

## THE REST OF YOUR LIFE

## Passion for Firefighting Still Smolders

Dr. Bobby Ridgeway's experience as a volunteer firefighter in the early 1970s sparked his interest in medicine. He joined the volunteer firefighter department in his home town of Pinewood, S.C., when he was 14 years old, responding to calls on his bicycle.

"The out-of-town fires required finding someone to take me, or just listening on the scanner," recalls Dr. Ridgeway, a full-time ob.gyn. in Manning, S.C., and a volunteer firefighter for the Manning City Fire Department and the Clarendon County (S.C.) Fire Department. "By age 16, I had my driver's license and didn't miss many fires. I loved to be the engineer, the guy who runs the pump."

After completing an EMT (emergency medical technician) course, he attended paramedic school at the urging of local emergency department physicians and nurses he came to know, as well as his "second family" at the fire department. He completed paramedic school 2 months before his 22nd birthday and got married shortly thereafter.

"My encouragers set me straight and told me to continue my education in medical school at the University of South Carolina [Columbia], because I would need to advance my way up the ladder since children usually follow marriage and my EMT salary would probably fall short," he said. "They were right about the salary but not about the children; my first came between my first and second year of medical school and my second between my first and second year of residency."

These days the amount of time he devotes to firefighting varies according to his ob.gyn. call schedule, but he responds to fires, auto wrecks, and other emergencies as time permits. "If I have to go to the hospital, I just leave the fire or accident scene," said Dr. Ridgeway, who also is medical director for the Clarendon County Fire Department. He and other volunteers get a stipend of \$5 per call to cover the cost of gas, "but that's it."



The greatest parallel between ob.gyn. and firefighting is that both professions provide an opportunity to achieve near-immediate results, said Dr. Bobby Ridgeway.

He listed several parallels of being an ob.gyn. and a firefighter, including the need for ongoing training and education, critical decision-making skills, a willingness to embrace new technologies, and an approach to work with a certain amount of fearlessness. Firefighters "go places and do things that others wouldn't," he explained.

"In medicine, a lot of physicians shy away from delivering a baby, or from [being an] ob.gyn., in general."

Perhaps the greatest parallel, he said, is that both professions provide an opportunity to achieve near immediate results.

"When you go to a fire, within several minutes you're usually going to see some results of your activity," he said, noting that Manning's population is about 6,000 residents. "The same thing applies to being an ob.gyn. If somebody arrives in labor, you're going to see some results of your activity within several hours. Or if you have to do surgery on somebody, you're going to see results of your activities pretty soon. It's not like you have to perform an action

and wait several days or months until you figure out if it worked or not."

#### Befriended as a Newcomer

When Dr. Tom Simpson arrived in Sterling, Kan., in 1978 to become the town's sole physician at the time, four members of the Sterling Volunteer Fire Department were among the first to befriend him.

"I've always been a guy who enjoyed having male friends to run with, and these were really good guys," recalled Dr. Simpson, who is trained in family medicine. "They were guys that I came to trust. I enjoyed being with them." The men invited Dr. Simpson to join the fire department as a volunteer and he readily accepted. He completed formal firefighter training and worked his way up the ladder (no pun intended) to become chief of the department, a post that he held for 10 years.

"I felt good about the leadership skills I provided to the community during that time," he said. "A physician can take the role of leader in a small community pretty easily."

Mindful that he was the only physician in town for more than a decade, "the practice always came first," he said. "I didn't leave to fight fires during the daytime."

However, fire calls don't always come at convenient times in this city with a population of about 2,500 residents. "Sometimes, I've been up all night fighting fires and I've been up all night taking care of sick people in my role as a physician," he said. "There is excitement in both jobs. I do obstetrics and I love delivering babies. It's just about the neatest thing going on, yet, driving a fire truck or fighting a fire is also exciting."

These days the 61-year-old Dr. Simpson is relegated to truck driver and pumper for the department and spends 2-3 hours per month in meetings and training.

"I don't necessarily put on air packs and run into burning houses with hoses anymore," he said. "That's okay. But to see the guys that are doing it now and to see how skilled they are and how confident they are . . . it's neat."

He and his wife raised four children in Sterling. They've grown up and left the area, but they "always thought it was neat that their dad was a fireman," he remarked. "On the Fourth of July, they'd ride on the fire truck in the community parade because they were fireman's kids. My wife worries about me sometimes, like any fireman's spouse does, because you put yourself in harm's way occasionally." ■

By Doug Brunk, San Diego Bureau

#### E-MAIL US YOUR STORIES

The purpose of *The Rest of Your Life* is to celebrate the interests and passions of physicians outside of medicine. If you have an idea for this column or would like to tell your story, send an e-mail to [d.brunk@elsevier.com](mailto:d.brunk@elsevier.com).

## Medicaid Spending to Significantly Outpace U.S. Economy

BY MARY ELLEN SCHNEIDER  
New York Bureau

The price tag for medical assistance under Medicaid is expected to reach nearly \$674 billion over the next decade, with the federal government picking up more than \$383 billion of the cost, according to projections from the Centers for Medicare and Medicaid Services.

Under this estimate, which was part of the first annual actuarial report on the financial outlook of Medicaid, the program's expenditures for medical assistance are projected to grow on average 7.9% per year for the next 10 years, outpacing the 4.8% growth in the U.S. gross domestic product.

"This report should serve as an urgent reminder that the current path of Medicaid spending is unsustainable for both federal and state governments," Mike Leavitt,

secretary of the Health and Human Services department, said in a statement. "If nothing is done to rein in these costs, access to health care for the nation's most vulnerable citizens could be threatened."

Medicaid spending for fiscal 2007 was about \$333 billion, with the federal government paying 57% of the cost and the states picking up 43%. The average per-person spending for medical services was \$6,120 in fiscal year 2007, with more spent on older and disabled enrollees and less on children. The average per-person spending was \$2,435 for nondisabled children and \$3,586 for nondisabled adults, compared with \$14,058 for older adults and \$14,858 for disabled beneficiaries.

Average Medicaid enrollment also is expected to increase over the next decade, according to the report, from 49.1 million in FY 2007 to 55.1 million by FY 2017.

The projections are no surprise given the rising cost of

health care overall, said Judith Solomon, senior fellow at the Center on Budget and Policy Priorities, a research organization that analyzes state and federal budget issues. For states, which pay a significant share of Medicaid costs, the 10-year projections are likely to be mainly academic, she said, as they struggle to balance this year's budgets in a worsening economy.

The report offers an analysis of past trends in Medicaid and a 10-year projection of expenditures and enrollment. Future reports are expected to have longer-range projections and more extensive analysis, according to CMS.

The data and assumptions of the report are based largely on three sources: data submitted to CMS from the states; the boards of trustees of the Social Security and Medicare programs; and National Health Expenditure historical data and projections. The analysis is based on current law and does not make predictions of possible policy or legislative changes. ■

The full report is available online at [http://cms.hhs.gov/ActuarialStudies/03\\_MedicaidReport.asp](http://cms.hhs.gov/ActuarialStudies/03_MedicaidReport.asp).

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