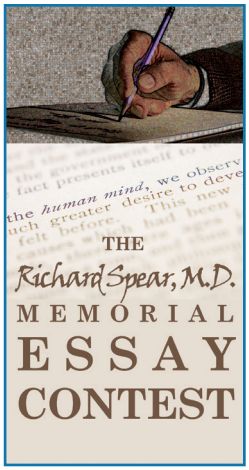

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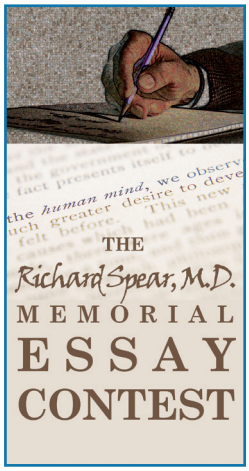

HELLO MY NAME IS...

David A. Lipski, MD

This friendly phrase greets us on name tags, and is the title of a popular song. Once self-explanatory, the tag "Hello My Name is…Physician" may now be blurry if not antiquated. With good reason we wear other name badges. Some bear endearing titles that need to be earned. Others display unflattering monikers that can be the product of perceived moral or professional failure. Sometimes the names are apt, and at other times they are not. Let me share a few of the names I have displayed. Maybe you have been called similar names. Then you can tell me whether we ever met.

Beggar. Insurance carriers rightly have criteria defining medical necessity for tests, medicines and procedures. But at times our system requires us to plead our patient's case to biased practitioners acting on behalf of insurance carriers. Who among us has not navigated automated telephone menus, and then held for the next available agent for the privilege of groveling to a conflicted nurse or physician for financial authorization for indicated treatment? - all for the benefit of patients who paid premiums so the carrier would take care of them when they were sick, by the way.

Confidant. Patients courageously share astonishing secrets with physicians. Shameful habits, embarrassing fears, un-confessed indiscretions, and longings to die are not discussed in polite company with strangers. Sometimes learning secrets changes management, but not always. Some seem to be offered as confessions, as if we are something more than imperfect humans with our own secrets. Medical school curriculum does not include lectures on human courage, but we witness it every day.

Coveter. This cold, prickly appellation is applied less frequently than in the past. Less often we notice jet-setting, expensive cars, and midweek golf outings at posh country clubs among our physician brethren. The public is now more aware of the formidable commitment required to practice medicine despite dwindling compensation. A physician willing to work will be financially comfortable, for now. But the squeeze to juice ratio has flipped, and many for whom monetary motivation is primary will look elsewhere for their financial success, and that is good. Hardship has a way of purging the uncommitted.

Deponent. Nearly all of us will eventually stare down the business end of a deposition. While anesthesiologists are trained to secure lost airways, and cardiologists are trained to resuscitate asystolic hearts, few of us are trained to provide legal testimony. This is particularly true when we are on the hook for an unfortunate outcome. I feel better trained to answer questions on an oral board exam than to evade legal ambushes in a deposition.

Educator. Teaching is an enjoyable activity for physicians. Trainees learn the hierarchical mantras "Teach as you have been taught" and "See one, do one, teach one" early and often. This is how knowledge flows from attending to resident to intern to student. Even for the non-academician, the name is proper, since patients and families are as interested as ever to understand treatment recommendations, and we must deliver. When the educational gulf between teacher and student is wide, the successful teacher must be even more astute. Witnessing the light go on never gets old.

Encrypter. Safety issues aside, our most humorous handle tips its hat to our ability to transcribe English into an unspecified written language, legible to few and then only under the proper lighting. With others I have been encouraged to renounce it by attending educational (and entertaining) handwriting workshops. The name will become archaic when we record our thoughts using keyboards rather than pens.

(Corporate) Employee. By now, most have joined others in the workforce in this capacity, yet it is unfamiliar. We use employment as currency to buy stability and predictability, but stability in a rapidly

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changing environment can be as much a misnomer as progress. The transition from independent practitioner and small business owner offers new opportunities to witness government bureaucracy and waste on a microcosmic scale.

