



The Oslerian

A Message from the President

Mike Jones

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A Journey to Manichea —Or Is It— Hotel California?

This series began by inviting you to join my personal quest toward developing an “enhanced” *perspective*, a real-life exercise in “perspecting” or seeing through. We mentioned a positive way of enhancing *perspective*, that of enlarging the frame of view—applicable not only to the visual, but also to the conceptual. That, of course, implies that there was a more restricted starting point which would degrade, not enhance, *perspective*. That may, in fact, be one of the effects of the current viral pandemic, by narrowing our contacts. There can be no doubt that the situation has affected our sense of well-being and induced stress. One of our recent committee meetings began with group commiseration of how “really tired” everyone was of what we are going through. This kind of mental morass and fatigue can often lead us into poor decisions, as illustrated in the accompanying cartoon, particularly applicable to the pandemic and election season in the United States. OK, so you already know I have a fondness for cartoon humor; just maybe a little smile in the circumstances of a bad situation can lighten the load a bit. Har-

vey Cushing, the great neurosurgeon, said William Osler was the most optimistic person he knew; maybe this is the time to emphasize that part of his legacy.

In addition to enlarging or restricting our field of view, there is another maneuver that is potentially dangerous. Imagine you are looking through a rectangular window on the world, physically or metaphorically, and a finger suddenly appears on one side and begins pushing the upright side of the window, distorting the frame into a parallelogram. We have just introduced a “bias.” More bait for the “word nerd.” This word started out simply enough in the thirteenth century in Old Provençal, with *biais* meaning “at an angle or crosswise,” took on the meaning of “against the grain or sideways” in the Old French, and morphed into

Fun activities that are 6ft apart



President
Mike Jones
51st AOS President
installed at the 2020 Zoom
Board of Directors

President's Message (Continued from page 1)

"slope or slant" in the 1500's. By the early 1600's it was found in phrases meaning "causing to incline to one side." Being able to see the "truth" or "reality" around us is really important stuff, for at the most basic level, all this effort to see our surroundings accurately is, from an evolutionary *perspective*, geared to protecting and preserving ourselves and that which we cherish above all else: life, offspring, resources (and since our species developed language, value systems). As nature would have it, there is overwhelming evidence that in animals (including humans), one of the ways we are neurologically wired is to give preference to interpretations of observed events (true or not) that avert risk. This is one of the biases bestowed by evolution with which we must live, even though it is sometimes counterproductive and possibly in a catastrophic way.

In the June *Oslerian* I hinted at my curiosity about and sometimes dismay about the destructive passions many attach to their *perspectives* in the modern world, some pushed to the right and some to the left on the journey to Manichea. Well, I must confess, Manichea is not a real place, but a state of mind. In the third century CE a religious teacher in Mesopotamia by the name of Manis gained prominence teaching a very polarized *perspective* of existence: all about us was either good or evil, black or white, light or dark, love or hate—no shades of gray. This dualistic philosophy became known as Manicheanism. Looking around in this week before the American elections certainly supports the idea that we have reached Manichea. Is this where we really want to be? Where we need to be? Have we entered Hotel California, where, as The Eagles song says, "You can check out any time you like -- But you can never leave!"?

In the previous column I opined on the possibility of altering one's perspective, which prompted one reader to raise an important question—what is the dynamic by which such a change takes place? This concern is certainly not unique to me, nor did it just recently come under scrutiny. With an undergraduate degree in history, I had long been aware of the tremendous internal political animosities from the Constitutional Convention on, enveloping the birth of our Republic and threatening to unravel its fabric before the first year was out. From early on I was aware of the bloody religious strife that cast a shadow over long stretches of world history. How does this come about?

I never really thought about those things much in terms of their psychological or biological foundations, that we might be predisposed from birth to seeing the world through a parallelogram—that some-

thing could be in play other than just a conscious, purely rational choice to adopt a particular value. My personal change in *perspective* regarding mental pre-conditioning began around 2015 when I read a book by Jonathan Haidt, a student of the psychology of morals. He depicts how each of us comes to a "moral" position as arising from a duality consisting of a small rider (our deliberative reason) who sits upon a much larger elephant (intuition) that is usually in control. The evidence and conclusions from Haidt's *The Righteous Mind: Why Good People Are Divided by Politics and Religion* then lay simmering on the back burner of my mind. About the time last year when I was beginning to think about topics for the series of *Oslerian* columns, I decided to read the recent work by the eminent physicist Lawrence Krauss, *The Greatest Story Ever Told—So Far: Why are We Here?* He leads off the prologue with a quote from J. A. Baker's *The Peregrine*, "The hardest thing of all is to see what is really there" and then describes his book as "a story of science's quest to uncover the hidden realities underlying the world of our experience, which required marshaling the very pinnacle of human creativity and intellectual bravery on an unparalleled global scale." Guiding us into the aura of *perspective* more deeply he states, "Evolution didn't prepare our minds to appreciate long or short time-scales or short or huge distances that we cannot experience directly. So it is no wonder that some of the remarkable discoveries of the scientific method, such as evolution and quantum mechanics, are nonintuitive at best, and can draw most of us well outside our myopic comfort zone. This is also what makes the greatest story ever told so worth telling. The best stories challenge us. They cause us to see ourselves differently, to realign our picture of ourselves and our place in the cosmos."

