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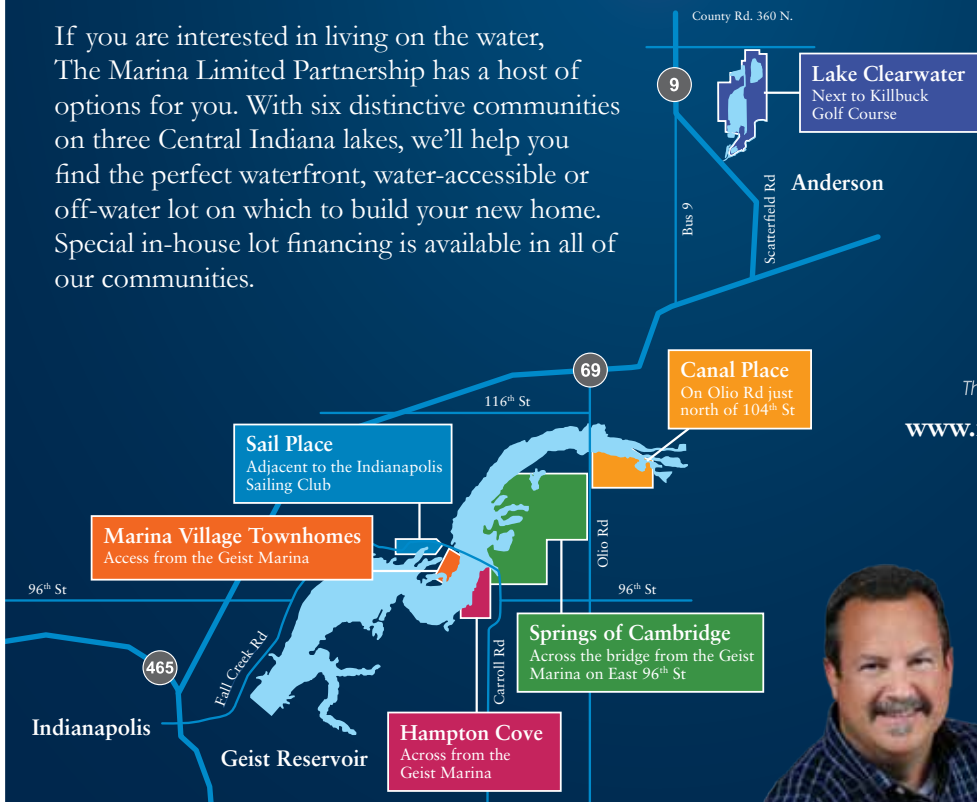
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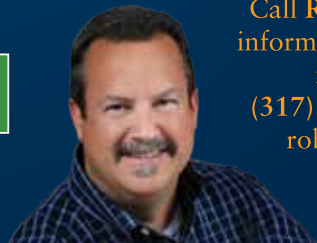
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Physician Burnout? Or Physician Resilience?

So often lately, we hear about, read about, and even think about physician burnout or physician disillusionment with the practice of medicine and the direction that our roles are changing within the delivery of healthcare. I read a recent article by a columnist for the *Indianapolis Star*, Charles Krauthammer, who wrote "Why Doctors Leave the Profession." He relates going to the 40th reunion of his medical school class and, despite him leaving the practice of medicine and pursuing an alternate career, he felt that, "In general, although his classmates felt fulfilled by family, friends and achievements in their professional lives, there was an undercurrent of deep disappointment, and almost demoralization with what the medical practice had become." He further stated that, among his classmates, there was an "Incessant interference with their work, a deep erosion of autonomy and authority, and a transformation of a physician to a 'provider.'" I will mention more about that shortly. Even a recent short article by Heather Lavoie, Chief CEO in Geneia in May of 2015, documented, "that more doctors were feeling like robots." She quoted a recent nationwide survey of physicians to better understand their depth of dissatisfaction and said that there was a physician misery index of 3.7 out of 5; 84% of physicians believe that quality patient time may be a thing of the past. Certainly, when 78% of doctors surveyed said they frequently feel rushed when seeing patients, and their relationship with their patients has been eroded, there are reasons for alarm. According to their survey, 87% feel that the business and regulation of healthcare has changed the practice of medicine for the worst. The question is, "Are we physicians losing the control of our patients and our profession?" Physicians are experiencing a relative tsunami of regulations, liabilities, mandated duties, that are escalating monthly. This increasing regulation and cost of business is leading to a relatively rapid senescence of private practice. In a report by Accenture, the percentage of doctors in independent practice fell from 57% in 2000, to 39% in 2012. A mega scope survey in 2015 questioning nearly 20,000 physicians from 26 specialties found that only 64% of physicians said if they had to do it over again, they would choose a career in medicine, and an even smaller percentage would choose the same practice setting again. It may be no surprise that at least 46% of all doctors are feeling "burned out" if not at least frustrated. Some of the frustration lies in that we sacrifice and commit ourselves to a life that transcends our own to put others' interests ahead. This commitment to others is the very essence of what constitutes the doctor-patient relationship. It is the very center of what makes us doctors.

