



Who's listening? Who cares?

by Brandy King, MLIS and
Elizabeth Gauferg, MD
with grateful acknowledgement to
Sigall Bell, MD and Fred Hafferty, PhD

On June 23, 2015 the Washington Post ran a story titled “Anesthesiologist trashes sedated patient — and it ends up costing her.” While preparing for a colonoscopy, a patient hit “record” on his smartphone to make sure he heard the instructions his doctor would give him after the procedure.

When he played back the recording he was shocked to find that while he lay unconscious, the surgical team had mocked him, told an assistant to lie to him, and then put a false diagnosis on

“To treat a patient in such a manner while they are sedated and vulnerable is callous and unprofessional.”

his chart. The patient sued the doctors and their practices for defamation and medical malpractice, and a jury ordered them to pay him half a million dollars.

This story is horrifying. One might even call it a patient's “worst nightmare.” To treat a patient in such a manner while they are sedated and vulnerable is both callous and unprofessional. For the staff at The Arnold P. Gold Foundation

Putting a Face on the Fight Against Ebola

by Perry Dinardo

What do you do when the suit you wear to care for isolated patients makes your patients feel even more isolated?

When artist Mary Beth Heffernan saw pictures of the Ebola epidemic begin to emerge from West Africa, she noticed that the healthcare workers' protective suits—designed to limit the contact of doctors and nurses with potentially contagious patients—also prevented those patients from seeing their clinicians' faces.

Heffernan says “We all know that source isolation is the only way to stop Ebola. But it has devastating psychosocial consequences. The Personal Protective Equipment (PPE) are frightening, and it compounds the suffering the patient is already experiencing from the disease itself. The harm of not seeing a human face for days on end cannot be under-



estimated. At a moment when patients are already experiencing abject physical suffering, the isolation, facelessness, and lack of touch make them feel abandoned by humanity.”

Heffernan, an artist with a longstanding interest in the power of the portrait, applied for a grant from the Gold Foundation to creatively address the situation using a brilliantly simple solution: attach a photo of each healthcare worker to the outside of his or her suit. She called this idea the PPE Portrait Project.

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Research Institute, this incident raises several questions:

1. Does authenticity matter?

Do clinicians have to truly care about their patients? Or do they just need to act as if they care — whether a patient is present/conscious or not? We would argue that both are necessary. The Arnold P. Gold Foundation seeks to ensure that compas-

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Exciting events this Fall

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- The Arnold P. Gold Foundation at the AAMC Annual meeting

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- The 2015 Golden Thread in Boston
- The inaugural Pearl Birnbaum Hurwitz Humanism in Healthcare Award Ceremony

PAGE 11

- The 2015 Golden Thread in NYC



HUMANITAS

notes from the human side of healthcare

As autumn begins to show its vibrant hues, I dedicate my words to the colorful Oliver Sacks, the great medical

humanist and polymath who died this past August. Some may remember him as the gifted author of *The Man Who Mistook His Wife for a Hat* and more than a dozen other books. His eloquence in capturing the human condition led *The New York Times* to call him the “poet laureate of contemporary medicine.” Still others may remember him as a great neurologist, whose memoir of work was depicted in the film “Awakenings.”

Perhaps his greatest talent, and the one the Gold Foundation family of benefactors, scientists, clinicians and citizen-patients will recognize as most relevant, was his deep observational power. As Sacks wrote, “To restore the human subject at the centre—the suffering, afflicted, fighting, human subject—we must deepen a case history to a narrative or tale.”

The human side of medicine was so essential to Sacks’ core body of work that Atul Gawande, MD, another gifted writer and friend of the Foundation, eulogized Dr. Sacks in *The New Yorker* for teaching us that “the understanding of disease cannot be separated from the understanding of the person. They are interwoven, and this has been forgotten in our era of scans, tests, genetics, and procedures.”

If that sounds familiar, it’s because patient-centered, humanistic care has been the mantra of the Gold Foundation for almost three decades. Arnold Gold, our founder who celebrated his 90th birthday this summer, shares much of Sacks’ philosophy. Like Sacks, Dr. Gold teaches that humanistic medical care is not just about compassion; it is the best of medicine.

