



The Oslerian



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A Message from the President

By Laurel E. Drevlow

On Mentoring-IV

#We too...

In the spring of 1891, William Osler delivered a commencement address to the first class of nurses trained at Johns Hopkins which was named, simply, "Doctor and Nurse". Positive and encouraging it was - erudite, (of course) eloquent, (naturally) and decidedly, Biblically allusory. Yet in my first reading of it, I thought it precisely vague - scarcely referencing the day to day work of being a nurse - as if communicating with them was a challenge. On the other hand, it was probably unlikely that, despite his way with words, William Osler would have scripted "bed pan" into his text...

A second essay (June 3, 1897), titled "Nurse and Patient," was filled with the temperate wit and subtle sarcasm for which Osler was already notorious. The nurses didn't get it, and they didn't like it. Osler's biographer, Dr. Harvey Cushing rationalized that it was

because some of them took themselves too seriously. How was it that our lofty minded and much lauded Sir William wasn't able to comprehend its reception in the way the nurses did?

In both writings it was clear that he valued their work, their abilities, their dedication, compassion and commitment to patient care, going so far as to perhaps invent his own apocryphal story about the Biblical Eve (grandmother), Mahala (mother) and Enoch (grandson/son).

The value of experience is not in seeing much, but in seeing wisely. Osler

This same William Osler, who supported and encouraged them in their education and careers, also famously poured all of a nurse's carefully laid out evening medicines into a jumble one night on the wards. Historian and Oslerian, Michael Bliss, wrote that she never forgave him for it. On another occasion, he stuck his finger into a napkin delicately draped over a bowl of soup carried by a student nurse. Aptly irked by the impudent act she de-



**President
Laurel E Drevlow
48th AOS President
installed at the 2017
meeting in Atlanta, GA.**

President's Message *(Continued from page 1)*

claimed, "I don't know who you are and I don't care, but I think you are the meanest man I ever saw!" Golden and Roland record in their book, Sir William Osler, an Annotated Bibliography with Illustrations, that Osler was utterly abashed, and after hustling home, sent his wife, Grace, on a special trip to the hospital to deliver his carefully and quickly written note of sincere apology for his misbehavior. How did Osler so misread the impact of his actions? Was he truly unaware of how his joke might be interpreted badly?

One special advantage of the skeptical attitude of mind is that a man is never vexed to find that after all he has been in the wrong. Osler

And why send Grace? Did he not think the nurse would accept an apology from him? Did he think that the apology would be better received coming from another woman? History teaches us that Osler was remarkable for his willingness to admit his mistakes – a rarity among leaders in any field. Did he learn anything from the experience? The answer to the last question, at least, is: almost certainly.

The greater the ignorance, the greater the dogmatism. Osler

In the context of so many recent headlines, one cannot help but wonder, would this sort of mischief rise to the level of harassment in today's world? Clearly neither nurse found Osler's pranks particularly funny. Ah, but times were different back then. Indeed they were. Sexism was de rigueur. Most women accepted it as "the way things were." Osler's behavior toward women certainly reflected the better end of social mores of Victorian England, where women were seen and treated as frivolous, fragile, amorous creatures who should not be subjected "to the rougher influences which I am sorry to confess are still to be found in colleges and universities where young men resort." (Daniel Coit Gilman, Johns Hopkins University's first president.)

To hold the 1897 Osler accountable, for what in 2018 would be judged as wrong-headed ideas, would require a rift in the space time continuum of social evolution that would be impossible for even intergalactic travelers in some future star date. Convinced of the correctness of their views in that era, changing *men's* behavior was never a consideration.

That was then. Today, men in all walks of life

(save, perhaps presidential positions) have been paying the price for not only the kind of "boys will be boys" but also much, much badder boy behavior that has been closeted and tolerated far too long. Uncomfortably and painfully, many of us can relate instances of such kinds of misconduct that happened in our own circles of existence in medicine and elsewhere. What did we do? Long silence...

Like the many women victimized by men's harassment, we probably felt powerless to do anything, to fix anything, to confront the miscreant or to even report the event. Was it our business to get involved? Was this actually inappropriate behavior or was it just a playful prank? Did the woman really not appreciate the attention or...?

There are three classes of human beings: men, women and women physicians. Osler

We don't live in the age of Osler anymore. Times change. Culture, social practices and beliefs change - not as fast as we might like, but evolution is inexorable. Like most men in the profession, Osler opposed training women for the practice of medicine for reasons which seemed entirely rational in that moment. In an 1895 lecture at Harvard about Hopkins' experiment in medical education Osler joked: "As to the women students it has been a great success, 33 1/3 percent of them were engaged to their professors at the end of the first year." Curiously he made no comment on the proportion of professors having romantic assignations with their students.

