

**“THE UNBEARABLE UNHAPPINESS OF THE OBGYN: A CRISIS LOOMS,”**  
 BY LOUIS WEINSTEIN, MD  
 (DECEMBER 2008)

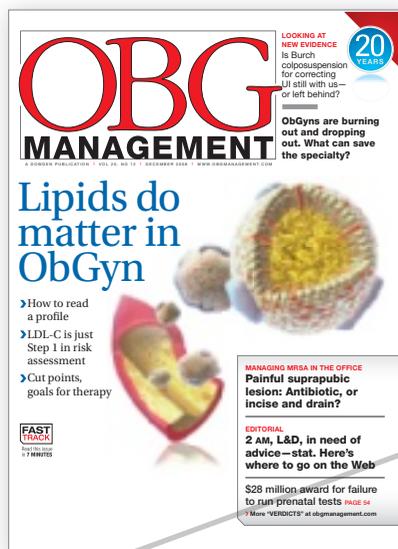
**Boomers aren’t burned out, they’re fed up with intrusions**

I agree with Dr. Weinstein (and Bob Dylan) that “the times they are a-changin’”; the question is—for better or worse?

I think that most “Boomers” look at medicine as a calling, whereas many “generationists” look at it as only a job, at which they expect to make a good living while working half as many hours. I reject the notion that burnout is widespread in the Boomer group, and I submit that gender *does* play a role, as more and more women choose to share jobs right out of residency (or within 3–4 years) or simply quit. I predict a physician shortage well before 2020.

Many august bodies have concluded that the source of dissatisfaction, and of medical errors, is how much time we spend working. The 80-hour workweek for residents was supposed to provide more sleep and recovery time, but data indicate that, instead of sleeping, residents are simply using the extra hours as more “off time.” Now, the 60-hour workweek has been suggested. Whether it is necessary is questionable, as data suggest that most mistakes occur as cases are passed off to the next shift. More passing, more errors.

No, the dissatisfaction among Boomers is not caused by long hours but by all the intrusions we have to deal with in our daily practice that further separate us from our patients: more paperwork, incorporation of electronic medical records, and so on. It should be the relationship with our patients and the goal of relieving suffering that motivates us and gives us satisfaction. If this



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is not your *raison d’être* as a physician, then perhaps you should not be looking at medicine as a career, but rather at a job in which you can clock in and out after putting in your 40 hours.

I appreciate the thoughtful proposals that Dr. Weinstein makes in his article. Even so, after 25+ years of practicing clinical medicine and teaching residents, I’m neither burned out nor dissatisfied!

**J.B. Hall, MD**

Director of Gynecologic Oncology  
 Department of  
 Obstetrics and Gynecology  
 Carolinas Medical Center  
 Charlotte, NC

**Rural hospitals need help providing coverage**

I am a member of the Boomer generation who practiced ObGyn in rural New England for more than 20 years in private practice, taking call for OB, the ER, OR, and the office one of two nights and delivering 300 to 350 babies a year.

I am concerned about 1) coverage in rural hospitals that cannot afford the laborists Dr. Weinstein

promotes and 2) prescribing reduced practice hours. The size of rural populations does not support the number of physicians who would be required for 24/7 coverage. Some measure of volume of work and its intensity must be factored into those hours for practicality and financial feasibility. I am developing a model that involves “floating” part-time ObGyns who can fill in gaps in service in critical-access hospitals.

One additional cause of dissatisfaction for me not listed by Dr. Weinstein has been the sensationalism and publication of dismal research, leading to wide swings in clinical recommendations that toss us around like ping pong balls. Examples: VBAC, HRT, mammograms for women under 50. One doesn’t know with any confidence what to say from one day to the next. Patients and providers alike have developed serious cynicism about “evidence-based medicine” because of its source, poor science, marketing, and short half-life.

I am greatly encouraged by many of the suggestions proposed by Dr. Weinstein, including part-time liability insurance policy rating, shared positions, and job sharing.

