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PAGE ONE**As Doctors Get a Life, Strains Show**

Quest for Free Time Reshapes Medicine; A Team Approach

By JACOB GOLDSTEIN
April 29, 2008; Page A1

U.S. medicine is in the middle of a cultural revolution, as young physicians intent on balancing work and family challenge the assumption that a doctor should be available to treat patients around the clock.

Walter Cheng, 32 years old, is in the profession's new guard. Upon graduating from the Johns Hopkins School of Medicine in 2004, he bristled at the notion espoused by some senior physicians that a doctor should put medicine above all else. "I thought, 'I don't really want to be that kind of doctor.'... My family is as important, if not more important, than my career."

DOCTORS' PROGNOSIS

- **New Generation:** Young doctors are pushing to balance work and family life.
- **Changing Medicine:** Practices are adapting by creating new, more flexible schedules.
- **For Patients:** Doctors may be less exhausted, but also less familiar.

That philosophy influenced Dr. Cheng's job search. Later this year, he plans to go to work as a hospitalist, an emerging breed of doctor that focuses on the general care of hospitalized patients. He was attracted to the job, at

California Pacific Medical Center in San Francisco, by the intellectual challenge of treating acutely ill patients who wind up in the hospital. Another big draw: a predictable schedule. "You come in at a certain hour. When you leave, your pager turns off," he says.

In a 2006 survey conducted by physician-staffing firm Merritt, Hawkins & Associates, 63% of medical residents said the availability of free time was causing them "a significant level of concern" as they entered the profession, up from 15% in 2001.

While quality-of-life issues have been long-festering for physicians, today's medical field is more accommodating. Younger doctors' attitudes are giving rise to different types of practice options. These range from small, membership-based primary-care facilities to hospital-specific jobs that keep doctors on predictable schedules.

At the same time, the attempt by new doctors to lead a less-pressured work life is putting additional strain on America's health-care system. Many are eschewing fields such as internal medicine, pediatrics and family medicine, choosing instead specialties that offer both higher pay and more predictable work hours. In family medicine, for example, hundreds of medical residency positions go unfilled every year. But competition for slots in dermatology residencies is fierce.

Team-Based Approach

To adapt, American medicine is drifting away from the old standard -- in which a single doctor handled almost all of a patient's needs -- and toward a more team-based approach. This system includes not only multiple doctors but also nurse practitioners and physician assistants.

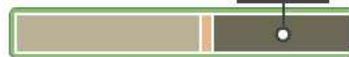
But rotating care among several medical professionals carries potential

**Walter Cheng**

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risks. Faced with an unfamiliar patient -- or incomplete knowledge of a person's condition -- a doctor may be ill-equipped to make spur-of-the-moment, life-and-death decisions. Edward Salsberg, director of the Association of American Medical Colleges' Center for Workforce Studies, says the team-based model works only if doctors have "a good medical record, good handoffs, etc., so if it's three in the morning and you're ill, someone can get your information."



Young physicians like Stephanie Almeida of the Albert Einstein Medical Center are balancing work and family life in a way almost unheard of a generation ago. WSJ's Jacob Goldstein reports.

The arrangement can be unsettling for some patients, especially in fields often associated with a high level of physician contact, such as obstetrics. Yet some obstetricians are on call -- working at a moment's notice -- less frequently than in the past. In some hospitals, it is no longer uncommon for women to have babies delivered by a doctor who has never treated them before.

"It's an uncomfortable situation when you're giving birth," says Marissa Vergnetti, whose first child was delivered at Abington Memorial Hospital in suburban Philadelphia by a doctor she had never met. "I think if I had known the doctor, there could have been more of a dialogue about what was happening. Or maybe the doctor would have been more invested in me."

John J. Kelly, Abington's chief of staff, says the hospital strives to have all patients meet their doctors well before delivery. But he recognizes that that doesn't always happen.

Louis Weinstein, chairman of obstetrics and gynecology at Jefferson Medical College in Philadelphia, argues that the old OB-GYN model

doesn't always benefit patients -- and that younger doctors' reluctance to be on call 24/7 may well be a good thing for both patient and practitioner.

"I can promise you that I will be available for your delivery, but I have no idea how many hours I will have been up and...how many c-sections I will have done" since awakening, Dr. Weinstein says, describing the traditional model. "Or I can assure you that one of my colleagues will be fresh, will be available and will be focusing just on you. Which would you prefer?"

Obstetricians who work fixed hours at the hospital are often referred to as OB hospitalists. The term "hospitalist" was coined in the 1990s to describe a new type of doctor who focuses on patients who are in the hospital.

