

Dr. Vox: The moment I knew medicine was my calling

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Physicians are privileged to see patients at their most vulnerable, to reshape lives and continually revitalize the nation's health system. In a challenging practice environment, physicians remain driven by the power of healing and the indelible connections they form with patients and families.

The *AMA Wire*® “When I Knew I Medicine Was My Calling” series profiles a wide variety of doctors, offering a glimpse into the lives of the busy women and men navigating new courses in their careers and in American medicine. No matter their age, their specialty or their career stage, they were born to do this and they tell us why.

Share a moment with: Ford Vox, MD, a physical medicine and rehabilitation physician, brain injury specialist, and widely published medical journalist, Atlanta.



I was born to: Make it better.

The moment I knew medicine was my calling: Deciding to become a physician is a process for anyone, or it should be. I think it's a myth, for most people, that there's any single moment when a light dawns on you and you know it's your mission in life to go be a physician. But that doesn't mean you don't experience a series of realizations along the way. For me, an interest in science led a family

friend, who was a pathologist, to show me his lab at the local hospital. I was enthralled by all the different microscopes and the hive of activity in the busy lab, so I dropped in periodically to learn a little bit from time to time.

My mind was open to medicine after that, and I positioned myself academically to be able to do medicine while keeping my options open. During a summer in college, I arranged to shadow a group of general surgery residents for a few weeks at a major hospital in downtown Memphis. For several weeks, I got up before the crack of dawn—a feat for a college student in the summertime—to follow their surgeries, round with them and absorb everything I could about the experience. Two of the patients I saw then are still in my head 20 years later.

I remember talking with a teenager just a few years younger than me at the time who had a vicious surgical wound in his elbow from IV drug use. He was stuck in the hospital for IV antibiotics and repeated washouts. And I'll never forget watching a surgery resident inform a woman that her breast biopsy was positive. As she started to cry, I felt like I didn't belong in the room. If I hadn't been there for the reason that I was ultimately going into medicine myself, then I would have been nothing more than a voyeur in that moment. I'm neither a pathologist nor a surgeon today, but my early introductions to those fields of medicine told me I could indeed be someone who belonged in the room.

An experience from residency that confirmed my calling as a physician: I'll never forget the moment one of my attendings first turned the reins over to me in a medical conference. These meetings are a key event in rehabilitation, where worried families looked to you to explain what their loved one is going through and to chart a map for the future. I was looking into the eyes of a mother of two young children, explaining what we knew about the stroke that had incapacitated her husband. There was plenty reason to expect recovery, but it was tough news to share too.

I saw her fear turn to trust—trust that while we couldn't reverse everything that had happened, her husband was in good hands. To be fully in command of a body of data about a given patient, fluent in the current state of knowledge of a disease process and all aspects of its treatment, and to distill from all of that exactly what this man's wife needed to know and needed to hear at that moment—it felt good. I realized that one of the key roles I had to fill, as an expert communicator, is also one of my talents.

An experience from medical school that kept me going: I didn't have a grand time in medical school, which probably describes most doctors' experiences. I made a concerted effort to remind myself throughout the experience that being a medical student is quite a different role from being a physician. I wasn't the overly chipper student feigning utter fascination with everything a supervising resident or attending had to say. I'd thought about surgery, but thought twice when a back injury flared up with all of my sitting in lecture halls.

I considered whether a career that involved hours in an OR really made sense. The student health doctor referred me to a physical medicine and rehabilitation physician, and that experience literally kept me going. I didn't just have a positive experience as a patient; I found a type of medicine I hadn't considered before. When I rotated with that department as an elective, I discovered I didn't have to feign utter fascination. The feeling was genuine.

My source of inspiration: It sounds like a cliché, but my inspiration is my patients. One of the sublime pleasures of being a doctor—one that few other professionals can understand at the same level—is the overwhelming feeling that you have a mission every morning you wake up. You are wanted, expected and needed, and you damn well know things will not go well without your showing up today.

My hope for the future of medicine: My hope is the health care industry concedes the doctor-patient relationship is the beating heart of the entire enterprise. We trade on the trust built in that relationship. Without that trust, health care generates more inefficiency, waste and dissatisfaction. We must measure the success or failure of every new metric, technology or service line by whether it improves or worsens the doctor-patient relationship.

The hardest moment in medicine and how I got past it: Even though you give it your best, you are not going to enjoy a positive therapeutic relationship in every case. My hardest moment was the first time I suspected I wasn't trusted. It's jarring. You walk around a hospital filled with colleagues and co-workers whose trust you've earned. And, thank God, most of your patients trust that you are advocating for them first (or the job would be untenable). That all gives you a buffer when the inevitable bad relationship comes along, and it will. You respond to the situation by recalling your days as a med student. You hunker down, you plow through, and you keep in mind that this isn't what it's always going to be like.

My favorite experience working with the medical team: As a physiatrist, I work with a diverse team, including every therapy discipline, as well as with psychologists and case managers. We share a camaraderie, supporting each other through the tough cases and celebrating the turnaround stories. My favorite moments are when I learn something from one of these colleagues, and that happens with regularity. I love that being an expert physician in a given area doesn't mean you know it all. It means you're navigating by stars that are always changing. And hopefully you're surrounded by a stellar crew.

The most challenging aspects of caring for patients: The physician-led inflection points are always the toughest: When have you had enough of this medication, this therapy, this level of care? When is it time to change? Everything we do is patient-centered, but ultimately there are so many points where the doctor has to call the shots. When the decision you've got to make isn't the one a patient is asking for, those moments really call on your deepest expertise and the relationship you've built to reassure patients and families that you are putting their interests first.

The most rewarding aspect of caring for patients: I work in a field where movie moments can happen in reality. Just like Hollywood, not every production is a hit. But when formerly vegetative patients start speaking or paralyzed patients start walking, I realize I'm an unusually lucky man on this planet in that my life choices led me to be here now.

The skills every physician should have but won't be tested for on the board exam: You have to be able to connect with people from every walk of life—full stop. This is a unique profession whose practitioners routinely ask anyone anything and can reasonably expect an honest answer in return. Our questions elicit the truth so often, in part, because of all the good work of the physicians who went before us. The rest of the truth rests on your shoulders. Effective, compassionate communication will be your key to unlocking mysteries, providing effective treatment and, just as importantly, guiding people when the road ahead is very uncertain.

One question students should ask themselves before pursuing medicine: Are you a systems and organization person or are you a one-on-one person? Are you an entrepreneur at heart? If you want to run enterprises, my goodness, there are better uses of your time than training in medicine first. But if you want to do a job every day that is based on your responsibility to a particular person who is right in front of you, you could not pick a better way to make an impact.

A quick insight I would give students who are considering medicine: The worst physicians are the overconfident ones. Every doctor needs a certain threshold of self-confidence to be effective, but you have to temper that feeling with enough genuine humility that people around you sense it. There's a technical aspect to medicine that any smart person can achieve, and a relatively finite body of useful knowledge for any given problem. Most every doctor has that ingredient.

What students may not realize is that two doctors delivering the same treatment do not necessarily get the same results. The key difference is how you go about delivering your service. What we need in medicine are people are with great judgment, who have the talent and drive to learn throughout their careers, and who have an abiding comfort with the uncertainty that surrounds everything we do or don't do.

Song to describe my life in medicine: "Hold on Hope," by Guided by Voices.