From the President

Stewardship of the Physician's Practice

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In addition to our physician professional stewardship that I discussed in the spring issue of our journal, we have the responsibility to maintain our offices in such a manner as to demonstrate confidence and trustworthiness to our patients, office staff, and colleagues.

My family practice residency program director said it succinctly at my residency graduation. To paraphrase, he said that in order to have a successful practice, we need the three A's: affability, ability, and availability. I have found his instructions regarding these aspects of the practice of medicine to be so true.

From 1979-1982, the Columbus, Georgia, family practice residency program was considered one of the best in our country because there were no competing residencies except orthopedics. There were twelve new residents each year with four one-year additional rotating internships. We had in-house night call responsibilities every third night. Our salary was approximately $11,500 annually, and we averaged 60-70 hours on duty per week. If the second- and third-year residents did any moonlighting, their weekly work schedule could sometimes exceed 90 hours per week. Those three years in Columbus were an intensive professional experience. It was an excellent opportunity to receive training in the many skills of family medicine.

When it is time for new physicians to graduate from their residency programs, there has to be a measurable level of competence and confidence in their new profession to assure their new patients that they can safely handle their patient-physician relationships in a professional manner. The new physician's ability to practice his chosen specialty will rapidly become evident to the community. It is a critical time for the new physician to demonstrate knowledge and ability.

Our program director also encouraged us to be affable. We were to respond pleasantly to conversations and inquiries, to be friendly, good-natured, easy to talk to, and easily approachable with readiness to listen. Being affable can be a challenge at times. It involves being well-read and having a stable home life. Our financial and emotional stability can also have a significant influence on our affability. Being able to be affable involves being able to respond to life's trials in such a way as to not reflect a dreaded uncertainty in our thoughts, words, and deeds as we perform our professional duties. When our schedules are overwhelming, whether due to unanticipated emergencies, patient appointments, financial demands, children's and grandchildren's activities, or professional or community obligations, we must be diligent to recognize things that adversely affect our ability to respond with kindness.

Lastly, at our residency graduation, we were encouraged to be available. Availability is a two-edged sword. On the one hand, it is critical for patients to be able to see you when they need you, not 4-to-6 weeks from when they call your office to make an appointment. On the other hand, we physicians can ignore the very people we love at home if we do not control the availability we give to our patients.

My father was a well-respected general practitioner who grew up in the same town where he practiced with his father and grandfather. When I was about 14 years old, my parents and I were eating supper one evening when the doorbell rang. I went to the door and greeted a middle-aged woman who requested to see my father. She remained on our front porch while I went back to the kitchen and explained to my dad what she wanted. Without any hesitation, he stated, "George, tell her to go to the ER." I said, "But Dad, she's right here, now." He then said, "George, tell her to go to the ER." (There was no such thing as an Urgent Care Clinic in 1967). I relayed the message as requested. My father had been seeing patients all day in his office and at a local hospital. He finally had some "family" time. His experience regarding this type of interruption in the sanctuary of our home had taught him her request would never be acceptable.

One local physician in the town where I practice would see patients earlier in his career at his office all day and at the local county hospital, then see "friends" at his home in the evening. One year during flu season, when he had been working hard all day, he finally headed home. When he drove to his neighborhood, he was appalled that he could not get to his driveway because of all the cars lining the street with his "friends" who were waiting to see him for medical assistance. I talked to this very compassionate physician about it. Rather than saying to "do it" or "don't do it," his counsel was, "don't start doing something that you don't want to do the rest of your life." Needless to say, I have not opened my home for patient assistance.

In summary, my family medicine program director gave us three admonitions of a successful practice that hold true today. 1) Have the ability to do what you say you can do. 2) Be affable with your patients, but also your staff and above all with your family. 3) Be available with reasonable office hours without overwhelming yourself, your family, and your staff, while making it easy for your patients to access your care for their well-being.

Maintaining your practice also requires your commitment to your continued medical education. Combining professional enrichment with new travel experiences has given my family wonderful memories over the years that we still enjoy reminiscing about today.

The importance of your contributions to your local, state,

and national governments cannot be overstated at this point. We must stay vigilant and contribute to the dialogue that affects our profession, our practices, our patients, our families, and our country. Our local churches, civic clubs, schools, and news outlets benefit from our involvement. Balancing these activities requires a critical eye to avoid over commitment and burnout. Your spouse is a wise advisor!

