In search of balance: a successful career, health, and family

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To be the 49th President of the Midwest Surgical Association is a great honor for which I am truly thankful. There are 3 people who I wanted to acknowledge for the significant impact they have had on my career. Dr. Robert Freeark, the former Chairman of Surgery at Loyola University Medical Center where I completed my General Surgery residency training, paid for half of my salary to complete a fellowship in Endocrine and Head and Neck Surgery at the University of Toronto. For that, I will be ever grateful. Dr. Edward Paloyan was the first to stimulate my interest in endocrine surgery and gave me my initial exposure to clinical and basic science research. Dr. Richard Prinz is the person who has had the greatest impact on my career. He has provided me with many academic opportunities. He has given me valuable advice and has always been there to help me. He is truly a good friend.

The integration of personal and professional aspects of life is an important issue not only for surgeons but for all professions. To have a successful career, it is important to set personal and professional goals, establish priorities, and maintain a healthy balance between work, family, and personal growth. A key factor in the search for balance is maintenance of good health, which is dependent on physical fitness and exercise. I suspect that most surgeons struggle with the search for balance in their lives. The Midwest Surgical Association is one of the few surgical organizations that, in addition to good science, recognized the importance of family participation and physical activity as integral components of its yearly meeting. This is why I am so proud to be President of this organization.

It is ironic that physicians, whose primary role is to take care of the health of others, often neglect the care of themselves. It is not uncommon for physicians to deal with their own medical problems with delay, self-medication, and denial [1]. It has been reported that 35% to 56% of physi-

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cians do not have their own personal physician [2–4]. Physicians with poor health practices regarding smoking, alcohol intake, exercise, seat belts, or wearing helmets are less likely to counsel patients about these habits [5,6]. Sir William Osler was quoted as saying: "a physician who treats himself has a fool for a patient [7]."

Harms et al [8] recently reported the results of a 25-year analysis of the health practices and fate of 114 of 117 former general surgery residents from the University of Wisconsin. Despite a high job satisfaction rate, a surgeon's health was compromised after the age of 49 in 50%, with a 20% voluntary or involuntary retirement rate. They reported a 21% divorce rate, alcohol dependency in 7%, death in 2% (from suicide or an accident), exercise less than 3 times per week in 28%, and no exercise in 10% of surgeons.

Dr. Campbell [9], in his Presidential Address at the Midwest Surgical Association in 1998, discussed physician burnout, a syndrome characterized by emotional exhaustion, depersonalization, and feelings of diminished personal accomplishment. By using the established Maslach burnout inventory, he reported that approximately one third of practicing surgeons are at risk for burnout whether in private practice or maintaining a full-time academic career [10]. He noted that physician health issues and work-related stress are key determinants in the length of a surgical career and that a strong association exists between physician burnout and imbalance among work, family, and personal growth. He also noted a strong association between physician burnout and a feeling that work had interfered with relationships between their spouse and/or children. These observations suggest that balancing personal health, family, and a surgical practice may impact on the length and quality of a career in surgery.

The objectives of my Presidential Address are as follows: (1) to provide observations and opinions on how to optimize a career in surgery and, at the same time, to try to achieve balance in everyday life; (2) to establish the health benefits of routine exercise and physical activity; and (3) to discuss how successfully balancing family, exercise, and a

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career ultimately may impact on the quality of family life and increase personal and professional satisfaction.

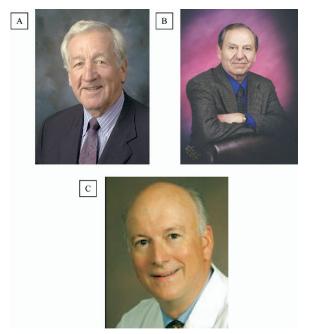
Maslach and Leiter [11] described workload as a key determinant of physical burnout. The search for balance requires that an individual be selective in accepting responsibilities and workload based on well-thought-out priorities. However, it is not necessarily the workload, but how we manage the workload, which is most important. Organization and efficiency are necessary to optimize our time. This begins by making geographic proximity a priority to minimize the time necessary to travel between home and work. It is essential to have loyal, competent, and trustworthy support people, such as your secretary, to whom you can delegate responsibilities. It is valuable to have each day planned out in advance. It is important not to routinely overload your day with cases because this may be a source of undue stress. Getting to work early helps to ensure that your cases will start on time. It is important to use your time in-between cases to dictate surgical reports, answer patient phone calls, and complete your charting. It is wise not to schedule important meetings on days that you are performing surgery. Try to complete complex cases early in the week so that you can keep your weekends free for family and other activities.

