

Don't Show Me the Money

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by Stephen J. Busalacchi; Publisher, Apollo's Voice, LLC

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John A. Frantz, M.D. (M'46) met Mary Hodge more than 60 years ago when he was a University of Rochester School of Medicine and Dentistry student and she was a graduate student in the Department of Physiology. They married in 1946. Mary Frantz was a Rochester medical school student for two years but earned her M.D. at the University of Colorado in 1951. The couple has practiced medicine for more than a half century in Monroe, a small community in Wisconsin. They have no plans to actually retire and continue to practice medicine today, perhaps not even earning \$5 an hour. "Mary and I have been very fortunate in preserving our youthful idealism and other youthful attitudes. The medical school's emphasis on avoiding destructive competition among its students is certainly a factor," John Frantz says. But practicing medicine for a minimum wage has its frustrations. Stephen Busalacchi interviewed the couple at their home.

John When we got old enough, we were compelled to take our retirement income or pay a 50 percent penalty on what we should have taken. We decided that we might as well work for fringe benefits only.

So you're not getting paid?

John The insurance carrier complained that we were fraudulently getting insurance because we weren't on the payroll, and the solution was to pay us minimum wage.

Mary I kicked and screamed about that. I don't mind working for nothing, but I don't want to work for five dollars an hour. But I have no choice. We want our health insurance benefits.

You have to be the only two doctors in America working for minimum wage.

John Well, there are a lot of doctors working for nothing. There are many volunteers after retirement. By the time you've been a doctor for 50 years, you wouldn't know who you were if you didn't do a little bit of it.

You're not doing it for the money.

Mary No. Having been depression-raised kids and being by instinct, prudent, if not miserly, we have no shortage of financial resources to manage our retirement.



Mary, tell me a little about where you grew up?

Mary I grew up on Long Island, near New York City. My father worked in the city, but we lived in a rural town, 20 miles from the city. He was a publisher. My parents were both college educated. I grew up in a family that valued learning. I had an older brother and a younger brother. I went to an excellent public school system that was very progressive in the 30s.

I went to Antioch College in Ohio. My father was very much in favor of that. It sounded good to me and I had a very good college career. It wasn't until the end of my college career that I decided to go to medical school. Before that, I was thinking more of going into science, as a research chemist. I actually had rather a prolonged time in

medical school because of getting married and my teaching being interrupted.

It was during the war, and 85 percent of the places in medical school were taken by men from the armed forces. But then, by the time I finished, I was in a class with about 15–20 percent women.

John, where did you grow up?

John I grew up in Indianapolis, and I went to high school there. I went to Haverford College, in a suburb of Philadelphia. It's probably the most Quaker of the Quaker schools. The Quakers are very good role

models because they witness more their actions than their words. I have three older sisters. My father was a clergyman in the Presbyterian Church from 1926 till his retirement in the 60s.

How did he and your mother react to your interest in medicine?

John The next best thing to being a preacher, because they're service professions.

Where did you go to medical school?

John Rochester was a very good choice because they kind of showed the way about how to organize a medical school without promulgating grades. If you wanted to know your grades, you'd have to transfer to another

school and sneak a look at the transcript in the Dean's office. They didn't want us to be competitive. We were all fellow scholars helping each other learn. Twice during the pre-clinical years, they cancelled the final exam at the last minute with an announcement that we all mastered the material, so what's the use of going through the charade?

Really? Never heard of that.

John Well, nobody has, except people who know about Rochester. They are the wave of the future.

Mary, tell me a little about medical school.

Mary I went to the University of Rochester also for two years and then after that, I dropped out for two years and had a couple of children and went back to the University of Colorado. Oh, I loved going to school. The work load wasn't as alarming as medical students find it today. We worked hard, but we enjoyed our work and maybe it was partly that Rochester ethos that you were all enjoying your work. You don't have to beat out on anybody else. When I went back to Colorado, it was a little overwhelming with two children, but John did a great deal of child care in the evenings and we had good child care.

How did you go about choosing your specialty?

