

THE REST OF YOUR LIFE

For These Physicians, It's All in the Family

As a young child growing up in Venezuela, Dr. Julieta Bleichmar Holman would peer out the window when patients would approach the first-floor home office of her parents, who are both psychiatrists and psychoanalysts.

"I had a whole fantasy world about whom these people were and what occurred behind closed doors," recalled Dr. Holman, who is now a 3rd-year psychiatry resident at Massachusetts General Hospital/McLean Hospital in Boston. "Naturally, there was a jealousy about the time my parents were spending with these strangers as opposed to me. But I also recognized that people did get better. My parents would receive gifts and thank-you cards, and we would run into people in the supermarket who would come up to them and say things like, 'you saved my son's life.' ... It's a very powerful message for a young child to see that what your parents do really matters."

She also listened to her parents about how formative their medical school training was, so by age 12, she set a goal to become either a medical doctor or a scientist. "Doctors were idealized in my family," said Dr. Holman, who has a long lineage of psychoanalysts in her family. "If you're in a doctor's family, there's no higher aspiration in life than to become a doctor."

But during her freshman year at Harvard College in Cambridge, Mass., she had a change of heart after taking premed courses surrounded by "highly competitive, ambitious" peers. So she veered away from the natural sciences and earned a bachelor's degree in women's studies.

After working in Europe for 2 years, Dr. Holman reversed her change of heart and began training for a career in psychiatry and psychoanalysis. "If I was going to do anything in medicine, it was going to be psychiatry because by then I had really come to terms with the fact that what my parents did was wonderful and I wanted to do something similar," she said.

She emphasized that her parents, who are both university professors and run a psychoanalytic institute in Madrid, did not pressure her into the career choice. She described her decision as self-discovery "based on a profound identification with them as professionals, as people whom I wish to emulate."

Still, she acknowledged an underlying tension as she follows in their footsteps, such as how she can chart her own course while being true to their legacy? "It can be a double-edged sword. You often have large shoes to fill, [and] an additional challenge of figuring out how you are going to do the same thing but do it differently."

For now, she'll settle for their influence. "I often compare the belief in psychotherapy to a religious belief, where if you grow up with it, it's in the structure of your mind and how you view the world," she explained. "From my parents, I obtained a belief in the power of psychotherapy to transform people's lives."

She believes that people who become the first physicians in a family have it easier, because they "have this automatic special



The line of physicians in Dr. Richard G. Stefanacci Jr.'s family includes his father, Dr. Richard Stefanacci Sr. (left), 12 uncles, and 20 cousins and other relatives.

standing that we children of physicians don't get to have. But we on the flip side benefit from having had role models."

A Heart for Elder Care

The line of physicians in Dr. Richard G. Stefanacci Jr.'s family includes his father, 12 uncles, and about 20 cousins and other relatives. So, as the firstborn son named after his father, "It was pretty well determined that I would become a physician," joked Dr. Stefanacci, a geriatrician who is the founding executive director of the Health Policy Institute at the University of the Sciences in Philadelphia.

His father, a retired general surgeon who also practiced geriatric medicine, started taking him on hospital rounds and house calls in northern New Jersey when he was about 10 years old.

While shadowing his father as a youngster, he saw firsthand "how appreciative people were for a physician doing house calls, and how beneficial the house call experience is over seeing somebody in the office setting." Young Richard also spent summers and weekends working at a nursing home that his grandfather built in Passaic, N.J., tending to residents and helping in the physical therapy department.

"Richard followed my footsteps quickly," the elder Dr. Stefanacci said. Both attended the Kirksville College of Osteopathic Medicine in Kirksville, Mo., and both share an affinity for working with the elderly.

"But I probably did something that turned Richard away from surgery," his father confessed. During one of the hospital visits, young Richard witnessed an appendectomy. "I think he realized then that he didn't want to become a surgeon and was more interested in internal medicine." The younger Dr. Stefanacci said he prefers "the chronic, continuing care aspect of geriatric medicine" to the acute nature of surgery.

