

Medical Professionalism, Redefined

BY CALVIN PIERCE

PHILADELPHIA — A new generation of young physicians will redefine what it means to be a medical professional and how to balance a successful career with a rewarding personal life.

That's a prospect that Dr. Lawrence G. Smith views with optimism. As young doctors with different values enter practice, older physicians have a chance to "build bridges" and help renew the profession, he said at the annual meeting of the American College of Physicians.

As physicians, baby boomers—a generation of optimists and workaholics—"have done nothing in medicine to improve social justice." Boomer doctors generally "value physician autonomy over quality of care," a stance that is "perniciously negative." Boomers have not fought to improve access to care or to ensure that health care resources are justly distributed, he said.

The legacy of the baby boomers is "the most mediocre, high-cost health care system the world's ever seen," said Dr. Smith, dean of the medical school at Hofstra University, Hempstead, N.Y., and chief medical officer for the North Shore–Long Island Jewish Health System, Great Neck, N.Y.

Yet boomer doctors keep asking, "Why is the young generation so unprofessional?"

As evidence of what many see as a

"crisis in professionalism" and a "horrific conflict" brewing in the workplace, Dr. Smith cited data from Merritt Hawkins & Associates, a national physician search and consulting firm. In a 2007 survey of doctors aged 50-65 years in various specialties, 68% of the 1,175 respondents said that newly trained physicians are less



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DR. SMITH

dedicated and hard working than the senior doctors were when they started out.

New doctors are starting medical school later in life, are predominantly women, are ethnically diverse, are wired into technology, and—above all—are determined to "work to live," in contrast to the boomer ethos of "living to work" that defines people through their jobs. Medical practices will need to offer flexible hours, child care, a culture of quality, and a reward system that emphasizes excellence over sheer endurance, he said.

Generation X physicians (born 1965-1980) have begun transforming medical practice by rejecting the boomers' pride

in long work hours, focusing instead on achieving balance. These doctors are members of a pragmatic, cynical, self-reliant generation that doesn't believe in hierarchy, micromanagement, or "paying your dues." "They will work hard when they work," but they want freedom and time, Dr. Smith said.

Members of Generation Y (born since 1981 and also known as the Millennial Generation) are just starting medical school. This was "a safe, protected, sheltered group of kids" who grew up going to "play dates" and who now have "helicopter parents" eager to be involved in their college lives. They tend to be conservative, rule followers, fond of security, and team oriented. This optimistic, achievement-driven generation "is looking for work that has meaning," and thus may go "back to the roots of medicine," he said.

Generation X and Generation Y physicians need to be "unafraid of falling totally in love with being a doctor," Dr. Smith said. Their reluctance to be totally committed to a medical career is a reaction against the boomer tendency to equate professional commitment with a willingness to sacrifice their personal lives.

Senior physicians must show younger colleagues that they value and expect commitment to patient care, altruism, and patient advocacy, he said, but make it clear that success won't be measured by "how many hours you work." ■

Toxins Found In Electronic Cigarettes

BY ALICIA AULT

The Food and Drug Administration said that it had determined that electronic cigarettes marketed by two manufacturers contained carcinogens, varying amounts of nicotine, and impurities such as diethylene glycol.

Since July 2008, the agency has been seizing shipments of the so-called "e-cigarettes" at the United States border and analyzing them. It has determined that the e-cigarettes meet the legal definition of a drug and a device, and therefore, are being illegally sold. However, the FDA has not, as of yet, taken any additional action, agency officials said in a briefing with reporters. The agency is considering additional steps, said Michael Levy, division director of the Office of Compliance at the FDA's Center for Drug Evaluation and Research.

The FDA held the briefing to alert the public to its laboratory findings and express concern that the products may be used by children as a gateway to cigarettes, said Dr. Joshua Sharfstein, principal deputy commissioner.

Battery powered, electronic cigarettes vaporize chemicals contained in a cartridge; users inhale the vapor.