Gambler. An actuary applies statistical modeling to determine risk. My decision to enter medical school was made with far less analysis than when setting the terms of an insurance policy. Success has been the result of providence, not planning. Today's new physicians cannot rely on dumb luck as I did. Escalating tuition, the unsustainability of healthcare expenditures, and the downward trajectory of physician compensation make any benefit/risk analysis of whether to become a physician conjecture at best. We have no idea where health care will be in five years, much less twenty, and so embarking on a path to a medical degree is a financial crapshoot.

Heir. Since beginning my clinical career, I learned many truths, tricks and efficiencies to improve my practice, but I have never made a medical discovery. If you are like me, you relied on the instruction and innovation of our medical forefathers. Lister, Halsted and DeBakey are distant names on my ancestral tree. The names of medical relatives like Polk and Ernst are nearer to my own, and their faces are familiar to me, and mine to them. The practice of medicine is a fluid product of the vast legacy of curious thinkers and daring innovators who may never have witnessed the profound impact and geometric spread of their contributions.

Lobbyist. The surgeon general is the most high profile health policy intercessor. But local physicians argue in the names of just causes like air quality, fitness, colon cancer screening and heart disease in women. A few petition in a judicial rather than legislative sense, as when a forensic pathologist seeks justice for a victim who has been forever silenced. We long to make lasting differences on our patient's lives. Sometimes it is the system that needs a doctor.

Patient. After deponent, "patient" is the second least favorable name I am called. But as terrible tasting medicine can lead to a cure, switching roles is an unpleasant route to empathy. We are subject to the same afflictions facing our patients. As the passage of time accelerates, our humanity and mortality confront us squarely in the form of a hospital gown.

Provider. This is a new nickname for us, applied with increasing frequency. It represents the most commonly used alias for physician since the turn of the millennium. For me it is dual in its connotation. It leaves me with a chilly, impersonal feeling when used by members of my own health care organization, when I expected something warmer. And it is demeaning when used by insurance carriers, employers, and licensing organizations, when I expected something more respectful. Unwelcome nicknames sometimes stick.

Public enemy. Whether ambushed by a doctor joke, or harpooned blatantly by a critic, many physicians have felt accusatory fingers drawing a bead on our profession, and maybe on us personally. As suspected perpetrators of public maleficence, we are alleged to be money-hungry vultures, earning our living from others' suffering. We hear we shirk responsibility for errors by "burying our mistakes." Influences beyond our control force patient interactions to be efficient and focused, and we appear aloof, uncaring and rushed. Angry patients transitioning from one physician to another often bash the former. As I listen I wonder if someday the same patient will someday impugn my care to another physician. The barbs sting the most when the accusations are true.

Savior. Fortunately this name is applied rarely, as overuse causes encephalomegaly. Depending on our specialty, we might wrestle patients from the jaws of death frequently. But most of us live quiet lives of daily routine, only occasionally making radical differences when harm looms. Even so, each of us has made a pivotal diagnosis or instituted difference-making treatment. A professor once urged balance by admonishing, "Medicine is either penthouse or doghouse, and you don't deserve either."

Student. I remember my medical school orientation. We were told to cherish the day, for beginning with the next day, we would be behind for the rest of our lives. It was true, and still is. Medical knowledge accumulates at a breathtaking pace. In the present age, clinical topics represent only one area of continuing education. Now we are attending training sessions about electronic health record applications and ICD-10. Sadly, the last video I was required to watch summarized recommended behaviors in an active shooter situation.

Each of us has a given name and maybe a nickname. Then we sacrificed to add the name "physician." We have seen how other names can be heaped onto our occupational title. But labels are abstract; substance is concrete. In the end, we will not be remembered for our names. Instead, our legacies will be defined by our actions. Our collective actions today will determine the names to be inscribed on the nameplates of the next generation of physicians. Let us hope to bequeath a good name, commendable and unblemished.

Hello, my name is…physician. I hope you already knew that by watching me. What's yours? **LM**

Note: Dr. Lipski practices as a member of the KentuckyOne Vein Care Clinic.