But even in his own age, Osler evolved. In time he would come to recognize that women had the same rights to medical education as men. Osler would very likely have been as much a jokester in 2018 as in 1897. But knowing his character, that would surely have evolved too. His humor would likely not have been at anyone's expense and he probably would have still conducted himself with all the professionalism the times demanded, only it would be expressed somewhat differently in our era, because, like every great physician, Osler was always learning.

No bubble is so iridescent or floats longer than that blown by the successful teacher. Osler

A good friend of mine recently spent another stint at our hospital for yet another surgical procedure for yet another complication of yet another nasty disease process she nobly endures. A devoted, beloved

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physician, and educator, she dedicated her life to caring for patients. Then, when the practice of medicine was no longer possible due to her medical conditions, she still taught. And as every good teacher knows, it's never too late to educate:

Her husband described her most recent lesson this way: Early this morning, yet another, different spine surgery fellow dropped by K's room. Without shedding his coat or dropping his bag, making only eye contact with computer and papers, but not her, he rapidly confirmed she was ready for discharge and left. Minutes later, in the hall with her walker, she passed him at the desk. Summoning her best Lutheran 'Get up and do what needs to be done' courage, she moved over to the desk and said to him, "As an old doctor to a young doctor: When you go in to see a patient, take off your coat, leave your bag and pretend you care about seeing the patient." I'm pretty sure Osler would have applauded this woman physician.

To know what has to be done, then do it, comprises the whole philosophy of practical life. Osler

As an educator of medical students, half of whom are women, and as the mother of a scientist daughter pursuing her PhD in applied mathematics, I want to believe that more than just Oslerian minded men in our society can evolve. I want to believe that when these young women sit in committee meetings they will not be interrupted by loud male voices intending to silence them through intimidation. I want to believe that they will not have to feel the leer of wandering eyes of male colleagues, endure lascivious sexual innuendo or worse when they are interacting with coworkers. I want to believe that they will not have to see the smug and smarmy smile shared among the men in the room when a woman has just made a contribution to the discussion – the smile that says, "There, there, honey. Don't trouble yourself with these big important problems. Leave that to us men." Or, as Dr. Francis Conley, first tenured female neurosurgeon in the United States, and author of Walking Out on the Boys, a scathing expose of routine sexual harassment and repressive hierarchy at the prestigious Stanford medical school wrote, "If I expressed any deviation from the majority view, my colleague announced prominently that I was suffering from premenstrual syndrome."

The future is today. Osler

Like Osler, I want to believe we can all learn to be better. If there is anything good to come of the

"#Me too" and the "Times Up" movements it hopefully will be to give each of us an extra dose of courage to speak up when abuse, harassment, or bullying affects us or someone around us; and that such courage will start to reduce the number of people who say, "me too," to none at all. As the beneficiary of a residency education that, from its inception, opened its doors to women and provided the support and encouragement needed for them to succeed in highly competitive and still often overtly sexist arenas, I would like to be able to say that I am not a part of the "me too" movement.

Yes..., I really wish I could say that.

Summer is splendid, but winter is wonderful!

Mother Nature is a fine artist, but she also inspires the artist. If you haven't already planned your submission for Dr. Herb Swick's annual art exhibit at the Pittsburgh meeting then let the loveliness of the winter garden motivate you! (Preferably no refrigerated entries...)



Update on 2018 AOS Annual Meeting in Pittsburgh

By Jonathan Erlen

American Osler Society Colleagues:

This is an update on the May 13-16, 2018 American Osler Society annual meeting that will be held on the campus of the University of Pittsburgh and will be co-hosted by the University of Pittsburgh and the C. F. Reynolds Medical History Society. While all day-time activities of this meeting will be held in the University Club on the University of Pittsburgh's campus our Monday and Tuesday night events will be in some of the unique buildings on Pitt's campus.

On Monday night following a cocktail hour held at the University Club we will walk some two blocks over to Alumni Hall. There will be bus transportation for those who prefer to ride. Originally a Masonic Temple and designed by the renowned architect Benno Janssen, this limestone-clad building was constructed in 1914-1915 and was acquired by the University of Pittsburgh in 1993. It is a Pittsburgh History and Landmarks Foundation Historic Landmark building. That evening we will have music, the annual banquet, and the presidential address in the Connolly Ballroom.

On Tuesday evening following our regular sessions we will either ride or walk 2 blocks to the magnificent Heinz Memorial Chapel for an organ recital. The Heinz Memorial Chapel was a gift from the Heinz family. The building was dedicated in 1938 and has been a focal point of activities for the University of Pittsburgh, from weddings, to musical recitals, to religious services for all denominations. The 73-foot transept stain glass windows, among the tallest in the world, represent the character traits of tolerance, courage, temperance and truth. These windows highlight an equal number of notable women and men, containing both religious and secular figures from history, literature, and the sciences, including medicine. The pipe organ is comprised of 4,272 pipes arranged in 73 ranks. All the wrought iron work in the chapel was fabricated by Samuel Yellin of Philadelphia, America's most famous 20th century iron craftsman. All the wood in the Chapel is various types of oak, from the 800 pound main doors to the pews and ceilings.