Today, there are more than 20,000 hospitalists in the U.S., according to the Society of Hospital Medicine, and many work set hours for a fixed salary. Their pay is often 15% to 20% higher than what primary-care doctors make. The vast majority are generalists, but a growing number are trained in obstetrics and other fields.

Nashville, Tenn.-based hospital chain HCA has hired OB hospitalists to staff roughly 20% of its labor and delivery units. It plans to double that figure in the next five years, says Jonathan B. Perlin, the company's chief medical officer. Among other duties, OB hospitalists treat indigent patients who show up at the emergency room needing OB-GYN care. The hospital-based obstetricians also care for women during the early stages of labor or when a woman's doctor is unable or unwilling to go to the hospital.

'The Hero Model'

Having obstetricians who work set shifts improves patient care, says Dr. Perlin. "There is a very fortunate convergence of a new appreciation for patient safety, and leaving behind some of the hero model of the lone ranger who is there 24/7, 365," he says.

Although some might paint the "me" generation of doctors as less committed or focused, leaders in the profession don't necessarily support that view. "There has been a sea change in how young physicians today balance professional responsibilities and personal needs compared to their colleagues from a few decades ago," says American Medical Association President Ronald Davis. "Physicians who manage their own stress and feel happy with their own daily circumstances are probably better physicians," he says.

For some younger doctors, being on call -- even on prescribed nights -- is too much. Judy Marvin left a five-doctor practice in Spokane, Wash., three years ago, at age 39, because she found it difficult to both care for her patients and raise two small children.

On nights when she was on call, she says she was often awakened by phone requests from patients or nurses. "I'll never take another job where I have to take calls from patients" after hours, she says. Today, Dr. Marvin works in Salem, Ore., at an OB hospitalist program created in 2005.

Some senior physicians gripe about the younger generation's scheduling boundaries -- and complain that older doctors must often pick up the slack.

"It really gets on your nerves when you get these young guys coming in and interviewing and they say, 'I'm not doing this, I'm not doing that,'" says Richard W. Schwartz, a 55-year-old professor of surgery at the University of Kentucky. "We have

a bunch of guys in our 50s," he says, who handle most of the trauma and emergency calls.

'Controllable' Lifestyles

The shift was growing evident even five years ago. Between 1996 and 2003, the proportion of women graduating from U.S. medical schools who chose more "controllable" lifestyles -- specialties allowing them to dictate hours spent on the job -- doubled. Those opting for more flexible fields rose to 36% from 18%, according to a 2005 study published in the journal *Academic Medicine*. For men, it rose to 45% from 28%, the study showed.

At 1Life Healthcare, a primary-care company that employs roughly 10 physicians in four San Francisco locations, doctors see patients at the office only. And unlike the old doctor-patient contract, 1Life physicians don't follow patients to the hospital. Rather, they defer those cases entirely to the receiving facility.

The company was founded in 2003 by Tom Lee, a 40-year-old doctor who became disillusioned with primary care during his residency at Brigham and Women's Hospital in Boston in the late 1990s.

'Old-School Medicine'

"I envisioned myself doing old-school medicine. House calls, the way primary care was intended to be," Dr. Lee says. But he eventually found his vision at odds with the realities of modern health care, including administrative burdens, insurance paperwork and other bureaucratic headaches.

Physicians at 1Life earn a salary as well as productivity-based bonuses. They typically work four days a week, for eight or nine hours a day. The company, which Dr. Lee founded after completing his MBA at Stanford University, pays doctors' malpractice insurance and manages billing. The doctors accept insurance, but patients also pay an annual membership fee of about \$100.



Stephanie Almeida

Other groups have created hybrid solutions that give doctors more predictable schedules. The obstetrician-gynecologists employed by Albert Einstein Healthcare Network in Philadelphia deliver babies only during three, 24-hour shifts in the hospital each month. The rest of the time, they treat patients in an office-based practice.

The hospital initially adopted the model in 2004 to improve efficiency. As a side benefit, it has also served as a tool to attract and retain young physicians.

When Stephanie Almeida, who is 33, started a 24-hour shift one recent Tuesday morning, two women were in labor: one she'd seen once before and one she'd never met. In a short conversation, the physician who was completing his 24-hour shift briefed her on the patients. A few hours later, Dr. Almeida had seen to the delivery of both women's babies.

Most expectant mothers don't mind the arrangement, Dr. Almeida says. That evening, another patient, Zaira Gonzalez, gave birth to twins. "I like it here," Ms. Gonzalez said of the hospital, where she had given birth before. Not knowing the physician "doesn't make a difference to me."

Write to Jacob Goldstein at healthblog@wsj.com

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