

Americans are eating too much
and exercising too little



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Quick Quiz

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The doctor is logged in

What do physicians really think? A new wave of blogs gives the rest of us a glimpse into their world.

By Marianne Szegedy-Maszak
Special to The Times

June 6, 2005

The family pictures on the desk. The diplomas on the wall. A few magazine subscriptions, perhaps, or some sailing, tennis or golf memorabilia scattered around the office. In the past, a curious patient could only turn to these bits of evidence to try to know more about the individual behind the medical degrees, the white coat and the carefully scripted bedside manner.

The temptation is understandable. After all, when someone holds your life in his or her hands, it would be nice to know a bit more about what makes them tick. But today, anyone with an Internet connection can have access to the fevered, funny, angry and very human thoughts of these men and women who help us navigate the perilous shoals between illness and health. The vehicle? The doctor's blog. A blog is the name used to describe a weblog, the constantly updated platform for the idiosyncratic and highly personal musings (or rantings) of anyone who wants to set one up in cyberspace.

"It's a direct line to see what doctors think that you won't pick up in the office or from television shows," says Michael Ostrovsky, a cardiac anesthesiologist in Daly City, Calif., who blogs as medgadget.

He says doctors often want an outlet for discussing patient issues and the social and political problems they face on the job, or to gripe about HMOs or Medicare reimbursement rates. "They can vent their frustrations through their websites and learn from other doctors."

In one entry, Dr. Craig Hildreth, who writes "The Cheerful Oncologist," offers some tongue-in-cheek prescriptions on how to get your doctor to listen to you. Another blogger, Medpundit, dissects the hype around medical announcements. And still another, Gruntdoc, written by an emergency room physician, posts and analyzes news articles on subjects as varied as undocumented workers and stroke treatment in the ER.

Doctors could hardly be immune to the attractions of this swirling mass of confession, self-promotion and opinion. Although there are only about 300 doctors' blogs, these examining rooms provide a rare insight into the physician's world. They are personal and emotional writings from oncologists, family practice doctors, psychiatrists, emergency room physicians and residents. They have become so internally organized that every Tuesday morning a different doctor blogger is invited to host Grand Rounds, the "weekly summary of the best of the medical blogosphere."

Many of the blog names are funny, with plays on medical terms such as myoclonic jerk, a reference to involuntary muscle movements that happen in seizures or even during sleep. Blogborygmi is a variation on the medical term for stomach rumblings.

They also provide the most knowledgeable takes on medical news that one is likely to find anywhere, short of eavesdropping at the bar during a medical conference. Specialists and sub-specialists give patients and each other warnings, guidance on treatments, a dose of general common sense and interpretations of the latest medical news.

Tim Sturgill is an emergency room doctor in Sacramento who has been blogging for a year as Symtym, which he describes as "... the meanderings of a board-certified emergency physician at mid-career ... who tumbled into law school ... chasing health, law, and technology rabbits."

The winner of the 2004 best Health Policies/Ethics Medical Weblog award, Sturgill cuts and pastes articles on medical technology, ethics, drugs and devices, emergency medicine and other topics — and comments on them.

"I try to present interesting articles and then try to group them," he says. "And give some macro view of them. I try to find the policy or ethical aspect of the post and then figure out what the impact is on healthcare and what the potential impact is on physicians. I started it thinking that only my mom would read it, and lo and behold, I have 100 hits."

Other doctors use their blogs as ways of recapturing a simpler, more personal tone in medicine. For some doctors, blogs became the treatment of choice against the cynicism, depersonalization and mistrust that have contaminated so many doctor-patient relationships.

And yet, curiously, most of the doctors don't tell their patients about their blogs. As Dr. Charles, a 30-year-old family medicine physician in Philadelphia who asks that his name not be used, says: "We have to maintain an air of professionalism in the office. But on the Internet we are much more candid about what we are thinking about healthcare and patient care."

His blog, the Examining Room, is one of the most popular physician blogs, with more than 2,000 hits a week — a relatively small number in the world of political blogs, but a large one for doctor sites.

"There are so many middlemen in medicine, and 10-minute [office] visits are so rushed, communication between doctors and patients is really limited," he says. "There is a lot of dissatisfaction, but there is also a real desire to strip down the barriers between doctors and patients. I see my blog as a constructive way to get back to that magical doctor-patient relationship, where you sort of know your doctor."

The writing life appealed to doctors long before blogs arrived on the scene. Indeed, history is filled with many famous writers who either trained or practiced as physicians, including Anton Chekhov, John Keats and Sir Arthur Conan Doyle, and more recently Walker Percy, Oliver Sacks and Jerome Groopman. The Internet provides a new means for scratching the itch of future doctors who couldn't decide in college whether to major in premed or English literature.

Craig Hildreth, 47, is a medical oncologist in private practice in St. Louis, who blogs as the Cheerful Oncologist. He, like a number of others, uses his blog as a more "writerly" journal. Hildreth was always drawn to the writing life and started his website last September after the mother and father of a close friend, both of them his cancer patients, died within five months of each other. The deaths were particularly troubling to him because he was so close to the family.

"I started putting down things that I have been thinking for the last 15 years," he says. "In some ways it was a release to start talking about things that I haven't seen others talk about."

In one post he wrote about the death of a colleague, a fellow oncologist with whom he attended medical school. In another, he wrote about his own visit to a doctor.

One post, from February 2004, was selected for publication by a small literary journal. In this essay, he begins by quoting a Tennyson poem about Tithonus, a figure in Greek mythology who was granted eternal life without being granted eternal youth and becomes a withered skeleton.