Following the organ recital we will have a

casual buffet dinner-location yet to be decided. We will then meet in the Commons Room of the Cathedral of Learning-C. of L. [image of the outside of this building on next page]. It is the centerpiece of the University of Pittsburgh's main campus. Standing at 535 feet, the 42-story Late Gothic Revival Cathedral is the tallest educational building in the Western Hemisphere. The C. of L. was built during the Great Depression and dedicated in 1937. It is a steel frame structure overlaid with Indiana limestone and contains more than 2,000 rooms and windows. This building contains noted examples of magnificent stained glass, stone, wood, and iron work. The main part of the Cathedral's first floor where we will be meeting is the Commons Room, called one of the "great architectural fantasies of the twentieth century". It is a fifteenth-century English perpendicular Gothic-style hall that covers half an acre and extends upwards four stories, reaching 52 feet tall [image next page]. It is a piece of true Gothic architecture; no steel supports were used in the construction of its arches.

Following a presentation on the history of the construction of the C. of L. those interested will be offered guided tours of some of the Nationality Rooms located in this building. The Cathedral is home to over 30 Nationality Rooms located on the first and third floors, most of which are used as working classrooms. Each nationality room is designed to celebrate a different culture that has had an influence on Pittsburgh's growth, depicting an era prior to (or in the singular case of the French Classroom, just after) 1787, which is year of the university's founding. The Nationality Room programs began in 1926 when Chancellor John Bowman decided that he wanted to involve the community as much as he could in constructing the Cathedral, so he proposed that each nationality that has had a significant number of people in Pittsburgh would be allowed to design their nationality's room for the Cathedral. Each group had to form a Room Committee, which would be responsible for all fundraising, designing, and acquisition of building materials. All other materials, labor, and design were provided by the individual committees and their communities. These were sometimes aided by foreign governments and the rooms contain many authentic artifacts and materials from the countries represented ie: a bog oak chair in the Lithuanian Room.

For a personal tour of the Cathedral of Learning go to:

<https://www.youtube.com/watch?v=fjOdkFw0BX4>

Preview of 2018 AOS Annual Meeting In Pittsburgh

*Jonathon Erlen
University of Pittsburgh
LAC Co-Chair, 2018 AOS meeting*



Forty-Eighth Annual Meeting of the American Osler Society May 12-16, 2018 Meeting at a Glance

Sunday, May 13th

1:00-5:00 p.m.	Registration-Main Lobby, University Club
Afternoon	Tours of Nationality Rooms, Cathedral of Learning
Afternoon	Tours of Heinz Chapel
1:30-3:45 p.m.	Tour of the Carnegie Museum Complex-Natural History&Fine Arts
	History&Fine Arts
2:00-4:00 p.m.	City Tours-to be determined
2:00-5:00 p.m.	Set Up Art Exhibit-Library, University Club
3:00-5:00 p.m.	The Frank Neelon Literary Gathering
5:00-6:30 p.m.	Past Presidents Dinner-Gold Room

7:00-9:00 p.m. Board of Governor's Meeting-Ivy Room

Monday, May 14th

7:00 a.m.-5:00 p.m.	Registration-Main Lobby, University Club
Afternoon	Tours of Nationality Rooms, Cathedral of Learning
Afternoon	Tours of Heinz Chapel
2:00 -4:00 p.m.	City Tours-to be determined
7:00-8:00 a.m.	Continental Breakfast-2 nd Floor, University Club- Ballroom B
8:00 a.m.-5:00 p.m.	Art Exhibit-Library, University Club, Main Floor
7:45 a.m.	Welcoming Remarks-University Club-Ballroom A-Main Floor
8:00-9:40 a.m.	General Sessions-Ballroom A-Main Floor
9:40-10:00 a.m.	Break-University Club-Ballroom B-2 nd Floor
10:00-11:00 a.m.	General Sessions-Ballroom A-Main Floor
11:00 a.m.-Noon	THE JOHN P. MCGOVERN AWARD LECTURESHIP-Ballroom A-Main Floor
	K. Patrick Ober, M.D.-Wake Forest University School of Medicine
Noon-1:00 p.m.	Luncheon-2 nd Floor, University Club-Ballroom B-2 nd Floor
1:00-3:00 p.m.	General Sessions- Ballroom A-Main Floor
3:00-3:20 p.m.	Break-University Club-Ballroom B-2 nd Floor
3:20-5:40 p.m.	General Sessions- Ballroom A-Main Floor
6:00-7:00 p.m.	Reception out on the Terrace of the University Club & Ballroom B
7:00 p.m.	Banquet & Presidential Address, Alumni Hall-Connolly Ballroom

