

My Automotive Avocation

Ronald Faust, M.D.

Hobby, avocation, obsession, addiction; whatever you call it, everyone needs a passion. Our medical careers are so rewarding they can consume us. The Mayo way is for physicians to get experienced at practice and really good at administrative and research contributions in the second half of their careers. Avocations gradually slip away, and the long-dreamed-of retirement becomes an empty goal.

Porsches have been my passion for 35 years. While golf, boating, and horses have more appeal to most, those things can get expensive. Almost everyone needs an automobile anyway; your car is a hobby that you can enjoy every day, even if it is only while driving to work.

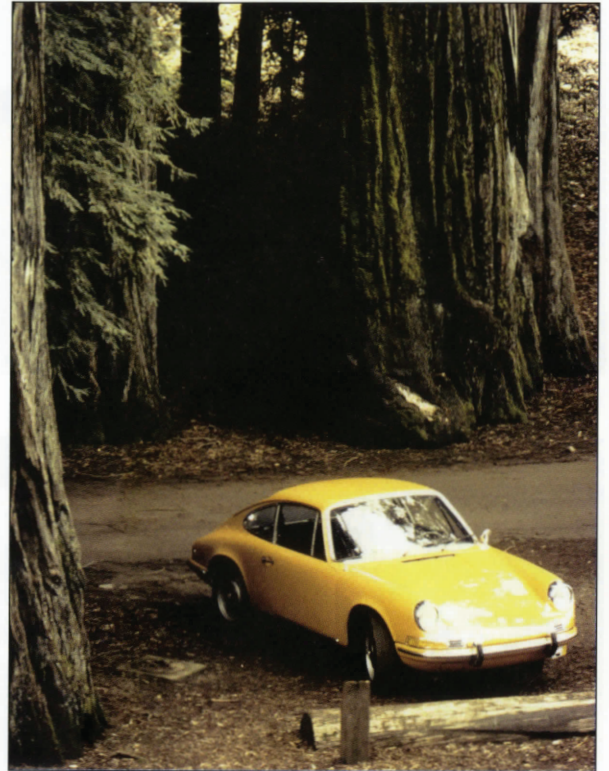
Of course, living in Minnesota makes driving a really good car to work every day impossible; most good cars and all boats are stored for at least four months of the year. This is not totally a bad thing. When you roll that baby out in spring, it is as if it is brand new again; the thrill of the first drive is a ritual of Spring.



An old friend, the 1964 356C in the Foundation House driveway. How could Porsche create a car that's still fun to drive 57 years after it was designed?

Here are some car rules that work for me:

1. You never know how expensive a car is until you sell it. In 1971, after saving almost enough for it on my tour of duty in Vietnam, I bought my first Porsche for \$5600. I drove the 1970 911T six years (including some



The 1970 911T in the California redwoods, 1972. My wife, Claire, and I explored California in this one after meeting in San Francisco.

Minnesota winters) and sold it for \$400 less. My second Porsche was also bought new. I drove that one thirteen years and sold it for three grand less than the sixteen I had paid for it. My third and fourth Porsches are vintage cars now; their escalating values have "outperformed" the stock market during some years.

2. Expensive foreign car maintenance is a myth. My Ford mechanic charges about as much as the Porsche guys, but I see him more often because of the lack of reliability built into the car and its parts. For busy people, how often you have to go to a mechanic is what is most important.

3. The supply of collectible vintage cars is bigger than the number of people who want to fool with them. This keeps them relatively undervalued. Very few rise in value significantly, but if chosen wisely and taken care of, many will retain most of their intrinsic value or rise slightly.



The 2001 Boxster S, the "new" Porsche.



The 1980 911 coming through Turn 5 at Road America, Elkhart Lake, Wisconsin (photo by Edmund Lacin).

4. The technology in new cars is light years ahead of old cars. My 2001 Boxster S weighs about the same as my 1980 911, but has 50% more power and still gets the best gas mileage of any car I've owned. From the tires to the top, everything works better. New computer driven stability management systems have even lowered accident and injury statistics significantly.

5. New cars do depreciate. New car prices have been relatively stable while technology continues to improve. This drives the value of used (2- to 5-year-old) cars down quickly, creating a buyers' market for used Porsches. Many have very low mileage and are essentially new cars. Yet there are few thrills in life like picking up your new Porsche at the dealership.

6. Tinkering on an older car is a hobby in itself. There's always something you can work on; the game is figuring out what you can do or learn to do before you make a drivable car into one that has to be towed to a professional mechanic. Living in Rochester adds to the challenge as it's a long tow for most Porsche problems. The mechanical information is "out there" now. Some Web sites even rate repairs based on difficulty to help you decide how deep the water is before you jump in.

