Sanford (Sandy) Kimmel, M.D., F.A.A.F.P.

1. Where did you go to medical school? Where was your residency?
I went to medical school at The Ohio State University College of Medicine, Columbus, Ohio, graduating in 1974. I then completed my family medicine residency at the former St. Elizabeth Medical Center in Dayton, Ohio, in 1977. I followed this, with two years of pediatric training at Columbus (now Nationwide) Children's Hospital in Columbus. I subsequently became board certified in both family medicine and pediatrics.

2. Please describe your current (and past) practice setting/patient population - (i.e. rural, urban office setting; geriatrics, sports medicine, academic medicine, etc.)
I practiced full-time pediatrics for two years in Findlay, Ohio, but precepted at the Medical College of Ohio (MCO) Family Practice Center, Toledo, Ohio, two-half days per month. My wife, Sharon, and I moved to Toledo, in 1982 when I was offered a full-time position in the Department of Family Medicine at MCO by Dr. Harry Mayhew, who was chair of the department at that time.

3. Why did you choose family medicine? Was there a particular event/person that helped you decide to enter family medicine?
I grew up in a small town of 1,100 people that had two family physicians, so that was the model of care that was familiar to me. In medical school, I spent my first month on community medicine in Dover/New Philadelphia, Ohio. I lived with Dr. Jim Hoagland and his family for much of the month. He did everything from anesthesia to obstetrics, and saw patients in his office, which was then located on the lower level of his home. I also recall going on house calls with him. He truly was a model family physician.

4. While working, what is the best part of your day? Why?
Like many family physicians, the best part of my day is when I am seeing patients that I have known and cared for a long time. In some cases, I now care for their children's families and their grandchildren. Because of my additional pediatric background, I always look forward to seeing children, so it is rewarding to see the children and grandchildren of my older patients. This allows for a longitudinal perspective of care that is unique to family medicine.

5. What is the most difficult part of your day? Why? How do you deal with it?
Over the years, the paperwork hassles have become even more onerous. Filling out FMLA and disability forms is time consuming and rarely or poorly reimbursed. In addition, insurance

companies issue denials for care, tests such as MRIs and their pharmaceutical plans often indicate a drug is non-formulary. Family physicians have to attend to this so their patients can afford their medications. I believe that family physicians should be compensated for managing and coordinating these additional aspects of their patient's care. Additional funds for management and coordination of patient's care are a part of the recommendations for "the medical home" concept of patient's care that are being piloted.

6. What do you think is the most important personality trait that a family physician can possess? Why?
Different patients have different personalities just as doctors have different personalities. Although I tend to be detail oriented, I think it is important that family physicians be able to take the 'long view' in terms of assessing how different factors impact a patient's life. They should be approachable and tolerant within reason. People's responses to illnesses vary according to a variety of factors beyond their own physical resources, such as their social support system. The famous clinician Sir William Osler stated, "Variability is the law of life, and as no two faces are the same, so no two bodies are alike, and no two individuals react alike and behave alike under the abnormal conditions which we know as disease."

7. What do you think patients value the most in their physician? Why?
I think patients value accessibility, not just in their physician's physical accessibility but also their mental accessibility. Are patients able to get in to see their doctors in a reasonable time? Do their physicians listen to them? Are the physicians interested in them as a patient and a person? As Sir William Osler also stated, "Care more for the individual patient than for the special features of the disease. . . . Put yourself in his place . . . The kindly word, the cheerful greeting, the sympathetic look -- these the patient understands."

8. What have you learned from your patients?
I certainly have learned that I do not know everything and sometimes the best I can do for a patient is to offer empathy and emotional support. Science is wonderful but it still has its limits. That is why medicine is still an art.

9. What can medical students do right now (other than study) to make themselves become more ready to become family physicians in the future?
Broaden your horizons. While we are not all Renaissance men or women, it helps to have a broader view of the world and enriches us in the process. Family physicians care for individuals, their families and their communities.

10. What other advice do you have for students who are interested in family medicine? And, for those who are not sure yet?
Family medicine is a great specialty for those who like to develop long-term relationships with patients. Participate in a continuity of care clinic if your medical school has one. Spend time with family physicians that you respect. Family medicine provides care for the broad and common range of conditions affecting at least 90 percent of the population. However, it is important for a family physician or really any physician to know when they do not know something. It is important to ask other members of the healthcare team including nurses and other healthcare professionals in addition to other physicians. Although subspecialists operate within a more circumscribed subset of knowledge, it is impossible for any person to know everything. Therefore, we must all know our limits.