

Young doctors choosing less stressful route

By **JENNETTE BARNES**, *Standard-Times* staff writer

It's the new face of competition.

Long hours, high stress and the threat of lawsuits are driving top young doctors into specialties that offer an easier lifestyle.

No longer is the prestige of being a surgeon enough to lure the cream of the medical school crop into a career of 63-hour work weeks.

Instead, topping the list at many schools are jobs in dermatology, radiology, orthopedics and urology.

"Certainly, we're seeing more students interested in specialties that provide a better lifestyle," said Alexandra Morang, director of medical student affairs at Brown University Medical School.

Even emergency medicine, which is a high-stress environment, offers a lighter workload than general surgery or internal medicine, according to American Medical Association statistics.

"Emergency is shift work," explained Dr. Mai-Lan Rogoff, associate dean of student affairs at UMass Medical School in Worcester. "When you're off, you're off."

Some of today's specialties are attractive because of the low risk of lawsuits and lower premiums for malpractice insurance.

Others offer high income, a relaxed setting or just the chance to get home in time for dinner.

New Bedford native Joseph McLaughlin, a fourth-year student at UMass Medical School, was tempted to focus on emergency medicine.

"It's hard to resist working 30 hours a week and getting paid a ton of money," he said.

But he did. He must make a final decision in the next few months, and the ER is pretty much out of the picture. At large medical centers especially, emergency work is a series of triage events, he said. Patients are stabilized and admitted, and other physicians do the follow-up.

Mr. McLaughlin wants his work to be more rewarding.

"Seeing patients come in sick and leave well is the kind of thing I need to keep me going for three decades of work," he said.

A graduate of Bishop Connolly High School in Fall River and UMass Amherst, he hopes to stay in the Northeast for his residency. His parents, attorneys David and Mary Alice McLaughlin, live in New Bedford.

Despite the taxing schedule of a surgeon, Mr. McLaughlin is considering general surgery, pediatric surgery and orthopedic surgery. He likes the idea of being able to fix a problem right away.

One hallmark of a competitive field is how many of its residency slots are filled by graduates of American medical schools, said Mona Signer, director of the National Resident Matching Program. Another indicator is the number of applicants in relation to the number of slots in training programs.

The matching program's data for 2004 show high rates of U.S. graduates going into radiology, dermatology, orthopedic surgery and pediatric psychiatry.

In dermatology, 97 percent of residencies were filled by U.S. graduates. Radiation oncology had 100 percent U.S. graduates, and diagnostic radiology had 96 percent.

"If it's overwhelmingly (filled) by U.S. seniors, I would say that

that's a more competitive specialty," Ms. Signer said.

Students have a nickname for the so-called lifestyle specialties, according to Mr. McLaughlin: They are the "E-ROAD" -- an acronym for emergency medicine, radiology, ophthalmology, anesthesiology and dermatology.

In the 2004 match, family practice residencies had one of the lowest rates of U.S. graduates, 41.4 percent.

Dr. David Blumenthal, director of the Institute for Health Policy at Massachusetts General Hospital, said primary care programs have seen fewer applicants, although students' academic credentials have not suffered.

"There is a lot of speculation about how far applications could go down without sacrificing quality," he said.

His colleagues in primary care are stressed out and not very happy, not as happy as subspecialists, he said.

Less specialized fields such as primary care and even general surgery tend to pay less. The E-ROAD fields, he said, are highly specialized, less general and somewhat less demanding.

General surgeons might make good money, but the lifestyle is miserable, said Dr. Rogoff of UMass Medical School.

"The thing that's tanking is general surgery," she said, especially with the early morning hours.

"Your life is truly not your own. You really sell yourself to surgery," she said.

The net result is a shift in some students' top choices.

"The absolute top of the class probably is going into dermatology, orthopedics or surgical subspecialties," Dr. Rogoff said.

Although general surgery is still competitive, students choosing it are "not the creme de la creme like they used to be," she said.

Still, residency programs would rather be short a resident than take someone they feel is not qualified.

"As an attending physician, you're better off taking the time to do it yourself versus being sued because you took a resident out of the bottom of the class," Dr. Rogoff said.

Starting last year, the Accreditation Council for Graduate Medical Education established a maximum 80-hour work week for residents. But the limit is averaged over four weeks, and some specialties are exempt.

The limit has helped, said Dr. Morang of Brown University Medical School.

"We went through a period where surgical programs were wanting for students, and now that the 80-hour work week is in place, programs are filling again," she said.

Louai Razzouk, a fourth-year student at Brown University Medical School, is deciding between general surgery and cardiology. He is part of the Dartmouth-Brown program in which students spend their first two years at Dartmouth Medical School in New Hampshire and then transfer to Brown.

Cardiology was Mr. Razzouk's first love at Dartmouth, but now the excitement of surgery is tempting. The schedule, however, is not. He gets up at 4:30 a.m. to get to the hospital on time, and usually finishes late in the day.

Already, he sees symptoms of the time crunch. His relatives are visiting from Syria, and he has little time to spend with them.

"It's the summer. It's Rhode Island. There are so many things to do," said Mr. Razzouk, who lived in Syria, Beirut and France before coming to the U.S. for medical school.

He worries that the lack of free time will continue in the future, when he might get married and have children.

The lure of a better schedule prompted him to try a number of surgical subspecialties, but he didn't take well to the fragmentation, dealing with only a single organ or group of organs.

"You don't feel at the center of the patient's care," he said.

His top five considerations are these: enjoyment of the work, a flexible schedule, exportable skills so he can work abroad, the attitude of his colleagues and salary.

Dermatology is known for the high salary, easy schedule and low risk. But it is not his style.

"Dermatology is a dream for everyone -- if everyone could like it," he said.

Dr. Blumenthal of the Health Policy Institute said all the talk about lifestyle has bred a generation of medical students who view medicine as a job.

"They're much more questioning of the value of medicine as a calling, instead of as a sort of occupation," he said. "They expect to get paid less and work less hard."

But patients will not suffer from the changing tide of popular specialties, argued Dr. Robert Meenan, dean of the Boston University School of Public Health.

When he left medical school in 1972 to specialize in rheumatology, the specialty was relatively prestigious. By the time he stopped practicing, recruiting doctors into rheumatology was becoming difficult. Rheumatologists had few good arthritis medications in their arsenal, he said. Other specialties had taken the limelight.

In the 1970s, his classmates who chose orthopedic surgery were viewed as glorified carpenters.

"Strong as an ox and twice as smart" -- that was the joke about orthopedic surgeons at the time, Dr. Meenan said.

But advancements led to better joint replacements, making the field more satisfying and more lucrative.

"I just see this stuff as having an ebb and flow," he said.

Experts say plenty of qualified people are still going into the less popular fields.

"It can look like the bottom's going to drop out, but it tends to self-correct," Dr. Meenan said. "I'm not worried about the health of the American people."

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