Unfortunately, and for all the reasons that our system of healthcare is the most complex on the planet, not enough attention has been paid to the teachings of Drs. Gold and Sacks. As I travel the country I am saddened that so many colleagues speak of being overwhelmed by a healthcare system that places technology and paperwork ahead of patient needs. So important is the topic, that the Accreditation Council for Graduate Medical Education has invited me to speak this fall about the implications this has on medical trainees. The title of my plenary talk is “Running on Empty: Residents at Risk.”

Research by Dr. Helen Riess of Harvard Medical School, funded by the Gold Foundation, shows strong evidence that medical care delivered to patients with empathy and compassion leads to significantly improved treatment outcomes.

Because this era is full of risk, it is equally ripe for our success. For example, research by Dr. Helen Riess of Harvard Medical School, funded by the Gold Foundation, shows strong evidence that medical care delivered to patients with empathy and compassion leads to significantly improved treatment outcomes (<http://bit.ly/compassionevidence>). Most importantly, it also decreases physician despair and burnout.

In order to continue The Foundation’s research and to encourage patient-centered care with programs like the Gold Humanism Honor Society, we need your support now. With your gift, we will continue to offer the programs urgently needed for doctors, nurses and other clinicians in training and in practice. Your donation will help us make certain that there will be an Oliver, an Arnold or an Atul available to you when you need one.

Your good health depends on it.

To support the Gold Foundation’s vital work, please send your contribution in the enclosed addressed envelope or call Kerry Ford at 201-735-8722. You may also make a secure contribution online by visiting our website: www-humanism-in-medicine.org. ■

Richard I. Levin, MD
President and Chief Executive Officer
The Arnold P. Gold Foundation

Recipients of the 2015/2016 Picker Gold Challenge Grants for Residency Training

Maine Medical Center

Principal Investigators:

Paul Han, MD, MA, MPH
& Kathleen Fairfield, MD,
MPH, DrPH

Project Title: Shared Decision Making in Graduate Medical Education: Training Residents to Always Inform and Involve Patients in Critical Healthcare Decisions

Geisel School of Medicine at Dartmouth

Principal Investigator:

Kathryn Kirkland, MD

Project Title: Reading Surgeons: Implementing a Narrative Medicine Series for Surgical Interns

Weill-Cornell Medical College

Principal Investigators:

Ellen Meltzer, MD, MSc,
& Joseph Fins, MD

Project Title: Communicating with Surrogates: An Educational Initiative to Foster Patient-Centered Care... When Patients Can No Longer Speak for Themselves

Jacobi Medical Center, Albert Einstein College of Medicine

Principal Investigators:

Kenneth Rivlin, MD, PhD & Walter Dusseldorp, MBA

Project Title: The Patient's/Family's Perspective will Always be Documented with Each Patient/Resident Encounter: A Resident-Led Quality Improvement Project

Putting a Face on the Fight Against Ebola

by Perry Dinardo

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Sharrie McIntosh, Senior Vice President and Chief Program Officer at The Arnold P. Gold Foundation, says "The Foundation was excited to fund this work because it shows how the simple act of including pictures of caregivers can be so powerful in relieving the stress, anxiety and fear that is being experienced by patients, and at the same time provide caregivers with a way to offer comfort and connection to their patients."

Heffernan traveled to Monrovia, Liberia with cameras, printers, ink and labels to begin her project. She trained healthcare workers at various Ebola Treatment Units (ETUs) to take and print each other's portraits on sticky labels.

The labels help patients realize these workers are real, caring people. But they also help the workers feel more human. Joy A. Hardt, RN, the Chief Nursing Officer at IOM-Tubmanburg ETU (Bomi County, Liberia) reported to Heffernan in an email, "All the staff agreed that the

PPE looked much less scary with a grinning picture on the front and have noted that, when in the Red Zone, the staff also look at the pictures." One doctor said that "the PPE makes everything so impersonal, it is nice to look around and be like, 'Oh that is Bomia,' or 'Oh that is Gorpu.' It makes it feel more like I am working with people, with my team, instead of inanimate objects."