What really suffers is the breakdown of the doctor-patient relationship when the "system becomes the most economical and efficient method of delivery in healthcare to large masses of people." This "sacrosanct" union is one of the reasons we went to medical school and into the profession we love, medicine.

Our mission as physicians is to diagnose and treat diseases, prevent diseases and illness, promote health and well-being, and improve the quality of life. We are willing to do this by developing relationships directly with our patients, providing care for them. When this relationship is fractured or interfered with, then there becomes a generation of physicians who are either not permitted, or do not feel compelled, to take ownership of their own patient's care.

I just returned from my annual specialty society meeting in Dallas, Texas, where I had the opportunity to listen to two wonderful speakers on this very topic. Dr. William Shockley from the University of North Carolina spoke on the doctor-patient relationship: "Can it Survive the Assault?" He listed six "threats" to this relationship.

- 1) The damage to the physician's statures, respect and reputations.
- 2) The 80-hour mandated workweek.
- 3) RVUs, patient volume and quotas, and diminished reimbursement.
- 4) Mega healthcare (mergers) and large healthcare systems.
- 5) Administrative and regulatory demands imposed upon practicing physicians.
- 6) Electronic healthcare records or (EHR).

In a prior survey, one physician commented that, "The joy of interaction is with people and my patients. The greatest detractor from this is the record keeping and quality data inputs that have mushroomed with EHR." One of the biggest obstacles is "Doctors are being asked to do more and more menial and clerical work, which takes away from time spent with patients." It is encouraging, however, that physicians do believe technology can help. Physicians do want analytic tools and data to efficiently assess their patient history and needs, and help give them the value of improved outcomes 'from better chart documentation.' However, physicians want technology to help them, not detract from their joy of practicing medicine. "Physicians have particular bitterness about the EHR mandate." It is still inefficient, cumbersome and costly.

We, as physicians, need help in this area, but we do not need replacements. Sometimes we wonder, "Whose patient is it anyway?" Sometimes we are given orders and policy directives intended for us to do what is best for the patient. What cannot be overlooked, however, is the obvious premise in these mandates that "the physicians cannot be trusted to decide what is in the best interest of their patients." A small article written in the *Indianapolis Star* that I read, extolling the virtues of an IU School of Medicine grant to help drive the transformation of healthcare and how we need to change the way medicine is practiced, a "revolution" of healthcare. The department of US Health and Human Services awarded nearly

Continued on page 12.



William H. Dick, MD

Speaker: Ray Boomhower

**“One-Shot” WW II Photographer,
John A. Bushemi**

Mr. Ray Boomhower last spoke to the Retired Docs in 2006; the subject was Ernie Pyle. Ray is the Editor of *Traces* magazine of the Indiana Historical Society. He has written over a dozen books. September 9th's talk was about one of them. His background is in Journalism (Indiana University) and History (Master's IUPUI). Mr. Boomhower was a student of photography in high school and even had his own darkroom. He discovered, however, that his chief talent lay in writing.