By the third page of the book, he launches into one of the most ancient and well-known examinations of *perspective* in human history, Plato's Allegory of the Cave from *The Republic*. In the story, the prisoners, who can only face the wall and see flame-illuminated dancing shadows cast from what is behind them, see a world with a slim representation of reality, a distorted *perspective*. Volumes have been written about the symbolisms of this allegory, often focusing on the major theme of whether Plato was talking about how we come to know things (epistemology) or whether his topic is mainly speaking in a sideways (biased) manner about "how the country is going," a political or nation-state proclamation. Perhaps we will return to this metaphor in the next column.

As Krauss continues, the word "perspective" appears with regularity, counted at least ten times by

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page 85. And so was born the idea of exploring the roots of *perspective* for the *Oslerian*. Plato's prisoners, as Krauss points out regarding physical, tangible reality, "could not discover the biological processes that govern humans by observing just the shadows of humans on the wall. No level of analysis would be likely to allow them to intuit the full reality underlying the dark forms." Just as they could not intuit the biology or chemistry of the body from those shadows, we also suffer from similar limitations when trying to understand intangibles like thoughts and values. Different interpretations of these dark shadows surely underlie differences of opinion, sometimes vast, and too frequently the source of those destructive passions.

Those who have gone well before us have initiated attempts to ferret out why we think in shadows, unable to agree on the reality in front of the flame. Francis Bacon wrote in 1620 in the *Novum Organum*, "For what a man had rather were true he more readily believes. Therefore he rejects difficult things from impatience of research; sober things, because they narrow hope; the deeper things of nature, from superstition; the light of experience, from arrogance and pride, lest his mind should seem to be occupied with things mean and transitory; things not commonly believed, out of deference to the opinion of the vulgar. Numberless in short are the ways, and sometimes **imperceptible**, in which the affections colour and infect the understanding." Bacon aptly states the situation and possible reasons from the level of understanding of his day. This view is reinforced in a later time by Herbert Spencer, writing in 1873 in *The Study of Sociology*, "The bias of education, the bias of class-relationships, the bias of nationality, the political bias, the theological bias—these, added to the **constitutional sympathies and antipathies**, have much more influence in determining beliefs on social questions than has the small amount of evidence collected." Both Bacon and Spencer speak of outcomes, events or judgments observed at a "macro" level, but perhaps determined by the invisible. A great deal, in fact, goes on behind the scenes in many areas of life, and some of us are more influenced by magical thinking than others.



"If I can beat the Black Plague, anyone can!"

William Osler, in a 1902 address to the Canadian Medical Association, entitled "Chauvinism in Medicine," began by invoking the shadow metaphor in praising the Art of Detachment as one route to "to see the realities as they are, the shadows as they appear." He outlines four underpinnings of the guild of medicine as key to

attaining excellence; the second of those principles is "medicine as an art based on accurate observation, and as a science, an integral part of the science of man and of nature..." Expanding the theme, he tells us, "To carefully observe the phenomena of life in all its phases, normal and perverted, to make perfect that most difficult of all arts, the art of observation, to call to aid the science of experimentation, to cultivate the reasoning faculty, so as to be able to know the true from the false—these are our methods." Sir William, apparently siding with Plato, arguably speaks as if observation and reason are perhaps the only and most important elements to consider in the search for truth, that the macro level is dominant. But this was before most of the modern field of psychology or cognitive neuroscience had blossomed.

My next stop in wrestling with the dynamics of understanding as a potential tool for altering one's *perspective* again came by serendipity. A few months ago, I was reading about stock-picking judgments and was sidetracked to a book called *Thinking, Fast and Slow* by Daniel Kahneman. Kahneman and Amos Tversky, Israeli psychologists, began collaborating in the early 1970's on the psychology of judgment and decision-making, eventually studying behavioral economics; Kahneman received the Nobel Prize in economics in 2002, after Tversky had died. Wikipedia says of them, "With Amos Tversky and others, Kahneman established a cognitive basis for common human errors that arise from heuristics and biases ... and developed prospect theory...." *Thinking, Fast and Slow* is a summary of his life's work.

Your company on this personal journey to this point is certainly appreciated, and if you have not read the works mentioned above, I would suggest that such might be an appropriate use of some spare time during this pandemic. After all, one can only consume so many political ads. In the February *Oslerian* we will delve into the substance of how we deal with heuristics and reason; catching up on your reading will also make it more meaningful. With nods to our first cartoon above and recalling the final set of the play *Hamilton* by Miranda, I would leave you with the words of Aaron Burr after his fatal bullet tears through the most prolific founder of our nation:

Now I'm the villain in your history

I was too young and blind to see...