Tuesday, May 15th

7:00 a.m.-5:00 p.m.	Registration
Afternoon	Tours of Nationality Rooms, Cathedral of Learning
Afternoon	Tours of Heinz Chapel
1:30-3:45 p.m.	Tour of the Carnegie Museum Complex-Natural History&Fine Arts
2:00 -4:00 p.m.	City Tours-to be determined
7:00-8:00 a.m.	Continental Breakfast-2 nd Floor, University Club- Ballroom B
8:00 a.m.-5:00 p.m.	Art Exhibit-Library-Main Floor
8:00-9:40 a.m.	General Sessions- Ballroom A-Main Floor
9:40-10:00 a.m.	Break-University Club- Ballroom B-2 nd Floor
10:00 a.m.-Noon	General Sessions- Ballroom A-Main Floor
Noon-1:00 p.m.	Luncheon-2 nd Floor, University Club- Ballroom B-2 nd Floor
1:00-3:00 p.m.	General Sessions- Ballroom A-Main Floor
3:00-3:20 p.m.	Break-University Club- Ballroom B-2 nd Floor
3:20-5:40 p.m.	General Sessions- Ballroom A-Main Floor
6:00-7:00 p.m.	Organ and Choir Recital, Heinz Chapel
7:00-9:30 p.m.	Casual Dinner-location to be decided & Tours of the Nationality Rooms, Cathedral of Learning

Wednesday, May 16th

7:00-8:30 a.m.	Continental Breakfast-University Club-Ballroom B-2 nd Floor
7:30-8:15 a.m.	Annual Business Meeting -Ballroom A
8:20-10:00 a.m.	General Session-Ballroom A-Main Floor
10:00-10:20 a.m.	Break-University Club-Ballroom B-2 nd Floor
10:20 a.m.-Noon	General Session-Ballroom A-Main Floor
Noon	Adjourn

Healing the Poor

by Stephen Bertman

“In nothing should the citizens of a town take greater pride than in a well established comfortable Hotel Dieu—God’s Hostelry—in which his poor are healed.”

—————**William Osler, “On the Influence of a Hospital upon the Medical Profession of a Community”, Albany Medical Annual, 1901.**

Through their surviving words and exemplary lives, the physicians of ancient Greece and Rome declare that doctors should measure their success not by how rich or famous they are but by how well they take care of those who are least able to pay.

Almost a century ago, an archaeologist poring over 13,000 inscribed fragments of marble stored in an Athens museum identified some twenty matching ones that he fitted together like the pieces of an ancient jigsaw puzzle. They had originally come from the south slope of the Acropolis where they had lain in the ruins of a sanctuary to Asclepius, the Greek god of healing and patron of physicians. When pieced together, the fragments proved to be part of a monument set up in the Second Century of the Roman Empire to honor one of the god’s priests, a man named Sarapion, who had been a physician and Stoic philosopher.

Along with two hymns to Asclepius, the inscription set forth the duties of a physician. The physician should, Sarapion declared, “emulate his god by being the savior of slaves as well as of rulers, the poor as well as the rich, equally, while offering his help like a brother.” The notion of serving all regardless of their income or social class echoed the Stoic belief in the brotherhood of man.

In this egalitarian respect, the creed of Sarapion resembled another work called *The Precepts of Hippocrates*, named for Hippocrates (5th-4th Century B.C.E.), the Hellenic “father of medicine”. In it the prospective physician was told that if “an opportunity should arise to pay for the treatment of an immigrant or someone impoverished, the doctor should lend his support.” The Second Century Greek physician Galen similarly stated that doctors true to their calling must not be motivated by the desire for financial gain but ought to treat the poor as well as the rich. In the First Century, the Roman physician Scribonius Largus had

argued that the practice of medicine demanded a physician not merely be technically proficient but also show compassion, or *miseriordia*, a Latin word that meant “to have a *cor*, or heart”, to all those in distress. Such compassion was embodied by two exemplary physicians of the Third Century, Cosmas and Damian, twin brothers who were eventually martyred for their Christian faith. Called “the Unmercenaries” by the patients at their free clinics, in accordance with the Gospels (*Matthew 10:8*) they refused to accept payment for treating the sick.

Today as the United States Congress debates the future of health care in America, these healers of a distant age remind us that our nation and our generation may ultimately be judged by how well we care for the weakest and most vulnerable among us.

