

Keeping Your Practice Going When You Can't

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A physician battling illness has the added worry of who will care for his patients.

I am a 70-year-old family physician who had no plans of retiring. Perhaps it's because I'm in solo practice and love it. I have plenty of free time (I only work half time as it is). I've always felt that my medical school admission was a gift I had to pay forward as long as possible. And my rural town is experiencing a severe doctor shortage, so who would fill the void? When my patients would ask me when I was going to retire, I would tell them, facetiously, "When I can't remember your name or diagnosis."

Then I got cancer.

I was shocked to get my diagnosis. (See "How a Doctor Acting as His Primary Care Physician, With a Little Luck, Tracked Down His Own Cancer," *FPM*, May/June 2017, <http://www.aafp.org/fpm/2017/0500/oa1.html>.) In 40 years, I hadn't missed more than a week of work from illness. I was in uncharted territory, not knowing what my treatment would be, how long it would last, or whether I would physically and mentally be able to work. Three things I knew for sure: I needed help, I wouldn't trust my patients to anyone I didn't know, and I wanted doctors.

My rural Northern California community has an aging medical workforce. Most of us came here in the 1970s when we were fresh out of training and cared more about lifestyle than money. Curiously, not many came after us, and we all grew old together. Several of my colleagues in primary care have retired, while others now work as hospitalists out of town and have relaxed schedules. So I sent off emails to my colleagues Buz and Richard: "Can we talk?"

Both were willing to help, essentially providing coverage every other week for three to four mornings. In addition, Dalia, my office manager and only employee, and I

decided to pare down the practice and see only patients with acute and chronic care needs, eliminating a lot of the medicolegal work we do.

Both Buz and Richard, it turns out, are covered under my malpractice policy as locums. We agreed on an hourly wage based on what another doctor in the area has paid for a similar service, and I am hopeful that billings will cover overhead. A young doctor in our community has expressed interest in working in our office just to see how an independent practice is run, and a resident in a nearby family medicine program may be able to give us some shifts during her elective time. An older colleague is also willing to put in two shifts a month. In lieu of one person taking over my practice, this patchwork of physicians is keeping my doors open and serving our community.

Our patients have not complained, and no one has asked for their medical records to be sent elsewhere. They seem understanding, solicitous about my health, and appreciative of my attempts to provide them with the highest quality care. The docs seem to enjoy being back in the primary care game in an office that still uses paper charts and lets them spend as much time as they like with patients.

"I really like your patients," Richard told me.

"Me too," I said. "That's why I've hung in there this long. They're like family."

When you get sick and have partners, you at least don't have to worry about who's going to take up the slack. When you're a solo physician, you do. And if you're particular about who sees your patients in your absence, and conscientious about not leaving them in the lurch, you have a lot of added angst to getting well. A locums doc, upon hearing I had cancer, told me to take care of myself and not to worry about my patients. Thanks to a few colleagues, whom I would trust with my own life, I am able to do just that. **FPM**

About the Author

Dr. Brown is a solo family physician living in Mendocino, Calif., and a long-time contributor to *Family Practice Management*. His "Practice Diary" ran in *FPM* from 1999 to 2005. Author disclosure: no relevant financial affiliations disclosed.

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