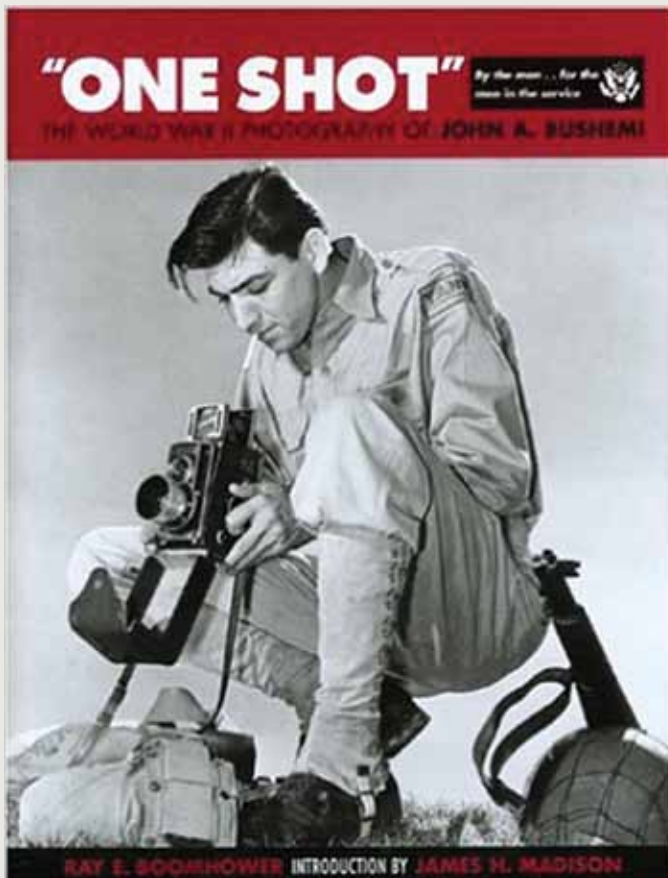
Sadly, this was the last time we will have use of the conference room at the IMS Headquarters. The building was sold and we are without a quarterly home for now. Beverly Hurt, EVP, and her pleasant and able staff, will remain in office space in the front of the building.

Thirty-five retired physicians gathered at round tables in the IMS conference room. Our tech expert, Biomedical Engineer Hank Wolfla, was on hand to manage the electronics. Hank designed the electronics for the room and oversaw its installation.

John Bushemi was a gregarious man who was the son of Italian immigrants. The parents arrived in the U.S. in 1906. After living in Iowa and Illinois, they found their way to Indiana in 1930, settling in Gary. How could he not be gregarious? He was one of nine children. He dropped out of high school to work in the steel mills. With some money from that work, he bought his first camera. He took photos of family and friends and developed them in a basement darkroom. Bushemi worked for the *Gary Post-Tribune* as an apprentice photographer at the age of 18. He was great at sports photography and his “perfect timing” led to the nickname of “One-Shot.”

He was very adventurous and loved to get near to the scene of the action. John Bushemi enlisted in the U. S. Army in July 1941. The army realized that Bushemi's skills lie in not firing artillery shells but in photography. So he was assigned to the Public Relations office. Bushemi met other photographers and compared ideas. Mr. Boomhower showed many slides of Bushemi's photos which were taken before he enlisted.

Marion Hargrove, a photographer and author of *See Here, Private Hargrove*, said of John, “I don't think that I've ever known a more thoroughly likable and ingratiating person than



Bushemi.” Hargrove was hired by *Yank* magazine, the weekly Army public publication. It contained cartoons, pin-ups of movie stars and a column for soldier's gripes. Bushemi joined the magazine just before its initial publication on June 17, 1942.

In November of that year, Bushemi and Merle Miller were sent to Honolulu to open the magazine's Pacific Bureau. Again, Ray Boomhower showed us slides of John Bushemi's island photos, taken with his Speed-Graphic camera. Many photos were of areas that had been bombed on December 7, 1941. Bushemi, always wanting to get close to the action, was sent to New Georgia to cover the combat. The dense jungles photos are frightening because Japanese soldiers could be just a few yards away.

In November 1943 John Bushemi and *Yank* reporter Larry McManus were ordered to the Gilbert Islands where they participated in the invasion of Makin Island. 6,500 U.S. troops tried to dislodge 800 Japanese soldiers at Makin. Machine gun fire and sniper fire competed

with mosquitoes to endanger the troops. Because of the heat and humidity, cameras had to be cleaned and oiled frequently.

