

Bulletin

Editor: Ellen Sayet, M.D.

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LEE COUNTY
**MEDICAL
SOCIETY** INC.

Physicians Caring for our Community



Bulletin

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Fort Myers FL 33912

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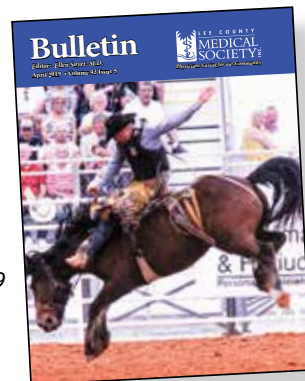
Lee County Medical Society Mission Statement

The mission of Lee County Medical Society is to advocate for physicians and their relationships with patients; promote public health and uphold the professionalism of the practice of medicine.

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91st Annual All-Florida
Championship Rodeo, Arcadia, FL
Photo by Dr. Edwin Guttery, March 2019



Events RSVP online at www.lcmsfl.org



Tuesday, April 5, 2019 - Chico's Company Store

4:00 p.m. – 5:30 p.m.

\$10 per guest

Open to the public

chico's

Friday, April 12, 2019 – LCMS Cocktail Hour

6:00 p.m. – 7:30 p.m.

Northern Trust Bank

7960 Summerlin Lakes Drive

Fort Myers, FL 33907



Wednesday, April 17, 2019 – General Membership Meeting

FSW College / Medical Museum

Room AA178 School of Nursing Building,

8099 College Parkway

Fort Myers, FL 33919



Thursday, May 2, 2019 - Women's Event at Jennifer's

Friday, May 10, 2019 – LCMS Cocktail Hour

Membership News

We are requesting that if you have information that you would like to share regarding yourself or your practice, to please e-mail kris@lcmsfl.org. You will be featured in our upcoming Membership Spotlight section.

NEW APPLICANTS:

Georgia Rocha-Rodriguez, M.D. – Dr. Georgia Rocha-Rodriguez received her medical degree from the Universidad Federal De Goias, Goiania, Brazil in 1996. She completed a residency in Pediatrics at Miami, FL from 7/1997 – 9/2000. Dr. Rocha-Rodriguez is in practice at Physicians' Primary Care of SW FL, 9350 Camelot Drive, Fort Myers, FL 33919. Tel: 239-481-5437 Fax: 239-481-0570. Board Certified: Pediatric

Herman A. Gleicher, M.D. – Dr. Herman Gleicher received his medical degree from the University of Miami, Miami, FL from 7/1997 – 5/1/2002. He completed a residency in Internal Medicine at Mount Sinai School of Medicine from 7/1/2002 – 1/1/2001. Dr. Herman Gleicher is in practice at Harbor Medical Group, LLC 21202 Olean Blvd., Unit C-1, Port Charlotte, FL 33952. Tel: 941-891-6077 Fax: 941-891-6089.

Ahsan Kamal, M.D. – Dr. Ahsan Kamal received his medical degree from Rawalpindi Medical College, Rawalpindi, Punjab, Pakistan. He completed a residency in Internal Medicine at Marshal University School of Medicine, Huntington, West VA from 7/1/2004 – 1/1/2001. Dr. Ahsan Kamal is in practice at Harbor Medical Group, LLC 21202 Olean Blvd., Unit C-1, Port Charlotte, FL 33952. Tel: 941-891-6077 Fax: 941-891-6089.

Juan Carlos Torres-Urrutia, M.D. – Dr. Juan Torres-Urrutia received his medical degree from Universidad Central Del Caribe, Puerto Rico from 8/1/2002 – 6/9/2002. He completed a residency in Internal Medicine at Mount Sinai School of Medicine, New York, NY from 7/1/2002 – 10/1/2005. Dr. Juan Torres-Urrutia is in practice at Harbor Medical Group, LLC 21202 Olean Blvd., Unit C-1, Port Charlotte, FL 33952. Tel: 941-891-6077 Fax: 941-891-6089.

