

## THE REST OF YOUR LIFE

## Blogging Offers an Outlet for Opinion, Creativity

When Dr. Allen Roberts launched his medical blog [www.gruntdoc.com](http://www.gruntdoc.com) in May of 2002 with encouragement from a colleague, he was not sure what he was getting into.

"I resisted for a year," said Dr. Roberts, an emergency medicine physician who practices in Fort Worth, Tex. "I told myself, 'I just don't have anything to say.' But after awhile I decided to try it. I found out I actually liked it. I still don't have anything to say but I'm still blogging."

Dr. Roberts said the purpose of [gruntdoc.com](http://gruntdoc.com) is to keep him entertained. "That sounds incredibly selfish, but the day I stop enjoying it, I'm going to stop doing it," he said, noting that 500-700 people visit his blog each day. "I have no pretensions that I'm educating the populace on medicine or that I'm going to solve a single problem in the world with the blog. I just do it for fun."

Humor is a common element in his entries. On April 8, 2006, he blogged about the best chief complaint of that night's ER shift: "I was assaulted with a telephone and now my ear is ringing." On October 7, 2004, he blogged about accidentally flooding his home by leaving the bathtub faucet running too long, only to find a live rattlesnake on the living room floor during the cleanup.

He credits the popularity of his blog to "being around awhile" and to his efforts to post something new every day so there's reason for people to come back. "The surest way to kill your traffic is to leave [the blog] dormant for about 4 days," he said. "It takes you about 3 months to recover from that."

He also attributes the success to the fact that more people are reading blogs than ever before. "In medicine, there was a reticence to blogging because physicians were afraid," he said. "You still have to be careful about blogging about your job and your patients. HIPAA applies in spades. Everything you write down is now going to be recorded forever. Be aware of what you're talking about and who your audience is."

Dr. Roberts spends up to an hour a day reviewing Web feeds from about 100 med-

ical sites. "That's where I get a lot of ideas for something to write about, or I wind up linking to other people's articles," he said. He spends up to another hour per day writing an entry for his blog.

Any physician can launch a blog with easy-to-use hosting sites such as the free [www.blogger.com](http://www.blogger.com). Such Web sites are "more stable than they used to be," Dr. Roberts said.

About half of medical blogs are written under a pseudonym, including [gruntdoc.com](http://gruntdoc.com). "I'm probably kidding myself, but I think that lends me just a little bit of freedom," Dr. Roberts said. "There are other physician bloggers who want their name associated with their blog because they're giving medical advice or want to be an authoritative voice. I understand that, but that's not my style. Look at the styles out there and make your own," he advised.

#### Chiming in on Breaking News

Before Dr. Kevin Pho launched his blog in May of 2004, he recalls, he had been intrigued with physician bloggers who offered their opinions on current medical news. He decided on that format for [www.kevinmd.com/blog](http://www.kevinmd.com/blog).

"There are a lot of times when medical news breaks, and the public and patients don't quite know what to make of it," said Dr. Pho, an internist who practices in Nashua, N.H. "That interpretation is key. A blog gives instant feedback. A couple of years ago when Vioxx was taken off the market, that was huge news that affected a lot of patients."

He spends up to 2 hours per day scanning medical news, picking topics to address, and offering quick opinions on them.

"There is definitely a commitment you have to make to run a good blog," he said. "A lot of times I'll include links to other bloggers who've written opinions. I cover a wide variety of issues but not all of them in depth."

Each day, about 8,000-10,000 people visit [www.kevinmd.com/blog](http://www.kevinmd.com/blog), which has been pro-



Dr. Kevin Pho finds reward in "bringing light to issues that I feel are important."

COURTESY DR. KEVIN PHO

filed in the New York Times, the Wall Street Journal, and Forbes magazine. He said he finds reward in "bringing light to issues that I feel are important, issues such as the cost of medications, ER overcrowding, primary care reimbursement, and the impending hardships that primary care is going to face," Dr. Pho said.

He feels strongly about defensive medicine and soaring malpractice issues in particular "because they are so polarizing.... Anything about malpractice and defensive medicine brings a lot of traffic."

Blogging "allows physicians to express how medicine really works, what is frustrating from a physician standpoint. It pulls the curtain back on some of the mysteries of what's going on in the medical world," he said.