7. The right tool for the right job is an important rule in the garage. Some repairs mean you might have to add a new tool or two to your collection, and that's a good thing.

8. If you use a tool once, you'll use it again, so you may as well buy it. As amateurs, we rarely wear our tools out, so you may as well get a good one.

9. The \$\$-per-horsepower relationship is shaped like the intracranial elastance curve. The steep part is very steep; costs rise astronomically for only a little more speed. There are many people in amateur racing in this country. Speed is such a "rush" it can suck you past your budget quickly. It's real important to keep the big picture in focus. The rookie who drives up to the track in his \$5000 Porsche 924 has a lot more fun than the big shooter who's built a race car for 20 times more if the race car breaks or gets bent during the weekend.

10. My "racing" hobby is a misnomer. Contrary to rumor, what I do at the track is a time trial (actually called "Drivers' Education"). We practice all weekend on Brainerd International Raceway's three-mile, ten-turn road course. Then they get out the timers, and we race the clock to see what our lap time is. There's no passing in the corners, so if you have problems, it is you who made a mistake. Like skiing, some people drive out of control, but most never go off the road. Even preparation for the track--your car, your tools, your mind--is a fun process.

11. The Porsche Club does organize real fender-to-fender racing. You start with a real nice car, add a roll cage so it's real hard to get in, and then stiffen the suspension until it's uncomfortable on the street. Then you start pouring gobs of money into the engine. Don't forget the tow truck and the trailer. It's a rush, but I've avoided the addiction so far.

12. An avocation that's totally absorbing is a good thing. It's very therapeutic to be totally absorbed in something that's non-medical once in a while. On the track, total focus and con-

centration are necessary to drive fast; this could be the most intensely absorbing non-thing you can do not related to work. Beepers, cell phones, or worrying about your next late, committee presentation, or grant application are out. Distractions will make you slow at best, or lead to an "off-track excursion" at worst.

I can help you rationalize almost anything about cars. Just call me. And continue to enjoy your hobbies.

Anesthesia Physicians Limited — Mayo Clinic West

Scott Atchison, M.D., Sioux Falls, South Dakota

Anesthesia Physicians Limited (APL) is the official incorporated name for the so-called "Mayo Clinic West" group of anesthesiologists that have defected from Rochester over the past three decades. Currently, APL consists of thirteen anesthesiologists, of which all are alumni of the Mayo Clinic Anesthesia Residency Program. Over half of the APL anesthesiologists were at one time or another staff at the Rochester campus. APL is an independent, self-governed group which is under exclusive contract to practice within the Sioux Valley Health Care System. Headquartered in Sioux Falls, South Dakota, the Sioux Valley System includes hospitals and clinics in South Dakota, Minnesota, Nebraska, and Iowa. The Sioux Valley Clinic is comprised of over 300 physicians while Sioux Valley Hospital is the 560-bed tertiary "mothership" for the system and the largest hospital in South Dakota.

The thirteen members of APL cover anesthesia duties specifically for Sioux Valley Hospital. Ironically, the initial founding member of APL, Dr. Ed Anderson was the only non-Mayo physician to be part of the group. Dr. Anderson was recruited as an independent anesthesiologist to Sioux Valley Hospital in 1978 with the intention of starting up the cardiac program. From the onset, the workload was overwhelming with 24-hour call and long days in the ICU and operating rooms. Dr.

Richard Belatti joined Dr. Anderson out of residency and, at the urging of the hospital administration, formed an incorporated group practice in 1981. Prior to that time, anesthesia was provided by a mixture of nurse anesthetists, Dr. Anderson, Dr. Belatti, and another anesthesiologist, Dr. Ed Daw (Mayo, 1960). Dr. Daw elected to practice independently until retirement from Sioux Valley Hospital in 1989.

As the practice grew, new partners were added to the group. There clearly was no structured "growth plan" or "master strategy" involved in subsequent hiring of new anesthesiologists. However, because of Dr. Belatti's ties to the institution, initial new partners were from the Mayo Clinic Anesthesia Residency Program. Both Drs. William Horner, the present senior member of APL, and Lester Steidl were recruited to work with the founding APL members. Since then, the group has sought to aggressively mine talented clinicians who seek a busy and challenging private group practice career. Approximately half of the APL physicians have done fellowships in a variety of subspecialties including pain, ICU, pediatrics, and neuroanesthesia.

The practice at APL was modeled after Mayo's Anesthesia Department. Sioux Valley Hospital maintains some of the finest nurse anesthetists in the Midwest who perform a diligent role on