

The Mid-Life Crisis That Wasn't



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One day, a quarter-century ago, my house staff, some faculty colleagues, nurses, hospital workers and medical students surprised me by setting up an outdoor birthday party for me the day before my 50th birthday. I was led by a senior student to an outside grassy area close to the hospital and saw multiple tables covered with paper plates, soft drinks, birthday cards, and well as a whole bunch of people wearing black T-shirts with “FFF” (Faith Fitzgerald’s Fiftieth) printed in red on the front.

Most welcomed by all, there was a lot of food and a sunny day. As I approached, they all started singing “Happy Birthday to You”... to me.

I was deeply touched. However, the creator of this wonderful surprise party, a senior student, then suggested that since I was now at a half-place in my life, I had to have a midlife crisis.

“What?”

“You know, a midlife crisis,” my student said. “It’s where you think about what you have done and are still doing, then wonder if you might be better off, from this time on, to choose another activity.”

“I like what I am doing now very much,” I said, and you are very optimistic about my getting to be a hundred years old.”

“Still—you think about it!” he said as he helped me put on the FFF T-shirt.

So, when I woke up the next morning on my actual 50th birthday, I could not help but wonder if a midlife crisis were to occur what I would do. This segued into wondering why I got into medicine at all.

There were no doctors in my family, and it was in

a time when women were less likely than men to be received into medical school and women more likely to be told to go into nursing or motherhood.

My desire to be a doctor may have begun when I was in the the fourth grade. I was witness to four indelible things:

1) A classmate’s mother got polio, and was in an iron lung. I was shocked and afraid that my mother might have the same terrible fate.

2) Some of my classmates also got polio, evidenced by empty chairs at school. That seemed very very wrong to me.

3) Jonas Salk, a doctor-scientist, created polio vaccine!

4) My mother signed up my brother and me as two of the national group of “Salk’s Kids” trials in 1953. Three doses and no polio for either of us.

I had wanted, ever since then, to be a doctor and I got into college and medical school! From day one on, I knew absolutely that it was the right thing for me.

This exercise in midlife crisis brought memories of all the other people (in addition to patients) who tried to help me be a better

doctor and teacher and showed me their generosity: colleagues, students, residents, fellows, staff, nurses, faculty, administrators... in all fields of medicine and all over the world. I went to meetings to give talks, hear talks, meet the doctors, see the patients and make rounds with younger internists and students. I worked with and learned from doctors as a medical student, intern, resident and faculty; not only in the United States, but also in the jungles of Malaysia as well as



Dr. Jonas Salk (above) and the development of the polio vaccine influenced Dr. Fitzgerald’s early desire to go into medicine.

Singapore, Thailand, Hong Kong, Russia, Mexico, Japan, France, Italy, England, Scotland, The Netherlands, Chile, Bolivia, Canada, Australia, Germany, the Balkans, Saudi Arabia, Pakistan, and every state in the Union. The best and most enduring memories, however, were with patients both here and abroad.

What I did not remember, in retrospect, were the contents of many lectures, texts, papers, or technology and procedures of the past, or the “right answers” on tests, as many were found to be the wrong answer over time—and they still are. There is now an increasing rapid turnover in “knowledge” in medicine: data change, studies change, medicinals change, procedures change, “best pathways” change.

What did I remember best? Patients and teachers who gave me witness of tragedy, triumph, joy, hope, despair, fear, courage, belief and unbelief, culture, language, good and evil, failure and redemption. They also gave me a great gift: a life of challenge, adventure and worth... and a rich treasure trove of memories.

The answer to diagnosis and therapy are, very often, in the questions we ask and the stories that patients tell us, augmented by the keen observational skills of the

clinician as the story is told and the physical findings sought for.

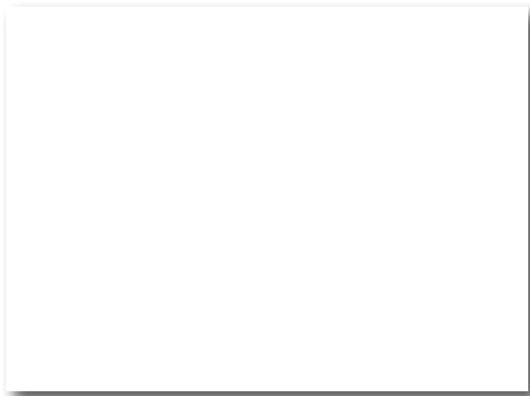
We now spend more time on computers than we do with our patients. We order studies and procedures to tell us what we might have gleaned from careful listening and observations. We are increasingly given little time for contemplation.

We are imitative in our written work (cut and paste here, acronyms there). Physical examinations are less skillful than they were in the past, which is even more important when we consider that physical examination is also the event that allows us to lay on hands, a caring and often therapeutic act.

And how did this affect my midlife crisis decision? Well, I decided to do what I thought was best and tried to be the best doctor I could be, hoping that others would have as much joy in the work as I have had for the last half century.

So, though in midlife then, I had no crisis. I decided to stay on doing what I was doing for as many years as I could and so long as I was able, and now—over 25 years later—I have never regretted that choice.

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