In the next assignment, Bushemi met up again with Miller at Kwajalein Atoll, the largest coral atoll in the world. John fractured a finger but refused to be sent back to Honolulu for surgery (the finger was splinted).

Four waves of U.S. troops were landed without much trouble. But suddenly the enemy responded with rifle fire and mortar shells. Later Miller and Bushemi came under heavy fire and Bushemi received shrapnel wounds in his left cheek, neck and left leg. Bushemi died from blood loss while in surgery aboard a navy transport. The Navy held a memorial service on February 22, 1944; another one was held in Gary on March 3, 1944.

Bushemi's parents were immigrants from Sicily who became Americans. Bushemi volunteered to serve his country – the new country to his parents. Technician 3rd grade John A. Bushemi died but hundreds of his WW II photos live on, in part due to Ray Boomhower's fine book.

His remains were later buried at Gary's Mount Mercy Cemetery in November 1947.

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Jeffrey A. Greenberg, MD, attended the 70th Annual American Society for Surgery of the Hand meeting in Seattle, Washington in September. He was elected to the American Society for Surgery of the Hand Practice Division Director of the Council.

Ann M. Hake, MD, participated in a research study and helped to author, "Dementia Incidence Declined in African-Americans, but not in Yoruba."

Stephen W. Perkins, MD, Meridian Plastic Surgeons, was a Key Guest Invited Faculty member at the recent European Academy of Facial Plastic Surgery Annual Meeting in Cannes, France. He was a keynote speaker for the "Surgical and Non-Surgical Rejuvenation" panel. His other lecture topics included neck lifting, blepharoplasty and eyelid rejuvenation, facial resurfacing, lip rejuvenation and marketing/reputation management. Dr. Perkins was also Key Guest Invited Faculty member at the recent AAFPRS Fall Meeting in Dallas, Texas. He was a co-instructor for lectures on the topics of rhinoplasty and lower face rejuvenation. He also gave multiple lectures on facelift and lower eyelid surgery.

Rick C. Sasso, MD, has co-authored a chapter, "Cervical Disk Athroplasty" in AOSpine Masters Series. The chapter addresses cervical artificial disc replacement. It's part of the AOSpine Masters Series titled "Cervical Degenerative Conditions."

The AOSpine Masters Series, a co-publication of Thieme and the AOSpine Foundation, addresses current clinical issues whereby international masters of spine share their expertise and recommendations on a particular topic. The goal of the series is to contribute to an evolving, dynamic model of an evidence-based medicine approach to spine care.

K. Donald Shelbourne, MD, has moved his downtown practice, Shelbourne Knee Center to Community Health Networks, Westview campus. Joining Dr. Shelbourne is **Rodney W. Benner, MD**. The Shelbourne Knee Center is at 3630 Guion Road, 924-8636.

Edward D. Zdobylak, MD, has joined JWM Neurology. Dr. Zdobylak received his Medical Degree from Indiana University School of Medicine in 1998. He completed his Neurology Residency at Indiana University School of Medicine in 2002. Before joining JWM, Dr. Zdobylak was Assistant Professor of Clinical Neurology at the IU School of Medicine in Indianapolis and was in private practice. He founded the first dedicated headache center in Central Indiana. He is a headache and botulinum toxin specialist.

Theresa M. Rohr-Kirchgraber, MD, was a 2015 winner of the Joan F. Giambalvo Fund for the Advancement of Women. The grant is for her work "Save a Life." She was honored also through the AMA-Women's Physician Section as an "Inspirational Physician" and the award for 2015 Women of INfluence Trailblazer from the Women of INfluence Marion county Coalition.

She presented "Gender and Salary-Negotiating the Divide" at the National Association of Commissions for Women meeting held in Indianapolis.

Douglass S. Hale, MD, Urogynecology Associates was invited faculty for the Tenth Annual Fellows' Course on Female Pelvic Medicine and Reconstructive Surgery (FPMRS). He has been one of two faculty members to be invited each year since this 3 day program's inception. The program trains the leading fellows in the country state of the art surgical and medical care of women with pelvic floor disorders. Hale pioneered minimally invasive techniques in reconstructive surgery and during the course lectures and performs cadaveric dissections for the fellows. Urogynecology Associates is the first board accredited fellowship training program in the country for FPMRS.