Stephen Bertman, PhD, is Professor Emeritus of Greek and Roman Studies at Canada’s University of Windsor. He is the author of *The Eight Pillars of Greek Wisdom and The Genesis of Science: The Story of Greek Imagination*, and co-editor, with Dr. Peter Papadakos, of the recently published anthology, *Distracted Doctoring: Returning to Patient-Centered Care in the Digital Age*.

My Professional Growth

by Dania Albaba

Winner of the University of Texas Medical Branch John P. McGovern Academy of Oslerian Medicine Year One Oslerian Essay Award-2017.

In August of 2016, I donned a white coat that would change the way I lived my life and the way others perceived me. Throughout the year, I have learned about the burden of my profession. I learned that now I would have to act as a professional, that I would have to show integrity in my work, that I would have to be competent enough to address the reality that countless people are counting on me. A white coat may seem like simply a white colored garment, but to patients at my clinic site visits, to patients at St. Vincent’s, to people in the street - I am now more than just Dania Albaba. I am a healthcare professional, I am someone to be trusted with patient care, and I am someone to rely on in an emergency. Although I have not earned it, as a white-coat wearer, I am now forced to live up to that trust. For me, that has meant trying as hard as I can to master my course work and to truly be reflective about the practice of medicine. It has meant understanding issues like depression, patient autonomy, and inter-professionalism

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on a deeper, more reflective level. Thus, I hope that I have accomplished that deeper understanding and that being in medical school, going to site visits, interacting with my peers has allowed me to grow closer to earning that trust.

I remember prior to medical school, I viewed physicians as infallible, intelligent beyond belief, and superior to all other professionals. I believed that in the ICU or the ER, the physician needed little assistance or help. He or she could solve medical problems without really requiring the aid of the nurses, physician assistants, physical therapists, or laboratory professionals. I felt that their roles were assisting roles; they were merely sidekicks. Then I participated in *What's Wrong With Warren* and I very quickly learned how wrong I was. I had never realized that just as I have worked so hard to learn about medicine, they too have specialized in their own vocations. Often times, a nurse will know more about hospital protocol than any other physician in the room. I was shown this time and time again in clinic visits and when shadowing some of my physicians. Walking into an OR with Dr. Aldossari, my POM facilitator, for the first time this semester, I noted how a nurse advised everyone else on scrubbing procedures. She corrected physicians and put everyone in their place. She knew which tools to hand the surgeon before he even asked for them. Furthermore, the physician assistants floored us on information that we simply did not know, showing us that although they require less schooling, they were completely capable of taking care of patients and could provide insight on cases that the physician had not thought of. The experiences at *What's Wrong With Warren* and my shadowing with Dr. Aldossari were both undeniably humbling and taught me how important each member of the medical care team was in providing patients with the best care possible.

Before beginning medical school, I began to develop an aura with migraine. I was extremely frightened, as I had never had anything like that occur to me. I went to visit a neurologist, who asked me a couple of questions and then whisked me away to another room. In that room, he told a nurse to put an IV on me with steroids and then turned to me and said, "After this, schedule an MRI stat at the front desk." I was paralyzed with fear. What did this mean? What are steroids and why was I being put an IV right now? Why does my MRI have to be stat? I assumed the worst, because my physician did not bother to tell me what his thoughts were or give me options in my care. It only got worse though. As I went to schedule my MRI, I asked the physician who passed by where I

should go. He said, "It doesn't matter. Go to any hospital." What he failed to tell me is that I could call my insurance to see if the MRI would be covered at one hospital over another. He offered me no advice, and essentially, he not only gave me little autonomy in my care, but he abandoned his fiduciary duty. This experience taught me how important speaking to the patient, getting their consent, and informing them of their options is. It made me hyper-aware of this issue amongst physicians, and it has made me more sympathetic to patients in general who are thrown into procedures without information. So, as a medical student, I felt that it was my duty to stand up for my patient and inform her of her options when my physician wouldn't.

At my last clinic site visit, a patient who had long taken one prescription pain killer was being put on another pain killer that the physician suggested had fewer side effects. The patient was reluctant. She argued that she had been taking this drug for years and it had worked for her so far. She said her insurance covered the medication and she was happy where she was - side effects and all. The physician ignored her and insisted on the new regimen despite it not being covered under insurances. She complied. While the physician wrote the new script, the patient asked, "Do you know how much this drug is going to cost me?" The physician looked at her briefly and said "Nope." I was holding my tongue for the entire encounter, but could no longer do so. The patient was clearly distressed about whether she'd be able to afford it and the physician did nothing to reassure her. The physician did not show compassion or any sense of duty to the patient as a whole. I whipped out my phone for the first time in a patient's room and introduced her to an app that shows where she can pay the least amount for her medications. The patient thanked me profusely, even as she walked out the door of the clinic. It took me about two seconds to show a patient that I cared about her as a person, and that I wasn't just concerned about her physical treatment. I showed her that I was also taking into account her financial and emotional state. This solidified my deep desire to make medicine more humane and compassionate. It reverberated conversations in the Humanities, Ethics & Professionalism curriculum (HEP) about the fiduciary responsibility of physicians, and to an extent even patient autonomy.

