What it’s like to specialize in medical oncology: Shadowing Dr. Atiq

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Staff News Writer

As a medical student, do you ever wonder what it’s like to specialize in medical oncology? Meet Omar T. Atiq, MD, a medical oncologist and a featured physician in the AMA’s “Shadow Me” Specialty Series, which offers advice directly from physicians about life in their specialties. Check out his insights to help determine whether a career in medical oncology might be a good fit for you.

The AMA’s Specialty Guide simplifies medical students’ specialty selection process, highlight major specialties, detail training information, and provide access to related association information. It is produced by FREIDA™, the AMA Residency & Fellowship Database®.

Learn more with the AMA about the medical specialty of medical oncology.
“Shadowing” Dr. Atiq

Specialty: Medical oncology.

Practice setting: University hospital in Little Rock, Arkansas.

Employment type: Employed by the hospital.

Years in practice: 30.

A typical day and week in my practice: After 29 years of community practice in a small town, I recently switched to full-time academic practice. As opposed to my previous life, where I practiced general adult hematology and oncology, I now focus on head and neck and lung cancers.

Starting at 7:30 a.m., most mornings are taken up by educational endeavors geared toward fellows, residents and students. Following the lecture or tumor board, I head toward the clinic. My clinic nurse and I go over the day’s schedule to identify issues that would need to be addressed for individual patients based on the feedback we have received from them online or via the telephone. We also try to adjust the schedule best we can to organize and optimize the visits for patient convenience.

The first patient is usually ready to be seen around 8:30 a.m. The day continues to evolve and usually ends around 4 p.m. when all the patients for the day have been taken care of. I often utilize my lunch break for attending scheduled meetings and lectures and for answering emails or returning phone calls. I usually complete charting and dictations after I have taken care of all my patients for the day.

At various times, oncology fellows, internal medicine residents or medical students join me in the clinic. It makes it more interesting and challenging as I try to share knowledge and clinical pearls commensurate with their individual level of training. At each encounter, I hope they learn about the high honor and privilege of being a physician and how to make an effort to prove equal to the task.

Late afternoon, we have multidisciplinary head-and-neck tumor board on Monday and the lung cancer tumor board on Thursday, where we discuss all new and challenging patients for the week, review their pathology, imaging, clinical course and reach a consensus on their management. This is in addition to discussing patients with fellow physicians on a daily basis, as the situation arises.

Some afternoons I make time for research and campus leadership meetings. If time allows, I may prepare a talk or a lecture on topics that fall in my domain. I also dedicate some time for AMA, American College of Physicians and Arkansas Medical Society meetings since I serve in leadership positions in those physician organizations.

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The most challenging and rewarding aspects of medical oncology: The most challenging aspect of oncology is lack of education, resources and environmental constraints that could have prevented the cancer in the first place. In the same disadvantaged population, there is often a delay in diagnosis of cancer and challenges in appropriate management, all related to social determinants of health.

As a society, we can have a major impact on morbidity and mortality related to cancer if we were to focus on the above-mentioned factors. Interestingly, it would also be cost effective. As a corollary, when I am able to overcome these challenges, and deliver efficient care to such patients and provide instructions and assistance to the family members to avoid factors that promote cancer, and provide information on cancer screening and early diagnosis, it is gratifying.

How life in medical oncology has been affected by the global pandemic: The COVID-19 pandemic has disrupted cancer care as it has other medical care. Initially, there was a sudden halt to all routine care as we adjusted and reorganized our health care system to prioritize urgent and emergent care related to the pandemic while continuing to treat patients with potentially lethal illnesses like cancer.

In medical oncology, we were quickly able to implement safety programs that allowed us to continue routine chemotherapy and radiation therapy, but most cancer operations were delayed and continue to be so because of the effects of pandemic on our health care system. We are trying to minimize delays in cancer care by using telehealth and innovative technology to open space for absolutely necessary face-to-face encounters. It’s not ideal, and we look forward to going back to our normal routines.

The long-term impact the pandemic will have on medical oncology: Though disturbing, the COVID-19 pandemic experience has been eye-opening as well. It has enabled us to see the potential utility of technology to provide much of the patient care—especially follow-up care—at home.

The pandemic has also allowed us to think outside the box for delivery of cost-effective, efficient patient care, utilizing technological tools available to us. I believe it is going to revolutionize health literacy, cancer screening and symptom management in ways we did not think possible just a year ago.

Three adjectives to describe the typical medical oncologist: Compassionate, passionate and innovative.

How my lifestyle matches, or differs from, what I had envisioned: I grew up in circumstances in which being a physician was a calling. Once you were a physician, there was nothing more important than being there for your patients, 24/7. Everything else was secondary, including certain family obligations.
So, I was prepared to spend whatever time was necessary for the care of my patients. Luckily, I found a life partner who not only took over my family obligations but also became my biggest supporter. Looking back, I believe it is important to have a good work-life balance in medicine and I am happy to see my younger colleagues putting more emphasis on it. I believe that in oncology, one can have a fulfilling career and a fun-filled life. One just has to want it and be prepared for the give-and-take it requires.

**Skills every physician in training should have for medical oncology but won’t be tested for on the board exam:** The most important skills every oncologist should possess are empathy, compassion and respect for diversity, in the broader sense of the word. An oncologist should also be able to communicate with the patient and the family in a clear and concise manner that they can appreciate.

**One question physicians in training should ask themselves before pursuing medical oncology:** Am I comfortable talking about life and death in an objective and compassionate manner with detached concern? Can I share good news without giving false hope or deliver bad news without taking away hope?

**Books every medical student interested in medical oncology should be reading:** *The Emperor of All Maladies: A Biography of Cancer*, by Siddhartha Mukherjee, MD, DPhil. It is written by a younger practicing oncologist, and the book takes you through human history in an attempt to understand the disease and shine a light on the resilience of those who have affected its course.

*When Breath Becomes Air*, by Paul Kalanithi, MD. It is a posthumously published memoir of a remarkable physician who died of advanced lung cancer at a young age. It encapsulates life, its triumph and fragility, and makes one ponder about life’s priorities.

**The online resource students interested in medical oncology should follow:** There are numerous good online resources available in the field of oncology. I recommend the American Cancer Society website and National Cancer Institute’s cancer.gov as good, essential resources for medical students, residents and fellows.

**Quick insights I would give students who are considering medical oncology:** Oncology is one of the most rewarding medical specialties. It stimulates your mind in unimaginable ways and makes being a physician exceptionally worthwhile. As you care for patients with cancer, providing comfort and hope, you also traverse the path of becoming not only a better physician, but also a better human being. You get the opportunity to make a difference in someone’s life every day, while appreciating your blessings in a truly thoughtful manner.

**Mantra or song to describe life in medical oncology:** Today has been good; let’s see what tomorrow brings.