Mary I didn't really choose a specialty. I went into general practice after medical school in an internship. We practiced in Western Colorado, for a few years. We really liked the practice—John was already a specialist in internal medicine. But I did family practice and delivered babies and took care of kids.

Do any patients stand out?

Mary I was just a year out of practice. I had a very sad OB patient, a woman in her 40s who had never had any children and she finally got pregnant. She was so excited. She did everything right all through her pregnancy, but her baby died shortly before it was born. It was a still birth. I felt just awful. I probably felt at least as awful as she did. She knew how bad I felt and said, "Don't feel bad. It's okay. It just wasn't meant to be." How she comforted me.

I'm very emotionally involved with my patients and I've learned how not to let it interfere with my work. And also, doctors are

very emotionally involved in their own success. They want to succeed. They feel very responsible, so it's a lot of ego thing, too. It's not just worrying about the other person. You're worried about yourself, too.

The track record?

Mary Yeah. But the people in the town were nice. The other physicians were nice enough people, but they were not very high class, ethical physicians and we felt uncomfortable. We couldn't both be out of town at the same time because we didn't know who to tell our patients to go to.

When we came to Monroe, why, it was a specialty clinic. They didn't have any family doctors at that time. I ended up telling them I'd go into pediatrics, internal medicine, wherever they wanted me. Internal medicine is where I turned out to be. I worked at getting my specialty examination just on the basis of years of experience and examination, rather than having to go back and do a residency—an option which is no longer open.

John We went together through the West to look for a place for her to be a student and for me to be a resident in training. And we ended up at Colorado because the head of the medical department was also the chairman of the admissions committee, and he was in a position to assure us that our application would be considered as a unit.

I was somewhat oriented towards general practice, but he persuaded me to go into internal medicine, instead. When we left Colorado, we did student health work at the University of Missouri in Columbia, as kind of a base of operations to look for a multi-specialty clinic that was big enough to absorb both of us. I had a disappointing experience in Washington State. They were very interested in me, but when they found out about Mary, all kinds of red nepotism flags went up. And so we figured we needed a bigger group to avoid that problem.

Mary When we first came to Monroe, I wasn't ready to be a full-time physician, in any case. I had, by then, three children and another one on the way. I was happy to work part-time in whatever capacity they wanted me. By the time I might have been considered for a full partner, the whole structure of the clinic changed and everybody was employees anyway, so it didn't matter.

How did you two get together?

Mary At the University of Rochester. My first year and a half in Rochester, I couldn't get into the school and so I worked in a research lab in physiology. I worked in a high altitude lab with a noted physician physiologist, and John was one of the guinea pigs we would put in this high altitude chamber and monitor him. I was the technician who monitored him.

We often joked that he had so much brain power to start with because otherwise in those days, they might not have been as careful about monitoring how low the oxygen got. But he came out okay. We found out we enjoyed the same things and went on some bike trips together and some concerts.

John The department was quite congenial. One of my main assignments was trying to figure out how aircrew on a B-29, say, could stay conscious if the oxygen system was shot up. There was myself and one of the other students who managed to stay conscious at 25,000 feet for 30 minutes on acute exposure. I've always felt as though if you didn't pass out, you could hardly have killed many brain cells. I wasn't as worried as she was.

Mary I wasn't all that worried. In retrospect though, we should have been worried.

John You want to know what our biggest mistake was? Getting married before she got her degree. She ends up with my name and we can't tell whose mail is which.

Mary I was only one and a half years into medical school when we got married.

Did you ever envision practicing this long?

Mary It just sort of happens. I don't envision retiring, as long as we can write our own ticket about how many hours, how many weeks, how many months.

John Well, early in my career I discovered that retirement is frequently a health hazard, less so for women than men. And so, it seemed as though it was best to arrange not to retire abruptly. In my case, I volunteered to do nursing home work that the other doctors weren't quite so enthusiastic about. You can't exactly make yourself indispensable, but you can make a pretty good attempt if you pick something the other people don't like to do. My experience is that you can do a lot for the patients by way of the nurses. Even if the patients don't appreciate you, you can do a lot for the relatives, so it's perfectly satisfactory entry into being constructive into people's lives.