"I felt a tremendous urgency to act, to reduce the suffering of Ebola patients with a simple photographic gesture."

Since Heffernan's departure from Africa, the PPE Portrait Project has been continued on by staff at the Tubmanburg ETU. Her hope is to expand the project to Sierra Leone and Guinea where it is needed most.

Heffernan's long-term goal is to have PPE portrait labels offered to every patient in source or reverse isolation (where full face shield PPE are not available.) The literature suggests that future iterations of PPE should be made less frightening; her solution of PPE portrait labels are made with simple technology that can be put to use immediately. "I aim to change the standard protocol for medical PPE here in the US and abroad," says Heffernan.

Though Heffernan has certainly effected change, this work has also changed her. "I've been fearless in advancing the PPE Portrait project in a way that I've never acted in my prior work. I felt a tremendous urgency to act, to reduce the suffering of Ebola patients and healthcare workers with a simple photographic gesture. Intervening in this crisis has been humbling in many ways, but has also given me a renewed sense of agency in my capacity to make a difference." ■

For more information, please visit: <http://humanism-in-medicine.org/ghhs>



Notable Publications by APGF Thought Leaders

The Arnold P. Gold Foundation proudly supports researchers who create knowledge in the realm of humanism. In the past few months, APGF-supported researchers have published several new studies.

2011 Gold Professor Sigall Bell, MD and her colleagues created, tested and validated two new survey scales to measure the extent to which the clinical environment supports speaking up about patient safety concerns and unprofessional behavior. The resulting publication, “‘Speaking up’ about patient safety concerns and unprofessional behavior among residents: Validation of two scales” was released as an e-publication in *BMJ Quality and Safety*.

2013 Gold Professor Jennifer Kesselheim, MD and her colleagues surveyed neonatal-perinatal fellowship directors, fellows and recent graduates about the quality and type of ethics and professionalism education received during training. Only 37% of fellows/graduates rated ethics education as “excellent/very good.” Her publication, “Ethics and professionalism education during neonatal-perinatal fellowship training in the United States” appeared in the June issue of the *Journal of Perinatology*.

2013 Gold Professor Louise Aronson, MD, MFA and colleagues evaluated two reflection rubrics — The Reflection-on-Action, and the REFLECT rubrics. Trained raters used each rubric to score 56 student reflections. They determined that the Reflection-on-Action rubric is easier to use for measuring overall quality, while the REFLECT rubric requires more training but yields detailed data on multiple dimensions of reflection.

2015 Gold Humanism Scholar Cristina Gonzalez, MD, MEd had her paper, “The evolution of an elective in health disparities and advocacy: Description of instructional strategies and program evaluation,” published in the July issue of *Academic Medicine*. It describes a 13-session health disparities elective offered to first-year medical students that covers both provider and systemic contributions to health disparities. Researchers found that participants’ scores for knowledge, attitudes, and self-reported confidence improved after the course.

And finally, 2013 Gold Humanism Scholar Hedy Wald, PhD served as co-editor for the June issue of *Academic Medicine*, a theme issue on professional

identity formation. The issue contains three articles that she authored, as well as articles by 2009 Gold Professor Donald Boudreau, MD and 2009 Gold Professor Scott Wright, MD.

The Art of Anatomy by Khalil Harbie

This post is part of our collection of “Gold Nuggets” — our way of alerting the medical community to original artwork, poetry or multimedia that stimulate discussion and reflection.



This drawing is from the *Literary Liniment*, an anthology of original poetry, writing and artwork by healthcare professionals in training and in practice. The anthology was created with support from The Arnold P. Gold Foundation.

Letter of Gratitude

“I would like to extend my deepest gratitude for the donation and efforts of The Arnold P. Gold Foundation that enabled me to receive the 2015 Leonard Tow Humanism in Medicine Award. . . Currently I am serving patients at the San Francisco General Hospital. . . It has truly been a rewarding experience to care for the city’s most destitute population, and I am reminded everyday of the importance of respect, dignity and compassion for patients. . . This generous award has alleviated some of the monetary burden and allowed me to focus on my personal growth as a physician. . . I will continuously strive to apply the idea of humanistic care that is represented within this award.”