Critically evaluating new therapeutics that are discovered during your years of practice require your discernment as well. In 1980, Selacryn was approved by the FDA for treatment of essential hypertension. We were encouraged in our residency program to begin using it because it was thought to be "God's gift to mankind." After about six months, Selacryn was recalled because the manufacturer failed to pass on the adverse reaction reports to the FDA. We had to contact our patients and get them to return to our residency clinic to educate them about their prescription and write a new antihypertensive medication for them. I was very frustrated and disappointed by this experience. I called my dad for his counsel regarding new medications approved by the FDA. After explaining our family medicine residency program situation to him, he wisely replied, "George, when new medications are approved by the FDA and are subsequently recalled, patients in a free clinic are grateful for your care and thankful for your efforts to correct the professional change in treatment. But when you get into private practice and your patients are paying you with their hard-earned money, if you give them a medicine that will kill them, they do not appreciate it. If the new treatment is confirmed to be safe and effective in clinical practice, I will use the new medicine when I am satisfied that my patients will benefit by taking it appropriately." My father's counsel in 1980 has guided me for five decades regarding new treatment modalities.

In my office, I have a sign in the waiting room that reads, "The five most dangerous words in the English language are, 'maybe it will go away.'" As physicians, we have a responsibility to our families, staff, and our patients to look after ourselves physically. It is imperative that if new signs or symptoms occur with our own bodies, we should get professional objective advice from trusted fellow physicians regarding our own plan of care. Take care of yourself and your professional practice by protecting your physical, emotional, and spiritual well-being.

One of the most important things an independent physician will also experience is the responsibility you will have to pass your practice ideology to the next generation so that future patients will have the luxury of being able to continue to have a physician who is dedicated to their medical needs first and foremost. Being prepared for what is inevitable with offensive and defensive practice strategies is vital. You must show your loyalty to your patients' well-being just as they have shown their loyalty to you over the decades of your professional career. At some point, you will be tempted to sell your practice to the highest bidder. Make sure the highest bidder is not bereft of morality or principles!

When I decided not to return to my hometown to practice medicine with my father, I asked him about his plans for retirement. I was 28 years old at the time, and he was 65 years old. He said, "George, what would I do if I retired?" I said with all the confidence a 28-year-old can muster, "Well Dad, you can do the things you have always wanted to do." He immediately replied, "That's what I am already doing." He continued his general practice, which included obstetrics, until he was 70 years old. He saw his patients in the local county hospital until he was 75 years old. He began slowing down somewhat but continued seeing patients with my two older brothers who were physician assistants helping him. He retired in December 2001 when he was 86 years old. He passed away from mesenteric thrombosis eight months later. I never mentioned 'retiring' to him after our conversation in 1982, and neither did he.

Peggy Noonan did a book review of *1776* by the historian David McCullough. He is undoubtedly one of my favorite authors.[1] She quotes some of Mr. McCullough's observations on history in general that I find applicable to the stewardship of our practices.

1) It is a story. Your patients have one. Listen to them.
2) What's past to us is the present to them. Our patients are telling us their observations from their personal viewpoint.
3) The patriots were never certain of success early on. We sometimes do not know what a patient's outcome will be or their response to a particular treatment.
4) Nothing had to happen the way it happened. A lot of variables will affect our patients' responses to treatment and its efficacy.
5) America was born through trial and error. Progress has come to our profession largely through empirical methods.

My prayer for you and your patients would be this from Proverbs 4:5: "Acquire wisdom! Acquire understanding!"[2, p 841] And from Proverbs 6:16-19: "There are six things which the Lord hates, yes, seven which are an abomination to Him: haughty eyes, a lying tongue,… hands that shed innocent blood, a heart that devises wicked plans, feet that run rapidly to evil, a false witness who utters lies, and one who spreads strife among brothers."[2, p 843]

In summary, I implore you to enjoy your medical practice as much as you can, while maintaining your ability, affability, and availability as you travel this earthly life. Pay attention to and monitor your own physical, emotional, and spiritual well-being. Lastly, recognize that sometimes retirement is a state of mind and not a specific date or time. Hopefully, you are enjoying helping your fellow man with your clinical acumen. Pace yourself. Slow down. Smell the roses. And remember, Omnia Pro Aegroto!

See you at our AAPS annual meeting in Alpharetta, Georgia, Sep 24-26, 2026!

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REFERENCES

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2. Zodhiates S, Baker WP. *Hebrew-Greek Key Word Study Bible*, NASB-77 ed. Lockman Foundation; 2008.