A surgical career can be divided into 3 decades. The first decade or *early career* consists primarily of building a practice, initiating academic activities, and developing a niche. At the beginning of your career, it is easier to maintain balance because you are not as busy clinically. During this time it is important to make yourself available to see patients and do any and all cases so that referring physicians learn who you are. You want to fine-tune your skills, ac-

quire new skills that help define your surgical expertise, and establish a good surgical reputation. It is important to determine what you like and what you do not like, to get involved in research that is relevant to your interests, and develop an area of expertise that sets you apart from other surgeons. This will help you to develop and maintain your own autonomy and self-esteem and it will be a source of intrinsic reward, providing you with a sense of meaning and purpose. It is important to formulate priorities for the future so that you can maintain balance.

Early in your career, it is valuable to become an active member in surgical societies for continued education, for meeting new friends, and for maintaining contacts with old friends and mentors; all of whom will constitute a support system for advice throughout your career. However, you need to be selective and resist the pressure to join organizations that are not relevant to your practice. Efforts should be made to teach medical students and residents and take advantage of speaking invitations. This will help increase peoples' awareness of your interests and expertise. Also, take advantage of opportunities to write on a subject in your area of expertise. This will help you to continue to learn, to develop a national reputation, and to get promoted. It is worthwhile to set a goal to publish at least 2 literary works per year; otherwise this tends to be an area that frequently is neglected. Other goals include earning teaching awards and a promotion to Associate Professor. It is important to minimize menial service and avoid administrative overload.

By the second decade or the start of your *midcareer*, your surgical reputation should be well established. It is at this time that it is beneficial to be more selective in the cases that you choose to do. This will reduce the volume of information and the new technology that it will be necessary to keep up with. This will help to maintain balance in your own life and help to jump-start the careers of more junior faculty. It



(A) Robert J. Freeark, M.D., (B) Edward Paloyan, M.D., and (C) Richard A. Prinz, M.D.

is important to accept that if you are serious about the search for balance, you cannot do everything. Remember, your kids do not care how many cases you do a year or how many articles you have published and they do not read your curriculum vitae. Concentration on further development in your area of expertise should be the priority. This is the time when you also begin to expand your role as a teacher and mentor for students and residents, helping them initiate their own research projects. This will be a source of ongoing intellectual stimulation and personal satisfaction. You also should begin to assume a leadership role in your hospital, medical school, and surgical organizations. It is important to continue to set goals during your midcareer such as a promotion to Professor and induction into the American Surgical Association, both of which are good measures of achievement.

During the third decade or the latter part of your career, establishing your legacy is a priority. It is during this part of your career that you can have a major influence on your faculty, especially those who are just starting their careers. It is important to offer advice about career decisions and help provide faculty with the support and necessary resources to achieve their goals. It is also important to make yourself available to younger faculty and help in a nonthreatening way with difficult clinical decision making and challenging surgeries. The latter part of a career is the time when you can become a role model for younger surgeons, just as others have been a role model for you. This is also a time when you may be able to affect change on a larger scale.

Good health is a key determinant that affects the quality and length of a surgical career and helps to maintain a happy and functional family. Poor physical health is a factor that has been shown to correlate with physician burnout [11]. The first Surgeon General's report on physical activity released in 1996, prepared by the Center for Disease Control and Prevention, was notable for the extent and strength of the evidence that linked physical activity to disease prevention and improvement in health [12]. Regular physical activity was shown to reduce the risk of dying from cardiovascular disease. Physical activity also was shown to reduce the risk of developing cardiovascular disease, diabetes mellitus, hypertension, and colon cancer. It also was shown to enhance mental health and help maintain functional independence in older adults.