As someone who has had a great deal of hardship thrust upon her in high school and college with the death of dozens of family members in Syria, I didn't really understand depression until I started medical school. I was able to keep my chin up and I was able to find motivation despite the constant heartache and sadness. I used my hardship to fuel me, not to set me

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back or bring me down. So I viewed depression as a weakness of character and I thought that being depressed would make me look like someone who wasn't strong enough to handle the ER or the ICU. It would make me less trustworthy. For the last year, however, I have had to deal with my own depression and anxiety. Entering medical school, getting married, losing the comfort of my childhood home - that all hit me at once. I was no longer doing the things I loved - volunteering, making a difference to people, or organizing events. With that depression came fear of being found out. What if someone knew how I felt? What if someone knew how scared or incompetent I feel as a future physician? I held it all in, which only made things worse.

Having the parents of a UTMB student who was a victim of depression come to our school was incredibly therapeutic. It made me realize that depression was not a weakness, and that it was something that many of my peers were going through themselves. It opened my eyes to the idea that I was not alone. We spoke a lot about depression in HEP, and about feelings of incompetency and anxiety. Those discussions allowed me to rethink my idea of what a strong individual and strong physician really is. In the future, I know that I will never hold someone to a higher standard than what is human. Most people experience some feeling of anxiety or depression at some point in their lives. I hope that as someone who has had to battle depression in the last year and as a future physician, I can help other people realize that it is okay to seek help.

In conclusion, I know that my experiences this year will have a profound impact on the physician that I will become. I learned so much about other medical professionals, teamwork, patient autonomy, the fiduciary duty and depression in medicine. I sincerely believe that in doing so, I have made myself more deserving of the trust that people have already begun to place in me and I hope that in the future, I continue to work on those issues. I hope that I continue to reflect on them in different clinical settings and to be mindful of them in my practice. As William Osler once said, "the good physician treats the disease; the great physician treats the patient who has the disease." I have made it a mission to never forget that half of treating a patient is simply treating them as a human being.

¹ John M. From Osler to the cone technique. *HSR Proceedings in Intensive Care & Cardiovascular Anesthesia*. 2013;5(1):57-58.

By Andrew Ferguson

Winner of the University of Texas Medical Branch John P. McGovern Academy of Oslerian Medicine Year Three Oslerian Essay on Professionalism Award-2017.

A comparison that readily comes to mind when thinking of myself during 3rd year is that of the transition from prepubescence to adolescence. It is a time of tremendous upheaval and change regarding personal identity, and I think that period of transition nicely mirrors the "growing pains" of navigating 3rd year. In addressing the idea of being an imposter, I suppose my answer depends on the granularity of time used to frame the question. In the short term, I definitely still feel like an imposter in my role as a 3rd year; this is largely due to our ~~ever-fluctuating roles as we rotate through different clerkships and their different teams/subrotations.~~ With each rotation, we assume a new (and often evolving) role within a team that varies based on the patient population, team environment, and attending/resident teaching styles. We learn what each team seeks of us, both explicitly through advice and feedback and implicitly through observation. ~~Simultaneously, we must refresh and refine our knowledge regarding specific academic domains to be appropriately prepared for patient care and examinations.~~ In this sense, we constantly adopt and shed new identities to meet present demand, much as teenagers adopt and shed beliefs, trends, clothing styles, phrases of speech, and other intricacies of personal identity as they place themselves in the world. On a broader scale, however, I do feel more comfortable in the larger scheme of patient care as time progresses. With each rotation, we accumulate translatable experience in working with interdisciplinary teams, interviewing patients and improving interpersonal skills, performing physical exams, and applying basic science to patient care. Reflecting back on the beginning of 3rd year this past summer, I believe I am more proficient in seeing patients and knowing what questions to ask in which situations to gain relevant clinical information. I am also more comfortable in discussing patient assessments and plans, although

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that is probably the domain in which I still see the most need for personal improvement.