LCMS CLASSIFIEDS

LOOKING TO RENT Paul Tritel, M.D., Internal Medicine, is looking to rent office space in Bonita Springs near Bonita Beach Road 1 day per week starting in October 2019. Preferably on Thursdays. Approximately 1,000-1,500 square feet. Need one exam room, one nurse's station, and one MD/consult office. Contact me at info@tritelm.com

Dr. Omar Benitez, M.D. 1967 - 2019



As most of you know by now, our beautiful friend Dr. Omar Benitez died in a tragic boating accident on Hendry Creek Friday evening. Sadly, I have no new information for you regarding the accident other than what we have seen

on the news. What we do know is that he spent the day of the accident on a school field trip with his son Lucas, was looking forward to giving his son Mateo a new bike at his birthday party on Saturday, and was coming to dinner at our house on Sunday. Omar loved being on the water and had mentioned earlier this week that he wanted to run his boat on the weekend because he hadn't been out in a few weeks.

Omar and I met in the dictation area of the PACU in August 1999 and quickly realized that it was the first week of our first jobs as surgeons. Because of this, I always said we were "littermates." Omar was naturally charismatic, warm and fun loving and together with my husband John, we all became great friends. He was always a good listener and a friendly shoulder to lean on.

For those of you who did not know Omar well, I share with you that he was born on October 16, 1967 in Weslaco, Texas. His mother Elva Benitez still lives in Texas, as do his brothers Rene, Oscar, and Rolando and his sister Monica. Omar graduated from the University of Texas at Austin in 1990 and graduated from the Baylor College of Medicine in Houston, Texas in 1994. Following medical school, Dr. Benitez moved to Gainesville, Florida where he completed his Urology Residency in 1999 at the University of Florida.

Omar founded Complete Care Urology several years ago and it was with great pride and diligence that he cared for his patients and in return, they cared greatly for him. Omar truly dedicated himself to his patients in an intensely personal and openly emotional way. Omar also enjoyed fishing, golf, skiing, music and his friends. But his greatest passions were his church and his family. Spending time with his wife Nereida and his sons Mateo and Lucas was by far his most favorite thing.

Knowing Dr. Omar Benitez has been a truly joyful experience — he could change your whole day with a hug and a smile. Although many doctors and patients have asked how to pay their respects, the Benitez family will be honoring him in a private ceremony. Please know that they appreciate your thoughts and prayers.

Dr. Benitez has been a LCMS member since 2002. He was recently installed as a member of the Lee County Medical Society Board of Governors.

Written by Dr. Valerie Dyke and The Benitez Family

On March 14, 2019

PRESIDENT'S MESSAGE

By DANIEL DE LA TORRE M.D.

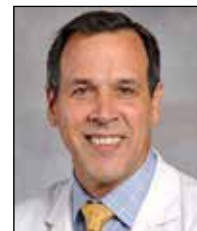
Informed consent and personal choice in the age of fake news.

Early in their careers, every doctor is taught the four guiding principles of medical ethics: autonomy, justice, beneficence, and nonmaleficence. Together they form a time-tested basis for managing the complex patient-doctor relationship. The principle of autonomy compels us to honor the patient's decision to forgo medical treatment for any reason, as long as they understand the consequences. That much is straightforward. The standard part of the art of medicine is convincing your patient of the benefits of a treatment (or non-treatment). But what about the patient who denies your premise? Convincing your patient of the benefit of treatment can be difficult even when the evidence is agreed-upon, but what about when the evidence is denied, or worse yet "alternative" evidence is the basis of decision making?

Recently, the case of an 18-year-old who got himself vaccinated against his parents' fierce anti-VAX beliefs brought the movement to light again. In exploratory hearings, it was noted that the teenager's parents got their medical information primarily from one place: Facebook. Among the theories promoted there were not just the usual vaccine-induced autism and big Pharma cash grab, but bazaar claims that contracting measles could prevent cancer. In response, Facebook promised to block such "vaccine hoaxes", but the cat is out of the bag. Facebook is just the tip of the iceberg.

Measles is a serious illness, killing and maiming thousands of children annually. In 1980, prior to widespread vaccination, the world health organization documented 2.6 million

related deaths world-wide, mostly children under 5. Many survivors succumb to secondary infections. By 2014, a global vaccination program reduced deaths to about 73,000: arguably one of the greatest victories of modern medicine ever.



