinical medicine. To find out the unique ways that osteopathic physicians are using their

disease rather than simply treating disease.

"Then I learned about the proactive health and productivity initiatives taking place in industry settings, which focused on many concepts I counseled my individual patients about."

Changing gears, Dr Wilkins earned a master's degree in public health and became certified in occupational medicine through the American Osteopathic Board of Preventive Medicine. From his Chevron office in San Ramon, Calif, Dr Wilkins

"Plenty of careers offer more money without the risks physicians take." —Dr Henderson

medical training, *The DO* interviewed several physicians whose career tracks have taken a turn.

Some studied to become clinicians but found their lives gradually evolving away from direct patient care. Their careers expanded into health-care administration and consulting, aerospace medicine, occupational medicine, public health, law, education and broadcasting. Some planned careers that required a medical degree but did not necessarily involve clinical practice. One even discovered during her medical training, when she was sneaking off to read the *Harvard Business Review*, that a physician's life did not suit her (see the accompanying article on Page 32).

Far from abandoning clinical medicine, these osteopathic physicians have simply chosen to take the road less traveled.

Reaching out to a broader world

Several DOs spoke passionately about their love for dealing with individual patients.

The general manager of health and medical services for Chevron Corp, Richard H. Wilkins, DO, MPH, started out in a solo rural family practice in upstate New York.

"I loved the work," he recalls. "In my practice, I took a holistic health approach, using osteopathic principles and osteopathic manipulative treatment. I consider the role of a primary care physician necessary and noble. But over time, I grew enthralled with the possibility of mitigating or preventing

leads worldwide healthcare initiatives involving acquired immune deficiency syndrome, tuberculosis, malaria and avian influenza.

"Most DOs like talking to their patients and explaining things to them," observes Todd M. Husty, DO, who for 13 years has been a medical news reporter for WESH-TV, the NBC affiliate in Orlando, Fla. "In my years as an emergency physician, I often got caught up in explaining medical care to my patients and their relatives and sometimes had to be gently encouraged by the emergency department nurses to move on to the next patient."

After spending more than two decades on the front lines of emergency medicine, Dr Husty became a medical director and then a consultant to hospitals throughout the country. While he misses interaction with individual patients, he likes the opportunity to reach more people.

"In my current roles," Dr Husty says, "I can reach out to far greater numbers of people, helping to educate them about healthcare in general and how they should interact with their physicians to get the best advice and care possible."

Steered by fate

Looking back, Bryn Henderson, DO, JD, believes fate, as much as any planning on his part, dictated the career path he followed.

"I have a high tolerance for risk and make most of my decisions without knowing the out-



Besides treating patients with occupational injuries and illnesses, Helga Daftarian, DO, MPH (in white), performs ergonomic evaluations and promotes safe work practices, among many of her duties as the plant medical director for General Motors Corp's Moraine (Ohio) Assembly Plant. (Photo by Tracy Merritt)



come in advance,” says Dr Henderson, a healthcare consultant from Orange, Calif. “I have a great love for learning, and that greatly prepared me for following up opportunities as they presented themselves.”

Throughout his career, Dr Henderson has moved in and out of clinical practice while teaching and then serving as an assistant dean at the Western University of Health Sciences College of Osteopathic Medicine of the Pacific in Pomona, Calif. Along the way, he earned a law degree and became certified as a physician executive. Later, he established a healthcare consulting practice that focuses on traversing political turf wars to help healthcare organizations improve earnings by understanding the dynamics of their referrals and their revenue streams.

But Dr Henderson continues to see private patients on Wednesdays and Saturdays. “I like the interface with

says George D. Vermeire, DO, a medical director in the mid-Atlantic region for Aetna. “After a while, I felt limited in how many people I could help. When I moved to a teaching position at the Philadelphia College of Osteopathic Medicine, I was not only able to help individual patients but also to influence medical students, interns and residents. After 15 years of teaching family medicine—and partly in response to a need for new challenges and partly to increase my impact on larger populations—I started working as a medical director for Aetna.”

