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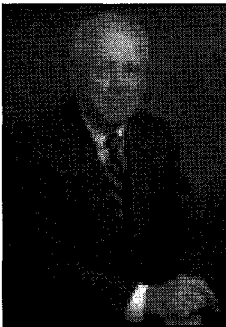
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A Physician Becomes an Attorney *With a Little Advice*: A Case Study

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The following article is based on my experience as a law student and attorney in Chicago, Illinois. It is the story of my transition from medicine to health law practice. It is the story of a radical career change. To some extent, this story also serves as catharsis. It begins in 1957, the year I graduated from medical school and first became interested in law. I was struck by trial procedure when, as a student, I observed a mock trial at the University of Iowa College of Law. I was so stimulated that I seriously investigated going to law school, but family circumstances and other commitments prohibited my enrollment at that time.

Frequent contact with attorneys kept the law school interest alive during my medical career. For example, my advisor at the Harvard School of Public Health was a physician/attorney, and my uncle was general counsel for a state medical society. I also relied on counsel when I participated in hospital disciplinary cases and as I drafted a set of hospital bylaws. As my medical career wound down in the late 1980's, I again began to consider enrolling in law school. I asked some attorney friends what they thought about a second career in law at my stage in life. One said my medical background might be of great value if I went into personal injury work. Another told me that he didn't think being a physician would give me any advantage in practicing law. The former wife of a lawyer told me I would find a significant difference in income. The most telling remark was, "you will have to decide whether to remain a physician or become a lawyer." In spite of these unenthusiastic opinions, I took the LSAT, and in 1991, Loyola University Chicago admitted me to its law school.

Four other physicians were in my class. We all started in the night program, and I think we were all more casual about learning in law school than we were in medical school. The other three had day jobs and studied when they could. We rarely read the cases more than once. We all made

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the mistake of attempting to rely on memory rather than reasoning. But we all learned how to identify legal issues, write basic legal documents and pass the exams using IRAC. I am sure each of us ranked lower in our law school class than we did in medical school.

The difference between legal and medical education shocked me. A medical student has hands on contact with patients almost from the first day. Patient contacts are important learning experiences. As a law student, however, I had essentially no contact with clients. I took a one semester legal clinic course in my third year, but it did not compare to a medical or surgical clinic. I also found that I had a lot of catching up to do. My undergraduate degree was in science. I never learned to write well. Over the years I became a speed reader—not a good habit for a law student. The young law students, on the other hand, had undergraduate backgrounds in English, political science, or journalism. They knew how to read critically and write persuasively. I was impressed by how easily they seemed to understand the legal issues, argue and write their memos. I transferred from the night program into the day program after the first year because I wanted to finish in three years. In addition to the ABA requirements, I took a broad selection of courses, including several introductory ones in health law. I spent a summer at Loyola's Rome program and at Notre Dame's London program, studying international and human rights law.

As all attorneys know, law school does not prepare them to practice law—or to pass the bar exam. In spite of my previous legal contacts, I was grossly ignorant about the legal system as a whole. My classmates, on the other hand, clerked in law offices during the school year and in the summers. They understood how the legal system works and they knew how to enter it. Most of them had a definite career goal in mind. I did not. My immediate goal was to pass the bar exam. To achieve their goals, assuming they passed the bar exam, my classmates had jobs or judicial clerkships lined up—the legal postgraduate programs. I didn't understand that those positions, although not mandatory as in medicine, are equivalent to internships and residencies.

After passing the bar exam, I decided to build a law practice. I thought it would be logical and easy to concentrate on health law and to learn it on my own. Like many lay persons, and lawyers too, I thought health law was primarily personal injury and medical malpractice, with maybe a little business advice to physician clients. I was aware of Loyola's health law program, but thought that, with my background, it would be redundant. I located my office in a downtown Chicago suite which was populated by solo and small groups of attorneys who concentrated in personal injury and medical malpractice. These attorneys provided me with company, vicarious experience and occasionally a second chair trial opportunity or client referral.

I decided not to become a plaintiffs' attorney. I was discouraged when I learned that large or specialty law firms represent the health industry institutional clients. How could I compete with their experts? My naiveté during the physician years was now grossly apparent. I thought about returning to medicine or becoming an expert witness. It was imperative that I find a niche and market myself to the appropriate clients if I was to succeed as a health law attorney. I attempted to emulate the marketing strategies of the large firms by developing a brochure, and later, a website. I spoke to physician groups and served on bar committees. I gained an appointment to the ISBA Health Care Council, a position which provided me with invaluable contacts and direction. In addition to marketing myself, I also needed to learn health law, the scope of which I had grossly underestimated. Therefore, I joined organizations that provide health law seminars and support. The American Health Lawyers Association and the Illinois Association of Health Care Attorneys were helpful. I joined the Illinois State Bar Association and the Chicago Bar Association because both have health law committees that meet frequently with excellent programs. I read extensively in the health law literature.

Reading, meetings and post graduate programs gave me some credibility, but could not make up for lack of legal experience. Therefore I took on non-health law clients—in fact any client that would have me. I drafted simple estate plans and employment contracts; I took on personal injury cases and uncontested divorces; I sought out cases that would take me into court.

My clients came from many sources: former medical-colleagues, friends or other clients. Other attorneys occasionally referred me a physician friend who had a contract or disciplinary problem. Small accounting firms were also a source of some clients. I found it difficult to sign up physicians. Not only did they have relationships with other attorneys, but some harbored the idea that I entered law in order to pursue medical malpractice cases or that I was not as competent as traditional lawyers.

Gradually the majority of my clients did become physicians. Physicians retained me to represent them in employment law cases, as private counsel in medical malpractice cases, disciplinary matters and for many other medico-legal issues. My niche—clearly delineated after 10 to 12 years—was the individual physician or small group. I worked with and against lawyers from large and small firms. Once they found out I had been a physician, I often felt they viewed me as a curiosity. Although I became comfortable with attorney colleagues, I sometimes lacked their breadth of legal experience. Occasionally I asked other health care lawyers for advice. I found that at least once most were gracious and willing to help me. I had no advantage because of my medical degree. I found that other attorneys easily learned the requisite medical background through experience and by

consulting more experienced colleagues. I came to believe that the core personalities of physicians and lawyers are different. Physicians have a difficult time seeing both sides of an issue. Lawyers, on the other hand, have the ability to see more than one side of a question. In general I found lawyers more friendly and curious about people than physicians.

I was helped financially by the rule that permits fee sharing arrangements between attorneys. As the referring attorney, I could send the client to the best attorneys and not lose the client or the income. The first few years were slow, but as my practice matured I had years in which revenues exceeded my earnings as a physician. I found the work interesting and never boring. I looked forward to meeting clients, working on transactions, taking depositions or going to court. I felt that I was not just another retired anesthesiologist put out to pasture by the medical profession. I did not miss the direct practice of medicine. In a sense, I was still practicing, but practicing a different aspect.

What would I say if some physician asked me about her interest in a second career in law? I would ask her why she wants to study law. I would ask her what she intends to do after she graduates and takes the bar exam. I would tell her that passing the bar exam does not make her an attorney. I would tell her that for most physicians, a law degree is just another postgraduate credential—value unknown. Any physician who wants to make the jump—and it is a huge jump—from medicine to law should plan to work for several years as an associate in a firm, as a judicial clerk, as a State's attorney or as a public defender. After that—assuming that she wants to practice health law—she should obtain an LL.M.