As I write this we are just entering the holiday season; you will be reading this in the midst of the holidays. This is traditionally a time when thoughts become more philosophical than scientific. It often engenders contemplation of the actual importance of material things and what brings real happiness. I recently had an interaction with a patient and his family that caused me to pause and consider the things in life that are of real value. It was particularly relevant in light of the current attention focused on the issue of reimbursement. So I thought it might be an appropriate topic for this Editor’s Page.

The patient was a career academic physician who had just retired to San Diego after developing health problems. He had recently been diagnosed with heart failure due to an infiltrative cardiomyopathy and had been started on conventional as well as investigational medications. He and his wife of many years were always together, in the clinic, the hospital, or outside. He was invariably in good spirits, an engaging personality with a wry sense of humor. His approach to his own disease was professional; some might say that he intellectualized as a defense mechanism. He would present his symptoms and signs almost as if presenting a case to an attending; his wife would interject any information that he might have “overlooked.” During his visits our conversation would often wander from medicine to family (his and mine), world situations, and life in general. I communicated often with his children, several of whom were physicians, themselves. We became friends.

The patient had a tumultuous course. Over the next four years he experienced a continuing onslaught of acute medical events. He was hospitalized intermittently for recurrent heart failure and developed nasal tumors that caused sufficient symptoms to warrant surgical removal despite his condition. We dealt with gastrointestinal bleeding, a systemic embolus, and progressive renal failure. At one point, during an acute myocardial infarction with severe hypotension and failure, his wife asked me if this was finally the end. I answered that I did not know, but the patient recovered. When cataracts threatened to remove his last enjoyable activity—reading—we finally had them removed. One night he collapsed at home and died shortly thereafter.

Several weeks after the patient died, I received a letter from his wife. She wrote to thank me for the care he received, and to be sure I knew how much they both valued it. She indicated that before relocating to San Diego, they had been told by physicians at a highly regarded institution that he would not live a year. They naively credited me with the fact that he had survived for four years. During those years they had shared many wonderful moments, alone and with their children, and their entire family extended their sincere appreciation. I read the letter several times and then filed it in a special folder in which I place things of great personal value. If I were to catalogue my perceived accomplishments over the past several years, this would certainly rank near number one in satisfaction.

Reimbursement issues have gradually become center stage for cardiovascular specialists. Driven by rising health costs and a budget deficit, the government has sought to control health care expenditures and reimbursement. A day rarely goes by without reference to relative work units, practice expense, managed care, capitation, and so on. Professional societies have initiated aggressive advocacy programs, in large measure to insure that physician services are adequately compensated. Salary considerations are said to be a major driver of the choice of physician specialty.

There is no question that medical services should be adequately compensated. The training, work, and responsibility involved in providing clinical care ranks with the most demanding vocations. In fact, physician salaries are invariably near the top of wage earners in society. However, no amount of money can equal the tremendous satisfaction and gratification that comes from the thanks of a grateful patient or their family. We as physicians are relatively unique in this regard. Just as there is no greater gift that one can receive than their health, there are few other services that can engender the level of gratitude as can clinical care. Just getting to deal with something as precious as a person’s health is a real privilege. I often tell family and friends that I would go to work if I was not paid, and not many in our society can make that statement.

So, we physicians are a lucky lot. Our incomes are among the highest in society, we are generally granted a position of esteem in our communities, and we have an intellectually interesting and challenging occupation. But as we approach the holiday season, I cannot help but think that the ultimate payoff for our efforts is the gratitude of our patients. Whether reimbursement increases or decreases, we will always be generously compensated by the privilege of serving and the heartfelt thanks of our grateful patients for the care we deliver.

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