And yet on the same web search, right next to the CDC website, was "VaxoPedia", where I was informed that although measles is "potentially fatal", there are a negligible number of related deaths in developed countries, and therefore no cause for concern. Further support for their contention includes the fact that malnutrition and lack of access to medical care contribute greatly to mortality in the third world. In their defense, they went on to note that the vaccine is extremely safe and effective. The Internet is littered with such "fake news" sites: Verifiable facts slanted to support the writer's views. They didn't play up the fears of vaccination; they merely downplay the risk of remaining unvaccinated.

In the US, outbreaks related to high concentrations of anti-vaxers have accelerated in recent years. A recent outbreak in New York State forced school officials to block attendance by unvaccinated students (yes, decisions have consequences). How does myth and misdirection so tragically defeat evidence? The truth is people believe what they want to believe for many reasons: fear, experience, suspicion, or good old-fashioned denial. The fact is, you as the doctor are no longer the trusted source for medical decision-making. Relationships are more important than ever.

LCMS EVENT!

Shopping at Chico's

Friday, April 5, 2019

Shopping at Chico's

4:00 p.m. to 5:30 p.m.

To register by March 29, 2019

visit www.lcmsfl.org

chico's

LCMS EVENT!

LCMS Cocktail Hour

Friday, April 12, 2019

Northern Trust Bank

7960 Summerlin lakes Drive
Fort Myers, FL 33913

6:00 p.m. to 7:30 p.m.

Sign Up Here

visit www.lcmsfl.org



RAMIREZ REPORT

By JULIE RAMIREZ, EXECUTIVE DIRECTOR

Save September 20, 2019 on your calendars! This year's Annual Medical Service Awards dinner and silent auction will be on this date at the Hyatt Regional at Coconut Point. The theme of this year's awards is "Superheroes of Medicine"! *The most important process to this awards dinner is nominations from the public for physicians in Lee County. Below are the categories in which you can nominate someone. The deadline for nominations is May 15th! Please nominate someone today. The nomination form is included in this Bulletin as a flyer and can be e-mailed to valerie@lcmsfl.org or faxed to 239-936-0533. If you have any questions, please feel free to call the office at 239-936-1645.*

Physician Awards

Citizenship & Community Service Award

This award recognizes outstanding leadership and/or public service above and beyond the call of duty.

Scientific Achievement Award

This award recognizes outstanding work in the areas of scientific medical research, including basic science and clinical research.

Health Education Award

This award recognizes a physician's professional or public health education activities.



Leadership & Professionalism Award

This award underscores continuing dedication to the principles of medicine and the highest standards of medical practice.

Rising Physician Award

This recently added award is for the physician who, while in the first 10 years of his or her professional career, exemplifies leadership and serves as a role model for other physicians.

Lifetime Achievement Award

This award honors a physician who has contributed substantially to the goals and ideals of the medical profession over a sustained term of service.

In Memory of an Outstanding Physician Award

This award is in memory of an outstanding physician for her or his substantial contributions to our medical community.

Non-Physician Appreciation Award

(Nurses, physician assistants and other medical staff) This award recognizes exemplary service to those who have made a lasting impact to medicine.

Distinguished Layperson's Service Award

(medical support staff, medical administration and medical education) This award honors those who have contributed to the achievement of the ideals of medicine through the advancement of medicine, medical science, medical research, and medical education or medical care.

We Care Award

This award honors remarkable service and commitment from physicians, practices and agencies that have contributed noteworthy support and hours to "We Care" clients. The Salvation Army manages and operates the program.







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LCMS EVENT!



General Membership Meeting

Wednesday, April 17, 2019

FSW College / Medical Museum
Room AA178 School of
Nursing Building,
8099 College Parkway
Fort Myers, FL 33919

A PSYCHIATRIST'S ATTEMPT TO STOP BURNOUT

By ASHVIN SOOD, M.D., | PHYSICIAN | FEBRUARY 26, 2019



I don't want to go back. Starting at 6 a.m., the intern entered the hospital with coffee from the bodega down the street, anxious about the patients that were admitted to the ward the previous evening.