Dr Vermeire’s responsibilities include determining whether requested services meet the medical necessity criteria for

national guidelines from professional healthcare organizations and government agencies, and the clinical opinions of health professionals in the specialties involved,” explains Dr Vermeire, who is based in Oreland, Pa. “My years in clinical practice help me to understand the clinical information provided and to apply guidelines appropriately. But I do miss the close one-on-one relationships with patients.”

Paul R. Fowler, DO, JD, who is AOA board-certified in family medicine and occupational medicine, was destined by family tradition for the legal profession. His father and grandfather both served as judges.

Despite tradition, he became a physician. Then while teaching at his alma mater, the Des Moines (Iowa) University, College of Osteopathic Medicine (DMU/COM), Dr Fowler earned a law degree from Drake University in Des Moines. After finishing law school, he returned to occupational medicine as a chief physician for the Ford Motor Co’s facilities in Atlanta. During that time, he also worked with fellow attorney Chad Perry, JD, in founding the Pikeville (Ky) College School of Osteopathic Medicine (PCSOM).

“It’s no longer practical to finish a residency and hang out a shingle.”

—Dr Daftarian

patients,” he explains. “It’s satisfying and rewarding, especially for DOs, who are very hands-on, very involved with their patients.”

“When I was in solo practice, I loved the close relationship with my patients,”

coverage under members’ benefit plans.

“You hear people say, ‘Medical decisions should be made by physicians, not bureaucrats.’ Our clinical policies are based on evidence-based medicine, peer-reviewed published medical literature,

Rear Adm Joyce M. Johnson, DO, USPHS (Ret), kept a hand in clinical medicine as she rose through the ranks of the US Public Health Service. "Eventually, as I was offered leadership positions, I had less time for clinical work," says Dr Johnson, who today is the vice president for health and sciences at Battelle Memorial Institute in Washington, DC. (Photo courtesy of Dr Johnson)



"I consider one of my finest achievements to be helping to found PCSOM," says Dr Fowler. "I made the initial presentation on funding and feasibility to then-Gov Paul Patton of Kentucky and worked with the state legislature to secure favorable legislation. I served on the selection committee that recruited AOA President John A. Strosnider, DO, to be the first permanent dean of the college."

Today Dr Fowler is a medicolegal adviser in the Office of the Surgeon General of the US Army, as well as an attending physician at Walter Reed Army Medical Center in Washington, DC. He spends about 20% of his time doing preventive and occupational medicine.

In October 2006, Dr Fowler took on the new responsibility of serving as the disability medical adviser to the Medical Evaluation Board at Reed, assisting wounded soldiers with their disability benefits.

The role of military service

Military service can propel some physicians in unexpected directions.

A case in point is Helga Daftarian, DO, MPH, whose military career led her to become the plant medical director for General Motors Corp's Moraine (Ohio) Assembly Plant.

Dr Daftarian attended the Kirksville College of Medicine of A.T. Still University of Health Sciences on a scholarship from the federal Health Professions Scholarship Program, which obligated her to a tour of duty in the armed forces. In 1993, the US Navy assigned her to serve as a medical officer at the Marine Corps Air Station Yuma in Arizona, where she practiced general medicine. It was at that time that Dr Daftarian was exposed to military-based occupational medicine—and she fell in love with the specialty.

After she met her military obligation, Dr Daftarian served a residency in occupational and environmental medicine. She then became a fellow in the Centers

for Disease Control and Prevention's Epidemic Intelligence Service (EIS). As an EIS officer, Dr Daftarian was assigned to the National Institute for Occupational Safety and Health in Cincinnati, where she conducted epidemiologic investigations in various industrial settings.

In her current position at GM, Dr Daftarian is responsible for treating patients with occupational injuries and illnesses, monitoring compliance with federal recordkeeping requirements, performing surveillance physicals, managing the employee disability process, performing ergonomic evaluations, facilitating job placement, and promoting safe work practices. She also designs and implements employee health and wellness programs, oversees employee assistance programs, and provides education on health topics to the plant's more than 2,500 people.

