

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 call schedule, but he responds to fires, auto wrecks, and other emergencies as time permits. "If I have to go to



COURTESY DR. BOBBY RIDGEWAY

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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."

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 day."

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 a babies. It's just about the neatest thing going and, 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." ■

By Doug Brunk, San Diego Bureau

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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.

Health Insurance Industry Proposes Guaranteed Coverage

BY MARY ELLEN SCHNEIDER

New York Bureau

As a new administration prepares to tackle health care reform, the health insurance industry is offering a few suggestions.

America's Health Insurance Plans (AHIP), which represents about 1,300 companies covering more than 200 million Americans, says its members would be willing to guarantee coverage for individuals with preexisting medical conditions in exchange for a government mandate that all individuals purchase health insurance.

AHIP's board of directors issued the proposal after conducting a nationwide "listening tour" on health care during which many Americans raised concerns about the lack of coverage for preexisting conditions in the individual insurance market.

But to make guaranteed coverage a reality, the federal government will need to require that individuals purchase coverage and use mechanisms such as an insurance coverage verification system, an automatic enrollment process, and some type of enforcement, the group said.

When coverage is guaranteed and there is no man-

date to have insurance, individuals tend not to purchase insurance until they get sick, which drives up costs, said Robert Zirkelbach, a spokesman for AHIP. For example, a study conducted on behalf of AHIP by Milliman Inc. found that in many states that implemented guarantee issue or community rating policies in the 1990s, there had been a rise in insurance premiums and a reduction in individual insurance enrollment. In addition, some health plans had left the individual insurance marketplace.

Another aspect of the AHIP proposal aims to increase the affordability of health insurance plans on the individual market. The group suggests lowering costs for consumers through refundable tax credits. In addition, it proposes tackling the overall cost of medical services by expanding the use of preventative services, conducting comparative effectiveness trials for medications and devices, and reforming the medical liability system.

The AHIP proposal also supports expanding eligibility for Medicaid and the Children's Health Insurance Program.

"No one should fall through the cracks of our health

care system," Karen Ignagni, AHIP president and CEO, said in a statement. "Universal coverage is within reach and can be achieved by building on the current system."

Affordability will be critical to the success of any proposal, said Ron Pollack, executive director and vice president of Families USA, a nonprofit, nonpartisan organization focused on health care affordability. "It's the ball game," he said. "How can you require someone to do something they simply can't achieve?"

Families USA supports the idea of a mandate for health insurance coverage, Mr. Pollack said, but only if it includes adequate subsidies and help for those who can't afford to purchase coverage on their own.

Ed Howard, executive vice president and CEO for the Alliance for Health Reform, agreed that the cost of health care will be the top priority of policy makers as they consider health care reform. Without a cost containment plan, a mandate would be hard to enforce.

But he said he is somewhat optimistic that substantial health reform can be enacted, even if it is implemented in stages. "Clearly, things are getting worse," he said, referring to the growing number of uninsured and underinsured Americans. ■