Paul R. N. Kirchgraber, MD, was recently promoted to Vice President and Global General Manager of Covance Laboratory Services.

Dr. Kirchgraber brings a strong medical and scientific background to his new role. He joined CLS in 2007 as Senior Director of Laboratory Operations and Medical Affairs, where he was responsible for global medical and technical affairs activities as well as operations management of the Indianapolis laboratory. He was promoted to Vice President, Global Laboratory Operations and Medical Affairs two years later, and in 2012 took on additional responsibility as General Manager of the Americas. Paul has also been the leader of integration efforts within CLS since the announcement of our combination with LabCorp.

Since joining Covance, Paul has been instrumental in implementing automation in the labs, leading to both increased capacity and reduced turn-around time. He was the 2013 winner of the "We're all in Sales Award," which recognized his contributions to the commercial success of



Nicolas M. Barbaro, MD



Rodney W. Benner, MD



Aaron A. Cohen-Gadol, MD



Daniel H. Fulkerson, MD



Jeffrey A. Greenberg, MD



Ann M. Hake, MD



Douglass S. Hale, MD



Eric M. Horn, MD



Paul R. N. Kirchgraber, MD



Stephen W. Perkins, MD



Richard B. Rodgers, MD



Theresa M. Rohr-Kirchgraber, MD



Rick C. Sasso, MD



K. Donald Shelbourne, MD



Edward D. Zdobylak, MD

Covance. He has also helped to establish numerous health and wellness initiatives at the Indianapolis site, and was recently appointed to the Board of Advisors for the Wellness Council of Indiana.

News from Goodman Campbell Brain and Spine ...

Goodman Campbell Brain and Spine held its inaugural Brain Bolt 5K run/walk on October 11 at Marian University. The event brought together patients, the community, and the Goodman Campbell team in the spirit of fostering awareness and celebrating those impacted by devastating brain aneurysms. All proceeds will support the Brain Aneurysm Foundation and the Neurosurgery Foundation at Goodman Campbell.

Daniel H. Fulkerson, MD, and coauthors analyzed the long-term outcomes of children with traumatic brain injury who presented with initial Glasgow Coma Scale scores of 3 or 4. Data from 67 pediatric patients treated at Riley Hospital for Children in Indianapolis from 1988 to 2000 was included to compare clinical outcomes at time of discharge, 1 year, and long-term (median 10.5 years). The authors' findings appeared online ahead of print in the *Journal of Neurosurgery: Pediatrics* in July.

Nicolas M. Barbaro, MD, and **Aaron A. Cohen-Gadol, MD**, participated in the Congress of Neurological Surgeons 2015 Annual Meeting held September 26-30 in New Orleans. Dr. Cohen-Gadol served as faculty on the Practical Courses, "3-D Surgical Neuroanatomy (Supratentorial)" and "3-D Surgical Neuroanatomy (Infratentorial)." Dr. Barbaro was a speaker on The Hot Topics 4 panel, "The Role of LITT (Laser-induced Thermal Therapy) in Epilepsy." He also presented during the Council of State Neurosurgical Societies Oral Presentations, "The Impact of the 2006 Massachusetts Healthcare Reform on Neurosurgical Procedures and Patient Insurance Status."

The Indiana State Department of Health has awarded **Richard B. Rodgers, MD**, a grant for his research in the Investigation of a Novel Hemoabsorption System in Rats with Traumatic Brain Injury.

Nicolas M. Barbaro, MD, is a co-editor of the newly released *Nerves and Nerve Injuries Volume 2: Pain, Treatment, Injury, Disease, and Future Directions*. London, UK: Academic Press/Elsevier, 2015. The book is touted as "a must-have for clinicians and researchers dealing with the peripheral nervous system and neuropathy."

Richard B. Rodgers, MD, and **Eric M. Horn, MD**, served as distinguished faculty members during the Acute Care in Neurotrauma Symposium held at the IU Health Neuroscience Center. Dr. Rodgers was the Course Director and conducted the session "Update to Guidelines for the Management of Severe TBI." Dr. Horn led a course titled "Management of Thoracolumbar Burst Fractures."