Richard Douglas Vatt, DO, MPH, wanted to become a physician as early as the fifth grade, but he spent his initial working years as a photographer, pilot and exercise physiologist. That last job reawakened his dream of becoming a physician, so he enrolled in the Midwestern University/Chicago College of Osteopathic Medicine. After finishing medical school, Dr Vatt spent eight years in the US Air Force Medical Corps, during which he completed a residency in aviation and occupational medicine and served as a flight surgeon.

After leaving the Air Force, Dr Vatt spent time in clinical practice but eventually gravitated toward corporate work, first at Eastman Chemical Co in Bristol, Tenn, and then at Liberty Mutual Group's office in Brentwood, Tenn, where he still works. His major responsibility is workers' compensation.

"I still practice medicine," Dr Vatt asserts, "but instead of seeing individual patients, I review medical information for specific individuals, studying their clinical situations; reading exposure

records, physical therapy records and pharmacy records; and assessing diagnoses and treatments—all with a view to achieving positive patient outcomes. I try to understand each individual's life and what's needed to enable this person to return to work."

Warren S. Silberman, DO, MPH, of Edmond, Okla, started out in clinical practice. Today, he manages the Aerospace Medical Certification Division of the Federal Aviation Administration (FAA).

"For a little more than eight years, I was in private practice in general internal medicine in the Phoenix area, but I wasn't entirely happy with it," Dr Silberman relates. "I enlisted in the US Army Reserve just for something else to do."

He went on active duty as a staff general internist in a small US Army hospital. The Army Medical Corps sent Dr Silberman to flight surgeons school. He then served a two-year residency in aerospace and preventive medicine at the US Air Force School of Aerospace Medicine at Brooks City-Base in Texas. After becoming AOA board certified in preventive medicine and aerospace medicine, Dr Silberman advanced through a variety of posts, achieving the rank of full colonel.

After he retired from active duty in 1997, Dr Silberman took his current job at the FAA, managing a national program that determines whether pilots who have developed certain medical conditions are fit to fly.

"I don't miss private practice," Dr Silberman states. "Rather than having patients, I now have 'customers'—pilots with medical problems.

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Saying no to medicine

Michelle Mudge-Riley, DO, graduated from the Des Moines (Iowa) University, College of Osteopathic Medicine and completed her internship before she confronted a heartbreaking realization: She did not want to practice medicine.

To this day, her father asks why.

"I am the first physician in my family," she explains. "Although my father now supports my decision to leave the profession, it saddens him."

Dr Mudge-Riley found leaving medicine terribly difficult. "I loved the first two years of medical school, but I began to have doubts in my third year, when I developed a compelling interest in business and social trends," she recalls. "I felt embarrassed and guilty about my new interest, but I would still sneak off to the library to read the *Harvard Business Review* and books related to business."

During her rotations, Dr Mudge-Riley explored different specialties, but she didn't find any that interested her. During one rotation, she encountered a group of interns who hated what they did. Later, she met older physicians who also disliked practicing medicine.

"And I discovered that I did not really like seeing patient after patient, taking histories and doing exams," Dr Mudge-Riley explains. "These experiences made me unhappy."

Shifting gears

While interning through the Virginia Commonwealth University (VCU) School of Medicine in Richmond, Dr Mudge-Riley met faculty and students in the university's business school. That led to her enrolling in VCU's School of Allied Health Professions, where she is now studying for a master's degree in health administration. She also works as a healthcare management consultant at FT Solutions in Richmond, and she serves as an informal mentor to VCU medical students and residents who have lost confidence in their decision to become physicians.

In October, Dr Mudge-Riley will be speaking at a conference on nonclinical careers for physicians. Organized by SEAK, a continuing education firm, the conference will be held in Cape Cod, Mass.