**Marianne Jackson, MD**

UNC Gillings School of  
 Global Public Health  
 Chapel Hill, NC

» Dr. Weinstein responds:  
*Dissatisfaction affects both genders and both young and “old” physicians. I appreciate the comments of Dr. Hall. He nicely demonstrates a major prob-*

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lem in the culture of medicine: When evidence-based data are presented to spur changes in ingrained thoughts and practices, many physicians simply ignore the data and continue their usual approach.

Clearly, the problem of physician dissatisfaction and burnout is not a gender issue. It affects both men and women. Nor is it reserved for Generations X and Y. These physicians are just as committed to medicine as the Boomers.

Dr. Hall reports that he has been practicing as a gynecologic oncologist for over 25 years. He clearly does not take in-house obstetric call and is unlikely to practice general gynecology. I am happy that he is neither burned out nor dissatisfied, but he is not the typical physician about whom I am writing.

It was William Somerset Maugham who wrote in *Of Human Bondage*: "he laid an exaggerated stress on not changing one's mind." Dr. Hall clearly refuses to change his.

There is little for me to say regarding the supporting comments made by Dr. Jackson. She is a prime example of what is happening to the physician workforce.

more comfortable with a cesarean section, go for it

- Know your limitations; if you're not sure, now is not the time (especially at 2 AM) to try and figure it out on someone's baby
- Call for help. You can't learn the art of the specialty just by reading about it or taking a home study course...especially when it comes to childbirth.

**Barry Kramer, MD**  
West Islip, NY

**Two Web sites worth knowing**

I appreciate having another valuable resource that is Internet-based for those 2 AM "consultations." Obgfindit.com is a valuable tool.

I am reminded of Christmas Day a number of years ago, when I was presented with the management of a parous patient who had severe carbon monoxide poisoning. In that instance, it was uptodate.com that I relied upon to secure our hyperbaric team and dissociate the patient's carboxyhemoglobin using our diving chamber. I am thrilled to report that

her child is thriving—as is my patient. I suspect that Dr. Barbieri may have been hesitant to refer to the site he edits, but I consider it too valuable a resource to go unmentioned.

**Brent N. Davidson, MD**  
Service Chief, Women's Health  
Henry Ford West Bloomfield Hospital  
Detroit, Mich

**>> Dr. Barbieri responds:**

**A Web site cannot take the place of thorough training**

I agree with Dr. Kramer: If a clinician is completely unfamiliar with vacuum extraction or any other procedure, no Web site can make up for that lack of preparedness. The best remedy then, as Dr. Kramer points out, is further training or supervised practice.

When a physician wants to refresh his or her memory regarding a topic about which she has been thoroughly trained, however, sites such as obgfindit are a helpful, easy-to-use aid. Dr. Davidson's experience is a useful example of how Web-based resources can help us provide optimal care to our patients.

**"2 AM, AND OBGFINDDIT.COM IS ON THE JOB WITH YOU,"**

BY ROBERT L. BARBIERI, MD  
(EDITORIAL; DECEMBER 2008)

**Are middle-of-the-night Web searches really a good idea?**

If it's 2 AM and you need to use an instruction manual on the application of a vacuum extractor, my advice is:

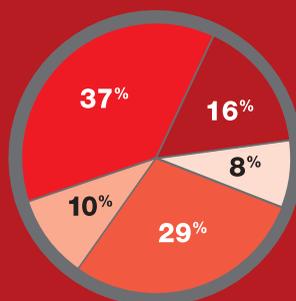
- You need more time assisting and observing someone who knows how to apply that suction cup before trying it on your own
- You're just not ready to be in the delivery room on your own
- If you're better at forceps, or

**Instant Poll Results**



NOVEMBER 2008

**Which of these wardrobe items would you ban from the hospital?\***



- 37% Jewelry on the hand and wrist
- 16% White coat
- 8% Long-sleeve shirt
- 29% Long necktie
- 10% Wrist watch

\* FOR MEDICAL STAFF

**Instant Poll** → page 10