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fifty million dollars to oversee a massive effort in Indiana, Illinois and Michigan to carry out this transformation. The grant money will pay for the creation and the implementation of Great Lakes Practice Transformation Network, collaboration of 33 partners, including healthcare networks in three states, and eight universities. The heart of the program will be the employment of 52 “quality improvement advisors” who will then work with 11,500 “care providers” and help them implement patient care systems based on research that shows what works to improve care of major hospital problems. Are we physicians “just” considered one of the “care providers?” Where in this do they say they were going to collaborate with physicians? Care collaboration is a good idea as long as it is a team of members to help physicians monitor, manage and engage the population and individual patients appropriately according to their risks and longitudinal care plan. Effective use of these tools is an advancement in healthcare, but it allows physician to be the quarterback of the team instead of filling the role of every member of the team, and freeing them up to fully engage a patient during a visit. The AMA has recognized this and has called upon physicians to take back control over the practice of medicine, and be the leaders, designers, and innovators of solutions. The AMA has recognized this by forming a partnership with Chicago Healthcare Incubator to build an AMA Interaction Studio. The studio will provide physical and virtual infrastructure to enable physicians and entrepreneurs to collaborate on the development of new technologies, services and products, in a simulated healthcare environment where

physicians can learn how to make technology work for them, instead of becoming a burden to them.

Truly, we seem to be losing the trust of the regulators, hospital systems, third party payers, and the government. We are even being highly questioned by the consumers (our own patients or potential patients) as to how we make judgments. The internet has opened up a literal Pandora's Box, either helping or hurting our reputation as physicians. Mostly the latter. Instead we are seeing the increasing delegation of our services to paramedical providers with abbreviated training, who can easily follow flow charts embedded within EMR systems. To physicians, there seems ultimately to be a plan to have “interchangeable medical providers,” who are used to determine and deliver healthcare. Are we just one of those “providers?”

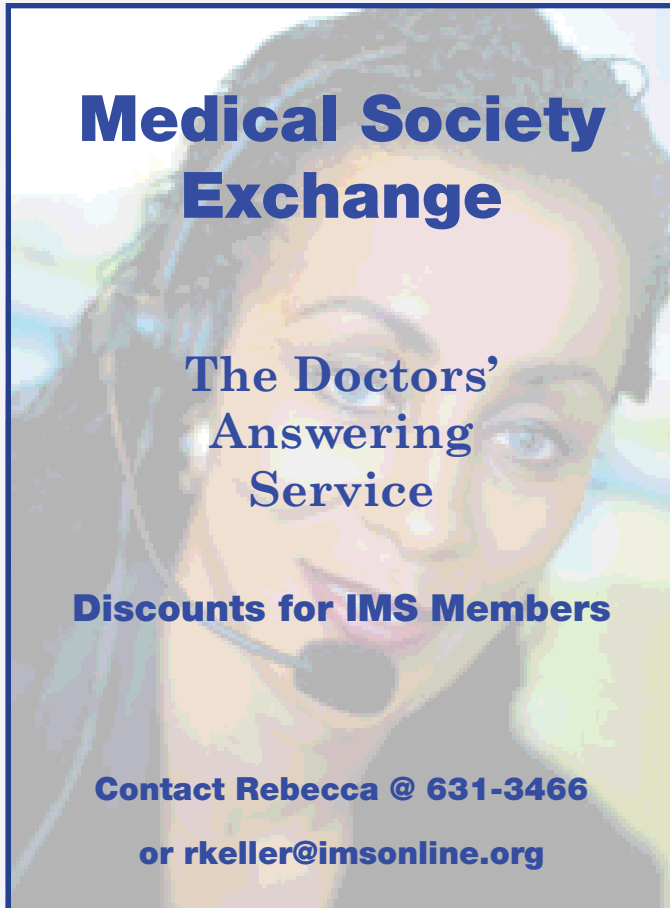
Because of these facts and perceptions, it is no wonder that there is physician burnout and frustration, with a feeling of helplessness. If one talks to physicians, 90% of physicians feel that “they” are doing all of this to us. What about the other 10% of physicians who are willing to own our own destiny and have a positive effect on our practices and those of all physicians?

