Primary Care Physician

Heather L. Grary

I can remember a few years ago lying on the couch in the middle of the night. Without any warning, my ear started throbbing and I was in the worst pain that, to this day, I have ever been. I had no idea what was wrong with me. I could barely talk; all I could was sob in pain. At the time, the hospital nearest to my home was three hours away. There was no way I could endure this pain for three hours, yet I knew that my condition did not warrant an emergency ambulance or helicopter ride. I was in a panic – but my mother was not. She simply called our family doctor and we met him at the medical center. Within minutes he diagnosed me and gave me a few drops of a solution that immediately made the pain in my ear subside. As impressed as I was by his medical knowledge, I was even more impressed at his willingness to be woken in the middle of the night to help one of his patients. Although this was not the first nor the last time we have met our doctor after-hours, this occasion has always lingered in my mind. Whether it was the severity of the pain I was in or simply the fact that I had reached an age where I could appreciate his knowledge and kindness, that night helped me to realize what an amazing person our doctor was. I eventually realized that I aspired to one day help others like he helped me. Our family doctor is a primary care physician. After researching this occupation I have learned exactly what it can be defined as, what a typical working day consists of, what requirements exist to enter the field, and what the benefits are to working in that field.

After learning that my family doctor was a primary care physician and then deciding that might be what I want to do with my life, I knew the next step was to learn, in greater detail, exactly what it means to hold this occupational title. It turns out that there are many aspects

involved in primary care. A primary care physician is the first doctor a person consults for medical care ("AAMC: Careers in Medicine" 1). The American Academy of Family Physicians lists such tasks as "health promotion, disease prevention, health maintenance, counseling, patient education, and treatment of acute and chronic illnesses in a variety of healthcare settings" (1). Because they must be able to accomplish all these tasks, primary care physicians must be extremely knowledgeable in many facets of healthcare. The title of primary care physician can be broken down into three smaller, yet still extremely broad categories: internal medicine, pediatrics, and family medicine (Lawson 2). Physicians that work in internal medicine focus on the healthcare needs of adults and the functions and problems with specific organs in the body. Pediatricians focus on all the health concerns of children. Doctors that work in family medicine provide healthcare to people of all ages, and are usually responsible for entire families ("Career Overview" 1). If a doctor is not in the field of primary care, then they are considered to be a specialist. Specialists work in such fields as anesthesiology, obstetrics and gynecology, and surgery (Bureau of Labor Statistics 2). While these specialists have to go through as much if not more education and training than primary care physicians (Bureau of Labor Statistics 6), they see similar problems every day. A primary care physician is exposed to a range of different problems with almost every single patient they see, and they must be able to detect a variety of different problems. After learning what the definition of a primary care physician was, I decided to find out what a typical day of work was like.

While no two days in the life of any physician are exactly alike, a typical routine exists for a primary care physician. Many physicians work in clinics or small offices and often have assistants including nurses and administrators (Bureau of Labor Statistics 4). On a normal day, the physician arrives some time before the first patient is scheduled to arrive in order to look

over the schedule for the day. From the time the first patient arrives to the time the last patient leaves, the doctor is constantly on the go. They depend on their administrative staff to help them make the wait time for patients shorter by handling the medical paperwork and the nurses to prepare the patients to see the doctor. After seeing each patient, the physician takes the appropriate measures to improve the patient's health. This includes giving simple medical advice, writing prescriptions, or referring the patient to a specialist ("Career Overview: Medicine" 2). J. Al Hodges, M.D. of HealthEast Family Care – Hatteras, a component of University Health Systems, reports that he works about ten hours per day in the winter and twelve in the summer. He sees thirty to forty patients per day. On nights when he is on-call he sees somewhere between zero and eight patients. When a doctor is on-call they must be "ready to tend to a patient at any hour, day or night" ("Career Overview: Medicine" 2). The more I find out about the working conditions of primary care physicians, the more it sounds like a career that I would be well-suited for. And not only does it sound like it would be enjoyable, it pays well, too!

The United States Bureau of Labor Statistics reports that physicians are among the highest paid of any occupation. The average earnings for primary care physicians in the year 2002 was \$150,267. While this sounds like a large amount of money, it doesn't come near the average earnings of some specialists. Anesthesiologists, for example, had average earnings of \$306,964, over twice as much, in the same year (Bureau of Labor Statistics 8). This is a cause for concern in the medical community. In an article in the Atlantic Economic Journal, Bruce E. Carpenter and Stephen P. Neun report that the market for physician services has undergone brisk changes due to changes in the health care sector (1). Only one-third of physicians in the US are primary care physicians (Lawson 1). Many believe that this trend can be attributed to lower

earnings. An article in the American Family Physician says that, "while compromising a minority of physicians, primary care physicians provided a majority of visits made to doctors' offices. The disproportionately large service commitment by primary care physicians has not been rewarded compared with other types of physicians" ("The U.S. primary care physician workforce" 1). Although the trend in medical school graduates still veers away from primary care, the value of these physicians is not overlooked. Primary care physicians play a crucial role in health care, and patients strongly desire a familiar doctor who will remain with them and provide them care over the course of their lives (Fincher 1).

