The room was bustling as Associate Editors filed in to participate in our weekly manuscript selection meeting. Agendas were being passed out, computers powered up, and snack plates prepared. All activity abruptly came to a halt, however, as Wilbur entered the room. He had been gone for a long time battling illness, and we had missed him. One at a time each editor moved to greet Wilbur and welcome him back. It was a poignant moment, and it stimulated this Editor’s Page. This is an essay about an individual and a situation.

He is a relatively quiet man whose activities are always performed with excellence, efficiency, and without fanfare. He does not seek to draw attention to himself, and despite the competitive academic environment in which he works, is free of self promotion. Nevertheless, when he speaks, his words command attention because he almost always cuts directly to the core of an issue and provides intelligent commentary about or a resolution to the question. He is one of those unusual people for whom there is both universal respect and reflection. Wilbur Lew is more than a leader and colleague of the cardiologists at the University of California at San Diego, he is a good friend.

It is not surprising, therefore, that a pall came over the cardiology program when Wilbur became ill. His treatment would require that he be absent from his position for months. In typical fashion, he tied up all loose ends and made provisions for his responsibilities during his absence. Therefore, although abrupt, his departure was smooth and did not create waves. However, I was still impressed that Wilbur’s illness was not often a topic of conversation.

The response of physicians to the disease of a colleague strikes me as an interesting phenomenon. Dealing with illness and death as we do, we tend to build a barrier of subconscious denial. Illness is often thought of as something that happens to others, not to their doctors. The mindset of a protective shield of immunity serves us well and enables us to function smoothly amidst morbidity and mortality. However, our actual vulnerability is exposed when one of our colleagues becomes ill. Confronted with this threat to our mindset, a convenient response is to ignore the problem. It has been my experience that physicians often devote surprisingly little attention to medical illness experienced by their associates, especially when it is serious and not amenable to easy cure. In retrospect, I probably exhibited this same behavior toward Wilbur; I did not pay as much attention to him as I likely would have to a good friend with a similar condition who was not a co-worker.

Perhaps an additional factor that impacts our interaction with such colleagues is discomfort produced by discussing the specifics of the illness, which can only be possible with another physician. Visits to patients outside the medical profession are often fairly superficial: how do you feel, what do the doctors say? However, we can go into much greater detail with our associates, discussing specific findings with clear prognostic implications or the pros and cons of therapeutic options. The ability to probe to this degree may give us more information than we want to know or lead to uneasiness on the part of the patient. Again, it may be more convenient to avoid the issue completely. We all treaded lightly about the details with Wilbur.

Another aspect of disease in a medical professional is the adaptation of the physician to the role of patient. Based on my own experience, we are torn between the extremes of complete surrender of care to our doctor versus intense study and questioning of every aspect of management. We may know just enough to be dangerous or actually be quite expert. In either event, we face the need to balance reasonable participation in the case against the advantages of the objectivity brought by the attending. (In the course of a surgical procedure I was once silly enough to try to adjust the doses of my own medications.) This is a fine line we walk, the difficulty of which we often fail to acknowledge. Being a patient is challenging for anyone, and even more so for a physician. Wilbur assured me of that.

As physicians, we also have a special effect on those taking care of us. Recognizing the knowledge we possess, we are sometimes treated differently. We are often shown our own studies to interpret before anyone else, and frequently we are given more detailed information than is useful. (Once when I sought medical attention I was given a stack of reprints and instructed to read them and then tell my doctor what I wanted him to do.) Some physicians feel so strongly that their care may be altered that they seek attention anonymously outside their own medical community. Wilbur did this out of necessity, although he told me that he still often struggled with the appropriate interaction with his care team.

So Wilbur’s condition stimulated me to think about the situation presented by the illness of a physician. Immersed in the disease of others as we are, it has been my experience that we devote substantially less attention to our own health.
We work long hours under stressful conditions, often eat on the run, and fit in conditioning as we can. It is my impression that, as a group, physicians undergo less periodic medical evaluations than others. We seem to be uncomfortable in the role of patients and in dealing with the complexities of our interaction with care givers. When we do get sick, we often take care of ourselves, use whatever medications may be available as samples, and focus on missing the least time from work possible. I believe this behavior may be part of the psychologic firewall we construct between patients with disease and doctors who take care of them. Illness on the part of one of our colleagues unmasks this veil and is often very difficult for us to deal with. It exposes our vulnerability, and so we often tend not to pay great attention to our own symptoms or the disorders of associates, even when they are well respected and good friends.

In my opinion, we physicians would be well advised to direct more attention and energy to our own health. We should recognize that we will all require medical attention at some point and accept the role of patient. When in the position of caring for a colleague, we should try to treat them as much as possible as any other knowledgeable patient. And when one of our colleagues is ill, we should treat them just as we would a family member or any other friend.

This whole essay was stimulated by the return of Wilbur from a prolonged absence due to illness. The response of the editors to Wilbur's return surely reflected the success of his medical therapy and the implications that success conveyed on any disorder we ourselves might contract. But in great measure it also represented a response to the return of a really good person and friend. Over time we had bonded as a medical family, perhaps more than we had realized, and Wilbur was an important part of our matrix. Wilbur was back, our medical (and editorial) family was whole, and the relative importance of what we were doing was placed in proper perspective.

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