The other wonderful speaker that I had the opportunity to listen to was Wayne Sotile, MA, speaking on behalf of he and his wife, Mary Sotile, PhD, who both authored the book, *The Resilient Physician: Effective Emotional Management for Doctors and Their Organizations*. This was published by the AMA press in 2002. Mr. Sotile and his wife have established the Center for Physician Resilience, www.sotile.com where they have treated over 12,500 MD clients. We do have resilience as physicians. “Resilience is a choice-Believe in resilience.” The Sotile team has collectively delivered more than 10,000 invited addresses to corporate medical and lay audiences. Topics such as *The Resilient Physician*, *The Thriving Medical Family*, *Thriving Through Change: Choosing Resilience*, *Letting Go of What's Holding You Back*, etc., have been universally received with “glowing” positive reviews. Mr. Sotile talked about joy, gratitude, serenity, hope, interest, amusement, inspiration, awe, pride, and love as all intertwined and circularly related to resilience and recovery from burnout. He describes heroes who create safe spaces for other people, and he relates doctors as those heroes of our patients.

It is my positive hope that collectively we physicians can be that 10% who are willing to own our destiny and have a positive effect on the practices of all the physicians in the Indianapolis Medical Society. We must be willing to stand up for our patients' best interests and best care. We can escort our patients toward healthier and happier lives, and we should do the same for ourselves. As a medical society membership, we can help each other and work toward and achieve these goals, and thereby become Resilient Physicians, rather than “burnt out” ones.

I will end with a quote by Katharine Graham, formally of the *Washington Post*, “To love what you do and feel that it matters – how could it be more fun?”

Sincerely,



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In Memoriam



Robert Hamill MacWilliams, MD, 1931 - 2015

Robert Hamill MacWilliams, MD, 83, Carmel, died on September 23, 2015 at St. Vincent's Hospice.

Dr. MacWilliams was born on November 21, 1931 in Philadelphia, Pennsylvania. He was a graduate of the Ascension of Our Lord grammar school, North Catholic High School, LaSalle University and the University of Pennsylvania Medical School.

His internship and residency in general surgery were completed at Presbyterian Hospital in Philadelphia in 1963. He spent the next two years in the Air Force as a Captain serving at Misawa Air Base in Japan. Upon returning to Philadelphia, he established a surgical practice and operated an occupational health clinic at the Schmidt's Brewery.

In 1971, he moved his family to Carmel, Indiana and continued doing surgery at Winona and Methodist Hospitals and occupational health. During the 1970s and 1980s he was a partner in the Indianapolis Industrial Clinic and gradually eased out of surgery. In the 1990s he was a staff physician for both Community Hospital's and Methodist Hospital's Occupational Health Clinics.

Dr. MacWilliams was Board Certified by the American Board of Surgeons, a Fellow of the American College of Surgeons and a long-time member of the Indianapolis Medical Society.

Welcome! Katherine E. Voss, M.D., joins Urology of Indiana.



Dr. Voss was born and raised in Cincinnati, Ohio. She graduated from Case Western Reserve University, with a B.A. in Biology and Spanish. She earned her medical degree from University of Cincinnati College of Medicine, Cincinnati, Ohio. She went on to complete her Internship in General Surgery and her Urology residency at University of Texas Health Science Center, San Antonio, Texas.

Dr. Voss specializes in General Urology. Her clinical interests include stone disease, neurourology, voiding dysfunction, incontinence and vasectomy. Dr. Voss is a member of the American Urological Association, and Texas Urological Society.

Dr. Voss sees patients in the Post Road and Shelbyville offices of Urology of Indiana. To schedule appointments with Dr. Voss, please call toll free 1-877-362-2778.

With the addition of Dr. Voss, Urology of Indiana, LLC is comprised of 37 urologists and urogynecologists who see patients in 16 office locations in central Indiana. The practice traces its roots to 1887, and provides complete diagnosis and medical and surgical treatment of all conditions of the genitourinary system affecting men, women, and children.

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Please submit articles, comments for publication, photographs, Bulletin Board items, CME and other information to mhadley@imsonline.org by the first of the month preceding publication.



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