- Aldrich Ricalde, MD

White Coat Ceremonies for Nursing Across the Country



In Loving Memory...

Myron "Mike" Adler

With great admiration and affection, the Board of Trustees and staff of The Arnold P. Gold Foundation remember Mike Adler, beloved husband of devoted trustee, Elaine Adler. We are forever grateful to Mike and Elaine for their support of the APGF-AACN White Coat Ceremonies for Nursing and for their leadership on behalf of Humanistic Healthcare. Our heartfelt condolences to go out to Elaine, the children, the grandchildren and the entire family.

Gold Foundation Events at Learn Serve Lead 2015:

The AAMC Annual Meeting • Baltimore, MD

Friday, November 6 | 11:30am

Marriott Grand Ballroom West

OSR Plenary

AAMC – Arnold P. Gold Foundation Humanism in Medicine
Award Recognition & Luncheon

2015 Recipient: Elizabeth Wilson, MD, MPH (UCSF School of Medicine)

Sunday, November 8 | 1:15pm

Center Ballroom II

Thought Leader Session: Jordan J. Cohen Humanism in Medicine Lecture

"Without Compassion There is No Healthcare:
The AMS Phoenix Project – A Call to Caring"
Brian D. Hodges, MEd, PhD, MD

Tuesday, November 10 | 1:00pm

Hilton Holiday 40

Seeing Patients as People: The Gold Foundation's "Tell Me More" Program

Wednesday, November 11 | 3:15pm

Center 349-350

Emerging Solutions: Advancing Compassionate, Collaborative Care – "The Triple C"



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sion, respect and empathy are at the core of all healthcare interactions. The Chairman of our board, Dr. Jordan J. Cohen, calls humanism “the passion that animates authentic professionalism.” We believe that clinicians must strive to truly care about their patients in order to serve their best interests. While it may not be possible to muster 100% empathy for all patients every single day, no healthcare provider should ever ridicule and demean their patients.

Michael W. Kahn, MD, a psychiatrist at Beth Israel Deaconess Medical Center and an assistant professor of psychiatry at Harvard Medical School, suggests that our minimum standard should be “Etiquette-Based Medicine.” In his words, “a doctor who has trouble feeling compassion for or even recognizing a patient’s suffering should nevertheless behave in certain specified ways that will result in the patient’s feeling well treated.” Such etiquette-based behavior should extend to communications when the patient is out of earshot as well. There is evidence from neuropsychology that behaving kindly and respectfully actually helps you feel that way.

2. Beyond the impact on individual patients, how does unprofessional behavior affect the culture of healthcare?

The old adage “If a tree falls in a forest and no one is around to hear it, does it make a sound?” may be relevant here. If this patient had not recorded the conversation, he would not have been aware of the disparaging comments, but those comments still “make a sound” in the clinical environment around him. There are serious ramifications on the culture of medicine, on teamwork, on trainees, and even on the safety of the patient.

Increasingly, medical educators are pointing to role modeling as a significant factor

in professional identity development. When students’ role models are cynical and derogatory, as was the case in this recent incident, these unprofessional social norms are passed down intergenerationally and perpetuate a culture of healthcare that harms patients and siphons meaning and joy from the work of being a healthcare professional.

We must advocate for safe spaces in which healthcare trainees and professionals can talk openly about challenges in clinical care; they must be provided with opportunities to openly share their own (sometimes



negative or frustrating) experiences with patients, and develop strategies to cope and communicate constructively. They must have avenues to share stories from the trenches and to role-play potential responses to unprofessional colleagues and supervisors. In addition to opportunities for reflection and renewal, safe reporting opportunities must also be made available. We do draw hope from the work of Thomas Inui, Indiana University School of Medicine and colleagues who have successfully changed the culture of an entire medical school. Their aim is to liberate “individuals and groups from automatically reproducing existing patterns and gives them the ability to explore and change.” In the end, those of us in healthcare need to insist upon deliberate change in the culture of medicine to become more humanistic; our patients’ lives depend on it.