Today, he devotes most of his time to promoting education and health policy for millions of seniors in the Philadelphia area, but he likens his clinical style to that of his father's: "focused on an interdisciplinary, holistic approach to care."

Meanwhile, the elder Dr. Stefanacci, 76, is the administrator and part-owner of a 120-bed nursing home in Newark, N.J. He and his son talk on the phone almost every day about how to improve care for the elderly.

His son put it this way: "Anybody who's involved in geriatrics and loves it has some kind of a personal relationship to the field," said Dr. Stefanacci, who was the American Geriatrics Society's Medicare Health Policy Scholar from July 2003 to July 2004. "I was lucky enough for the direct influence of my father and my grandfather. Clearly, geriatric practitioners are not in this field for the finances. It's got to be a love that goes well beyond that."

Blazing His Own Dermatology Trail

Before Dr. Randall K. Roenigk began medical school, he was intent on avoiding dermatology altogether. He'd been around it plenty as the son of Dr. Henry H. Roenigk Jr., the former chair of the department of dermatology at the Cleveland Clinic and Northwestern University, Chicago, who now practices in Scottsdale, Ariz.

"I wanted to maintain my independence; I wanted to do something different," said Dr. Roenigk, who now chairs the department of dermatology at the Mayo Clinic in Rochester, Minn. "It was that rebellious thing that some kids go through. Maybe I was going through it at a later age."

He had also toyed with the idea of a career in business. In fact, he scored higher on the entrance exam for business school than he did on the entrance exam for medical school. "At the time, my father tried to discourage me from going to medical school because he thought that medicine was changing for the worse," Dr. Roenigk said. "He thought that in the old days when money was not an issue and doctors had complete autonomy, that was kind of the heyday of medicine, and he saw all the regulatory changes coming down the pike."

In perhaps another act of rebellion, the young Randall chose medical school over business school, and ultimately focused on dermatology. "I realized that I shouldn't

just try to go into something different just to be independent," he said. "I realized that dermatology was a pretty good specialty to go into."

After he completed his dermatology residency and fellowship in dermatologic surgery and oncology, he said that it took about 10 years to emerge from the shadow of his prominent father and to establish his own name in the field. "I've had lots of opportunities to get to know dermatologists and understand the specialty because of my experience through him, but also, because he's so successful at what he does, sometimes I've had to carry his reputation with me," said the younger Dr. Roenigk, who has spent his entire career at the Mayo Clinic. "My impact on dermatology has been more in the area of accreditation and certification of our surgical training as well as in the practice of skin cancer surgery and reconstruction."

The Roenigks have never practiced together, but in November, the third edition of their textbook, "Roenigk's Dermatologic Surgery: Current Techniques in Procedural Dermatology," was published by Taylor & Francis book group. The Roenigks have also organized numerous dermatologic conferences together over the years (the elder Dr. Roenigk is the founding director of Skin Disease Education Foundation), but they don't share the same practice style.

"My father has an uncanny ability at being an astute diagnostician, and he is able to adapt to new techniques better than anybody I know," said Dr. Roenigk, who also is a member of the Board of Directors of the American Board of Dermatology and chairs the Residency Review Committee for Dermatology.

His father "started out in a day when dermatology was predominantly medical and he described many of the most severe medical conditions in dermatology. He went from medical procedures—which he still does—to cosmetic procedures. He did hair transplants. He started doing liposuction. He's done dermabrasion and laser. He's someone who's been able to adapt his practice style to the needs of the patient and change with the specialty. I would say that I have adapted, but that he is able to adapt more quickly and in a substantial way."

He added that his father "likes people to think that I'm his younger brother, because he doesn't like to think that he's aging," Dr. Roenigk said. "He plans to work for another decade at least."

By Doug Brunk, San Diego Bureau

E-MAIL US YOUR STORIES

Have you ever cared for a patient that was a close friend, or known someone who has?

If so, send an e-mail to column writer Doug Brunk at d.brunk@elsevier.com.