

# Reflections and a Call to Action

Here's an open letter to lawmakers.

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*Excerpt from: What It's Like to Become a Doctor: The Year-by-Year Journey from Medical Student to Practicing Physician, by Matthew Moeller, MD, Greenbranch Publishing, 2016; www.greenbranch.com.*

Let me take you back to my second year of fellowship. I had gone through five years of call, long work hours, mountains of debt, the risk of lawsuits, and several moves, all while raising a family. One night on call, when I was feeling a rush of emotions, I wrote down my thoughts and asked a friend of mine to publish it on his blog, The Caduceus Blog ([www.caduceusblog.com](http://www.caduceusblog.com)).

KevinMD, the largest social media platform for medicine, picked up the blog entry and published it in March 2013. The article went viral, receiving more than one million hits on various websites and 66,000 shares and “likes” on Facebook within four days. It really seemed to hit a nerve with the public. It also had some critics, including lawyers, who thought, “How can he complain when he makes more than most people in the country?” The article, reprinted below, really summarizes my thoughts.

## My Personal Open Letter to Lawmakers

I am writing this letter because I feel that our leaders and lawmakers do not have an accurate picture of what it actually entails to become a physician today; specifically, the financial,

intellectual, social, mental, and physical demands of the profession. This is an opinion that is shared among many of my colleagues. Because of these concerns, I would like to personally relate my own story. My story discusses what it took to mold, educate, and train a young Midwestern boy from modest roots to become an outstanding physician, who is capable of taking care of any medical issues that may plague your own family, friends, or colleagues.

I grew up in the suburbs of southeast Michigan in a middle-class family. My father is an engineer at General Motors, and my mother is a Catholic school administrator in my hometown. My family worked hard and sacrificed much to enroll me in a private Catholic elementary school in a small town in Michigan. I thought I wanted to be a doctor in fifth grade based on my love of science and the idea of wanting to help others despite no extended family members involved in medicine. Winning a science fair project about the circulatory system in sixth grade really piqued my interest in the field.

Throughout high school, I took several science courses that again reinforced my interest and enthusiasm toward the field of medicine. I then enrolled at Saint Louis University to advance my training for a total of eight years of intense education, including undergraduate and medical school. The goal was to prepare myself to take care of sick patients and to save the lives of others (four years of undergraduate pre-medical studies and four years of medical school).

After graduation from medical school at age 26, I then pursued training in Internal Medicine at the University of Michigan, which was a three-year program where I learned to manage complex problems associated with internal organs, including the heart, lungs, gastrointestinal tract, kidneys, and others. I then went on to pursue an additional three years of specialty medical training (fellowship) in the field of gastroenterology. The completion of that program topped off 14 years of post-high school education. It was at that point, at the tender age of 32 and searching for my first job, that I could say that my career in medicine began.

Over that 14-year time period of training, I, and many others like me, made tremendous sacrifices. Only now as I sit with my laptop in the dead of night, with the sounds of my children sleeping, can I look back and see where my journey began.

For me, it began in college, taking rigorous pre-medical courses against a large yearly burden of tuition: \$27,000 of debt yearly for four years. I was one of the fortunate ones. Because I excelled in a competitive academic environment in high school and was able to maintain a position in the top tier of my class, I obtained an academic scholarship, covering 70% of this tuition. I was fortunate to have graduated from college with “only” \$25,000 in student debt. Two weeks after finishing my undergraduate education, I began medical school. After including books, various exams that would typically cost \$1,000–

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\$3,000 per test, and medical school tuition, my yearly education costs amounted to \$45,000 per year.

Unlike most other fields of study, the demands of medical school education, with daytime classes and night time studying, make it nearly impossible to hold down an extra source of income. I spent an additional \$5,000 in my final year for application fees and interview travel as I sought a residency position in internal medicine. After being “matched” into a residency position in Michigan, I took out yet another \$10,000 loan to relocate and pay for my final expenses in medical school, as moving expenses are not paid for by training programs.

At that point, with medical school completed, I was only halfway through my journey to becoming a doctor. I recall a moment then, sitting with a group of students in a room with a financial advisor who

was saying something about how to consolidate loans. I stared meekly at numbers on a piece of paper listing what I owed for the two degrees that I had earned, knowing full well that I didn’t yet have the ability to earn a dime. I didn’t know whether to cry at the number or be happy that mine

I then relocated to Michigan and moved into a small condo in Ann Arbor, where I started my residency. As a resident in internal medicine, I earned a salary of \$39,000. All the while, interest continued to accrue on my mother-lode of debt at the rate of \$6,000 per year due to the high

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was lower than most of my friends. My number was \$196,000.

