

From the EDITOR



Dr. Wulf H. Utian, consultant in women's health and reproductive endocrinology, has served as Editor-in-Chief of *Menopause Management* since its inception in 1988. The Arthur H. Bill Professor Emeritus of Reproductive Biology and Obstetrics and Gynecology, Case Western Reserve University School of Medicine, he is also Consultant in Women's Health to the Cleveland Clinic, and Executive Director of The North American Menopause Society (NAMS). He is Chairman of the Advisory Board of Rapid Medical Research, Cleveland. He received his medical degree from the University of Witwatersrand, Johannesburg, South Africa, and his PhD from the University of Cape Town, South Africa, and is a Fellow of the Royal and American Colleges of Obstetricians and Gynecologists, as well as the International College of Surgeons. In 2007 he earned the DSc(Med) degree from the University of Cape Town, its highest degree and only awarded 11 times in over 100 years.

A pioneer in Women's Health issues and menopause research, in 1967 he established the Grootte Schuur Menopause Research Clinic in Cape Town, the world's first such clinic. He was one of the three original founders of the International Menopause Society in 1976, of which he is Honorary Past President, and founded the North American Menopause Society in 1989.

He is the recipient of numerous national and international awards and research grants, and is still an active investigator with multiple grants. Dr. Utian has written over 200 papers related to the reproductive system in women and has authored five books on menopause and its effects on women. He is editor of *Menopause: The Journal of The North American Menopause Society*.

Be a Menopause Practitioner and Escape the Trend of Medical Fragmentation

Many years ago a cynical but wise teacher remarked to our medical school class that "you are a group of smart people who will doubtless specialize. What that means is you will progressively know more and more about less and less until you know everything about nothing!"

I remembered this warning fairly recently when my wife fractured her ankle while hiking near a small town at the very tip of Africa. Although she received absolutely outstanding treatment in a remarkably short time at a small cottage hospital, we were returning home a couple of days later, so I called my world-renowned institution, the Cleveland Clinic, from South Africa to set up a follow-up orthopedic visit. What followed was a lesson in super-specialization. Each name I mentioned to the appointment secretary was ruled out because the individual was a "hand" or a "back" or a "neck" or a "hip" or a "knee" or a "spine" specialist. The ankle person, it transpired, after spending more time on the phone than the entire treatment process had taken, was going to be on spring break and unavailable. Was not at least one of the other orthopedic surgeons able to check an ankle x-ray for displacement, I asked in vain?

Glass Houses

Of course, as I considered the evolution of my own specialty, obstetrics and gynecology, I realized that people in glass houses should not throw stones. When I entered practice all OB/GYNs were generalists, with careers often starting with younger patients (weighted toward obstetrics) and progressing with time to older women and becoming predominantly gynecologically oriented. We intubated the newborns when necessary and performed the entire spectrum of procedures, from lancing an

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abscess to performing extended cancer surgery. But the 1970s brought the onset of fragmentation with the development of subspecialty boards and, within time, subspecialties within the subspecialties.

Almost gone are the days when you knew the patient; who she was, her family, her concerns, her joys or her sorrows. Now we refer or are referred to. Patients complain that physicians are cold and impersonal. Medical errors are more frequent because the big picture may be missed. "Health providers" (what an unattractive term!) are harassed, rushed, have less job satisfaction and are less happy with their careers.

Bucking the Trend

Does it have to be this way? Some specialties have managed to minimize or avoid this fragmentation with a variant of super-specialization. Some family practitioners and general practitioners are the exception to the rule. Certainly, there is much to be learned and emulated from their practice patterns.

Menopause practice is one way of bucking the fragmentation trend. This is not retirement medicine for the gynecologist at the dusk of a career, but truly a broad and attractive area of practice in which you get to know your patients, see them year after year, and find that consultations can be almost like social encounters. Just how fulfilling this can be was brought home to me when I stopped seeing patients last year after 40 years of active practice, the last 30 in Cleveland. Patients, some who had been with me for the entire time and were in their late 80s and early 90s, reminisced on our encounters—their problems dealt with, the ups and the downs, the children, the grandchildren, the loss of spouses, the divorces, the remarriages, the funny events—all the things that had gone to make each day so diverse, so interesting, so challenging and so far removed from doing the same procedure over and over and over. This was a heartwarming and traumatic experience at the same time.

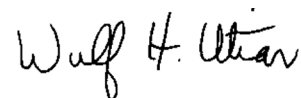
A Diverse Specialty

Simply looking at the table of contents of the 3rd edition of the NAMS textbook *Menopause Practice: A Clinician's Guide* lends emphasis to the diversity of this specialty. The menopause practitioner has now become a uniter of medical specialties in this fragmenting arena. The diversity of specialties within medicine and nursing represented by those who sit for the credentialed NAMS Menopause Practitioner examination bears witness to the wide scope covered, and the opportunities for incorporation of both screening and treatment modalities into your clinical practice.

Let me not mislead you. A practice limited to menopause consultations provides a considerable business and fiscal challenge in this discombobulated medical climate in which we practice. Why a surgeon taking out an appendix gets over 10 times the reimbursement of that for a complex face-to-face clinical consultation that takes equal practice time both bamboozles and angers me. NAMS has developed a booklet entitled "Focusing Your Practice on Menopausal Women," which delves further into this and other aspects of practice. You may want to read or order the booklet on the NAMS Web site (www.menopause.org).

A Time To Re-evaluate

This may be a good time for you to re-evaluate what is happening to you, your life and your practice. Do you wake in the morning raring to go, or do you try and dive back under the blankets to avoid a cloud of gloom? If you have not considered the possibilities and rewards of menopause practice, come to a NAMS meeting, or review the Webcast from our meeting in Dallas last October on the NAMS Web site. There could be a whole new world of stimulating medical practice just waiting for you to enter. Good luck!



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