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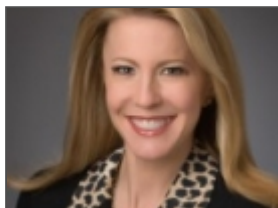
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One Woman's Journey of Courage: Maggie Kozel, MD and her decision to leave the medical profession

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While riding the school bus in high school, Maggie Kozel had an epiphany. She decided she wanted to become a doctor and

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save lives. She envisioned herself wearing a white lab coat, handily diagnosing illnesses, ordering tests, and writing prescriptions. She saw herself happy, successful, and respected.



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This was a pretty lofty goal for the child of an alcoholic family whose key to childhood survival had been to fly below the radar of her parent's bouts of drunken rage. But that's exactly what she did; she studied hard, worked several part-time jobs, and was eventually accepted into an elite medical school.

While completing an internship at the National Naval Medical Center in Bethesda, Maryland, Maggie found her passion as a pediatrician. "By the end of that pediatric internship rotation I had acquired an army of puppets and toys for my own amusement and that of my patients and came to realize that I felt more at home in my doctor skin than I ever had."

She went on to experience universal medicine while working as a navy pediatrician and then felt culture shock when she went into private practice and encountered the complexities of the U.S. health care system: from confronting HMOs and managed care, to dealing with the litigation anxiety that characterizes the life of an American doctor. The modern health-care system she experienced upended her idealistic view of medicine. And she watched as the method of paying for health care reached its way into the exam room, putting a stranglehold on how doctors practice, and profoundly influencing the doctor-patient relationship.

Ultimately, Maggie made a heart-wrenching decision to leave medicine to teach high school chemistry and tells about her experiences in the newly released book, [*The Color of Atmosphere*](#). I spoke with Maggie to find out why she and other doctors are increasingly walking away from a profession they love and to find out her advice to other women who are considering a career change.



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Q&A with Maggie Koziel, MD

Question: *How does a girl from Point Lookout, Long Island, wind up at Georgetown Medical School?*

Maggie: I was fortunate to find something I was passionate about at a pretty young age. I was fifteen years old when I started studying biology, and I really became infatuated with it. Everything else paled in comparison. It's what I wanted to do with my life. Being a doctor was the only career I was aware of in the life sciences, so it seemed the obvious choice. And the beauty of being a naïve fifteen year old was that it never occurred to me that it might be too hard or that I might not get into med school. I just assumed that if I wanted it badly enough, I could do it.

I think that's a real advantage for a young person – to be a little oblivious to all the reasons a plan might not work. The other significant piece was that I saw a medical career as my ticket out of what was a pretty miserable home life. I needed to know that there was something much better out there waiting for me.

Question: *With so many doctors interested in lucrative specializations, why were you interested in becoming a pediatrician?*

Maggie: When I was 25 years old, I didn't think money mattered. And truth be told, when you work 100 hours a week or more in the hospital, money doesn't matter all that much. Also, I think we were all more naïve about income than today's young doctors are. Most of the established doctors we worked with all made extremely good incomes without a lot of hassle. We didn't see what was coming down the road

It was also a very idealistic age – I wanted to do direct patient care. I loved the personal interaction and the holistic approach to health that you see in primary care. And most of all I loved how healthy children are; they don't come in with the self-inflicted lifestyle ailments that plague so many adults in our society, and the restorative abilities of their bodies when they do become ill is practically miraculous. Pediatric medicine is an amazing field. Unfortunately, the way I earned a living came to be a far cry from what I was actually skilled in.

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Question: What do you see as the biggest challenge women in medicine face?

Maggie: The culture of medicine has changed in many ways since I was in medical school, and I think that the growing number of women physicians has encouraged that. The top-down, authoritative doctor-patient relationship is just not tolerated as much anymore. A great value is now placed on physicians who know how to listen and express themselves in a caring way.

Many male physicians certainly do this too, but women coming into the field in large numbers changed the old notions of the doctor's role, bringing more compassion and human warmth and partnership into the exam room. Greater female presence has also helped to ease medical education out of the survival-of-the fittest mode I experienced in med school. The other challenges women face today are the same they face in other fields – balancing family responsibilities with their careers, and earning less income on average than their male peers.

Question: Would you support a public health system similar to what you experienced in the Navy? Why?

Maggie: In my thinking, the key elements to an effective health care system are: First, be smart about what we want. Priorities and clinical strategies should be set by medical experts based on scientific evidence and cost analysis, and those decisions need to be insulated from the kinds of financial incentives and disincentives that special interest groups exert.

Once we reach some sort of consensus about what smart, compassionate and effective health care is, then we can figure out the most efficient and cost-effective way of delivering it. My sense is that our entire health care system – not just the way we pay for it – would look very different from what it looks like now, and that the most effective way to fund it would be a national single-payer system. And from my experience in the Navy, I can attest that this is not a frightening or unrealistic proposition. I have seen it work firsthand.

Question: Why did you decide to leave medical practice?

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Maggie: At the time I left, I was sure it was the right decision, but I couldn't synthesize all the different factors together in an articulate way. That is precisely why I wrote the book and what it lays out. I was disentangling it as much for myself as for anyone.

The easiest, simplest answer is also the truth: I was exhausted. Crazy schedules and sleepless nights start to catch up with you in your forties. But that was just the tip of the iceberg. With each passing year, my practice reflected less and less what I was trained to do, and between the pressure from parents and the challenge to meet their expectations, my work too often became disconnected from best practices. My day became shaped more and more by what insurance companies paid for rather than what was best for my patients. It was demoralizing. When another opportunity—teaching—dropped in my lap, I surprised myself at how readily I jumped at it.

Question: *You keep your license up to date and fulfill your continuing education requirements. Are you planning to return to medicine? What would it take?*

Maggie: I miss pediatrics. While I don't think I would take on a regular private practice again, I wish I could still practice on a part time basis. Nothing would make me happier than to volunteer in a community health center. But the problem is malpractice insurance. Even to work as a volunteer, you need to have insurance coverage. And you have to be earning a pretty hefty salary in order to justify the premiums.

There are a growing number of former primary care doctors out there who would reenter practice if there were mechanisms in place to help them. Maybe I'll figure out a way to do that someday. For now, I get a great deal of satisfaction writing about my experiences in health care. And I love teaching chemistry.

Question: *You did a lot of soul-searching before you gave up your career as a doctor to become a high school chemistry teacher. What advice would you give women who find themselves disillusioned with their current career and looking for other opportunities?*

Maggie: What I have learned from my own experience is that it is passion that sustains us, and when we feel that passion ebbing, it is time to reflect and think about what we need to do to reenergize. This lesson was driven home to me in reverse; I didn't realize the true extent to which I had grown tired and discouraged until after I made my career change. Suddenly I felt healthier, more energetic, and liberated. It opened up new intellectual, creative and personal pathways.

What I also learned though is that such a major change, especially when it goes counter to cultural expectations, requires not only resiliency, but a tolerance of ambivalence. No choice is perfect, no solution complete. As I agonized over my decision, I realized that I would have some regrets and doubts no matter what choice I made. My move from medicine to teaching high school science and writing about health care has been immensely rewarding for me. But there are moments when I really miss pediatrics, and when I feel grief that medicine changed so much for me. I can live with that ambivalence. I know, at least for myself, that a "non-choice" – continuing business as usual – would have been a less healthy one for me. Even if you ultimately decide not to make a career move, your path will likely change just by virtue of having gone through the process of self examination.

So my advice: Weigh your options rather than look for the "right" move, expect and accept ambivalence, and once you make your decision focus on the opportunities that your fresh path offers.

~ *Lisa Quast*

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