Current residents, fellows and new physicians share their thoughts on the "pros" and "cons" of the specialties they practice and offer advice on the topic of specialty selection

ANESTHESIOLOGY & PSYCHIATRY

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After working as an anesthesiologist for ten years, I returned to residency to study psychiatry. I should make clear that the change does not reflect dissatisfaction with anesthesiology, but rather stems from longstanding interests that predated medical school, combined with a fairly dramatic midlife crisis. At any rate, the contrast between specialties has given me cause to evaluate the 'two sides' of my own interests, and hopefully will give the reader a sense of what I consider to be the salient features of each field.

There is a common misconception about anesthesiology-- that an anesthesiologist has limited contact with patients. In fact, after becoming experienced with the job, the anesthesiologist develops a closeness to each patient that is as great, or greater, than any field of medicine--a closeness that is perhaps beyond description. The anesthesiologist literally knows of each breath, knows of every reaction to pain, and knows the patient's unique physiology-to an extent greater than the patient knows himself. The anesthesiologist is immersed in the world of life, death, bleeding, cutting…. And every sense is involved, as he notes the sudden absence of sound from the suction, signifying major bleeding, or the unpleasant odor of ischemic bowel, forewarning hypotension and sepsis. An unconscious empathy develops, allowing the patient and anesthesiologist to navigate the hazards of surgery together, almost as one. This empathic connection extends to a lesser extent to others in the operating room, including the surgeons, assistants, technicians, and nurses, and every combination of team members has a unique rhythm. Working together toward a mutual goal imparts a sense of human interaction that is as profound as any other experience in medicine, with one unique characteristic: the patient is usually not aware of the meaningfulness of the relationship. But instead of detracting from job satisfaction, this fact allows the anesthesiologist to devote nothing but care, without the limitations imposed by conscious communication. Working as an anesthesiologist, I came to see the mind as secondary--a source of nervous banter to be comforted, and then set aside--while the important work of fixing the body went on.

Contrast this experience with psychiatry, where the emphasis is on the ethereal flow of thought and mood. Psychiatry sometimes feels far from the world of blood and guts, and sometimes, for example in the process of psychodynamic psychotherapy, feels as if the body is nothing but a means of support for the person, the sense of "I", who rides above the soma like a noble-

man on a carriage. The trust, and connection, that develops between doctor and patient is much more complicated in psychiatry. Rather than an unencumbered, free flow of support, the psychiatrist provides care and refuge carefully, consciously, and thoughtfully, with awareness of the reaction of the patient to every parsed sentence.

With experience, the anesthesiologist works on instinct. For the most part the surprises are few, because the anesthesiologist is trained to expect surprises, and has a plan, and back-up plan, for any eventuality. The job can be physically exhausting, but at some point the case ends, and after a difficult case the sense of accomplishment is tremendous. In psychiatry there are infinite human behaviors, responses, thoughts, and attitudes, and it is usually impossible to predict what lies on the horizon. There are almost no quick fixes, and satisfaction comes in less dramatic form.

In anesthesia one often leaves the hospital with a current case-load of zero, and starts a new practice the next morning. In psychiatry last week's difficult patient is still 'out there', and knows how to find you when he needs you. For most psychiatric roles, the case essentially never ends--and so there is an awareness of the ongoing importance of one's presence and availability to a number of people. To some physicians this may seem a heavy burden, whereas to others this may be the essence of the field of medicine.

There are some features in common between psychiatry and anesthesiology, which may in part explain my transition from one field to the other. In both cases the physician must quickly size up the patient and win their trust, in the holding room and in the intake interview. And in both cases the physician is responsible for caring for someone who is extremely vulnerable.

One may correctly surmise that I have had difficulty integrating my attraction to both of these fields of medicine. And each in turn appears more attractive to me than the other on any given day. I have some wonderful memories of my experiences as an anesthesiologist- for example of standing in the middle of the empty street at 3 AM on a cold winter night, leaving the hospital after a stat C-Section. But I also look forward to growing in an area of medicine that is a vast frontier, on the verge of a rush of exploration and discovery.

INTERNAL MEDICINE/ RHEUMATOLOGY

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PROS

Rheumatology is an extremely interesting and challenging specialty in medicine. You will encounter patients with a vast array of diseases spanning many levels of complexity from osteoarthritis to a potentially life-threatening systemic vasculitis. Because rheumatic conditions can involve one or more organ systems outside of the musculoskeletal system such as the skin, kidneys &/or lungs, you will need to rely upon your general internal medicine knowledge to help uncover a possible unifying rheumatologic diagnosis. In doing so, you will often be granted the opportunity to interact with specialists in other areas of medicine. Diversity in the patient population will also become apparent as you will see pediatric, adolescent & adult patients.

The procedural aspect of this specialty can be very appealing. Joint aspirations and injections are enjoyable and can often times provide your patients with immediate and profound benefits. One can often master these key diagnostic and therapeutic modalities through repetition in a relatively short period of time.

Rheumatologists are truly in demand. Thus, there are many job opportunities out there for us. We offer a unique service in caring for patients with conditions specific to our field of expertise.

Physicians and other healthcare providers will frequently seek your recommendations and insights to better assist them in caring for their patients with a potential rheumatic disease.

You will also find that this area of medicine will generally provide you with a degree of flexibility not commonly seen in other specialties. Most of your time will be spent in an outpatient setting. Your work week and hours can be very conducive to a family life compared with other fields of medicine.

CONS

Salary can certainly be an issue as you will likely not be making as much money as other specialists. However, the trade-off is that you will probably have more time to pursue life interests outside of medicine such family, friends and hobbies.

NEUROLOGY

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PROS

1) Nobody else does what you do. Neurology is a unique specialty that basically very few other specialties like to involve themselves with - you can handle the basics of seizures, migraines, strokes, and feel very reassured in your management, which will seem basic to you but complex to others.

2) It's a cerebral specialty. Instead of just reacting, you often have time to sit back and think about the problem, which is very refreshing.

3) Hours are reasonable. Most of your patients are admitted under medicine and you exist as a consult only. As a result, very few patients are your primary specialty unless you're a stroke specialist.

4) Good pay - not phenomenal for a specialty, but certainly decent.

5) Friendly colleagues, with relationships with everyone from medicine to neurosurgery.

6) Low competition - there aren't enough neurologists to go around.

7) Lots of teaching and academic opportunities.

CONS

1) The same advantage - that nobody else does what you do - means you get a lot of consults that seem irrelevant, particularly things diagnosed as "seizures" that clearly are not seizures.
2) People view neurology as a diagnosis specialty only. Often they will just expect you to need and will have already ordered an MRI of the brain - even if that's not relevant. Or they'll assume that's all you do, order tests, and are surprised, even annoyed, when you suggest treatment options.

3) Increasing emphasis on the fellowship parts of neurology - EMG, EEG, and the like - means that clinical neurology is falling by the wayside, replaced by people who just want to do EMG's, sleep medicine, and so on.

4) Worse, to survive in neurology you often *have* to do EMG's, EEG's, and the like, even if you're not interested - which often means an extra fellowship and extra time.

OBSTETRICS & GYNECOLOGY - PEDIATRIC & ADOLESCENT GYNECOLOGY

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My specialty training is in Obstetrics and Gynecology. I have continued my training in the subspecialty of pediatric and adolescent gynecology. When I first revealed my interest in the area of pediatric and adolescent gynecology, the most common sentiment was "What? That is a subspecialty?" Even