

medicine doctor, gave Wenner the insight and support he needed to make a change. In 2009, he opened his clinic, Christopher J. Wenner, MD, PA, in Cold Spring, to provide small-town care to whole families.

“She told me, ‘You can do whatever you want’ instead of jumping ship from one corporate medicine job to another,” Wenner says. Chestovich noted that their father ran his own successful dental practice for decades. “I was able to think critically and develop my own practice. It was so helpful to me.”

Chestovich worked part-time for 17 years at Entira Family Clinic in West St. Paul, giving her work/life balance while raising four children. A certified coach, she recently retired from clinical practice to broaden her work supporting other

physician moms. Chestovich was inspired to devote her time to healing the healers by her sister Gretchen’s death and experience with burnout.

Through her coaching company MamaDoc, a podcast called Re-Mind Yourself, and public speaking, Chestovich aims to offer wellness tools and advice for physicians facing burnout and mental health struggles.

“The culture of medicine needs to change. We are taught that we can do it all and fix it all, and I think women in particular try to put on a face that everything is fine. Women physicians are 2.5 times more likely to die by suicide,” Chestovich says. “It’s time to do something to prevent this tragedy from happening again.”

The family is still hurting, missing the one they called a bright star who burned out too soon. One particular memory of Gretchen buoys them. During Butler’s 2013 graduation from Creighton University School of Medicine, her physician siblings were invited to don caps and gowns and stand on stage with her as she received her diploma.

“It was a very special moment. She came across the stage and we got to give her a hug and welcome her to the world of being a physician,” Chestovich says. “We are in it together and we are so supportive of each other and my parents, who supported us all. I always say that Gretchen was my baby sister and I was her big sister and we all grew up to be peers.” MM

Suzy Frisch is a Twin Cities freelance writer.

THE TIES THAT BIND

Why is it that some families have numerous physicians?

BY SUZY FRISCH

Looking at families with multiple physicians, the question often arises: What’s the secret sauce? Why do some families just seem to produce physicians? For many, it comes down to a combination of being exposed to the career, having role models and absorbing the value of helping others.

In the Wenner family of St. Cloud, grandfather Waldemar Wenner, MD, paved the way as a beloved otolaryngologist. His sons, Joseph Wenner, DDS, and Wally Wenner, MD, went on to become a pediatric dentist and a pediatrician. Daughter-in-law Mary Wenner was one of the first pediatric nurse practitioners in Minnesota. And Mary and Joseph Wenner had four children who all went on to become physicians.

The oldest, family medicine physician Chris Wenner, MD, says that his family was steeped in the culture of medicine. That meant pairing curiosity about science and nature with a desire to help others, a way of life his parents modeled every day. “That culture was very comfortable for all of us,” he says. “If you’re not in medicine it can be a foreign culture and difficult to understand.”

No one was pressured to go into medicine. Rather, the Wenner parents encouraged their children to pursue whatever interested them. Michelle Wenner Chestovich, MD, a family medicine physician, took note of her parents’ enthusiasm for caring for patients and emphasis on helping humanity.

“Their dedication was so contagious. They would say, ‘We have been so blessed—let’s help others,’” Chestovich says. Having relatives in healthcare “opens the door to possibilities. Some families don’t have that, and people think medicine is out of their reach. I really do think it’s special because you understand what goes on in medicine.”

Having physician role models is a huge part of why dermatologist Charles Crutchfield III, MD, pursued medicine. His parents, family medicine physician Susan Crutchfield, MD, and OB/GYN Charles Crutchfield Sr., MD, showed him what was possible. Seeing that they were successful Black physicians in a very White world gave him something to aspire to.

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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

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"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

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