I should've known

I should've known

The world was wide enough for both Hamilton and

me

The world was wide enough for both Hamilton and

me

Meeting regarding the Covid pandemic and the AOS Annual Meeting in 2021 October 19, 2020 With Amendments from the Board of Governors Meeting Held on November 17, 2020

Participants (Local Arrangements Committee, Media and Technology Committee, President and Administrator)

Mike Jones, Pete Travers, James Klaas, Michael Malloy, Joan Richardson, David Burkholder, Renee Ziemer, Barbara Thompson, Chris Boes, Garth Huston.

Board of Governors Meeting: Mike Jones, Chris Boes, Jack Coulehan, Laurel Drevlow, Skip Harris, Mike Malloy, Scott Podolsky, Stephen Schabel, Herb Swick, Pete Travers, Michael Trotter, Renee Ziemer.

Observations:

Despite the fact that Covid test positivity rates are fairly low currently in Galveston (< 7%), UTMB remains on travel restrictions as do most other academic centers. It is anticipated that those travel restrictions may be lifted in the spring of 2021 but the timing of that occurrence remains uncertain. The Local Planning Committee notes that although there has not been communication lately with San Luis Hotel and Conference Center planning had been on schedule for confirming the use of the facilities and a payment is due in December. A cancellation before then could save money. Other venues have been booked, but extensions for the use of those bookings within 1-2 years is feasible. Thus, financial loss may be limited by early action and rescheduling rather than canceling. The current outstanding deposit for the Galveston meeting is \$5000, with another \$5000 due in December. The Galveston hotel may not penalize if the meeting is moved to a future date (2022). Plans for solidifying the meeting in London for 2022 are not signed. Thus, the London meeting can be moved to 2023 when international air travel seems much more likely with a meeting in Galveston moved to 2022, rather than cancelling it outright.

This changing of plans and delaying the Galveston in person meeting until 2022 seems more realistic as the group discussed the question about who is likely to come to an in-person meeting this Spring as it seems likely that many people will be hesitant to travel. There was general consensus that many people would be hesitant to travel.

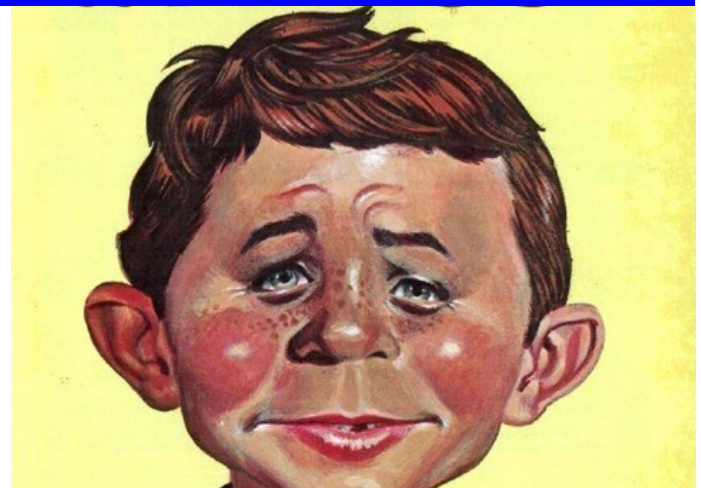
With the cancellation of the in-person meeting, a Zoom meeting will be held in its place. Zoom fatigue was of some concern. The initial plan is to have half-day sessions (3-4 hours) spread over the same days as originally scheduled for the in-person meeting (April 11-14, 2021). Approximately 37 abstracts are

currently outstanding from the previous year's meeting whose authors have indicated that they would be willing to participate in a Zoom presentation. The exact format and time of these presentations on the dates indicated above is still under consideration and will be determined by the Program Committee. With a Zoom-only meeting, a nominal fee could be charged which could be used to cover CME fees. This is a consideration that is still under review by the Program Committee and will be communicated to the membership and presenters as soon as a decision is made.

Recommendations made at the Board of Governors Zoom meeting on November 17, 2020:

- **There will not** be an in-person meeting this coming year (2021) in Galveston.
- In place of the in-person meeting there will be a Zoom meeting held on April 11-14 at times to be determined by the Program Committee.
- The Program Committees will meet to discuss the format and timing of the Zoom meeting and communicate to the membership their plans for the meeting.
- The Local Planning Committee for the Galveston in-person meeting will begin developing plans for a 2022 in-person meeting.
- The London meeting will be deferred until 2023.

We Are So Sorry!





The Best Laid Plans Are Often Blown Away

The Board approved the following committee appointments for 2020-2021.