3. How can we ensure that the professionalism of healthcare employees remains intact?

Though we hope that students and healthcare providers do learn to speak up in the moments when they witness unprofessional behavior, we also acknowledge that it is not easy to do so. We need policy and legal recognition that professionalism in healthcare is a factor that affects a patient’s experience of care, patient’s health outcomes, patient safety, and provider burnout. Fortunately, some prominent organizations are bringing the importance of professionalism in education and practice front and center:

- The ACGME Clinical Learning Environment Review (CLER) mandate addresses professionalism issues in the environments in which residents work and learn.
- The LCME states that “A medical education program must ensure that its learning environment promotes the development of explicit and appropriate professional attributes in its medical students.”
- The Joint Commission has a zero tolerance policy for disruptive physicians.

The Digital Age brings with it the ability to easily record interactions. While this particular recording was accidental, other patients may secretly record their physicians. This both stems from, and contributes to, a culture of mistrust between practitioners and patients. Healthcare professionals should not practice in fear that they might be secretly recorded, but with the intention to express the highest standards of compassion and professionalism, regardless of who is listening. ■

The Family Story Project at Ronald McDonald House in Durham

by Perry Dinardo



Through the Family Story Project (FSP), a Duke student collaborates with a family at the Ronald McDonald House in Durham.

At over 350 locations worldwide, the Ronald Mc-

Donald House gives families a comfortable place to stay while their children receive medical treatment. With support from The Arnold P. Gold Foundation, Duke University undergraduates on the pre-health track have the opportunity to deepen their connection to the families staying at Ronald McDonald House of Durham (RMHD) through a unique program.

The FSP was developed by Duke Professor Denise Comer, PhD. “The project is founded on the premise that telling, sharing, writing, and reading personal narratives can be healing for these families and transformative for the students who work with them,” she explains.

Approximately 10 students per year meet monthly with RMHD families to create feature narratives and photographic portraits about the experience of supporting and caring for their child. The stories undergo an extensive drafting and revision process to perfect tone, perspective, and clarity. To promote further learning and mentorship, the project also pairs the

undergraduates with Duke medical or nursing students to discuss the story drafts, the medical conditions portrayed within the stories, and the broader importance of narrative in healthcare.

Each year, the project culminates in the creation of a booklet of stories and photographs distributed to the children and families involved. RMHD families have expressed deep gratitude for the opportunity to share their stories and, in some cases, have maintained the relationships they cultivated with the students beyond the course of the project.

For undergraduate participants, the program has been inspiring and often transformative. One student commented, “While our premedical courses may teach us the pathology of illness, what they cannot teach us is that from the patient’s point of view, illness is not about understanding pathology. It is about how the illness affects the patient’s and family’s lives, what sacrifices the patient has had to make, what new perspectives the patient has acquired as a result of it, and how the patient and family cope with it.” Another student adapted the concept of the FSP to an independent summer project in Bolivia and others have gone

on to contribute regularly to medical school publications.

Professor Comer continues to plan for further expansion of the Family Story Program, including a trip to New York City to learn from experts at medical humanism centers at Mount Sinai and Columbia. She speaks eloquently about the effect she hopes FSP will have:

“The students who participate in FSP

“The project is founded on the premise that telling, sharing, writing, and reading personal narratives can be healing for these families and transformative for the students who work with them.”

undergo a formative experience designed to strengthen the medical care they will provide to patients throughout their lifetimes.”

To learn more about the Family Story Project and Ronald McDonald House of Durham, and to read some of the narratives developed for the project, please visit <http://sites.duke.edu/familystoryproject>. ■

Perry Dinardo is a 2014 graduate of Duke University, an employee at Boston Children’s Hospital and a Research Intern at The Arnold P. Gold Foundation Research Institute. She plans to attend medical school in the future and is excited to contribute to the Gold Foundation’s work.





What's New in GHHS

Gold Guide

The GHHS Mentoring Committee is putting together a resource of chapter activities that promote mentoring, encourage peer support, and create a more humanistic learning environment for patients and healthcare providers. We need your submissions. Submit the Gold Guide template today to Lynn White by downloading it from http://bit.ly/ghhs_goldguides.

