



M E E T

DR. MITCHELL WEINSTEIN

Dr. Mitchell Weinstein lives in Chicago, IL and specializes in infectious diseases. He completed medical school in 1992, finished his fellowship training in 1997, and has been in private practice since. Originally from Montreal, Canada, he attended medical school in Ontario, did his internal medicine and infectious disease (ID) training in Toronto and has been in the US since 1999.

Initially, Dr. Weinstein was drawn to medicine because he wanted to help people. He always felt a keen interest in it and also joined several immediate family members in the profession. He selected infectious disease as his clinical specialty because he always considered ID doctors as the smartest physicians.

Dr. Weinstein found that difficult or mysterious cases, nearly always prompted the involvement of infectious disease physicians. This in turn led him to believe the specialty to be the most intellectually challenging, with a breadth of cases that were always interesting and stimulating. While a cardiologist focuses on one organ and needs to know all things heart-related, an infectious disease physician can be dealing with afflictions from head to toe and anything from the exotic to the mundane. In many cases, the infectious disease doctor can make a diagnosis, provide a treatment, and actually cure patients.

When comparing the healthcare systems between his native Canada and the US, Dr. Weinstein acknowledges they are very different. While he is now familiar with the American structure, the



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tremendous differences between the single-payer system in Canada versus the US system with commercial insurers, Medicare, Medicaid, and under-insured and uninsured patients are frustrating for average people. In addition, dealing with insurance companies and getting authorizations for certain medications and procedures can also be exasperating from a clinician's perspective.

Dr. Weinstein also sees a remarkable difference between now and the early 1990's, when he began treating HIV/AIDS patients. He recalls the days when he was a medical student, intern, and resident, seeing patients admitted to the hospital with a variety of opportunistic infections. Treatments were limited at that time, the underlying antiviral therapy wasn't effective enough to reconstitute their immune system, and any improvement was only short-term, with patients routinely referred to hospice care and many patients ultimately dying from their infections. By comparison, these days, he can count on one hand the number of opportunistic infections he's seen in the last year.

Another notable difference is that medications are more effective today. Initially, there were

controversies about how effective the medications were. Gradually, it progressed from monotherapy to two drugs to combination treatment in the late 1990s. Presently, most cases are single drug therapy, as the medications are so effective. Today, the people he diagnoses at a reasonable stage who get on therapy have a chronic but manageable condition instead of the death sentence they may have had in a prior era. Today Dr. Weinstein focuses treatment on goals like long-term health maintenance, and the small differences in various regimens and their associated risks, because the majority of his patients are doing great.

Dr. Weinstein is optimistic about the treatment of HIV/AIDS patients in the future and believes that treatments have become so effective that it's now just a matter of fine-tuning with incremental pharmacological improvements. He sees a major focus going forward in reducing the number of medications a patient is taking and looking at options such as prescribing a longer-acting instead of a daily dose. While significant advances have been made, he still encounters some patients who are resistant to multiple therapies, but in his practice they are a small minority as current therapies are so effective today many of the challenges he dealt with in the past have



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dissipated.

Many of Dr. Weinstein's HIV/AIDS patients are young or middle-aged with full, active lives and families. He enjoys the ability to follow them longitudinally and see them doing well on a long-term basis; some for more than a decade. He finds it rewarding to make personal connections with individual patients and develop long-term patient-physician relationships, and he appreciates knowing they are staying healthy and accomplishing their goals. It's a unique situation, as HIV/AIDS patients are one of the few groups within infectious disease that a doctor will continue to see for many years.

Dr. Weinstein has participated in a number of market research studies in his spare time. He finds the studies interesting, in that he likes seeing how other people may look at things differently than a clinician. He understands that with some studies, the underlying focus reflects the pharmaceutical company's promotional standpoint, trying to determine where physicians see their products being most effective. He feels it is important for physicians to share their opinions on treatment of certain conditions and what's good and bad about medications. His primary source for continuing

medical education is evidence-based sources. So, when participating in market research studies, he likes having the opportunity to provide his unbiased, objective opinion.

Dr. Weinstein would advise a medical student at the beginning of his/her career to do what interests him or her and also offers satisfaction. The reality is that any medical specialty will always be work and you'll always make a decent living. He sees many medical students in the US tending to look to the more lucrative specialties like cardiology, but if it's not what you really enjoy, it's not the best motivator for the long-term. For someone selecting the ID specialty specifically, he would advise that there are many different avenues to explore, from clinical work to research to public health to antibiotic control to education. The exciting part is that there's always something new—new outbreaks, new resistances—it's an exciting field to enter.