I deserve it. At 8 a.m., he had already rounded on his nine patients, one of which was an angry male with dementia who spewed expletives at any healthcare provider that dared cross his path. He had no energy to challenge the abuse.

Guess I don't belong. By noon, he was chewed out by the surgical service because of an inappropriate consult he was told to call in by his upper-level resident.

I am terrible at this job. By 6 p.m., he began writing his nine notes, including two lengthy admission notes that only few would read.

I should probably sleep in the hospital. By 8 p.m., he walked aimlessly around the hospital, looking for the night float intern who was to recuse him of his daily duties until the following morning. He left the hospital exhausted knowing that tomorrow would bring the same agenda.

I guess I have to go back.

Defined by psychologist Freudenberg as a "state of mental and physical exhaustion caused by one's professional life", burnout is often used to describe how medical trainees and faculty alike can feel after spending a significant amount of time in a stressful professional environment. Since the term was coined in the 1980s, burnout has been studied extensively within the medical community. In terms of etiology, burnout appears to be derived from multiple systemic factors including environmental (excessive patient load, long working hours, extensive documentation), personal (having children while in training, lacking social or familial support), and psychological (lack of feeling in control, loss of autonomy).

Manifestations of burnout appear to follow three phases, beginning with emotional exhaustion, proceeding to feelings of depersonalization and an increased sense of cynicism, and finally developing an inability to experience personal accomplishment. The consequences of burnout are also well researched. Physicians who demonstrate symptoms of burnout are at an increased risk of developing substance use disorder, depression, and suicidal ideation. Furthermore, patients also suffer from having physicians who suffer from burnout as medical errors increase and

Cont'd on next page

A PSYCHIATRIST'S ATTEMPT TO STOP BURNOUT

BY ASHVIN SOOD, M.D., | PHYSICIAN | FEBRUARY 26, 2019

Cont'd from previous page
patient satisfaction decreases.

However, this is not breaking news, particularly to medical providers themselves. As a psychiatrist in training, it was heartbreaking to observe these types of symptoms develop in my colleagues. Every day, I was trained to provide tools to help patients self-reflect in a safe environment while exploring solutions to their psychological stressors only to find myself running into my peers who suffered from emotional exhaustion and learned helplessness.

I was also a victim of these stressors during intern year and was referred to therapy by a mentor as a way to navigate through these struggles. Ironically, even as a psychiatry resident, the idea of disclosing deep feelings to someone in an office on a weekly basis was terrifying. However, over time, thoughts of inadequacy, worthlessness, and perpetuating self-doubt slowly decreased as my therapist supported and challenged me to look deeper into why I feel the way I feel. I believe this entire process occurred due to working in a medical specialty that openly encouraged and provided mental health assistance to their trainees.

So the questions arose: How, as a psychiatry resident, could I help engage other medical specialties in accessing mental health resources? Who would be the target audience for this initiative? And more importantly, how would this audience buy into the idea of conversing with a trained professional about their challenges inside and outside of residency?

With the collaboration of both internal medicine residents and psychiatry residents, Crossroads was born. The project was designed behind to model group therapy, which involves a mental health provider meeting a group of clients on a regular basis. There are many variations of group therapy, which have been shown to be significantly effective in treating disorders such as depression and substance abuse. Furthermore, the use of self-development groups led by psychiatrists for medical professionals has been shown to be effective in reducing depressive symptoms.

Crossroads provided a protected hour of self-reflection and discussion between PGY-1 internal medicine residents twice a month throughout the NYU health system. Guided by psychiatrists, discussions relating to burnout, depression, and suicide were just a few of the talking points that interns explored. Confidentiality and food were provided to fortify the idea that our colleagues'

thoughts were protected and that this hour could be a sense of reprieve from the ebb and flow of a chaotic workday.

Contingency planning was also established so that if trainees presented with thoughts of suicidal ideation or another psychiatric emergency, our psychiatrists could get them urgent help in a safe and confidential manner. While still in its youth, Crossroads has shown promising results. Attendance has risen, and trainees who are in need have been referred to mental health providers for extra assistance.