Welcome New Chapters

Vanderbilt University School of Medicine
University of Central Florida College of Medicine
Central Michigan University College of Medicine
University of Utah School of Medicine
Ohio University Heritage College of Osteopathic Medicine
Virginia Commonwealth University School of Medicine

Join Our Facebook Group

Students and advisors are sharing photos, ideas and articles and we want to hear from you too. Join us at <http://bit.ly/APGFFacebook>.

GHHS Membership Database

Advisors please update chapter pages to include activities. If you have any questions, please contact Michele Silver at michele@gold-foundation.org.

GHHS Member Highlights

Basil Akpunonu, MD (GHHS '04) and **Imran Ali, MD** (GHHS '14) recipients of the Robert T. Tidrick Golden Apple Award for Teaching Excellence in the Clinical Sciences at U Toledo COM.

Amira Gohara, MD (GHHS '11) recipient of the Robert T. Tidrick Golden Apple Award for Teaching Excellence in the Basic Sciences at U Toledo COM.

Larry Lawhorne, MD (GHHS '15) recipient of the Leonard Tow Humanism in Medicine Award at Wright State U SOM. Dr. Lawhorne plans to use the gift component of the award to further work in a person-centered medical home for people with dementia.

Ryan McGarry, MD (GHHS '09) Instructor of Emergency Medicine at The Weill Medical College of Cornell U/NY Presbyterian Medical Center and filmmaker of the documentary *Code Black* shown at the GHHS Biennial Conference 2014. His documentary will be the basis of a new medical drama series entitled *Code Black* to be aired starting Sept. 30 on CBS TV.

Kirk Scirto, MD (GHHS '05) recent recipient of the Leonard Tow Humanism in Medicine Award at U at Buffalo SOM and Biomedical Sciences. Dr. Scirto used the award funds for Ebola support in Sierra Leone and for Vive Family Support and Lighthouse Clinic programs at U Buffalo.



Drs. Sandra and Arnold Gold at the inaugural induction for the new Gold Humanism Honor Society chapter at the David Geffen School of Medicine at UCLA

If you are a GHHS member or GHHS advisor, log in to edit your profile at http://bit.ly/ghhs_dir

What happens when you run out of empathy?

by Sam Schueler, MD



I am outside the room where my second-to-last patient of the morning in my primary care clinic awaits me. I will refer to him as Mr. P. We have not previously met, but

a review of his medical records reveals that he was recently diagnosed with metastatic prostate cancer. Even more recently, he was diagnosed with multiple myeloma, which was discovered during a hospitalization from a complication of his metastatic prostate cancer. He is actively receiving treatment for both conditions, and documentation from other providers suggests he has suffered greatly from both complications of his underlying conditions and side effects of his treatment. Further review informs me that he does not speak English, and he just moved to the United States this year at age 62.

I went into medicine for the opportunity and privilege to serve patients like Mr. P. However, as I gather myself outside his room, I feel frustrated, burdened, and fatigued. I know that linguistic and cultural barriers will make every part of Mr. P's office visit take a long time. I know the severity and complexity of his medical problems will require much more of me in the categories of building rapport and expressing appropriate empathy than a simple, "Welcome to the clinic, how is life treating you?" And all that needs to happen before getting down to the business of age appropriate evaluation, screening, vaccination, and etc. I find myself wishing that I was about to see a

healthy 30-something-year-old patient who speaks English and is familiar with the United States healthcare system, while simultaneously being ashamed of having such thoughts.

In medical school, I didn't experience the aforementioned frustrations with patient care. The amount of patient encounters and overall responsibility bestowed on me during my clinical rotations never hit a critical mass at which point I ran out of natural empathy and compassion. It all felt natural, and outwardly my sentiments and persona among colleagues reflected my feelings, which led to my induction into the Gold Humanism Honor Society (GHHS) as a medical student. I felt I deserved this honor, and more broadly I felt a sense of comfort and security in knowing I was cheerful and upbeat within my chosen profession.



As I approach the midway point of my internal medicine residency at a safety-net hospital, I struggle with the reality that I run out of natural empathy and compassion all the time. Outside of Mr. P's room, I was mostly thinking about myself and my concerns, and moments like this have become a regular occurrence for me.