COMMITTEE	CHAIR	CURRENT MEMBERS
Bean Award	J. Harris	K. Bettermann, M. Flannery, G. Sarka
McGovern Award*	M. Molina	L. Drevlow, C. Partin
Lifetime Achievement Award	D. Canale	K. Ludmerer, S. Peitzman, B. Silverman
Nominating*	M. Molina	C. Partin, L. Drevlow
Finance	M. Molina	F. Bernadett, B. Cooper, A. Nadall, M. Stone, J. VanderVeer
History and Archives	H. Swick	M. Hague-Yearl, R. Del Maestro, R. Stone, S. Lamb
Membership†	C. Boes	R. Fraser, B. Hoekstra, S. Patel, M. Frank, R. Mennel
Media and Technology	P. Travers	C. Boes, M. Frank, G. Huston, J. Klaas
Annual Meeting - Program Committee#	R. Mennel	C. Boes, M. Cater, S. Kelen, D. Wentz
Annual Meeting - Local Arrangements Committee	J. Richardson, B. Thompson	J. Alperin, D. Burkholder (Executive Committee liaison), M. Malloy

*Chaired by the most recent living Past President and comprised of the 3 most recent living Past Presidents

†Chaired by the Second Vice President

#Chaired by the First Vice-President

Notice of Death: I was informed just prior to publication of the *Oslerian* that our beloved brother, Joe Lella, had died. We all will miss his kind and gentle person and his way with verse. A full obituary will follow in February. Memorials may be sent to: "Friends of the Osler Library - McGill University, McLennan Library Building, 4th Floor, [3459 McTavish Street, Montreal, Quebec, Canada H3A 0C9](#)"

OSLERIAN NEWS

Oslerian Education: A Third Year Student's Perspective

By Tyler Brehm

Sir William Osler once said, "In what may be called the natural method of teaching, the student begins with the patient, continues with the patient, and ends his studies with the patient." From this statement, much of the Oslerian style of medicine and medical education can be derived. Indeed, the current educational model wherein medical students end their training with 2 years of clinically-based clerkships directly follows from this ideal. However, while the structure has remained the same, I fear the substance has been altered. While on the surface it appears that the current format of medical education emphasizes the importance of the patient, I believe this emphasis has been obscured. To truly appreciate the impact of Osler's ideals on medical education, I think it pertinent we highlight how those ideals have started to fade. How, now, a student begins, continues, and ends his studies with the Checklist.

To understand why Oslerian medicine is no longer a student focus, we must examine the motivating and inhibitory factors for medical students. First, the challenge that is medical school must be acknowledged. Even for the high achieving, ambitious, well-educated people who are admitted as students, medical school brings a new level of adversity not previously encountered. So what do these highly capable, intelligent individuals do when exposed to new stresses? They adapt. They change under the pressures they feel to give themselves the best chance at success moving forward. I feel this point is crucial for both identifying the problem and presenting solutions. The issue of losing focus on patient care is not a generational one, not a result of the type of people being admitted to medical school. The problem is the forces that shape them once they are accepted, forces which uniformly push the eager, bright-eyed idealist to practical, albeit costly, choices.

So what motivates medical students? I would argue there are a diversity of motivators which reflect the diversity of the student population, however a few are consistent in nearly all students: STEP and SHELF scores, ERAS CV categories, and clerkship

evaluations. All of these contribute to the quality of your residency application, and therefore all directly affect your future as a physician. Why spend an extra hour visiting patients in the afternoon, when you could spend that extra hour on UWORLD questions for your SHELF? That hour will never show up on your residency application, but changing that high pass to an honors will. The only area patient centered care really factors into a student's grade is with clinical evaluations, but even then, faculty can only base these off of what they observe. Spending the time to research a patient's condition to present during rounds and impress your attending may benefit a student, but spending extra time visiting patients unbeknownst to your evaluator will not. Many students will still go that extra mile to help their patients, but many still will not. Not because they do not care, but because it is in their own best interest to do so. There is a seductive argument which can be made, where in an environment that values test scores, a student can equate better test scores with becoming a better physician. After all, students with the best scores get into the best residencies, and the best physicians always come from the top programs. So the mantra goes, and so the checklist is filled.

Beyond factors which encourage students to pursue goals besides patient care, there are also barriers which prevent those that still try. The main barrier to students focusing on patient care is, ironically enough, patient care. Specifically, the care provided by residents, fellows, and faculty who are responsible for the patient's welfare. These individuals have to strike an incredibly difficult balance between educating their trainees, and providing optimal health care. However, the latter must always take precedence, and unfortunately this can result in student experiences taking a backseat. One example among many that stick out in my own experience occurred while I was working with a resident psychiatrist. Throughout my weeks working with him, he would say "for the next patient, I will let you do the whole interview." However, without fail, I would get to my third or fourth question before he inserted himself and took over the interview. Every. Single. Time. As a third year medical student, it was incredibly frustrating. How was I supposed to learn, to improve, if I never even got to try? But from his perspective...these were *his* patients. He was responsible for their care, and it was his job to make sure they received the best possible. I cannot blame him for that.

