

The Part Where I Came In

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I had thought of time as linear—a progression from here to there. Things change. We learn and we grow. So, it surprised me to find out that in other cultures, in other eras, time's passage was considered to be circular. To the ancient Greeks of Hippocrates' day, time revolved, like astronomical bodies, forming a continuum without a clear beginning or end. Mine was a Western concept, rooted in Judeo-Christian creation, with its day 1.

Until recently my only experience with the perpetuity of events was movie going during my childhood. Films ran continuously in those days, starting again as soon as they ended. I would be dropped off while the show was in progress and picked up one movie-length later. Nothing in the picture made much sense, of course, until it got very close to the part where I had come in. Then, it suddenly all fit and was at once coherent and complete.

Now I'm older and wouldn't dream of entering a movie that had already started and staying for one go-round. Nor would the theaters I frequent allow it. Times have changed. . . .

Thirty years ago I was a freshly schooled and licensed physician joining the ever-turning world of medicine through a job at a community hospital. The medical staff meetings fascinated me. Here was an ongoing story of politics, medicine, camaraderie, and enmity whose protagonists spanned six decades. Despite the sophistication of my formal education, my youth and inexperience kept me from really understanding the proceedings. With time, the many staff meetings at different hospitals I have attended flow together with a commonality, as if the dynamics of any group of physicians sharing a hospital and a community move synchronously. Only certain details, the kind that life brings, have been added.

The general practitioners I originally met, soon to evolve into family physicians, exuded stress that was obvious, pervasive, and troubling. They were the older, seasoned physicians whom I emulated. They didn't have regrets, just endless hassles. The stressors were different then. There was no managed care, and the rate of malpractice suits hadn't exploded (I paid \$400 for a policy in 1971). Unlike now, these physicians sewed all their patient's lacerations and came to the hospital in the middle of the night to treat myocardial infarctions. The emergency departments we currently know—the all-purpose walk-in arenas—were just starting to burgeon; it was a novel event when a private physician's patient went directly to the hospital Emergency Department with a laceration and had it repaired. Physicians were heard muttering about whether this convenience justified their loss of autonomy.

Back then, my hospital had 2 cardiologists. Today, with the same number of beds, it has 25. Family physicians still have Coronary Care Unit privileges here, but these days it is more than acceptable to have the cardiologist meet your acutely ill patient in the Emergency Department, and you can sleep.

The present-day stress level appears no less intense, but no more, than what I first encountered in medicine, even though the perceived problems are different. It is as if the fundamental care of people carries with it a block of responsibility that changes in shape but not in mass. A. J. Cronin's 1937 novel, *The Citadel*, chronicles a physician beginning practice in England in the 1920s, and follows him into mid-career. His descriptions have an uncanny resemblance to contemporary times. The basic dichotomies of urban medicine vs rural medicine, university vs real world, and specialist vs generalist were well-established. The British health care system then—each person had a card with the name of the physician whom he or she had chosen, and each physician was paid per cardholder—is virtually to-

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day's capitation. The physician dealt with obviously healthy patients who became infuriated when he wouldn't certify them as disabled for compensation purposes; he incurred the retaliatory wrath of a colleague he had accused, appropriately, of being unqualified to do an operation. These scenes could be from today. Because Cronin himself was a practicing physician whose own life partially paralleled that of his main character, he is most credible.

At the medical staff meetings now, my primeval bewilderment is a vague memory. After almost three decades at this, my primary hospital, I know most everyone, and I know the subplots, the sorrows, the joys, the conflicts. Among tonight's assembly I see several pairs of former best friends and practice partners, now bitter enemies. I see colleagues who continued to work while suffering from the diseases they treated. I'm aware of the

scars on those who were judged by the one time they got it wrong, not the 10,000 times they had it right. Within this group are years of dealing with difficult situations, not interesting cases, of interrupted sleep, of being all things to all people (and usually succeeding), of enjoying society's respect. There are double generations here, as physicians' children grow up, finish medical training, and join their parents in practice, perhaps an ultimate validation of a career. And, as if a cycle is repeating, there is the perplexed look of the newest, youngest physicians, which curiously reappears on the countenances of the oldest, as if the details of the current business of medicine are equally confusing at each extreme. Such is the unending flow of medical practice and politics at a community hospital.

It's beginning to look familiar, to make sense, as if I'm nearing the part where I came in.