Blog because you want to, he advises, not to jump on the bandwagon. "A good blog only happens when a physician wants to do it, because there are enough pressures that doctors go through," he said.

#### A Voice for His Patients

Dr. Jack Brunner launched his Web site [Stoppbmmmedco.typepad.com](http://Stoppbmmmedco.typepad.com) in January of 2007 in an effort to "fight back" against pharmacy benefit management (PBM) companies over what he called "interference with my ability to take care of patients and an inordinate degree of bureaucratic harassment that has not just bothered me but has harmed my patients."

Over the past few years the Toledo, Ohio-based endocrinologist became increasingly enraged as elderly patients began to show up for their office visits with uncontrolled blood pressure and diabetes because they didn't receive their medications. Why? "Because of the tremendous bureaucratic hassles that these pharmacy benefit managers have layered on to doctor-patient interactions," Dr. Brunner said.

During the first few weeks of Medicare Part D activation, his office received "outrageous requests for prescription preauthorizations," Dr. Brunner recalled.

He said that he has reported his concerns

## Want to Blog? Tips On Getting Started

Dr. Roberts offered these suggestions and observations about medical blogging:

- ▶ **Start a blog with a pseudonym.** "Don't tell anybody about it for the first month and see if you like it," he said. "If you do, keep doing it."
- ▶ **Don't expect wild popularity.** "Most people figure they're going to start a blog and it's going to be the next Instapundit.com or Dailykos.com," he said. "The fact is, your blog may get a small following like mine has, and that's what you're going to get."
- ▶ **Writing comedy is hard.**
- ▶ **Some readers will willfully misunderstand you if doing so fits their agenda.**
- ▶ **Don't expect all commenters to be kind.** "The anonymity of sitting at your keyboard and—as one commenter called it—'Tourette typing,' gives people license to say things that they most likely wouldn't ever say to your face and probably shouldn't ever say."

and certain case reports to the state pharmacy board, the state insurance board, the Ohio State Medical Association, and to his Congresswoman and his Senators, "and I feel like I'm talking in an empty room."

On March 11, he posted an 11-item "Pharmacy benefit manager bill of rights for patients." It starts by noting that "health improvement is the required primary mission of PBM[s]. Cost is secondary, stock market rating is last."

It also proposes that "forced within drug class substitution is not allowed. If a patient is already on a specific drug within a class of medications, this medication is 'grandfathered.'"

He considers the blog a way to voice his concerns about PBM companies. He currently averages about five visits to the site per day, but he hopes that number will increase. "Maybe some advocacy groups will read my blog, and they'll have similar feelings and take the fight also," he said. "If they don't, maybe I'm just blowing in the wind, so to speak." ■

By Doug Brunk, San Diego Bureau

## 'Some Dude': Public Health Menace

Readers who visit [www.gruntdoc.com](http://www.gruntdoc.com) get a glimpse into the life of emergency medicine physician Dr. Roberts, who vented in this entry about the menacing "Some Dude."

November 15, 2004—1:15 a.m.

I work in an emergency department and have noticed that there is one common denominator in the majority of the assaulted patients I treat: They were all assaulted by "Some Dude." (Also, they were all assaulted for "no reason," but that's the topic of another rant.) This is true no matter where I work, the time of day, or day of the week.

"Some Dude" has in the last 2 weeks shot my patients; sucker-punched, struck with bottles, beaten them with

fists and a golf club (or perhaps the entire set); and pushed my patients down stairs.

Additionally, "Some Dude" has "slipped drugs" into the drinks of, transmitted sexual diseases to, and stolen the medications of my patients.

I have no idea how "Some Dude" is everywhere at once. I suspect he's an evil superhero, though in the current times I cannot completely exclude an Al-Qaeda conspiracy.

I advocate a vigorous police and public-health effort to locate and confine "Some Dude" due to the clear and present danger he represents to the health and welfare of our republic.

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Some patients die despite physicians' best efforts to treat them. Please tell us how you have learned to cope with these losses over the years.

Please send an e-mail to column writer Doug Brunk at [d.brunk@elsevier.com](mailto:d.brunk@elsevier.com).