OSLERIAN VIEWS

Consistently throughout my third year in medical school, I saw the clash between medical student education and patient care, even when the education the students were trying to get was by performing patient care. It must be incredibly difficult for residents and faculty, who are supposed to teach but who, with few exceptions, are more skilled and qualified to provide patient care than their students. It is a truly great educator, and an exceptional student, which can find ways that let a student meaningfully contribute to patient care. If that is the case, as a student, why put in the effort with your patients when it is inconsistently beneficial, when you can put in the time studying, which has more predictable results.

I think a shift back towards Oslerian ideals is warranted, if not essential to improving the education of future physicians. However, I feel that current attempts via ethics courses and philosophy didactics are only part of the solution. They attempt to work on the student side of the equation, to equip them with the ability to resist the pressures which have caused past students to forsake the Oslerian ideology. Instead, it is the pressures we need to change. Adding courses such as Practice of Medicine is essential in improving the resiliency of future physicians, so that they may maintain their focus on empathizing with patients. However, students have to *want* to maintain that empathy, and the current system does not do nearly enough to reward them for doing so. It is up to the current and future leaders of the healthcare field to address this, else the future of the field will be those who have already succumbed to unresolved pressures, who were best able to fill out their Checklist.

Tyler Brehm grew up in the Houston suburbs as the oldest of three brothers. He met his future wife, Victoria, as a senior in high school and through her started to consider careers in healthcare. He went on to graduate from Texas A&M University with a degree in Chemical Engineering before entering medical school at UTMB in Galveston. He is now an Internal Medicine resident at Baylor College of Medicine, and plans to pursue a career heavily involved in medical education.

Burnout: A Third Year Student's Perspective

By Jessica Stauber

I entered medical school from a nursing background. My schooling had emphasized patient-centered care, empathy, and humanism; and that is, in fact, exactly why I pursued nursing. When I eventually grew a desire to pursue medicine, I profoundly struggled with it. I reached out to one of my prior nursing professors, who ironically had also just applied and been accepted into medical school, with my concerns of abandoning my profession. Her advice? "Abandoning your nursing profession does not mean you are abandoning your nursing heart."

Fast forward two years, and I began the two best years of my medical school career, my first and second years. I had been accepted at my first-choice institution, UTMB, which I quickly set apart in my interviews as the school with the happiest students. It was near the ocean, my favorite place to be, and the schedule seemed to be most favorable for quality of life and well-roundedness. Furthermore, given that I had chosen to work for two years and pay off my undergraduate loans before applying to medical school, I was starting my new journey mentally refreshed, without debt, and with a healthy perspective on priorities. Though not without struggle and hard work, I excelled in my first two years. My grades were high, my STEP 1 score higher, but even more importantly, my relationships soared. I mean it when I say I have made the best friends I have ever had in my entire life at UTMB. I had my circle that I could debrief with when things got rough, have deep conversations with, encourage each other's hobbies with, and simply just enjoy life with. I learned to surf, tried all the local eats, attended concerts, went on long beachside walks, and had celebratory beach bonfires after exams – each event cultivating a new relationship that fell among the most important friendships in my life. Even more exhilarating was seeing the immense wealth and diversity of talent – no, *gifting* – held by each student I have met in my class, both friends and acquaintances alike: countless artists of multiple modalities, animal advocates, musicians, athletes, cooks, bakers, designers, computer programmers, gamers, equestrians, surfers, graphic designers, gardeners. I watched one of my closest friend's art get exhibited at countless local events and venues, including Art Walk. Quickly I discovered: *this is what it means to be human*. And to top it all off, we all had a zest for medicine, a fire fueled by intense desires to give and to serve humanity. All in all, things were the greatest they had ever been.

Then comes third year. There was a mixture

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of anxiety and excitement felt amongst my classmates with the onset of third year. We were still recovering from our STEP marathons. We had no idea what a SHELF was or what it looked like, let alone how to even study for it, especially on top of a full clinical schedule. We had no idea what we were supposed to do to score favorable faculty evaluations: or, rather, how much was *too* much, edging into the realm of brown-nosing. To make matters more confusing, every faculty member and resident differed in his or her expectations. It often felt like a repetitive game of trying to decipher unknown expectations, occasionally leading into the cycle of never getting it right. Many of us had no idea what we wanted to do. Those who did know felt the stress of checking all the boxes they needed to check to be considered a good residency candidate. Mostly, however, we were entering into a completely unfamiliar world: the hospital.

In the hospital, one quickly learns that people are not textbooks. Expectations change on a weekly, sometimes daily, basis, and clinical environments change monthly. Third year is the most rapid, overwhelming firehose of learning in all of medical school: mastering guidelines, patient interviewing, physical examination, note writing, patient management, patient communication, interprofessional communication, interprofessional roles, and utilization of resources. We learn that ordering tests and making diagnoses are not as simple as selecting A, B, or C. We learn that patients die, and we are expected to move on. We learn that self-care should be the least of our priorities. Our friends were on other rotations; constantly differing and ever-demanding schedules lessened the available time we had together. What time we did find, we often needed to utilize for sleep or getting caught up on simple life responsibilities. And as third year went on, the reality of residency applications got closer, and pressure of needing good SHELF scores, good faculty evaluations, letters of recommendation, community service, leadership, research, and more became increasingly overbearing. We were putting our health on the wayside, we were putting our hobbies on the wayside, and we were putting our relationships on the wayside. Our focuses became overwhelmed with “playing the game” of medical school.

