Twin cities

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In September 2001 I left a small hospital near Rochester in Kent, to come to the Mayo Clinic, Rochester in Minnesota. Until it was shut a couple of years ago, Rochester (Kent) had possibly the oldest hospital in the world – St Bartholomew's founded in 1078 for the "poor and leprous" by Bishop Gundulph (d.1108), the architect of the Tower of London. The hospital in Rochester, Minnesota was opened in 1889 after a tornado hit the area and the local nuns asked the town doctor, William W Mayo and his two sons William J and Charles H, to staff the hospital they wanted to build. It's grown steadily since then.

Let me share a few statistics from 2000 to put my move into perspective. The hospital where I worked employed a total of about 1,000 people. Number of doctors and research fellows working at the Mayo Clinic - 4,601. Total number of beds - 2,400. Total number of staff - 44,186. Total number of laboratory investigations - 17,652,454. Total number of outpatient episodes 1.19 million. Total research funding - $266.8 million. Total financial assets of Mayo Foundation in 2000 -$5.28 billion [1] – total NHS budget in 1999 - estimated at £57.5 billion ($83.5 billion), 6.6% of GDP [2]. A little more than 6% of the total NHS budget, but it's for the exclusive use of only 3 hospitals (Rochester,

Minnesota; Scottsdale, Arizona and Jacksonville, Florida) and 10 other small, local medical facilities spread about the Mid West. In the waiting rooms, I notice things like the plush chairs, the museum-like displays of 10th century pottery; the especially commissioned glass chandeliers (which look like the serpeginous hair of a Gorgon). In the reception area for patients being admitted, there is Italian marble on the floor and on the numerous columns. It looks a lot like the lobby to the Ritz, only a *lot* plusher. The place reeks of money. A new building was opened here a few weeks ago and it was named after the man who gave much of the money to have it built. 20 floors – only the lower 10 are occupied at the moment as it takes in the region of $20,000,000 to properly furnish each floor. A donation of a hundred million dollars or so, that's all it takes to have a building named after you here. (The largest single donation in US history made by an individual to a not for profit organization was to Mayo, $178 million, a few years ago). Most of the newer buildings are named after benefactors, whilst the older buildings are named after the nuns who were the first administrators of the hospital. They have a 'development' office that tracks potential benefactors. They know that it takes an average of 17 visits before someone commits to giving vast amounts of money to the Mayo Foundation. These guys have a whole publicity and marketing machine to make people give them money. Welcome to America.

I'm here to do my research. I have to say that before I came I was warned about the often profound effect that the change could have when going from 100% clinical to 0%. Where there are no patients to see, no clinics to do, no team to banter with. No immediate results from pharmacological manipulation. As many of you know from experience, it's

difficult. To not know where one is heading, with no direction and almost all of my time being directed to things that I think I ought to be doing and reading. It's unusual to not have feedback. It's been that bit more difficult when the environment that I'm in involves a different language ('CC', 'HPI','CBC') - it's a good job I watched ER. Learning different units for familiar conditions (total cholesterol of 215 anyone?). The concept of using generic drug names here is anathema apparently and of course a majority of trade names here are different. Then there's the direct to consumer drug advertising. It's a bewildering experience watching the SSRI of the moment being advertised on peak time national TV. The differences are enough to make you realize that the practice of medicine here is different. The actual day-to-day hands on stuff is *different.* To hear someone say that the diabetic patient with ischaemic heart disease, retinopathy and renal failure who needed dialysis couldn't get it because their insurance wouldn't pay for it and so they were lost to follow up is …….. *gut-wrenching.* But then on the other hand I was talking to one of the consultants here about their diabetic clinic and they said that that morning they had seen a young lady with probable mitochondrial mutation induced diabetes and had sent them off for genetic studies. They'll be reviewed next week and that as an aside, as Mayo has a collection of about 15 of such people why not set up a study examining their insulin sensitivity, glucose utilization and other metabolic parameters. The consultant had already asked one of his fellows (read: registrars) to write a protocol for the Institutional Review Board. Not your average run of the mill patient. But then I'm coming to terms with the fact that this is not just a run of the mill hospital. How many places can you go to where the person presenting your Grand Round that day is the head of the committee that awards the Nobel Prize for Medicine? Nor do I know of any

hospital in the UK that has it's own Internet Service Provider. Mayo employees can get free internet access from anywhere in the USA. It also has the 3rd largest telephone exchange in the whole of Minnesota. No, definitely not you're average DGH.

