

## Francis V. Finneran, M.D.

New OB-GYN at Thompson Hospital discusses why he moved from New Orleans to Canandaigua and what inspired him to become a doctor

## Q: What does your patient profile look like?

A: I'm an OB-GYN. I see female patients all through their life, starting in adolescence with safe sex education, through delivering babies, and up through the menopausal transition. That also includes problem visits for things like having difficult periods, contraception, urinary incontinence, pelvic pain and pelvic

organ prolapse.

Q: What percentage of your practice is obstetrics versus gynecology?

A: Probably about 50-50. Q: How did you become interested in OB-GYN?

A: My grandfather was actually an obstetrician who worked in the town I grew up in. He delivered for the majority of friends' parents. So I grew up hearing about the impact that he had on a relatively small

O: Is that what made you want to practice in a small community like Canandaigua?

A: Yes. At the time I interviewed, I was living in New Orleans and it was August [2017]. It was about 100 degrees and 100 percent humidity. I came to Canandaigua, had the interview and sat by the lake. It was 85 degrees with low humidity and a clear sunny day and thought, "Wow, this is a cool little town."

Q: You may be the first person I've met who moved to Upstate

New York for the weether.

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A: I didn't realize the winter was what it was, but the summers are worth it. Plus my wife is from Oswego, so she's definitely used to

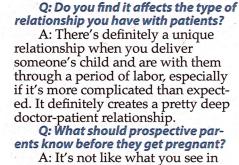
Q: Obstetrics has a reputation for being a high-risk specialty. How do you work with and around those

A: Part of it is that we have a call-group,

so there's always someone around to answer questions and provide support. Two heads are better than one when you're working through a problem situation. Anytime you think you're coming into something with inherent risks, you can have a discussion with the patient ahead of time about risks and benefits. In terms of building a practice, preg nancy is a physiological state with an increased risk in maternal health. People are still having families because, to them, it's a wonderful, happy event and the reward outweighs the risk.

Q: From the physician's perspective, it seems kind of unique in that delivering babies represents a positive situation compared to treating a disease or injury.
A: It's true, the majority of my

patients are pretty happy.



the movies. The labor process is simplified and romanticized in movies. It tends to be a little more complex. It takes far longer, too. But I think when someone decides they're going to have a child, they're willing to deal with the discomforts of pregnancy, the pains of labor and the stresses of having a newborn.

Q: Do most of your patients start seeing you when they're young, or do older patients transfer over to you?

A: It's a little of both. I do have a lot of patients [for whom] I was their first visit to the gynecologist. I do have some women who either had an interruption in gynecologic care and are coming back or patients who are transferring because they want to be a part of our health system or are

Q: Because gynecology has primary care aspects, do you find yourself taking a broader view of your patients' health?

A: Yes, especially during routine gynecologic exams. I'll want to take a full account of patient health status and how it changes from year to year.

Q: The HPV vaccine was recently approved for an older age group. Does that fall within your practice?
A: It does. We're trying to get it

to everyone who isn't vaccinated and is of the appropriate age. It's a big goal right now. The HPV vaccine is going to ideally decrease the rate of

cervical cancer significantly.

Q: Since older patients are more likely to have already been exposed, what benefit does the vaccine offer?

A: It offers protection from any strains the patient hadn't yet been exposed to.

Q: What should women know about going to the gynecologist?

A: I think a lot of time women face their appointments with a gyne-cologist with apprehension or even dread. The exam is uncomfortable, but the majority of the care and concerns that can be discussed during the appointment are worthwhile. These are things we can address before the next annual visit.



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Hometown: Richmond Hill, NY Education: Tulane University School of Medicine (2017)

Awards: Exceptional bedside manner in a graduating student pursuing OB-GYN at Albany Medical College; academic honor roll at City College of New York Affiliations: Canandaigua Medical Group, part of FF Thompson Hospital Organizations: American College of Obstetrics and Gynecology Family: Married, one child, one dog Hobbies: Boating, skiing, classic movies