I almost blindly fell into what I would consider the beginnings of burnout. I would ration what little reserve I had left for my 5AM rounds, draw it out for the rest of the morning as I rounded with faculty, then allow it to dwindle by the end of my shift, when I didn't have to worry about putting on a peppy show for my patients and faculty. After all, the residents did not

seem to care. If anything, they seemed even more jaded. And it is not that I did not care about my patients. I cared deeply for them. I loved visiting them during rounds, and oftentimes they would lighten my mood. It is particularly through my clerkship experience with cancer patients that I chose to pursue an oncology-related field. Around patients, I did not have to worry about knowing the best guideline or answering a pimp question correctly. I simply just had to do my best, and that was often all that they wanted. For many, a simple smile and good morning was all it took to get a positive response. There was one long-term patient I grew close to whom I made tea for every morning. It got to the point to where she would tell her nurses and family members *not* to make her tea, because that was “our thing.” Making her daily tea gave my 4AM wakeup calls a purpose to look forward to. For once, the small things I did were noticed and appreciated, and I got a fleeting reminder of why I pursued medicine. But at the end of the day, that “jaded” feeling always returned, and the simplest way I can put it is that I just felt *tired*.

Unfortunately, the burnout seeped more deeply than the graces of my patients. It felt like I just did not have the energy to be a good or empathetic human. I was mentally, physically, and emotionally exhausted. I would muse over my inabilities to be “good” – the fact that it increasingly felt like more of a chore than a natural tendency – and question whether I was truly a good human after all. I felt guilty. As Richard Gunderman in *For the Young Doctor About to Burnout* so aptly said: “Instead [medical students] take such matters into their hearts, muse over them, and find themselves questioning whether medicine is what they really wanted to do with their lives.” That question ravaged my thoughts daily. I lost my desire to serve the underserved and just wanted a job that could pay the bills and allow me to enjoy a good life with the family I desired to someday create. Again, a feeling so aptly expressed by Gunderman: “Having enrolled in medical school with a goal of helping people, students soon find financial considerations – including their own exploding debt – dominating their career plans... They soon discover that, instead of expanding their capacity to make a difference in the lives of others, the rigors of medical school have constricted their field of view to their own survival.”

My long-term boyfriend, whom I had been states away from for the first 2.5 years of medical school, quickly noticed the change after only a few weeks of being back together again. He had just graduated from CRNA school and moved back to Texas,

MEDICAL HUMANITIES

(Continued from page 8)

an incredible accomplishment which I begrudgingly missed due to a SHELF exam, and we were supposed to be celebrating his new job at a highly competitive anesthesia group. He had kindly made a delicious dinner at home, a dinner that I should have been making, as we were celebrating *him* and his accomplishments; but he happily cooked and chose to stay in, rather than go out, knowing that I was balancing a busy clinical schedule with a fairly heavy extracurricular load. Meanwhile, I, fresh off my fifth 12-hour shift in a row during inpatient internal medicine, was completely fatigued, deprived of any emotional energy I had left. I was annoyed at every little thing: he was heating my non-stick pan too hot, he was making a mess, he was keeping the fridge open too long, he wasn't washing the dishes right, he was using too much soap, he shouldn't leave the water on, the list was admittedly and unfairly endless. Keep in mind, this kind of behavior was not isolated. It had been a daily occurrence since his return, resulting in many overblown fights over irrelevant details. Finally, completely exasperated, my boyfriend turned to me and said "Honestly, Jessica. You are so kind to your coworkers, your friends, and your patients. And you are a kind person. It's one of the things that drew me to you and one of the things I love most about you. But recently that seems to be more of a façade that you put on when you leave the house and take off when you return. You can't come home to the people who love you the most, do a 180, and consistently treat them like this. It's unfair."