"People who become physicians tend to choose medicine very early in their lives," Dr Mudge-Riley explains. "Once young people set out to become physicians, they work hard to excel in high school, take pre-med courses in college, and concentrate on science courses throughout undergraduate school. They're not exposed to business courses, such as management, finance and accounting. No one teaches them the vital skills of conflict management, communications and teamwork."

"Young people who enroll in medical

school typically seek achievement and recognition. If they are sufficiently intelligent and capable to become physicians, they feel strongly that they should go into practice. Yet as they mature, they may find that medical practice does not fulfill their needs.

"Even so, I never counsel a medical student or resident to leave medicine flat-out. Many will find that their frustrations are temporary. After all, many physicians are very happy with what they're doing.

"I try to alert medical students, interns and residents to the many options available to them as physicians. Only if someone is really single-minded about leaving medicine do I help steer them toward other careers."

Finding one's mission

Dr Mudge-Riley notes that when she entered VCU's degree program for health administration, she was directed to write a personal mission statement.

"That statement has helped me greatly in finding my direction," she declares. "I wish I'd created one when I was in medical school. Distilled into a few words, my mission is this: To improve people's lives and enhance their self-esteem through positive interaction and teamwork.

"I recommend that everyone create a personal development plan, adjusting it as increasing maturity and changing needs dictate. When you undergo the thought processes involved in creating such a plan, you often discover your true passions.

"Even though I've cut the cord, I don't regret my decision to go to medical school. If I had to do it over again, I would still choose medical school as a starting point. My experiences there made me stronger.

"But now my goal is to help students who are in medical school find their way and to offer options to physicians who are looking for something more."

Does she have doubts? Dr Mudge-Riley confides that she still second-guesses herself about leaving medicine. She notes that she gave up a lot—a good income, job security, the respect that comes with being a physician.

"For a long time after I decided to leave medicine, I felt like a failure, ashamed and guilty. Only recently have I realized that I can let it go."

"I'm very proud that I graduated from medical school," she affirms. "I love healthcare, but I believe I can make a greater contribution to the world by combining my medical training with my business education than I could have made by practicing clinical medicine."

—Jill V. Svoboda

"If I had it to do over again, I'd be a pilot instead of a physician. Or perhaps I would be both a pilot and a physician, if I knew that I could go to medical school and end up doing what I'm doing now. Only I would be doing it earlier in my career."

Like Dr Silberman's, the career of Rear Adm Joyce M. Johnson, DO, USPHS (Ret), evolved out of clinical practice, although she always had her eye on public health.

"Epidemiology and public health were my goals when I went into medical school. I was commissioned in the Public Health Service for my internship, and after that I was stationed with the CDC in Phoenix as one of the first AIDS epidemiologic researchers," she explains. "Throughout my career, I was invested in both public health and clinical practice. Eventually, as I was offered leadership positions, I had less time for clinical work. But I thoroughly enjoyed clinical practice."

Dr Johnson rose through the ranks of the Public Health Service, eventually becoming the US Coast Guard's chief medical officer and its director of health and safety. Since she retired from the Public Health Service in 2003, Dr Johnson has served as the vice president for health and sciences at Battelle Memorial Institute in Washington, DC.

Is that all there is?

No one denies that physicians today face many challenges in practicing medicine, not the least of which is finding their niche.

Dr Silberman recalls, "When I was in medical school, people either gave you no advice or bad advice about career options. No one told us what we could do with our medical degrees than becoming physicians in the traditional mold.

"If I were to advise young people considering medicine as a career, I would suggest talking with as many physicians as possible about the different things physicians do and then heed the best advice before making any decisions. I'd also advise young people to serve rotating internships to help them choose their specialties while continuing to talk with

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physicians about medicine as a lifestyle. I would tell them they could use their medical degrees in many different areas, especially the military, and that they should keep open minds about their career prospects.”