Could this be the fate of the patient whom he had just seen? A man who had lived with cancer for seven years? "What then becomes of those whose disease neither grows nor disappears?" Hildreth wrote. "What does it mean to be given the gift of survival without remission? The image of my gaunt patient floated in the air as I considered the parallel between him and the title character of Tennyson's poem."

Medical information, Hildreth says, is "a wasteland for patients and their families. And not all doctors are great communicators. Some are awkward and don't know how to do it.... And one of the reasons that I put this on paper is to make medicine a more humanizing experience for everyone."

Dr. Gary Seto, a family physician in South Pasadena, left a secure position at Kaiser Permanente in 2003 to start an old-fashioned solo practice — and a blog, dubbed SoloDoc. Seto writes about the break from security into a more perilous existence, constantly being on call and his various interactions with patients, changing names and details to protect patients' privacy. His experiences may entice, or discourage, other physicians from going solo.

The rising interest in blogs is being driven by more than the literary and clipping, or linking, services. Other physicians believe blogs have the potential to change how medical research gets to the public. "Online access to articles is restricted to subscribers," Ostrovsky says. "That is not the way to disseminate science. Science needs to be delivered to as wide an audience as possible; it needs to be peerreviewed. The Internet can offer a perfect medium to do this."

Keeping up with scientific developments becomes impossible for many doctors. Perhaps in the future, Ostrovsky suggests, blogs will be "a peer review platform for a lot of scientific articles."

But will they create a more trusting doctor-patient relationship? Or perhaps spawn the next Oliver Sacks?

No one can say for sure. For all their dissatisfaction with medicine today, blogs offer doctors a hopeful place to feel unconstrained about their profession, to feel a bracing sense of possibility. As Dr. Charles put it in his first posting: "You almost feel as if you are putting a message in the bottle across the sea, across the world. And you wonder, is this a narcissistic shout or the first living synapse?"

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Pithy or fuming, they'll have their say

A sampling of the rants, concerns and meanderings from some blogs written by physicians:

"He was scheduled to come in at 3:30 PM for a follow up visit. As I casually went over my list of patients for the day, I remembered his last visit. We had been discussing a few chronic problems when he suddenly burst into tears. His greatest fear was happening, despite his prayers. It was not cancer, nor was it a heart attack or stroke. It was Alzheimer's Disease — the senile fading of the mind's brightness to a singular point in a gray heaven." (May 24, 2005)

<http://drcharles.blogspot.com> (*This physician writes his blog anonymously and requested that he not be identified for this article. He describes his blog entries as "loosely based on real experiences."*)

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"With all the unhappy outcomes oncologists have to deal with both professionally and personally though, nothing brings them to their knees faster than

treatment-related death. By this I refer to a patient dying not from their cancer, but from a complication of chemotherapy — usually an infection leading to failure of one or more vital organs. I write this today because over the weekend a patient of mine with metastatic cancer developed pneumonia after his first chemotherapy treatment and rapidly went into septic shock. He now lies helplessly in the intensive care unit and I would be a fool if I thought he was going to survive this blow. The buzzing swarm of 'what-ifs' now torments me as I try to counsel his family." (May 10, 2005)

<http://thecheerfuloncologist.blogspot.com>, *Dr. Craig Hildreth*

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"Parkland Hospital, in Dallas, where I went to medical school, is spending \$22 million on consultants to help them cut \$76 million from the annual budget. I think there are a lot of lessons and things to comment on here. First of all, the article says they've cut the management to worker ratio from 1:10 to 1:16. Did it really take a consultant to tell you that one manager for every ten workers was too many?" (Feb. 11, 2004)

<http://www.drbradley.com/blog>,

Dr. Craig Bradley

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"I mailed my application for disability insurance last Friday. The importance of having good disability insurance was driven home the week before when one of my friends, a urologist, was shot three times by a disgruntled patient in his clinic. Luckily, he survived and is now recovering, while his assailant later committed suicide. Apparently, he had been diagnosed with prostate cancer, but my friend said he had absolutely no warning that anything like this would happen with this person. And I believe it. My friend, unlike some busy specialists, is an easy-going, empathetic and patient physician who takes the time to explain things and listen to a patient's concern[s]. But he only gets 15 minutes per patient, like me, for returning patients.... I wonder if things might have ended up differently if they had time to talk." (Sept. 29, 2003)

<http://akifox.blogspot.com/>,

Dr. Gary Seto

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"Hard to Swallow: Austrian lung specialist Friedrich Bischinger is encouraging better living through nose-picking. Dr. Bischinger said: 'With the finger you can get to places you just can't reach with a handkerchief, keeping your nose far cleaner ... In terms of the immune system the nose is a filter in which a great deal of bacteria are collected, and when this mixture arrives in the intestines it works just like a medicine ... I would recommend a new approach where children are encouraged to pick their nose. It is a completely natural response and medically a good idea as well.' There's solid stuff, way back in the literature that suggests Bischinger is all wet ... The tissue of the GI tract is not invulnerable to infection ... I hanker that he's blown an opportunity to wipe out a major source of disease. If Bischinger had a nose for research he'd pick a less congested field of study." (March 27, 2004)

<http://blogborygmi.blogspot.com>, *Dr. Nicholas Genes*

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"Someday I may tire of the committee meetings, the prohibitive overheads, and the HMO-dictators who second guess and block my better judgments. I'll set up my own practice and see only fee-for-service health plans in which a modicum of physician autonomy is preserved. I'll see poor folks for free several days a month. There will be a massive fish tank in the waiting room and perhaps a Labrador retriever will escort patients back to see me. I'll serve a complimentary glass of red wine to patients not needing to drive. Birdfeeders will blanket the trees outside and we'll have poker nights every Friday....for now I'll stick with a safe thing, though." (April 7, 2005)

<http://drcharles.blogspot.com>

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