\$196,000. That was the bill for the tuition, the tests, the books, and the late-night pizza. \$196,000 financed through a combination of student loans, personal loans, and high-interest credit cards, now consolidated, amalgamated, homogenized into one life-defining number for my personal convenience.

debt burden. Paying down this debt was not possible while raising two children. My wife began working, but her meager salary as a teacher was barely enough to cover daycare costs. During residency, my costs for taking licensing examinations, interviewing for specialty training positions, and interest on the large loan ballooned my debt further, now exceeding \$230,000,

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all before I began my career as a “real doctor.”

Relatives and friends often ask me, “Now that you are a ‘real’ doctor, aren’t you making the big bucks?” While I am fortunate to now be making a higher salary, some basics of finance make my salary significantly less than meets the eye (<http://drbenbrownmd.wordpress.com/>). First, I was 32 years old as I began actually working as a physician, and I now had over \$230,000 in debt. Had I invested my talents in other pursuits, such as law school, I would not have built up this level of debt. Also, as I did not start saving when I was younger, financially speaking, I have lost the past 10 years without the ability to save and invest to earn

talk, and work as a very efficient machine, able to handle emotions, different cultures, different ranges of intellect, all to promote the health of America. We are doctors.

In reading this letter, one may think that one has to sacrifice a significant amount to become a great physician. You may think we face physical and mental stress that is unparalleled. You may begin to think that doctors not only have to be smart, but they have to know how to communicate with others during very emotional times. You may think that we must face adversity well and must develop very thick skin to handle all walks of life, especially when dealing with sickness and death on a daily basis.

Now that you see this additional aspect to our career, you may think that we have a tough job to

political voices who were physicians when the times were different, when doctors did get reimbursed fairly for their work, when student loan debt was not this high, and when lawsuits were less prevalent. Many of the loudest voices in the healthcare debate are those of lawyers and lobbyists for special interests. They do not care about the well-being of patients; that is what doctors do.

I want to make it clear that this letter is not just another story about the difficulties of becoming a doctor and being successful in medicine. I do not want you to think I am complaining about how hard my life is and used to be. In fact, I love my job and there is no other field I would ever imagine myself doing. My true wish is to illustrate the sacrifices doctors do make because I feel we are not represented when laws are made. These sacrifices include a lack of quality family time, our large student loan debt, the age at which we can realistically start saving for retirement, and the pressure we face with lawyers watching every move we make. Yet we make these sacrifices gladly for the good of our patients.

I want to challenge our leaders to address the points I have made in this letter, keeping in mind that this is an honest first-hand account of the personal life of a newly-practicing physician. It is a letter that speaks for almost all physicians in America and our struggles on our arduous yet personally rewarding life. It is not just a letter of my own journey, but one that represents most physicians’ path on our way to caring for America’s sick.

You may ask how I had the time to write this letter. As I’m sure many of you do, I made time. It is now 3:00 a.m. on my only day off this month. I considered this a priority. I hope you feel the same. I just finished my 87-hour week. Time for a short rest. **PM**

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compounding interest. In addition, as physicians, although we make more money than many others, we are not reimbursed for many of the services that we provide.

We do not “clock” the number of minutes, as attorneys do, when we talk with patients. We do not hang up the phone as attorneys may do if they are not going to get paid. No, we listen to patients and answer their questions, however long it may take. Even if it is the 32nd straight hour of work, which happens very often, we listen, respond, and formulate a logical plan. If it involves calling a patient at home after I just worked 30 hours in a row and just walked in the door to see my family, I do it. I never come “home” from work. As physicians, we are always available, and have to respond in an intellectual way using the \$230,000 rigorous education that we received. And if we don’t do our work well, we don’t just lose business, but we can lose our livelihood through lawsuits.

You may ask why do we do all of this? It’s because we have pride in what we do. We truly care for the well-being of the human race. We have been conditioned to think, act,

tackle several tasks at once, demanding much versatility. You may think someone needs a great work ethic to do what we do. You must think that not only do we have to know science extremely well, we also have to know other areas such as writing, history, math, even law given the multiple calculations we go through in our heads on a daily basis and conversations we have with families. And finally, you must think we know finance, as we have to try to balance a \$230,000 loan while making \$50,000 at age 30.

Now imagine, if you would, having \$230,000 in debt with two young children at age 30 and listening to the news, with lawmakers saying that doctors are “rich” and should have their pay cut. Or that “studies show that doctors lack empathy.”

Unfortunately, we physicians do not have much of a voice on Capitol Hill. There are not enough doctors in Washington, DC who can offer the insight of this letter while lawmakers in Washington, DC, discuss healthcare reform. One may hear from leaders of the American Medical Association, but these are not the doctors on the front lines. These are the older



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