Dr Vatt concurs. “If I were to advise students considering medical school, I would talk them through both the challenges and the opportunities of medicine. Those would include the time commitments; the academic challenges; new and future developments in medicine and healthcare; the difficulty of achieving a lifestyle balance, which today is becoming more of an issue; and reimbursement.”

Dr Daftarian believes that medicine is still a viable field to pursue. She notes that prospective medical students view careers in medicine very differently than they used to.

“It’s no longer practical or desirable to finish a residency and hang out a shingle,” Dr Daftarian contends. “Today’s young DOs are better served by joining multispecialty groups or by seeking employment in a hospital or corporation. Large organizations provide paid professional liability insurance, which can be an overwhelming expense for a single physician in private practice. In addition, if you work for a large organization, your hours are more predictable, which makes achieving a work-life balance much easier.

“I give credit to any physician who is able to make a definitive decision early about which specialty to pursue. I myself experienced a period of uncertainty during my internship and military medicine years. But in retrospect, I’m glad I had those experiences because they helped me decide that occupational and environmental medicine is the perfect specialty for me.”

Dr Johnson suspects that some physicians never really wanted to be clinicians—that they went to medical school at their parents’ request.

A second reason Dr Johnson offers is that medical schools encourage their students to go into clinical medicine even though that might not be the right career path for every medical student. But, she says, so many options are available to physicians that anyone who is unhappy with clinical medicine can find other rewarding work where they can apply their osteopathic medical training.

“Being a physician provides credibility for almost any position,” she says. “It opens so many doors and offers job opportunities in almost every profession—teaching, clinical practice, research, journalism and so on.

“While many people believe that to fulfill the role of physician, you need to see patients, I don’t think that’s necessarily the case. By serving in a wide variety of positions, DOs help the profession gain wider recognition and credibility.”

Dr Husty has little patience for physicians unhappy with their careers.

“I would suggest to them that they are very much sheltered from the real world,” he says. “Physicians earn good incomes, and despite some physician-patient relationships that have gone wrong, physicians are still highly respected. And they never have to worry about job security.

“But in the real world, it’s tough. Physicians who try running their own businesses or working for someone else soon discover that it wasn’t so bad maintaining a practice or working in an emergency department.”

Although Dr Henderson believes that the climate of medicine in the United States has changed for the worse, he says, “I haven’t encountered many DOs who have left the practice of medicine because of its difficulties. I have encountered some who have gone into healthcare management and related areas or who end up practicing specialties not directly related to clinical practice, as well as leaders who boil to the top and find themselves administering schools. That’s

fate again. But it’s been my experience that very few osteopathic family physicians leave medicine.

“Plenty of careers offer more money without the risks that physicians face. Yet DOs stay in the profession. I think it is because DOs are so hands-on.”

If I could do it over again

When asked whether they would choose medical school again, the DOs interviewed for this article overwhelmingly responded “yes.”

“In a heartbeat,” Dr Husty says.

“I would do it again, absolutely,” Dr Vermeire asserts. “I’ve had some wonderful experiences, met hundreds of great people and have been financially successful. I believe I’m making a difference.”

“I love medicine,” Dr Fowler affirms. “I’ve followed parallel tracks in medicine and in law and have combined both challenging professions into one great career. I have really been blessed by God to have had this opportunity.”

“I’m proud to be an osteopathic physician,” Dr Wilkins declares. “I’m thankful for having been trained in the principles of osteopathic medicine and grateful to have the opportunity to make a global impact by promoting health and safety around the world.”

“A physician is privileged to help people,” Dr Henderson states. “This is why I find patient care so addictive.”

Dr Daftarian says, “I’m very pleased with the specialty I’ve chosen. Occupational medicine gives me the opportunity to make a difference in people’s lives by helping them stay safe and healthy in the workplace.”

“Medical school opens so many doors,” Dr Johnson explains. “I learned a lot in medical school that prepared me for both the clinical and nonclinical positions I’ve held.”

AOA

Jill V. Svoboda is a former managing editor of The DO.