At that point, I began to fully recognize the change – the stark difference between the person that started medical school and the person standing in the kitchen yelling at her boyfriend for making his own celebratory dinner incorrectly. I also realized that modeling humanism is not exclusive to the bedside. To call oneself a humanistic physician, who embodies the qualities of compassion, empathy, patience, integrity, and humility, requires application in all settings of life: modeling humanism not only at the bedside with my patients, but also with my family and loved ones, with friends, with strangers, with colleagues, and even with myself. To be a "humanistic" physician, I must also tend to my family relationships, my friendships, and myself. One cannot call themselves a model of humanism, then turn around and belittle their subordinates, foster strife with their families, and live an otherwise begrudged life. For the first time in my life, I recognized self-care and fostering my individuality through my hobbies and gifts as a vital component of

Continued on page 11

POETRY CORNER

**Humanities**

By Grant Simonson (M1, University of Minnesota Twin Cities)

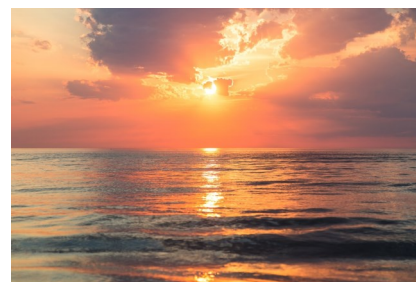
How much of us
is found
half-weaving through white curtains
pulled back to some page of an illness?
However engaged,
do our adjacent interviews show us
or deny that true condition?

Sunk in the tepid reading of it all
I suppose there ought to be a
finality
or a soft easy end to be settled on,
achieved

Or is this aim betrayed by the
Aesthetic attitude
it praises like a child,
obsessed with toys and trees
comforted only
in their eventual name

We are not arrived at
so how, how
without a smirk
can we scan the story
and turn with glass eyes
toward another patient
and say
It must be hard

Grant Simonson was a student of Dr. Laurel Drevlow at the University of Minnesota throughout his first year of medical school. He is deeply imbued with an artistic nature and has been encouraged to add his Oslerian voice to the society.



OPINION

In Praise of Students

Articles expressing opinions on contemporary issues related to the medical humanities, ethics, and practice of medicine will be presented in this section.

manner, but as humanly possible and hope that we will grow. And, Justin Cordova, in his poignant wondering of why some of us wander in to harms way to save our brothers and sisters.

Praise whatever you hold divine for students. They offer us hope when we are faced with a pandemic. They offer perspective on what the establishment considers the gospel of truth. They see through the buffoonery of politics. As you will notice this edition of the *Oslerian* draws heavily from the student perspective. The student essays were awarded recognition by the McGovern Academy of Oslerian Medicine at the University of Texas Medical Branch (UTMB) for their excellence. Laurel Drevlow submitted a poem from one of her first year students at the University of Minnesota. And finally, I solicited poetry from a UTMB fourth year student.

In the first essay Tyler Brehm takes issue with the medical education system's corruption of the Oslerian style of clinical education in the third and fourth year. He argues that contrary to Osler's concept of education that "begins with the patient, continues with the patient, and ends his studies with the patient," the process has become one of "checklists". Tyler decries the lost opportunity for students to express "empathy" and notes that for students to practice this process, "students have to *want* to maintain that empathy, and the current system does not do nearly enough to reward them for doing so." H. L. Mencken bemoans similarly that the educational process, "sole purpose is to cram the pupils, as rapidly and as painlessly as possible, with the largest conceivable outfit of current axioms, in all departments of human thought.....not to make them think right, (but)...to pulsate with the great ebbs and flows of popular delusion and emotion." So much for current medical education pedagogy.

Jessica Stauber in her essay on "Burnout" informs me that this, essay was very personal and outlined a profound part of her medical school experience and professional development, as it allowed her to mature her idea of what "humanism" encompassed - for example, that self-care is *indeed* part of humanism in medicine. She hopes other students may relate to it and perhaps not feel alone if they are wrestling through a similar experience.

The poems speak for themselves. Grant Simpsons observations of our "humanity" as we learn to interact with patients and go forward in an imperfect

I hope you all enjoy this opportunity to see student thought and writing. I find it inspiring and am comforted by the thought that our profession will move forward in the good hands of creative and thoughtful human beings.

As for the rest of the news in the world it seems somewhat devoid of hope. The pandemic still interferes with our lives and has prompted the postponement of our in-person meeting in Galveston for this coming Spring. The political season drags on with a toxic atmosphere that makes us all gag. And, the media haunts us 24/7 with every conceivable disaster imaginable.

Yet, hope springs eternal. The mechanics of a Zoom meeting in the Spring will evolve in the coming weeks; the political season, we hope, will end on November 3rd (unfortunately it continues); and the cure for media overload is to turn the on-off button to "off". And, of course, the World Series really happened. Unfortunately, the "Bums (LA)" beat the Rays. So much for rooting for the underdog. Although "hope springs eternal, as H. L. Mencken observed, "hope is a pathological belief in the occurrence of the impossible." Well then, let us all be pathological fools. It's much more fun.

Michael H. Malloy



Brandon Lowe (Tampa Bay) World Series (2nd game) home run.



MEDICAL HUMANITIES

Continued from page 9

becoming a humanistic physician. The definition of what I wanted to be was multifaceted and much more holistic than a deep and genuine care for patients alone.