Health benefits were shown to accrue from moderateintensity activity performed 5 or more days a week [12]. Moderate-intensity activity is defined as physical activity that expends approximately 150 Kcal of energy per day and produces small increases in your heart rate and respiratory rate. Examples of moderate physical activity include bicycling 5 miles in 30 minutes, walking 2 miles in 30 minutes, swimming laps for 20 minutes, gardening for 30 to 45 minutes, or shooting baskets for 30 minutes. Increasing the intensity, duration, or frequency of the activity will produce further health benefits.

A recent study by Manini et al [13] suggested that any activity expenditure in adults older than 70 years of age can help to decrease mortality risks. Free-living activity expenditure, which refers to the energy expended to perform normal daily activities, was assessed in 302 adults, 70 to 80 years of age, who were followed-up for a mean of 6 years. One standard deviation increase in free-living activity energy expenditure was associated with a 32% lower risk of mortality after adjusting for age, sex, race, height, weight, percentage of body fat, and sleep duration. Efforts to increase or maintain free-living activity expenditures will improve the health of older adults.

Physical inactivity is as significant a risk factor for heart disease as smoking, hypertension, and a high serum cholesterol level. Physical conditioning results in a reduction of heart rate and an increase in stroke volume so that the trained heart can achieve higher maximal cardiac output at a lower heart rate. Paffenbarger et al [14] documented that there is a significant reduction in the risk of myocardial infarction with increases to almost 50% in individuals involved in more vigorous activity. But there are more than just health benefits from exercise. Running and other forms of physical conditioning help teach self-discipline and commitment as well as the importance of being focused and dedicated. It also provides uninterrupted time to think and relax.

To maintain good health, it is important to have a personal physician who can advise you on appropriate preventative care and give you a yearly medical examination. It is also necessary to make exercise a part of your normal routine. Physical activity should be given the same attention and significance as any other part of your day. At least 30 minutes should be set aside 5 days a week as recommended by the Center for Disease Control and the American College of Sports Medicine [12]. Two of the 5 days can be on the weekend when you have more time. Despite these recommendations, 55% of American adults do not engage in activity consistent with these recommendations and 26% are physically inactive [15].

A major challenge is maintaining consistency with an exercise program. Some suggestions to help succeed include joining a running group, a cycling group, or a health club so you have someone to exercise with. It is a great opportunity to meet people outside of medicine. It is important to set up a regular time when you meet people to exercise. Buying a treadmill may be something to consider so that you can exercise at odd hours or when the weather precludes you from exercising outdoors. It is valuable to set goals that are challenging but achievable. Try to incorporate your family into your exercise plans and, most importantly, make it fun.

Running is one of my passions and it has been an important source of motivation for me. Steve Prefontaine, one of the American's greatest running legends, won 7 NCAA titles and was on the cover of Sports Illustrated at age 19 [15]. His competitive drive, a source of inspiration for many runners, is evident in 2 of his quotes, "to give anything less than your best is to sacrifice the gift," and "most people run in a race to see who is fastest. I run a race to see who has the most guts" [16]. Roger Bannister was the first to achieve what was once thought to be unachievable, breaking the 4-minute mile. What was even more remarkable is that he did it during his clinical rotations as a young English medical student at St. Mary's Hospital School in London. This has provided motivation for me to maintain a challenging training program even with a busy surgical career.

Running has allowed me to do something that I enjoy with my family. My wife and I belong to the Second Sole Training Group. We train with a lot of different people and have made many new friends. My wife and I have run in many races, which allows us to spend time together. Running also has provided us with new adventures. I had the opportunity to run on a 12-person team in the Mt. Hood to coast relay, the nation's largest relay, 197 miles from Oregon's Mt. Hood to Seaside on the Pacific Ocean. We started the race at 7:15 PM on Mt. Hood and completed 197 miles along the scenic roadways of Oregon, arriving in Seaside on the Pacific Ocean at 6:32 PM the following day with a time of 22 hours and 24 minutes, finishing 47th out of 1,046 teams. My most treasured experience was running in the Boston Marathon. The excitement of the crowd was beyond belief and the roar of enthusiasm was deafening.

