

Physician

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HOW I GOT HERE

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Years in practice: 32

How/why did you choose your medical specialty? My choice of medicine was really a very simple one: I fell in love with my third-grade teacher, Mrs. Malachek, and she told me in no uncertain terms that my handwriting was so bad that I should be a doctor. From third grade on, I related everything I learned to how it would help me as a doctor. When I turned 40, I had this horrible existential crisis around my decision to go into medicine, because I really hadn't thought about it since third grade.

I chose internal medicine because it fit my personality. The one thing I loved as much as medicine was baseball. Catcher was my natural position. I loved being a part of every play and helping my pitcher find the perfect pitch to strike our opponent out. There was always a lot of strategy, and as a catcher you were involved in every play. Internal medicine is the same: You're involved in every decision and have to devise strategies that are unique to each patient. I love the mystery of an unknown illness.

Nine years ago I developed hairy cell leukemia, a condition that not long ago had no treatment other than splenectomy, and that has evolved to treatment that probably

has the best prognosis of all cancers. The chemotherapy was the easy part. Remaking me and creating meaning out of this experience was where I needed help. This illness led me to a second subspecialty, hospice and palliative care. The hospice model is really the model that primary-care internal medicine needs to develop. The internist becomes part of a team that meets frequently, follows people with chronic illnesses, and shares the responsibility of care with nurses, social workers, volunteers, and maybe chaplains, to coordinate care that best suits each patient. The physician is no longer the omnipotent lone wolf bearing all the responsibility, but rather an important cog in the wheel of healing.

Rewards/challenges: When I started private practice in 1981, internal medicine was truly a subspecialty. Lakeview Hospital in Stillwater is one of just a few independent, community-owned hospitals. Our board answered to and was part of the community—not a health plan, and not a corporation. We made decisions together that were best for our community. That gave me the chance to “do the right thing,” even though I often didn't know what the right thing was.



Among the many personal highlights: 1) identifying and learning to treat Lyme disease and, later, human anaplasmosis, in what turned out to be an epidemic area; 2) watching with amazement when I gave streptokinase to a young man in the middle of an anterior MI and watched his symptoms disappear before my eyes; and 3) studying a brain tumor cluster with help from University of Minnesota experts.

The great joy of internal medicine for me has been the ability to do different things. The great challenge has been finding balance in life. How do you stay close to your wife and children when you could be spending every minute of every day at the hospital?

What lies ahead? Internal medicine must remake itself. Now, more than ever, patients need a trusted physician to help guide them in a holistic way through the morass of medical options that surround almost every illness. There is too much information and there are too many experts.