The FDA analyzed 19 cartridges made by Smoking Everywhere and NJOY. The agency found detectable levels of tobacco-specific nitrosamines—which are known human carcinogens—in half the samples. Most samples also contained impurities known to be toxic to humans, such as anabasine, myosmine, and beta-nicotyrine. One cartridge contained 1% diethylene glycol, a toxic component of antifreeze. In another instance, cartridges claiming to have no nicotine had low levels of the substance, and the amount of nicotine per puff varied widely.

Generally, the e-cigarettes are marketed as smoking cessation aids or smoke-free alternatives to cigarettes, said agency officials. The products can be purchased online and at retailers, including shopping malls, where children congregate, said Dr. Jonathan Winickoff, chairman of the American Academy of Pediatrics Tobacco Consortium, who participated in the briefing.

In addition, the cartridges come in flavors such as bubble gum, mint, chocolate, and chocolate chip, he noted. Such flavors are particularly appealing to children and novice smokers.

"Once you've smoked an e-cigarette and are nicotine dependent, the leap to a regular cigarette may not be as great," said Dr. Winickoff.

For now, the e-cigarettes will remain on the market. Sunrise, Fla.-based Smoking Everywhere has sued the FDA, claiming it does not have jurisdiction over its products. The agency has argued that it has the power to regulate the e-cigarettes in a manner similar to smoking cessation products. ■

EDITORIAL

From 'Marcus Welby' to 'Scrubs'

The medical drama "Marcus Welby, M.D.," televised from September 1969 through July 1976, followed the older Dr. Welby as he drove around in his long sedan, caring for his patients in the hospital, in his office, at the nursing home, and even in their homes. (Those visits were called "house calls.")

He seemed tireless. There was never a time he was not available for his patients. He was the consummate good doctor.

His sometimes unconventional methods were pitted against the more straitlaced style of Dr. Steven Kiley, his young motorcycle-riding associate.

Despite their generation gap, Drs. Welby and Kiley were role models for many boomer generation physicians who were graduating from medical schools in 1972. Both Welby and Kiley were hard working, passionate about medicine, and totally devoted to their patients. They—and the boomer physicians who followed them—lived to work and were defined by their jobs.

Many boomers, now 50-63 years old, believe that today's newly trained doc-

tors are less dedicated, less hard working, and less professional because they want to have both a career and a life. Perhaps boomers emerged from their training feeling abused by the long hours and low pay of residencies. That may have engendered a feeling of entitlement. But they continue to work long and hard. It's unfair to consider Generation X physicians unprofessional. Times change, and so does our profession.



BY ROBERT L. WORTMANN, M.D.

Marcus Welby did not have a working wife, a computer, a preauthorization clerk in his office, or a utilization review committee in his hospital. When he started, there were only two nonsteroidal anti-inflammatory drugs available, and hypertension was not treated until it became symptomatic. Few hospitals had coronary care units. Compared with today's physicians, he had so few tools to work with that his most valuable patient care resource was his time.

It is not surprising that younger doctors who have grown up watching "ER," "Scrubs," and "House" might have a different image of medical prac-

tice. More important influences include the way physicians are trained and the way medicine is practiced today.

Whereas boomer residents had every second to fourth night on call in the hospital and long hours even when they were not on call, today's residents work with a mandated 1 day off per week, a maximum 80-hour work week, at least 10 hours off between shifts, and no shifts longer than 30 hours.

Also, it is no longer practical or appropriate for most doctors to move from inpatient unit to hospital ward to outpatient practice sites on the same day. This is the era of intensivists, hospitalists, and ambulators.

Thus, social change and changes in the delivery of health care have led to the proverbial paradigm shift. There is nothing wrong with having a life out side of medicine; it is very healthy.

Senior physicians must share with their younger colleagues the value of maintaining devotion to patients as individuals, while working in a system that virtually guarantees discontinuity of care. ■

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