My image of the profession as a whole is more complex and fluid, because the scope of physician practice is vast and encompasses a large range of behaviors and roles. Not only does each specialty encompass a particular domain of knowledge and skills, but the type of practice varies depending on the practice setting and patient population – inpatient/outpatient, pregnant, incarcerated, insured/uninsured, rural/urban, academic/ community practice, and many more. Because medicine is so nuanced, I struggle to grasp at a solid, cohesive image of the profession. A sweeping generalization would be inadequate. An orchestra conductor comes to mind as a loose comparison, in the sense that the physician is the central organizer and director amidst a broad array of players whose different roles coalesce to form music – the unified construct that is analogous to patient care. Individual players know their specific roles within the context of this larger landscape, and the conductor ensures cohesion among the many, varied moving parts to achieve a desired outcome. The players include social workers, utilization review experts, nurses, case management, pharmacists, and more. However, multiple physicians are often involved in patient care, whereas an orchestra typically has a singular conductor. In this sense, healthcare adds additional complexity to this basic analogy of what it means to be a doctor.

On a separate note, I also sometimes envision the physician as a marionette moving to the strings of clinical, evidence-based guidelines. I choose marionette for the connotation of being chained or bound, in that our movements are limited by algorithms and rules that constitute “best practices” for our respective practice domains. They seem to be simultaneously blessing and burden. Guidelines and algorithms are tremendously useful – of course – in their mission to standardize and provide high-quality patient care. However, it occasionally saddens me to think of myself as following scripted rules in managing patients – being an “automaton” in a sense. Losing “creative” faculty. That being said, I also recognize that guidelines are not definitive, and we can deviate from them based on individual patient responses and nuance. Likewise, physicians create these guidelines from critical analysis of evidence and experience from clinical practice, and in this way we can actively participate in creating the frameworks within which we work.



POETRY CORNER



Mortality

My peers do die,

And I do spy,

Mortality on the horizon.

But ere I go,

And mourn my woe,

I'll gladly see more sun's arise'n.

Anonymous Fool

OSLERIAN OPINIONS

Perspective: Past, Present, and Future

Articles expressing opinions on contemporary issues related to the medical humanities, ethics, and practice of medicine are requested for this.

In the Medical Humanities section of the *Oslerian Newsletter* for this month we hear perspectives from the past, present, and future. Stephen Bertman reminds us of voices from the past and the implications of those voices and ideas for our current practice of medicine. Dania Albaba reflects on the present challenges of being a first year medical student and demonstrates a number of issues that are now talked about in the process of medical education that in past generations have been hidden away. And finally, Andrew Ferguson, a third year medical student, reflects on the issues of a third year medical student and anticipates the challenges associated with the future practice of medicine.

Doctor Bertman reminds us that the ancient physicians considered it a great virtue to be responsible for treating not only the rich, but also the poor and recognizing that all lie within a brotherhood of men (and now one would recognize, a sisterhood of women). How we respect that tradition in today's practice of medicine has become a challenge. As most of us work within "health care systems", how do we challenge those "systems" to allow for less recompense than the bottom line will allow? Federal and/or State funding for basic health care needs continues to be a challenge that has not been satisfactorily addressed. And, although many of us may offer our services to "free charitable clinics" outside of our "health care systems" of employment, such patchwork service merely helps assuage our personal sense of guilt rather than adequately addressing the problem.

Dania Albaba, a now second year medical student, reflected on her first year of medical school and was awarded a John P. McGovern Academy of Oslerian Award for her essay. She brings a number of issues to the fore as she speaks of the challenges confronted in present day medical education. First of all she recognizes the tradition upon which the practice of medicine is built. She recognizes the responsibility she incurs as she dons her white coat and attempts to live up to the trust that will ultimately be put in her ability to care for others. Twenty years ago or perhaps only 10 years ago, I don't think that most medical schools attempted to review with new students the role that they were taking on as a medical student and a future physician. With the advent of "White Coat Ceremonies" in most medical schools, I think that has changed. In addition, Dania speaks of a recognition of the interdisciplinary role of the physician in the con-

temporary practice of medicine. The "What's Wrong with Warren" exercise that she speaks of is a day-long exercise for first year medical students that includes interaction with nurses, nurse-practitioners, occupational therapist, and other ancillary health care providers, to provide the opportunity to see how everyone plays a role in the care of the patient. Finally she speaks of her own health challenges and how they have affected her approach to patient care. We learn much from the students who are experiencing our medical education processes today. A learning process that was not so transparent in the past.

Finally Andrew Ferguson, the winner of the John P. McGovern Academy of Oslerian Medicine Third Year Clerkship Essay Award reviews the challenges of the third year of medical school and looks to the future. He beautifully describes the future physician as "orchestra conductor" appreciating the need to "make music" with the team. Yet, he appreciates those "strings" that most of us feel as we are tied to practicing medicine within much tighter guidelines and protocols. Where will we (physicians) find the satisfaction for our need to be creative in the future?

Perhaps our creativity can be satisfied through continuing to search for the solutions that are still needed to provide for the health and welfare of our brothers and sisters in humanity regardless of skin color, ethnicity or religious creed.



