This Editor's Page is being written during the Christmas break, a traditional period of family reunions, relaxation, recreation, and reflection. It is often a time when people step back and try to put the daily activities in which their lives are immersed into a broader perspective. In that spirit, I thought I would share with you some of my musings during this time.

The first issue that occurred to me relates to the distribution of our time as physicians. When I first considered becoming a doctor, I was told that “medicine is a jealous mistress.” As I look at myself as well as my colleagues this certainly seems to be the case. Starting in college, competition for limited medical school positions fosters a sense of rivalry that engenders a pattern of behavior emphasizing work over recreation. The long hours on duty during residency further acclimate physicians to a lifestyle centered on work. Initiating a career, be it in academics or in practice, further solidifies the focus on professional over personal activities. As our careers mature, we have already developed a work-oriented mindset that readily accepts the demands of being a physician. As practitioners, the needs of our patients are omnipresent. As academicians, there is always another study that needs to be done or paper to be written. For both, it seems there is never enough time to read all the journals or attend all the lectures to stay current with new information. So we often evolve a lifestyle consisting of brief interludes of discretionary activities superimposed upon a consuming backdrop of medical work.

It seems to me that, as physicians, we could benefit by more balance in our lives. I did not spend as much time with my children when they were growing up as I would have liked to, and now that same pattern is emerging with my grandchildren. In my view, many of our families get short-changed in the allocation of our time. I enjoyed sports such as golf and skiing very much, but just could never find the time for them. How often do any of us travel when it is not in conjunction with a medical meeting? It has often been said that a 60-h workweek is standard for physicians, an estimate which certainly rings true in my experience. Younger cardiologists are already frequently rejecting these demands and making career choices based upon lifestyle priorities. It seems to me that we could all benefit from an orientation that introduces more balance into our lives.

The consuming nature of the practice of medicine is often attributed to the enormous demands inherent in being responsible for someone’s life. There is no question that in this respect medicine differs from virtually all other professions. However, this responsibility can clearly be discharged while maintaining diverse lifestyle activities. In addition, it is important to keep in perspective our ability to salvage human life relative to natural forces, and even to the actions of other humans.

This latter point was certainly brought home this holiday by the tsunami disaster in Asia. It seems almost inconceivable that 150,000 people, most young and healthy, could have lost their lives so quickly. The ultimate toll will almost certainly be much higher. Medical measures could not have prevented this disaster. In fact, food and water may well save more additional lives than our most potent therapies. Although scientific advances through the years have produced wondrous benefits for human health, our abilities to save lives and reduce suffering often pale compared to greater natural forces.

In this same vein, it is hard to ignore the death and disability afflicted upon so many soldiers and civilians in the Iraqi conflict. The daily recounting through the press and media of the number of victims killed or wounded in Iraq has become so routine that it is barely noticed. We are becoming numb to the senseless loss of human life. The death of military combatants in the war is hard to understand. The killing of civilian non-combatants is even more irrational. Insanity reaches its epitome when suicide is undertaken in the process of killing others. As a physician who struggles to eke out every quality-adjusted life-year possible, I find the deliberate killing of otherwise healthy young people totally incomprehensible.

So, as I sit here writing this issue’s Editor’s Page during the holidays, I’m struck by several thoughts. As physicians, we have committed ourselves to prolonging life and reducing suffering, and through hard work and dedication we have been fairly successful. However, our success often seems modest compared to the effects of a natural disaster or is offset by senseless human behavior. Moreover, the benefits we can deliver often come at considerable sacrifice to ourselves and to our families. Given these considerations, I plan to introduce more balance into my life. Since I’m with my family in the Rockies and it has just snowed, I am going to end this Editor’s Page and go ski.

Address correspondence to: Anthony N. DeMaria, MD, MACC, Editor-in-Chief, Journal of the American College of Cardiology, 3655 Nobel Drive, Suite 400, San Diego, California 92122. E-mail: ademaria@acc.org.