



BY WILLIAM G. WILKOFF, M.D.

LETTERS FROM MAINE

Signs of the Times

One day last week, I forgot my key to the back door of the office and was forced to enter through the main entrance.

As I passed the sign that stands out front, I noticed that more than 2 decades of sun and snow had taken a toll on my shingle.

Someone less enthusiastic about practicing pediatrics might interpret the fading and flaking of his name as a signal that it is time to hang up his stethoscope, but such is not the case for me. Rather, I viewed the decay as an opportunity to up-

date my image and do some marketing.

Even when it was new, the black-on-white "William G. Wilkoff, M.D.—Pediatrics" just didn't have enough pizzazz. It's time for a bolder step. Color? A logo, perhaps? Some-

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thing that says, "This guy is up to speed." But what to choose? A caduceus is too traditional, and the snake might scare some of the toddlers. Brightly colored balloons or an arrangement of dolls and toy trucks would offend the preteens who now constitute the biggest cohort in my practice.

No, a logo isn't going to work. What I need is a few well-chosen words that will accurately describe me to the families who are looking for a new pediatrician. "Older but Wiser" pops into mind, but that would conflict with my plan to create a younger, more vital image. "Evidence-Based Medicine" has a very professional ring, but I'm afraid that I might be mistaken for a forensic pathologist.

What about "Holistic Medicine"? I've seen those words on a lot of shingles lately, but I'm never sure what they mean. Would I have to change my practice style? What exactly is a holistic physician doing that I'm not already doing?

I was trained to consider patients as people with emotions, families, and religious beliefs. I have learned to treat minds and bodies as single units. When a high school soccer player sprains his ankle, I examine

both of his lower extremities and ask how I can help him deal with the anger and disappointment of having to miss the first game of the playoffs.

I consider the whole family when I am seeing a child, because I know that children of depressed mothers and unemployed fathers are more likely to have belly pain and headaches. I'm careful not to impose my own religious views on patients, but I encourage families to include faith-based re-

sources in their search for solutions.

I support families who are searching for safe alternative therapies such as acupuncture, but if holistic means that I must embrace every unsubstantiated remedy that comes down the pike, I guess I'm not worthy of the label.

So here I am, back at square one, with a rotting shingle that isn't going to make it through another winter. I can't find a new-millennium label that fits, and a glitzy logo

isn't going to work. I guess I'll just have to stick with the same old, same old. But since the guy who's going to paint the sign is charging me by the letter, I'll make one change. "Will Wilkoff, M.D.—Pediatrics." It's four letters shorter, and it says it all. ■

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¹ Calculated dose is based on 14 mg/kg/day. Dose in teaspoons is rounded to the nearest 1/4 teaspoon and is not an exact measure of calculated dose volume (mL). 1 tsp $\approx$ 5 mL.

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Reference: 1. OMNICEF® (cefdinir) for Oral Suspension Prescribing Information, Abbott Laboratories.

Please see adjacent brief summary of full prescribing information.

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05B-034-H712-1 • February 2005

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Dr. Charles A. Scott, p. 50