One thing in common however are exams. The 'Boards' were held here recently for those senior fellows (read: final year registrars) and those attending physicians (read: consultants) who have to re certify every 10 years. It's an 8 hour exam (not including proctoring time), starting at 7.15 am, divided into four 2 hour blocks with a 10 minute break in the morning and the afternoon and a 1 hour lunch break. 240 multiple choice questions with no negative marking. It combines a test of endurance as well as a breadth of knowledge. It seems a bit harsh in this land of super specialisation where there are few 'general' endocrinologists to have to ask the specialist in reproductive endocrinology to answer 'what was the percentage reduction in the plasma triglycerides in the VAHIT trial?' (answer below). But then it keeps people up to date. An extreme form of revalidation?

One can't mention America without thinking of money. One of the things that I had heard lots of rumours about was visa status, 'J1', 'H1' and so on. I came over on an exchange visa, a J1. This means that whenever it runs out I have to return to the UK, unless someone here thinks highly enough of me to say that I can make a valuable contribution here and sponsor me to get an H1 visa. Clearly there is this sword hanging over me to try and get the H1 as soon as possible if I intend to stay. But there is at least 1 good reason to stay on a J1 for 2 years or so. No tax. Admittedly, the pay is not great and so the tax

would not to be too bad, but as I am here as an exchange visitor (meaning that there is a US citizen reciprocating somewhere in the UK) and the 2 countries have an understanding, then neither they, nor I have to pay state or federal income tax for 2 years. However, if I stay in the country for even a day longer than 2 years from my date of entry into the USA (not the day I started work and earning) then I am liable for all of the tax that I would have paid in those to years. A hefty tax bill will land on the doorstep. It makes a lot more sense to come here as a reasonably low earning registrar and then go back just as the 2 years come to an end and then get the best of both worlds. I worked out that should I chose to stay (by no means decided yet) and have to start again then I would have to do at least 2 years of residency (read: SHO) starting in 2003, then another probably 2 years of fellowship (read: registrar) and only then I'd get to be the equivalent of where I am in the UK. Almost 6 years. But the up side is that once you get there then the pay deficit is made up in only a year or two. Quality of life, however, as you don't need me to tell you, is what you make it.

Having managed to avoid the disaster of the 11th of September 2001 by getting to the USA 2 days previously, I have had personal experience of the effects it has had on the American psyche. Immediately there were flags flying everywhere and the outpouring of patriotism was physically palpable. In the UK if you were to fly the Cross of St George from your window or from your car, other than the day after England won an important football match, you'd be thought of as an ultra right wing fascist. In the USA, if you don't fly a flag or honk your horn at someone on the pavement flying the flag, then you're perceived as anti American and right now that's not the way a foreign looking

person wants to be seen. The ways in which it has affected me and my family personally have been few, but on a connecting flight 10 days after the event, we had our entire hand luggage emptied at the X-ray machine and after about an hour of searching the security people took my baby's nail scissors. Other than that, the terrorists in Florida were renting an apartment in a complex owned by the chap who also rented out an office to my brother – in – law. That's enough of a connection to make it personal. It still dominates the news every day. Life for Americans is changing in general and for this resident of a town near the Twin Cities, life has changed.

[VAHIT trial - triglyceride reduction 31% after 1 year on gemfibrozil compared with placebo] [3]

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[1] Mayo Clinic Facts 2000. Mayo Press. Mayo Foundation, 200 First Street SW, Rochester, Minnesota 55905. 2001

[2] Appleby J. Boyle S. 2000. Blair's billions: where will he find the money for the NHS? BMJ. 320(7238):865-7.

[3] Rubins H. B., Robins S. J., Collins D., Fye C. L., Anderson J. W., Elam M. B., Faas F. H., Linares E., Schaefer E. J., Schectman G., Wilt T. J., Wittes J., The Veterans Affairs High-Density Lipoprotein Cholesterol Intervention Trial Study Group Gemfibrozil for the Secondary Prevention of Coronary Heart Disease in Men with Low Levels of High-Density Lipoprotein Cholesterol 1999. N Engl J Med 341:410-418.