There are certain fundamental tenants of athletic training that apply to all runners. There is a close relationship between the intensity of a workout and heart rate. The maximum benefit occurs from training most of the time at a heart rate between 60% and 90% of your maximum, which is estimated by 220 minus your age in years [17]. Heart rates above 90% maximum should be achieved only during short-interval speed training and heart rates less than 60% maximum are maintained only when running slowly on recovery days.

For me, running a marathon is a formidable challenge. The physiologic and psychologic demands are extreme. Training for a marathon includes several basic components [17]. First is the long run, which is a run of 90 minutes or longer. It is a strong stimulus for improved glycogen storage, fat use, and increased capillary formation in the muscles. Long runs should be performed at a comfortable pace so that you are able to talk freely; typically 10% to 20% slower than your marathon pace and at 70% to 80% of your maximal heart rate. Tempo or threshold runs are runs that are just hard enough so that lactate starts to accumulate in your blood. They should be completed at a pace that is typically what you can race at for an hour and at 80% to 90% maximal heart rate. It is the lactate threshold run that most directly determines your performance limit in any event lasting more than 30 minutes. Maximal oxygen uptake max workouts are workouts that use the near-maximum amount of oxygen that your body can deliver to the muscles in a given period of time. Eight hundred-meter intervals are a good workout to achieve the necessary speed to reach your maximal oxygen uptake max. This helps your body to use oxygen more efficiently and helps you to eventually run faster with less effort. Recovery runs are runs, usually for approximately a 30-minute duration, in which you should feel completely comfortable and your breathing should be easy. The purpose of this run is to recover from hard workouts with repair of damaged muscle cells and improvement in blood flow.

Physical conditioning does not have to be limited to running as my youngest daughter, Jamie, regularly reminds me. Jamie's zest for life has lead her to become involved in swimming, volleyball, basketball, and throwing the discus, emphasizing the multiplicity of ways that you can stay in good physical shape. To achieve balance in your life, it is important to establish priorities and family should be the most important priority. Every attempt should be made to attend your children's school and sporting events. Time should be set aside just for family. Family meals, although not possible every night, are essential to give your undivided attention to your spouse and children. We have a family movie night in our home, which we combine with a take-out dinner. Although, I have seen my share of movies such as Legally Blonde, Legally Blonde II, Miss Congeniality, and How to Lose a Guy in Ten Days; I treasure every minute of it. Family vacations are essential and it is important to make them special and memorable.

There are many people in this organization who have had a major impact on my life. Although their surgical accomplishments are impressive, it is their dedication to family that has had the greatest impact on me. Dr. Aranha taught me how to perform a pancreaticogastrostomy, but even more important, he gave me the idea for a family movie night. I no longer perform pancreaticogastrostomies, but Dr. Aranha and his wife Rose's dedication to their family has had a lasting impression on me. I have the greatest admiration and respect for Dr. Francescatti and his wife Jan because of the way they have taken care of their family. I have always admired Dr. Folk, President of the Midwest Surgical Association in 1975, father of 9 and now with 26 grandchildren. His dedication to his wife, children, and grandchildren have made him a role model for me.

It is important to remember that very few of us will be recognized outside of our profession for our personal accomplishments. It is far more likely that we will be recognized as someone's parent, spouse, or son, or daughter. For me, I am often referred to as the coach's husband, Katherine's dad, or Jamie's dad, for which I am very proud.

Kathleen Keenan, a psychologist and consultant to the Missouri Physicians' Health Program, maintains that finding or developing a sense of purpose in life is important in preventing physician burnout [18]. She uses the example of Victor Frankel [19], who in his book "Man's Search for Meaning," described his own experiences and the experiences of other prisoners in a Nazi concentration camp and concluded that those individuals with a sense of purpose and something larger than themselves to live for, were the most likely to survive. Dedication to family and family life establishes a sense of purpose that is necessary to maintain the energy and enthusiasm required for a career in surgery. I recognize that the reason I have been able to accomplish what I have in my academic career is because I have a wife who takes care of most everything on the home front. I also recognize that most women in surgery do not have that same luxury. I believe that the leadership in surgery has been slow to accept workplace flexibility so that women can have career opportunities in surgery without sacrificing family and children. I think it is our responsibility to try and develop creative solutions to accommodate more flexible hours and reduced work schedules so that women, including my daughters, have better options for a career in surgery without sacrificing family.