There is still much work to be done. Burnout is a system's issue, and we do require systemic change to make a significant impact. However, what if we began teaching our trainees that their mental health is a priority? That while the patient is essential, the provider's well-being is also an awe give our trainees the time and space to heal, they might create the culture that we

always wanted.

Ashvin Sood is a psychiatry resident.

"How, as a psychiatry resident, could I help engage other medical specialties in accessing mental health resources?"



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MARCH 16, 2019 LAKES PARK





LEE COUNTY MEDICAL SOCIETY FOUNDATION WELLNESS 5K RUN 2K WALK



THE RIGHT CARE AT THE RIGHT TIME: DISPELLING HOSPICE MYTHS

BY SAMIRA K. BECKWITH, L.C.S.W., F.A.C.H.E., L.H.D., PRESIDENT AND CEO, HOPE HEALTHCARE



For 40 years, Hope Hospice has provided compassionate hospice and palliative care to people living with serious illness. Though thousands of families have experienced the benefits of our care, many are still hesitant to discuss hospice with their physician, even when the focus of care has shifted to comfort. Patients and clinical teams alike are often confused by myths and misunderstandings surrounding hospice.

Myth: Hospice is only for the last few days of life.

Hope's hospice and palliative care is provided to people in the last weeks, months – and sometimes even years – of life. To receive the most benefit, people should be referred as soon as they are eligible. Practical benefits like pain relief and symptom management are essential, while emotional and spiritual support are invaluable for both the person with serious illness as well as their caregivers. If you would not be surprised if your patient died within the next 12 months, they are likely appropriate for hospice.

Myth: Choosing hospice means giving up treatment.

Fact: We often hear, "we wish we had known about hospice sooner." If families had known that Hope provides

state-of-the-art medical care, in addition to emotional and spiritual support for the entire family, they might have saved their loved one from unnecessary pain and suffering. The focus of treatment shifts to comfort.

Myth: Hospice is a place.

Fact: Many people are relieved to learn that we help people stay in their own homes whenever possible – the place that eight out of ten Americans would prefer to be at the end of life. Hospice is not a place, but a type of care that focuses on comfort and compassion in all settings, including nursing homes and assisted living facilities.

Many of the myths about hospice care prevent people from getting our help as soon as they need it. The focus of Hope Hospice is quality of life.

Hope staff are available to come to your office to provide additional to help with additional information or conversations. To make a referral to Hope Hospice, please contact our Care Services department at (239) 482-4673. We sincerely thank you for being our valued partner in caring for this community.



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From left: Nina Burt, O.D.; Sarah Eccles-Brown, M.D.;
E. Trevor Elmquist, D.O.; Kate Wagner, O.D.



A Good
Time
Was
Enjoyed
By
All!
March
8th
Cocktail
Hour with
Collier
County.



"PRIVY" It appears that we know each other well enough now that I can confide and make you privy to a childhood recurring nightmare of mine. Background is needed and it begins when we moved from Sumica (you all know where Sumica was) to Kenansville, Florida. Kenansville had two buildings and the sawmill, but no electric power, or running water and consequently many of the pleasures that most of you have enjoyed throughout your life such as flushing toilets, bathtubs and showers, electric lights, air conditioning (did not come along until the late 1930's and then was delayed for general usage until the end of W.W. II), and refrigeration were absent. If you don't have running water or plumbing, you certainly don't have a bathroom. It was necessary to have a privy (outhouse, OH). The OH was located usually a short distance behind the house and was built over a man-made pit several feet deep and large enough to fit only beneath the building. It was difficult to build one of these privies in South Florida because of the sandy soil, and it was necessary to shore the walls of the pit with boards in order to keep the sand from collapsing in. In the OH was a bench with holes cut in the seat for positioning of the buttocks for the act of excreting. We lived at Kenansville from the time I was one year old until I was five years old and when I was old enough to walk well, I would use the OH. The original problem came with the rather large size of the hole cut into the board and it was necessary for me to hang on for dear life to keep from falling into the pit which was festooning with hydrogen sulfide gas, decomposing waste matter, flies, maggots and such. My recurring nightmare was that I was falling into this terrible pit of boiling sewage. You probably think the modern day Porta John is a rather odoriferous little shed, but you haven't really lived until you have visited a well-seasoned OH! I can remember well at least several of the year; we lived under these circumstances, and because of the recurring nightmare my father made a small hole for me which somewhat relieved this fear but still the nightmares persisted. At night we would not venture to the OH as in South Florida in the woods it was not uncommon for major wild animals to go walking through the yard. Instead of using the OH for necessary functions at night, slop jar (chamber pots) were kept in the bedrooms. Guess what was used for toilet paper!

