

# AI-03313 MD Specialties

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**In Medicine, list the main specialties of MDs. Then rank according to number of patients seen in a 30 years of clinical practice?**

Below is a clinically grounded, assumption-explicit answer. Counts are approximate lifetime patient encounters, not unique individuals, and assume 30 years of full-time clinical practice.

## 1. Main MD Specialties (Clinical)

### Primary Care

- Family Medicine
- Internal Medicine (General)
- Pediatrics

### Medical (Non-procedural or Mixed)

- Cardiology
- Endocrinology
- Gastroenterology
- Nephrology
- Pulmonology
- Infectious Disease
- Rheumatology
- Hematology / Oncology
- Neurology

- Dermatology
- Psychiatry

#### Surgical

- General Surgery
- Orthopedic Surgery
- Neurosurgery
- Cardiothoracic Surgery
- Urology
- Plastic Surgery
- ENT (Otolaryngology)
- Ophthalmology

#### Women / Children

- Obstetrics & Gynecology
- Neonatology
- Pediatric Subspecialties

#### Acute / Diagnostic / Support

- Emergency Medicine
- Anesthesiology
- Radiology
- Pathology
- Critical Care (ICU)
- Physical Medicine & Rehabilitation (PM&R)

## 2. Ranking by

## Number of Patient Encounters

# Over 30 Years

(Highest → Lowest)

## **Tier 1 — Extremely High Volume**

High throughput, short encounters, broad access

1. Family Medicine
2. Internal Medicine (General)
3. Pediatrics
4. Emergency Medicine

Typical lifetime encounters:

≈ 200,000 – 300,000

## **Tier 2 — High Volume**

Frequent follow-ups, chronic disease management

1. Obstetrics & Gynecology
2. Dermatology
3. Psychiatry (outpatient-heavy)
4. Pulmonology
5. Cardiology (non-interventional)

Typical lifetime encounters:

≈ 120,000 – 200,000

## **Tier 3 — Moderate Volume**

Longer visits, specialized care

1. Endocrinology
2. Gastroenterology
3. Nephrology
4. Rheumatology
5. Neurology

6. Infectious Disease

7. Hematology / Oncology

Typical lifetime encounters:

≈ 60,000 – 120,000

**Tier 4 — Low Volume (Procedural / Operative)**

Fewer patients, longer episodes of care

1. General Surgery

2. Orthopedic Surgery

3. Urology

4. ENT

5. Ophthalmology

Typical lifetime encounters:

≈ 30,000 – 80,000

**Tier 5 — Very Low Volume**

High acuity, long cases, narrow patient pool

1. Neurosurgery

2. Cardiothoracic Surgery

3. Plastic Surgery (reconstructive-heavy)

Typical lifetime encounters:

≈ 10,000 – 40,000

**Tier 6 — Indirect or Episodic Patient Contact**

Not visit-count driven

1. Anesthesiology

2. Radiology

3. Pathology

4. Critical Care (ICU-only careers)

Encounters vary widely and are not comparable in visit-count terms.

### 3. Key Reasons This Ranking Holds

- Visit length dominates volume (5–15 min vs 60–180 min cases)
- Continuity care multiplies encounters (primary care, psych)
- Procedural fields trade volume for intensity
- Access points (ER, clinics) see far more humans than ORs

### 4. Important Caveats

- A busy dermatologist may out-see a slow family physician
- Private practice vs academic vs rural shifts numbers significantly
- Telemedicine increases volume in psychiatry & primary care
- This ranking measures human exposure, not clinical impact or complexity

#### Bottom Line

If the metric is “How many lives pass through your hands?”

→ Primary care and emergency medicine dominate.

If the metric is “How deep into each life?”

→ Surgery, oncology, ICU, and subspecialties lead.

If you want, I can also:

- Rank by emotional burden, burnout risk, or decision density
- Compare US vs Philippines vs EU
- Translate this into a career-meaning vs volume matrix

Which specialty retires with most \$\$?

Short answer:

👉 Orthopedic Surgery most consistently retires with the highest net worth, followed closely by Neurosurgery and Plastic Surgery.

Below is a clean, clinically realistic ranking, assuming 30 years of full-time US practice, reasonable investing, and no catastrophic lifestyle inflation.

# 1. Ranking: MD Specialties by

## Retirement Net Worth



### Orthopedic Surgery

Typical retirement net worth: \$10–20M+

Why orthopedics wins

- High procedural reimbursement (joints, spine, trauma)
- Extremely steady demand (aging population)
- Ability to:
  - Own surgery centers
  - Collect ancillary income (imaging, PT)
- 
- Long peak-earning window (40s–60s)

👉 This specialty produces the most millionaire doctors.



### Neurosurgery

Typical retirement net worth: \$8–18M

Pros

- Highest individual case reimbursement
- Prestige + scarcity = pricing power

Cons

- Fewer total years at peak (burnout, call burden)
- Malpractice and stress costs

👉 Higher income per year than ortho, but fewer sustain it long-term.



## Plastic Surgery

Typical retirement net worth: \$8–15M

Key advantage

- Large cash-pay cosmetic market
- Minimal insurance dependence
- Lifestyle flexibility late career

👉 Especially dominant if cosmetic-focused (not reconstructive-only).

## 2. Upper-Tier High Net Worth

### Cardiology (Interventional)

\$6–12M

- Cath labs, devices, ownership stakes
- Strong hospital leverage

### Dermatology

\$6–10M

- High volume, low overhead
- Cosmetic + procedural hybrids
- Excellent longevity (work into late 60s)

👉 Quiet wealth champion.

## 3. Solid but Not Top

### Anesthesiology

\$5–9M

- Strong income
- Fewer ownership opportunities

### **Radiology**

\$5–9M

- High income, scalable
- Teleradiology increases late-career earnings

### **ENT / Ophthalmology / Urology**

\$4–8M

- Procedure-driven
- ASC ownership matters

## **4. Middle Pack**

### **Emergency Medicine**

\$3–6M

- High income, poor longevity
- Early burnout caps compounding

### **General Surgery**

\$3–6M

### **OB-GYN**

\$3–5M

- Liability + lifestyle drag

## **5. Lowest Retirement Wealth (on average)**

### **Primary Care (FM / IM / Peds)**

\$1.5–4M

- High volume, low margin
- Often excellent savers—but limited ceiling

### **Psychiatry**

\$2–4M

- Income improving, but historically low reimbursement

### **Infectious Disease / Rheumatology / Endocrinology**

\$1–3M

- Cognitive work, poor pay structure

## **6. The Real Determinant (More Important Than Specialty)**

Across all MDs studied, net worth correlates more strongly with:

1. Ownership (ASC, imaging, practice equity)
2. Time in market (early investing)
3. Lifestyle restraint
4. Career longevity
5. Avoiding divorce (statistically huge)

A frugal internist who invests early will retire richer than a spendthrift neurosurgeon.

## **Bottom Line**

If the question is “Which specialty retires with the most money?”

Answer:

- 🥇 Orthopedic Surgery
- 🥈 Neurosurgery
- 🥉 Plastic Surgery

If you want, I can also:

- Show net worth trajectories by decade
- Compare US vs Philippines vs Gulf states
- Model MD vs RN lifetime wealth
- Analyze stress-adjusted dollars earned

Just tell me the angle.