

Why is it that some families have numerous physicians? *(continued from previous page)*

Three female cousins from Georgia all became doctors after they were inspired by their aunt and uncle in Minnesota.

“Having role models and nurturing self-esteem in children—I think those are the two most important things,” Crutchfield says. “Mom and Dad always made me feel like you can do anything if you work hard at it.”

Rachel Wenner Ruzanic, MD, a dermatologist in Cold Spring, and Gillian Luscri, MD, a pediatrician in Burnsville, both looked

up to grandfathers who were physicians. Three of Luscri’s grandparents were physicians, including two pediatricians, and an uncle was a psychiatrist. Their passion, commitment to global medicine and kind, caring ways motivated her to follow their paths.

Luscri and her husband, pediatrician Nathan Luscri, MD, know many couples who are both physicians. Some meet in medical school or during residency, when social circles are small and tight-knit. The partners often have similar interests and a shared

PHYSICIANS AT HOME—WITH OTHER PHYSICIANS

How to keep relationships healthy

BY DEBORAH LYNN BLUMBERG

When you work with a family member who’s also a physician, it can be tempting to let your personal lives seep into the work day. At the same time, you run the risk of family get-togethers devolving into gripe sessions about the office.

Whether you’re an ER physician whose mother works in the same hospital in critical care, or ophthalmologist siblings with offices on the opposite side of town, it’s important to establish boundaries both at and outside work to keep your relationship healthy and the workplace professional.

Tai Mendenhall, PhD, professor and medical family therapist in the Couple and Family Therapy Program at the University of Minnesota, often works with physicians and residents. For families in which more than one person is a physician, he suggests the following six tips to help cultivate healthy personal and professional relationships.

Recognize that you both may be overly stressed. With long hours and heavy workloads, medical residents are at higher risk for depression, anxiety and alcohol use and even divorce, Mendenhall says. For many, condi-

tions improve once residency is over, but all too often, physicians continue to feel stressed by high patient loads and the growing demands of documentation. “There’s this constant stress that I think

physicians a generation ago didn’t have to deal with,” says Mendenhall. As you interact with a family member who’s also in medicine, keep front-of-mind that they, too, may be overworked and struggling to achieve a balanced lifestyle. Empathy can go a long way toward preventing any interpersonal conflicts.



Avoid “contests of misery.” It can be easy for physician family members to get into so-called “contests of misery,” trying to one-up each other on just how difficult their work day was, Mendenhall says. For example, when meeting for a glass of wine at a local bar’s happy hour, an OB/GYN might tell her psychiatrist sister how a complicated birth kept her at work late and she missed a play that she had tickets for. Then her sister responds that she had a violent patient who threatened her, that she had to call security and then ended up missing a blind date that she was looking forward to. “It becomes this one-upmanship on who’s got it worse,” says Mendenhall. Instead, physician family members should pause, listen to each other and then validate the other person’s feelings. “You could say ‘I’m sorry that happened,’” he says,

understanding of what it's like to be a physician. Having a family with married physicians certainly can be a challenge, especially for physicians in demanding on-call fields like OB/GYN or surgery, Nathan Luscri says. But they make it work. Often, they then go on to inspire the next generation of physicians.

Christopher Bell, MD, is a family medicine physician in Little Falls whose mother blazed the trail to family medicine. Julie Bell, MD, introduced Bell to the profession by taking him to her medical school labs or the clinic when he was young. That influenced his desire to become a physician.

"I think it's the exposure. You see what life is like being a doctor," Christopher Bell says. "And if that was important to your parents, then it likely becomes something important to you, too. Parents impart their values and interests to their kids, and kids look up to their parents. It's a natural thing that kids follow in their footsteps." MM

Suzy Frisch is a Twin Cities freelance writer.

"or just be there with them and give them the room to talk about their bad day."

Keep "dad" and "sis" out of the office. Keep it professional when you're at the office, Mendenhall says, by calling each other "Dr. Smith" and "Dr. Jones" if you're father and daughter instead of "Dad" and "Sally." Also, be careful not to slip into calling your grown child physician a childhood nickname at work, or calling your sister "sis" or brother "little bro." That applies whether you're in front of patients or your administrative staff, says Mendenhall. "It's not people's business to know who's related to whom or who's married to whom," he says.

Compartmentalize work and home. Keeping work and home separate is crucial to avoiding burnout. It also helps keep relationships free of conflict when you're working with a family member who's a physician. For example, don't talk about the planning you need to do for your daughter's fifth birthday party while you're in the operating room with your spouse. "When you're at work, you're at work," Mendenhall says. He also tells the doctors he works with not to bring their case notes home, only to then sit at the dining room table working and ignoring their family. Instead, stay late, finish work and then leave work at the office. It's okay to talk shop once in a while, he adds, as long as it doesn't turn into a contest of misery. To balance out frustrating experiences, commit to also talk about the positives—like a compliment from a superior, your medical assistant's touching engagement story or a patient who has really turned their health around for the better. "You've got to be purposeful about it, because it's not human

nature to focus on the positive," says Mendenhall. Physicians also need to be careful not to share identifying information when talking about cases, even if they're speaking to their trusted physician sibling or spouse.

Get vocal about boundaries. If conversations at family holiday gatherings or birthday parties always seem to circle back to the hospital and patients, one family member should take the initiative to help set a healthy boundary by announcing to the group that everyone is off the clock. Then, move on to a non-work subject, says Mendenhall. It doesn't have to be delivered in a serious tone, he adds, it can be said playfully. You might say with a smile, "Okay, we're all off-duty now." Or, "All right, now I'm just Jon, not Dr. Miller." Then, you go outside and you throw a ball around together, Mendenhall says. "There's more to life than work."

Find a hobby. Mendenhall and his wife love riding Harley Davidson motorcycles together; they often take off on Saturday trips to explore their community and surrounding towns. Others might like volleyball, guitar, piano or painting. Whatever it is, find an interest or a hobby outside of work. Not only will it help you to decompress from work, it will also give you another interesting topic—outside of work—to talk about with your fellow physician family members. "Figure out what lights you up that's not work, and you'll enjoy both your work and your life more," Mendenhall says. MM

Deborah Lynn Blumberg is a freelance writer working from Houston.