September 2022 member spotlight

Barbara L. McAneny, MD

Specialty: Medical oncology

Medical School: University of Iowa, Roy J. & Lucille A. Carver College of Medicine

AMA past president (2018-2019)

AMA Council on Medical Service (8 years)
Delegate, American Society of Clinical Oncology 2002-2010 Alternate Delegate, American Society of Clinical Oncology, 1999-2002

Private practice in oncology

1987-Present (30 years), Albuquerque, New Mexico

Q: Many seniors share their time with local organizations as a mentor, and/or help those less fortunate. What opportunities do you see for retired physicians or those working part time to volunteer in local communities in New Mexico?

A: There are quite a number of local organizations in New Mexico that need the skills that physicians have. Physicians are hard-working, organized and command respect when we speak on behalf of other people. I would like to see more retired doctors work as informal advocates with state legislators. For example, retired physicians have the time to sit in the legislature and wait for a bill to come up and meet with state legislators between sessions as they understand the issues physicians face. Personally, I am still practicing and managing the New Mexico Cancer Center which I have expanded to be a multidisciplinary clinic, where we hire hospital refugees. One of my favorite organizations is the New Mexico Cancer Center Foundation which is a 501 (c)(3) established in 2002 to help patients with the non-medical expenses of having cancer. We pay the bills for food and shelter or whatever patients need but we do not pay insurance or for medicines or doctors.

With all the turmoil in women’s reproductive health another opportunity would be to work assisting women in getting their reproductive healthcare needs met. Legislators in my state understand that women are more than incubators. We respect that every human being has the right to control their own body and we are working to help women from other states be able to access their own choices. Physicians are well placed to explain that no one other than the doctor, the patient, and advisors chosen by the patient should be in the exam room. There is no place for legislators or criminal attorneys.

Q: How has the infectious disease outbreak affected you, both physically and emotionally, and what would you suggest to help other senior physicians cope?
Dr. Robert Wah congratulating Dr. McAneny on her year as chair of the AMA Board of Trustees
A: COVID hit New Mexico hard; however, we stepped up to the plate and got a good number of our citizens vaccinated. Senior physicians volunteered to help out, and some paid the ultimate price. COVID changed my life because it canceled all my plans to travel. It turned me into a bit of a hermit except that I kept working in the practice. My job is more management now than patient care. We made the decision that cancer won’t wait for COVID and our practice stayed open. It helped that we are independent of hospitals and therefore could control our environment

Q: In your opinion, what can be done to address ageism within medicine, or in society in general?
A: I haven’t experienced much ageism. I think that physicians who remain active and busy will continue to command the respect of their colleagues. The difficulty will be the self-scrutiny to make sure one stays current. After being AMA President and on the road so much, I decided not to return to clinical practice for fear that I would not be current on the latest changes in oncology. There is a new drug every week. I felt my administrative skills have not changed and therefore decided to focus in that area.

Q: What is the most important leadership lesson you have learned and how has it impacted your career in organized medicine?
A: Leadership remains difficult and probably always will be. Part of being a senior physician and a leader is that one who clearly has to work on a succession plan. I also had to realize that when I do retire from this practice it will no longer be my practice and will reflect the values of my colleagues. Leadership from senior physicians requires that we listen very carefully to the values of the people who will be managing our future. Senior physicians also have figured out what they’re good at and hopefully figured out what they’re not good at. I try very hard to hire to my weaknesses so that there is a team in place to continue my practice no matter what happens to me.

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