Even though primary care physicians do not receive the monetary benefits of other physicians, they are rewarded in many other ways. One of the greatest benefits of this kind of practice is the intense and trusting relationship the doctors build with the patients. Many primary care physicians cite the nature of this relationship and the human contact as an important factor in career choice (Friedberg 5). Another personal reward that comes with working in primary care is the role the physicians is able to play in the community ("AAMC: Careers in Medicine" 1). In an interview, when asked about choosing primary care (specifically primary care in a small community), Hodges shares that the ability to be a part of the community and civic organizations was a major factor in choosing primary care. He asserts, "where the need is greatest, so are the rewards" (Hodges 2). As rewarding as a career in primary care is, both monetary and personally, it does not come without a lot of hard work.

There is extensive education and training involved in becoming a physician. One must complete four years of undergraduate study and receive a degree (Bureau of Labor Statistics 5). The degree completed can be in any field of study, but biology, chemistry, and psychology are the most common. After completing undergraduate study, one must be admitted to an accredited

medical school. The competition for admission to medical school is fierce. Hodges suggests becoming involved early with medicine, volunteering, and being active in on-campus pre-med organizations to improve chances for admittance. Students must also take the MCAT (Medical College Admission Test) and send the scores to the medical schools, along with college transcripts and letters of recommendation. Some medical schools also require an interview with an admissions committee. Medical school lasts four years, the first two taking place in classrooms and laboratories and the second two working with patients under physician supervision. After graduating medical school, students enter a residency program in their chosen specialty (Bureau of Labor Statistics 5-6). The residency program for primary care physician lasts three years after which one must take a board examination. Although they are now licensed to practice, the education does not end. Primary care physicians in Family Medicine, for example, must complete 150 hours of continuing education in three years, and they must be recertified every six years. They also must be peer reviewed, have patients fill out satisfaction surveys, take on-line assessments, and have their office records reviewed (Hodges). The extensive education that is required even after receiving a license insures that all medical doctors stay up-do-date with current medical trends in order to provide patients with the best health care available. Ruth-Marie E. Fincher puts it well when she suggests, "a dedicated core of students will continue to choose primary care" (4).

It takes a special individual to choose a career in primary care. Despite the job satisfaction and rewards that most physicians report, many who graduate medical school do not choose this route. It is not, by any means, an easy career, as suggested by the extensive education required. But for me, knowing from experience with my own doctor what an impact I

would have on patients' lives is more than enough to make me do the work necessary to become a primary care physician.

Works Cited

- AAMC: Careers in Medicine. 1995 2005. American Association of Medical Colleges. 20 February 2005 http://www.aamc.org.
- Bureau of Labor Statistics, U.S. Department of Labor. "Physicians and Surgeons." Occupational Outlook Handbook. 2004-2005 http://www.bls.gov/oco.
- Career Overview: Medicine. 2005. FastWeb. 20 February 2005 http://fastweb.monster.com.
- Carpenter, Bruce E. and Stephen P. Neun. "An analysis of the location decision of young primary care physicians." Atlantic Economic Journal. Jun. 1999: 135. InfoTrac. Joyner Library, Greenville, NC. 10 February 2005 http://www.infotrac.galegroup.com.
- Fincher, Ruth-Marie E.. "The Road Less Traveled Attracting Students to Primary Care." The New England Journal of Medicine. Aug. 12, 2004: 630-633. ProQuest. Joyner Library, Greenville, NC. 10 February 2005 http://proquest.umi.com.
- Friedberg, Mark and Shimon Glick. "Choosing a Career in Primary Care: The Road Not Taken".

 Education for Health: Change in Learning & Practice. Jul. 2000: 187-197. EBSCOhost.

 Joyner Library, Greenville, NC. 10 February 2005 http://web22.epnet.com.
- Hodges M.D., J. Al. Personal Interview. 20 February 2005
- Lawson, Sonya R. and Dennis J. Hoban. "Predicting Career Decisions in primary Care Medicine:

 A Theoretical Analysis." Journal of Continuing Education in the Health Professions.

 Spring 2003: 68-81. EBSCOhost. Joyner Library, Greenville, NC. 10 February 2005

 http://web22.epnet.com.

- "Primary Care." AAFP. 2005. American Academy of Family Physicians. 20 February 2005 http://www.aafp.org.
- "The U.S. primary care physician workforce: undervalued service." American Family Physician 68 15 October 2003: 1486. InfoTrac. Gale Group Databases. Joyner Library, Greenville, NC. 20 February 2005 http://web1.infotrac.galegroup.com.