

A Country Doctor

Steven Smith, MD, works overtime to care for a small community in rural Florida.

AT 10 O'CLOCK IN THE EVENING, when most other people are getting ready for bed, Steven Smith, MD ('74) finally closes up shop for the day at his family medical practice, where he may see 50 patients a day. He tends to do his grocery shopping late at night for that reason, and because he knows just about everyone in town, he is less likely to be waylaid by someone seeking a diagnosis in the cereal aisle.

Raised in the Westchester suburbs of New York City and trained in the Big Apple, Dr. Smith has spent the past 31 years treating patients in and around Marathon, a community of just over 10,000 midway down the Florida Keys, about 100 miles from Miami in one direction and 50 miles from Key West in the other.

How does he feel about being the go-to person for small and large medical issues at any time of the day or night? "It's part of the job, I guess," says Dr. Smith. "It's nice

to be relied on and respected."

A long swath of the southernmost area of the continental United States relies on Dr. Smith. Not only is he a general practitioner with a robust primary care practice, but he is also a board-certified surgeon and the only general surgeon now in town after his lone colleague relocated last year. Mornings usually find him at Fishermen's Hospital in Marathon, performing a wide variety of scheduled procedures and operations. Dr. Smith ticks off the most common:

"surgical endoscopies, colonoscopies, hernia repairs, breast surgery, gallbladder surgery, colon surgery, gastric surgery, bowel surgery, some vascular surgery." Beyond that, he's on call 24/7 at Fishermen's emergency room, where he deals with anything from shark attacks to car accidents to bullet wounds.

Dr. Smith's humanitarian commitment—his typical work week averages about 100 hours—and the diversity of skills he brings to his vocation are why Staff Care, a company that provides temporary staffing services for healthcare facilities around the country, recently named him 2009 Country Doctor of the Year. It was the first time the organization has given the award to a dual-purpose physician who also performs surgery, rather than someone who is strictly a family-care practitioner.





The award was created in 1992 to highlight the extraordinary dedication of rural doctors who practice in communities with populations of 20,000 or less. “Younger doctors usually train in large urban hospitals where they are used to having a lot of specialists around and all the latest technology,” notes Phil Miller, director of communications at Staff Care. “To go from that to a remote area where there may not be anyone to consult with as you’re making life or death decisions isn’t easy.” In Miller’s view, professional isolation has contributed to the shortage of physicians in rural areas. (See sidebar.)

To Dr. Smith, the spectrum of tasks that rural doctors perform makes his work both satisfying and very challenging. “That’s my favorite part of the job. You never know what you are going to be doing,” he says. At the same time, he acknowledges that it can be lonely in a way that comes from bearing great responsibilities. Dr. Smith recalls one patient who almost lost a leg because an infection wasn’t responding to treatment and no hospital in the metropolitan areas of Dade and Broward counties would accept him because he didn’t have insurance. “Fortunately, I made a good guess that his problem might be fungal,” he says, “and all of a sudden it turned around and we were able to save his leg. But it could just as easily have gone the other way.”

Dr. Smith found his way to Marathon by way of a five-year residency at the Tulane University division of Charity Hospital in New Orleans. “I really enjoyed my time at NYU, but I didn’t enjoy New York City,” he says. “The living conditions were too packed, and I felt claustrophobic.” At that time he was a trumpeter who moonlighted in show and dance bands, so he headed for the Crescent City, where the demands of his clinical rotations soon squeezed out any kind of performance schedule.

“As part of my residency, I was sent out to some very rural hospitals where I was the most senior physician,” he recalls. “I found myself taking care of a whole range of surgical emergencies.” When it came time to move on, he harkened to a passion for the water, instilled in him as a child through hours spent on Long

Island Sound with his father, Louis, who was also a physician and NYU School of Medicine graduate (’42), as is Dr. Smith’s brother, Neil (’78). He sought out a job on the Keys, figuring that if his recreational time was going to be limited, he wanted to be close to activities that he loved, like diving and fishing. He convinced his wife,

▶ **“THAT’S THE FAVORITE PART OF MY JOB. YOU NEVER KNOW WHAT YOU ARE GOING TO BE DOING.”**

who helps maintain his office, to try it out for a year. That was in 1979.

His workday typically starts in the operating room at 7:30 a.m. After seeing dozens of patients in the afternoon and evening, the wee hours might still find him in the emergency room, tending to

extreme cases. Although it is a grueling schedule, the proximity of the Atlantic and being tightly woven into the fabric of the Keys bring great satisfaction. As Dr. Smith says, with characteristic understatement, “It’s nice to be part of a community.” ● —ERIC GOLDSCHIEDER

A Vanishing Breed

■ **ARE COUNTRY DOCTORS A VANISHING BREED?** As longtime rural practitioners like Dr. Steven Smith approach retirement age, researchers and policymakers are increasingly concerned that there aren’t enough young physicians to replace them. “The number of doctors practicing in rural areas is not keeping up with the number of people living in these areas,” says Dr. Frederick Chen, a family doctor who is also a researcher with the federally funded Rural Health Research Center at the University of Washington School of Medicine in Seattle.

Dr. Chen was lead author of a study that tracked the 175,649 clinically active physicians in the U.S. who graduated from medical school from 1988 through 1997 to find out where they are heading geographically. The study, published in 2008, shows that by 2005, when most were well into their residencies or beyond, barely 20,000 of them, or 11 percent, had chosen to settle in a rural community.

One reason for this disparity, according to the study, is that most young doctors now gravitate to specialties, leaving far fewer generalists capable of discharging the wide range of duties required of a country doctor. According to the American Academy of Family Physicians, the percentage of medical school graduates opting for primary care residencies dropped by 53.7 percent from 1997 through 2009.

This declining interest in primary care is causing alarm among those already concerned about the shortage of doctors in rural America. “The majority of physicians who take care of rural communities are primary care doctors,” says Dr. Chen. “We are really worried about the implications of this trend for rural areas.”

Dr. Chen’s report was done for the Health Resources and Services Administration (HRSA), a division of the U.S. Department of Health and Human Services. Joan Van Nostrand, PhD, director of research for HRSA’s Office of Rural Health Policy, says that one of the solutions being actively pursued is to get more young people from sparsely populated areas interested in medical careers through outreach efforts starting as early as the fourth grade.

Doctors who grew up in rural areas “understand the problems in terms of health status, health behaviors, and infrastructure,” notes Van Nostrand. Just as important, she adds, “They tend to go back to rural areas after they’ve been educated and gone through their residencies.” The future answer to the shortage, in other words, could very likely come from the same children that America’s country doctors are working overtime to care for today.