BOOK REVIEWS—NOTICES

Book Review*By Joe VanderVeer***Christian Barnard: The Surgeon Who Dared. The Man and the Story of Heart Transplantation** by David K.C. Cooper
Fonthill Publications © 2017 543 pgs.

Oslerian David Cooper includes in the preface of this new book one of Christian Barnard's favorite poems, "A Bag of Tools" by R. L. Sharpe:

Isn't it strange
That princes and kings,
And clowns that caper
In sawdust rings,
And common people
Like you and me
Are builders for eternity?
Each is given a bag of tools,
A shapeless mass,
A book of rules;
And each must make—
Ere life is flown—
A stumbling block
Or a steppingstone.

In the rest of this superb biography, Cooper fleshes out surgeon Christian Barnard and shows how with his surgical tools he made a steppingstone to fame.

Barnard was born in 1922 in the bleak town of Beauford West, about 300 miles north-east of Cape Town. His father was a Christian missionary pastor to a black congregation and their home and school language was Afrikaans. He attended medical school, receiving his M.D. from University of Cape Town. (Chris noted later that although he was educated in English, his native tongue helped him pass exams in Dutch and German for his PhD from the University of Minnesota, where he spent about two years as a research fellow.) As a child he learned to play the piano, but later gave it up due to rheumatoid arthritis, an affliction that dogged him through out his surgical career.

In 1958 Barnard got U.S. funding to set up an open-heart surgery program in Cape Town. He established a new program in pediatric and adult cardiac surgery and began research work on cardiac transplantation in the animal lab, perfecting the technique

that nine years later he used to do the first human heart transplant. The 25 year old donor was a woman brain-injured from a car accident, the recipient a 51 year old grocer with heart failure. Both were white. When Louis Washkansky began to falter after twelve days, showing shadowing on chest X-Ray suggestive of beginning rejection, immunosuppressive therapy was intensified. But he was actually developing pneumonia, from which he died on transplant day 18.

Cooper reminds us that the setting for the 1967 operation was South Africa, a country being indicted on the world stage for Apartheid and anxious to repair its international image. Groote Schuur Hospital was ill equipped to handle the subsequent media tsunami, but Barnard rode the crest of the wave, basking in the limelight, partly perhaps because he foresaw his surgical days would soon be limited by rheumatoid arthritis. Cooper has many photos of Barnard in the company of the rich and famous, and does a good job describing Chris's complex personality.

Despite a personal friendship with Barnard, Cooper discloses some of his flaws, including his enjoyment of publicity and his womanizing. It is a long read, worthwhile because we gain insight into a man of great ambition coupled to an excellent review of cardiac transplantation and good sketches of its pioneers.

Xenotransplant's Cooper honored with national John P. McGovern Award

BIRMINGHAM, Ala. – David K.C. Cooper, M.D., Ph.D., was presented the prestigious John P. McGovern Compleat Physician Award by the Harris County Medical Society and the Houston Academy of Medicine during a Jan. 19 ceremony held in Houston, Texas.

Cooper is the 25th recipient of the national award, which was named after its first recipient and has been given annually since 1994 to recognize a physician who embodies the ideals of Sir William Osler — medical excellence, humane and ethical care, commitment to medical humanities and writing, research and harmony between the academic and medical practitioner. Cooper was bestowed the honor during the HCMS/HAM Installation of Officers and Leadership Recognition.

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Aequanimitas

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. Its OSLERIAN is published quarterly.

We're on the Web!

√ us out at: www.americanosler.org

Looking Ahead to Pittsburgh



Call for Art for 2018 Annual Meeting in Pittsburgh, PA. May 12-16, 2018

William Osler once said that “no man is really happy or safe without a hobby.” He also counseled doctors to “have a hobby and ride it hard.” Many Oslerians do indeed have artistic hobbies, and in Pittsburgh will have a chance to show their stuff. Again this year at the Annual Meeting, Herbert Swick has organized an Art Exhibit where we can share our creations. Please use the form below to contact him to arrange to show your work when we meet in Pittsburgh, PA.

2018 AOS Art Exhibit Application Form

Name: _____

Address: _____

Phone: _____

Email: _____

Type of work: (please check)

painting/drawing (medium: _____)

photography

sculpture (material: _____)

other art form (please specify): _____

Title of work: _____

Size: _____ (Dimensions in cm)

Brief description of work (optional): _____

Special exhibition needs, if any **

Deadline for applications is May 4, 2018.

Please submit applications to: Herbert Swick, 4 Brookside Way, Missoula, MT 59802 or by e-mail to hmlswick@msn.com. Please direct any questions to him at that address, or call him at 406-542-6560.** It may be possible to accommodate special needs, depending upon the nature of the request and the exhibit space.

AOS Members — Please forward to the editor information worth sharing with one another as well as “Opinions and Letters”. - MHM