



Why NOT Endocrinology?

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I was born and raised in the cosmopolitan city of Mumbai, India. In the final quarter of the last century,

India's collective cerebral talent emerged powerfully and constituted its major intellectual export to the western hemisphere.

Like thousands of other freshly minted physicians, I was blessed to find a scintillating opportunity to train in the U.S. By the time my endocrinology fellowship commenced in New York, we were well into the new millennium.

By then, endocrine disorders had become the scourge of modern times. One of the most compelling reasons for me to pursue this track was to ameliorate the unrestrained onslaught on human health from these preventable conditions. Today I am grateful to be part of this unique tribe of endocrine clinicians, promoting hormone health globally.

So what drew me compulsively towards the endocrinology arena? Aside from the typical cognitive allure offered by its perplexing content, I also deployed a process of elimination. Within a year of medical school, I realized I was not cut out for any type of surgery due to my lack of manual dexterity. I also enjoyed extracting

historical clues from my patients, but alas, children would not cooperate during interrogation. So, pediatrics was out. As for radiology and other non-clinical branches, they all lacked direct patient interaction. Then, only a year into my internal medicine residency, I realized the subject was too broad for me to become an authoritative expert. Hence, I decided to sub-specialize.

My migraine would certainly be exacerbated by a cardiology fellowship and practice thereafter. I noted how nephrology could be intense and demanding as well. Neurology and rheumatology, although stimulating, were not gratifying given the intractable conditions that were involved. I somehow was not enthused about pulmonology or gastroenterology, perhaps owing to those specialties' procedural components. Hematology-oncology were too morbid for my liking.

Therefore, endocrinology seemed like an obvious choice. It would give me a decent lifestyle, while dealing with lifestyle disorders. Many endocrinologists I've known worldwide attribute their fitness mantra to endocrinology, and they agree

with me when I say that had I not been an endocrinologist, I don't think I would not personally be as healthy. Indeed, many of them have stemmed the tide of aging and look exceptionally youthful, even decades later when I encounter them at international conferences!

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I must acknowledge the role of academic stalwarts in India and the U.S. who inspired me to assimilate principles of endocrine science in a joyful manner. The thrill of clinching mysterious diagnoses and the delight of alleviating reversible endocrinopathies represent unparalleled experiences of my lifetime.

Be that as it may, private practice is quite a contrast! Having practiced for nearly a decade on two vastly different continents, I can vouch for the fact that at least when it comes to community endocrine set-ups, the daily routine encompasses mainstream diabetes and thyroid care. Even though it provides a sense of pride that I am playing my role in chronic cardio-metabolic risk mitigation, I confess burnout is inevitable. Often, healthcare systems and the inherently complex nature of diabetes management preclude optimal treatment strategies. High volumes and patient factors can further exasperate one. This was one key dimension I was not forewarned of earlier in my career.

However, in retrospect I would not trade endocrinology for any other realm of medicine. Ultimately it facilitates an excellent livelihood without being consumed entirely by work. Minimal to no after-hour calls and emergencies are indeed a plus in an already stressful life. However, I am not nor have I ever been simply “in it for the money.” I find this resonates with most of my endocrinology colleagues as well. Of course, I also have several friends in various parts of the world who are very enterprising endocrinologists and reap substantive rewards for their entrepreneurial spirit!

In conclusion, I must profess I particularly relish the fancy jargon-like allusions (‘ACTH-dependent endogenous hypercortisolism due to macro-corticotrophinoma.....’ or ‘pseudo-pseudo hypoparathyroidism’). A non-expert is overawed upon hearing these, and it definitely adds to the enigmatic charm of the field! 

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