Thankfully, that moment helped me to recognize the direction I was headed and allowed me to intentionally prioritize changes I needed to make to restore my passion and my identity. In addition to a wealth of support from family, friends, and mentors who have extended great patience with me as I maneuver throughout this journey, I have to pay special thanks to my family medicine preceptor who modeled the raw definition of what it means to be a physician. He reminded me that in a world of logistics, corporate-like hospital systems, and appeasing those who seem impossible to please, you can still be the patient-centered doctor all of us medical students aspire to be. He renewed my desire to serve the underserved in rural settings and encouraged me to prioritize my family and my hobbies, assuring me that a life of medicine could still be compatible. He gave me just the outlook and experience I needed to be reminded of why I came here in the first place.

Though I still struggle with disheartenment and glimpses of burnout, and though I expect this will continue throughout my career, I feel more prepared to identify burnout, change what is within my power, and advocate for what is not. I shall end with yet another quote from Richard Gunderman: "It is the sum total of hundreds and thousands of tiny betrayals of purpose, each one so minute that it hardly attracts notice. When a great ship steams across the ocean, even tiny ripples can accumulate over time, precipitating a dramatic shift in course... Everyone needs to make compromises, but such compromises should not come at the cost of abandoning core aspirations. Quite the reverse, the primary goal should be to allow such aspirations to develop and express themselves in the challenging world of contemporary medicine."

Jessica is a fourth-year medical student at the University of Texas Medical Branch. She received her Bachelor of Science in Nursing from Texas A&M University, and after working for two years as a neonatal intensive care nurse, decided to pursue her MD. She is applying into the field of Radiation Oncology and hopes to maintain her "nurse's heart" while pursuing global/public health-related work addressing inequities in Radiation Oncology, promoting humanism and holistic care in medicine, and advocating to always put patients first. In her free time, she loves getting to know others and any type of physical activity, including weight-lifting, surfing, yoga, and aerial silks.

The Streets of Sarajevo

By Justin Cordova

Red blood flows, red lights flash,
Down the streets of Sarajevo.
I wonder which will win today;
Hermes' staff or Ares' spear?

The sniper waits upon on the hills,
Searching victims down below.
The medic works upon his charge,
The valley of the red blood's flow.

Red blood flows, red lights flash,
Down the streets of Sarajevo.
I wonder why he plays this game;
Dodging lead and ducking steel?

The people run and hide away,
The medic will soothe and save.
He'll bandage some and comfort all,
Heeding not his grave.

Red blood flows, red lights flash,
Down the streets of Sarajevo.
I wonder how he finds the strength,
Cheating death and fighting fate?

The van pulls up, the doors swing wide,
The victim on a litter.
The sniper pauses in his search,
He knows that he can hit her.

Red blood flows, red lights flash,
Down the streets of Sarajevo.
I wonder if he'll take the shot,
Killing love and ending strife?

The woman hears the shot ring out,
Hears it echo off the river.
The medic falls across her path,
Transferring the life he'd give her.

Red blood flows, red lights flash,
Down the streets of Sarajevo.

Justin is a fourth-year medical student at the University of Texas Medical Branch in Galveston, TX, class of 2021. He was previously a military police officer at Fort Hood, TX, and hopes to pursue a career in anesthesiology. He thoroughly enjoys spending time with his wife and two dogs, and his hobbies including reading, baseball, and specialty coffee. He was inspired to write this poem by one of the sergeants in his platoon who was rescued from Bosnia as a child and my father-in-law deployed to Bosnia as part of the UN peacekeeping mission. This poem was previously published at: <https://in-training.org/the-streets-of-sarajevo-19096>.

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The AMERICAN OSLER SOCIETY exists to bring together members of the medical and allied professions, who by common inspiration are dedicated to memorialize and perpetuate the just and charitable life, the intellectual resourcefulness, and the ethical example of Sir William Osler, who lived from 1849 to 1919. The OSLERIAN is published quarterly.

We're on the Web!√ us out at: www.americanosler.org

Looking Forward to Galveston, TX



Uh-Oh!!!!!!! Hold the vision of these images. You will not see them in 2021, but we are hopeful the Pandemic will have waned, a vaccine will be available, and the weather in the Spring of 2022 in Galveston will be beautiful as always.

Zippity-Do-Da
We Are Zooming for 2021

Attention: Because the in-person meeting in Galveston for 2021 is being moved forward to 2022 and because the majority of abstracts scheduled for presentation at the 2020 AOS Meeting were carried over to the 2021 meeting we are not accepting any further abstracts for this year (2021). Queries were sent to all those who indicated they wanted to present their 2020 abstracts at the 2021 meeting as to whether or not they would like to do a Zoom presentation at the AOS Zoom meeting that will be planned for some time in April 2021. As of now 37 authors have indicated they would be willing to present via Zoom. The dates for the Zoom meeting will be April 11-14, however the exact format and timing have not been worked out yet, but should be forthcoming soon. The Program Committee will make a final decision about the times of the meeting and the exact format in the near future and will communicate that information to the membership and presenters.

SORRY!

AOS Members — Please forward to the editor information worth sharing with one another as well as "Opinions and Letters". - MHM (mmalloy@utmb.edu)