Finally, Regina Brett [20] recently wrote a column in the *Cleveland Plain Dealer* detailing the lessons that life had

taught her and I thought that a few of them were pertinent and I added some others of my own:

- Lesson 1: When it comes to going after what you love in life, do not take no for an answer.
- Lesson 2: Your children get only one childhood. Make it memorable.
- Lesson 3: Frame every so-called disaster with these words, "in 5 years, will this matter?"
- Lesson 4: What other people think of you is none of your business.
- Lesson 5: Your job will not take care of you when you are sick. Your family will. Take care of your family.
- Lesson 6: Avoid making a big decision until you have had a chance to run on it.
- Lesson 7: Life is not tied with a bow, but it is still a gift.

References

- Gross CP, Mead LA, Ford DE, et al. Physician heal thyself? Regular source of care and use of preventive health service among physicians. Arch Intern Med 2000;160:3209–14.
- [2] Schwartz J, Lewis C, Clancy C, et al. Internists' practices in health promotion and disease prevention. Ann Intern Med 1991;114:46–53.
- [3] Wachtel W, Wilcox V, Moulton A, et al. Physician utilization of health care. J Gen Intern Med 1995;10:261–55.
- [4] Kahn K, Goldberg R, DeCosimo D, et al. Health maintenance activities of physicians and non-physicians. Arch Intern Med 1988;148: 2433–6.

- [5] Wells K, Lewis C, Leake B, et al. Do physicians preach what they practice? A study of physicians' health habits and counseling practices. JAMA 1984;252:2846–8.
- [6] Lewis C, Clancy C, Leake B, et al. The counseling practice of internists. Ann Intern Med 1991;114:54–8.
- [7] Oxford Dictionary of Medical Quotations. Oxford, England: Oxford University Press; 2004:74.
- [8] Harms BA, Heise CP, Gould JC, et al. A 25-year single institution analysis of health, practice and fate of general surgeons. Ann Surg 2005;242:520-6.
- [9] Campbell DA Jr. The patient, burnout and the practice of surgery. Am Surg 1999;65:601–5.
- [10] Campbell DA Jr, Sonnad SS, Eckhauser FE, et al. Burnout among American surgeons. Surgery 2001;130:696–705.
- [11] Maslach C, Leiter MP. The Truth About Burnout: How Organizations Cause Personal Stress and What to Do About It. San Francisco: Jossey-Bass Publishers; 1997.
- [12] CDC. Physician Activity and Health: Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services; 1996.
- [13] Manini TM, Everhart JE, Patel JE, et al. Daily activity energy expenditure and mortality among older adults. JAMA 2006;296:171–9.
- [14] Paffenbarger RS, Hyde RT, Wing AL, et al. A natural history of athleticism and cardiovascular health. JAMA 1984;252:491–5.
- [15] CDC. Prevalence of physical activity, including lifestyle activities among adults—United States, 2000-2001. MMWR Morb Mortal Wkly Rep 2003;52:764–9.
- [16] Jordan T. Pre: The Story of America's Greatest Running Legend, Steve Prefontaine. Emmaus PA: Rodan Press, Inc.; 1997.
- [17] Pfitzinger P, Douglas S. Elements of training. In: Advanced Marathoning. Champaign, IL: Human Kinetics; 2001:11–38.
- [18] Keene KJ. Physician burnout—why it happens and what to do about it. Mol Med 2003;100:128–31.
- [19] Frankel VE. Man's Search for Meaning. New York: Washington Square Press; 1997.
- [20] Brett R. 45 Life Lessons and 5 to Grow on. The Cleveland Plain Dealer, May 28, 2006, page B4.