At age 5 we moved to Townsend, GA where there was flowing water and some electric lights. Even today I

remember the first time ever seeing such a marvelous invention as a flushing toilet. I just sat there on the floor and kept flushing that thing until I had used most of the water supply for the small area where we were living.



We just kept going up in the world and finally went to a bigger town (Live Oak, FL) of about four or five thousand people and had all the modern marvels of the times. Eventually the OH nightmare disappeared. As a young man I was helping my father survey some timberland in Levy County, FL and as we were walking through the woods all of a sudden, the ground gave way beneath my feet. It felt as if I was going into one of the famous Florida sink-holes, but instead it was a "stink-hole". It was the site of a former OH that had been abandoned and the house torn down, but the pit covered with old boards had rotted and given away with my weight upon them. Thankfully, most of the contents in the pit had become dehydrated and not so terrible except that my father would not let me get back into the car until I jumped in a lake with my clothes on and rinsed off.

So, it seems that all good things come to an end and we no longer have outhouses. There have been various artists in the country over the past years that have made drawings of outhouses around the country and they were made into a collection by the makers of a famous stool softener and distributed to physicians a few years ago. Unfortunately, I gave my pictures to an Outhouse picture collector and I have no visual remembrances of the old outhouse.

Now as the usual custom we must make this a medical article. The black widow spider loves the dark dank atmosphere found beneath the seats of the outhouse and as the man's scrotum hung through the opening it made a perfect target and the most common site for a black widow bite. Just another bit of modern history but I do not know where the most common spider bite is now.

Hope all of you had a nice Summer vacation and none of you stepped in "it" or fell into a pit!



OUR MISSIONS



Photo left to right: Dr. Joseph Mazza, Mrs. Ann Carrasquillo, Dr. Thomas Carrasquillo, and Dr. Amber Jankik

My wife Ann and I just returned this week from Santa Cruz del Quiche, Guatemala on our 40th medical mission. In the enclosed picture you will also see Dr. Joseph Mazza and Dr. Amber Jandik also from Ft. Myers who were with us on this mission. Previously we had done 30 mission trips to the Dominican Republic at the Haitian border and this was our 10th trip to Guatemala.

We belong to the Cascade Medical Team out of Eugene, Or. with the parent organization being HELPS International. The team is made of 150 volunteers who not only provide medical care but dental care and the installation of low fuel and ventilated cooking stoves and water filters. This past trip we did 115 operations, saw over 2000 pts. in clinic, 500+ dental pts. and installed 162 stoves and water filters.



The American Medical Association, through its Accelerating Change in Medical Education Innovation Grant Program, is pleased to announce a **Request For Applications (RFA)**. This program is designed to provide financial support to stimulate research, new innovations, and/or dissemination of existing innovations in medical education to train future physicians to succeed in our rapidly evolving health care system.

Projects demonstrating a direct, measurable, positive impact on medical education will be particularly competitive. Prior projects have included teaching and assessing principles of health systems science, student well-being, coaching, and incorporating new technologies.

At least 10, one-year grants will be issued to faculty investigators from MD- and DO-granting medical schools in the United States. Grant recipients are eligible to receive either \$10,000 to support smaller projects or \$30,000 to support larger, collaborative projects. Collaborations may take place either within or across institutions and interprofessional teams.

Principal investigators must hold an active individual membership in the American Medical Association. Proposals are due no later than **April 21, 2019, 11:59 p.m. Central time**. Grants will start July 1, 2019.

View the complete RFA guidelines and gain access to our electronic submission. For details about the AMA "Accelerating Change in Medical Education" initiative and its ongoing work to transform medical education, visit changemeded.org.

Questions? Email changemeded@ama-assn.org for more information.

Save THE Date

Thursday, June 27, 2019

**FSU/LH Residency
Reception**

6:30 p.m. – 8:30 p.m.

FineMark National Bank & Trust
12681 Creekside Lane
Fort Myers, FL 33919



SAVE THIS DATE TOO

Friday, September 20, 2019
Annual Medical Service Awards

SURVEY: DOCTORS CONFLICTED BY PATIENTS STILL TOP CONCERN

By BILL FLEMING, COO, THE DOCTORS COMPANY



Physicians are concerned about the quality of care they provide to patients—that is, after all, the reason they chose the profession. But physicians today report being so disappointed with the present state of medical practice, that 7 out of 10 say they cannot recommend the profession to their children or other family members.

That's the message from the 2018 Future of Healthcare survey, featuring responses and comments from more than 3,400 physicians nationwide. Conducted by The Doctors Company, the nation's largest physician-owned medical malpractice insurer, the survey reveals a complicated picture about the attitudes of physicians towards the state of healthcare.

The survey results indicate that in the future, healthcare will likely be much different than what providers and patients are accustomed to today. The number of physicians may continue to decrease, with fewer entering the profession and many practicing physicians retiring in the next five years. Patients may no longer see a physician for non-critical conditions, as advanced practice providers such as nurse practitioners and physician assistants will likely fill the gap. And while practice consolidation appears to have slowed, evolving technologies and reimbursement models are viewed as encumbrances to the most important reason doctors practice medicine: caring for patients.

Here are some of the most relevant findings:

54% believe current electronic health record (EHR) technology is having a negative impact on the physician/patient relationship.

62% say they don't plan to change practice models within the next five years.

54% contemplate retirement within five years due to changes in healthcare.

And physicians were clear in their comments. "If I had to start today, I would choose another field of endeavor," said one. Another opined, "We love what we do, but...we need to restore the dignity back to the physician-patient relationship."

While many say they are disheartened with medicine, it gives us hope that the unique passion physicians possess for patient care remains. As one California surgeon noted: ***"There is no other life I would choose, regardless of compensation or regulation."***

Despite the cautionary notes these results strike for the future, they still give some reason for optimism. Younger doctors shared a more positive perspective of EHRs. Moreover, after a period of relative flux in practice models, doctors

now anticipate that their practice settings will stabilize over the next five years. The vast majority say they will not change practice models in the near future. This structural solidification may give patients more reassurance and predictability when it comes to their healthcare experiences.

What can be done to reverse some of the disenchantment? Based on the responses to this survey, we need to think long-term. Physician disenchantment may ultimately change the face of healthcare as we know it. As it stands today, by 2020 we will already reach a tipping point, with more primary care physicians retiring than graduating from primary care residencies across the US. From this alone, we can predict a reshaping of services, with physician assistants and nurse practitioners composing more of the family practice workforce.

The medical profession is emerging from a period of uncertainty. The use of EHRs is finally becoming familiar, if not popular. And though new business structures and pricing methods might not be second nature, the challenges are at least better understood. To help advance the practice of good medicine, surveys like the Future of Healthcare are instructive and vital. Doctors deserve a loud voice in the healthcare debate, so that quality care and the doctor-patient relationship are the cornerstone of every decision.

Possible survey respondent comments for use with the article:

"Physicians need to get involved and create change and don't just do as they are told."

"Clearly changes are coming. I hope physicians can focus on helping patients while managing a balanced lifestyle to ensure that their personal needs are adequately attended to."

"The Federal government should leave the practice of medicine to physicians. The increased regulatory demands of value-based medicine are overwhelming."

"Patient care should and hopefully will be a person to person interaction."

"I have moved to direct care; take no insurance or government funds. I work for the patient."

"We as a country, need a sustainable fair payment model that recognizes the value of all medical specialties and the limits that patients can realistically pay for healthcare. We need to change amount of documentation burden i.e. get rid of E/M coding, which does not apply to our next medical documentation requirements in primary care."

"There is a need for integrated EMR connecting hospitals and doctor offices. Documentation and compliance could be automatically obtained and not require redundant input and authorizations."

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