Ironically, I was again inducted into the GHHS (as a resident physician member, chosen by the medical students) shortly after I started writing this piece. This time, I wasn't so sure I deserved it. The induction included participation in a panel, where we answered questions from fresh 3rd-year medical students about to begin their first clinical rotations. One student asked the panel this question:

"Is it okay to cry with your patients?"

My internal dialogue said:

"Crying? That is your concern? What about the opposite? What happens when you don't feel any empathy? Or worse... what happens when you have negative thoughts?"

I envy the individuals who are filled with compassion throughout each and every day – I think my medical-school self was one of those people, and he might have regarded this writing as jaded and disheartening. I am coming to terms with this internal struggle, and now more than ever appreciate the importance of family, friends, and other outlets that help me regain my spark. But at times even the best rejuvenation is short lived, and motivation again wanes. Did I choose the wrong profession? Am I a phony, covering up a sad truth with a fake smile and practiced mannerisms?

I did my absolute best for Mr. P that day. Like many of my patients, he humbled me by being polite, composed, kind and grateful for my care despite all he was experiencing. Like all of my patients, he deserved my best and more. I didn't necessarily feel like being in the clinic

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We are planning the next GHHS Biennial! Follow us on Facebook to receive important updates.



Two spectacular events...



THE ARNOLD P. GOLD
FOUNDATION

Tuesday, October 27, 2015

BOSTON
WGBH Studios

Honoring



*Academic Community Healthcare System, providing cutting-edge, compassionate care
to diverse communities in the Boston Metropolitan Area*



Mardge Cohen, MD

*Medical Director, Women's Equity in Access to Care and Treatment for HIV
2015 Inaugural Recipient, The Pearl Birnbaum Hurwitz Humanism in Healthcare Award**



Judith Hannan

*Author, Teacher, Philanthropist
President of Advisory Board, Mount Sinai Adolescent Health Center*

**Pearl Birnbaum Hurwitz Humanism in Healthcare Award*

Through a gift from Dr. Ronald Arky, The Pearl Birnbaum Hurwitz Humanism in Healthcare Award will be presented annually to a woman who exemplifies humanism and has advanced, through her scholarship, advocacy, leadership or work, the well-being of vulnerable or underserved populations in the healthcare arena.

For more information or to register for these events, please visit http://bit.ly/apgf_events.

One exciting fall!



THE ARNOLD P. GOLD
FOUNDATION

Monday, November 23, 2015

NEW YORK CITY

Gotham Hall

Honoring



Dr. Tom Frieden, MD

Director, Centers for Disease Control and Prevention



THE TOW FOUNDATION

A charitable foundation supporting innovative programs in the areas of juvenile and criminal justice, groundbreaking medical research, higher education and cultural institutions.

Founding Gold Foundation Board Members:



Myron Rosner



Jeffrey Saltzer



Norman Seiden

For more information or to register for these events, please visit http://bit.ly/apgf_events.



The Gold – Hope Tang, MD

Annual Humanism in Medicine Essay Contest



The Arnold P. Gold Foundation's Annual Essay Contest asks medical school students from across the nation to share their thoughts on a theme or quote related to humanism in medicine. For the 2015 essay contest, students were asked to tell us a story about a time when learning a non-medical piece of information about a patient led to an improved healthcare outcome and/or patient experience.

The Annual Essay Contest has received more than 3,000 essays since 1999. First, second, and third place essays are chosen by a

panel of physicians and accomplished writers. Winners receive a monetary award and have their essays published in *Academic Medicine*, the journal of the Association of American Medical Colleges (AAMC). Thanks to a generous donation from her husband, James Goodwin, the contest is named in honor of Hope Babette Tang-Goodwin, MD, a former Assistant Professor of Pediatrics at Columbia University College of Physicians & Surgeons who combined boundless enthusiasm for her work, intellectual rigor and deep compassion to children and infants with HIV.



FIRST PLACE

Joanna Sharpless

"This guy should be dead," my resident said as she assigned me my first surgical patient. I could see him through the window of his SICU room, twisted, pale, silent – the ventilator's hiss his only

sign of life. "He's a 92-year-old male airlifted in last night from an island off the coast with a ruptured AAA, post-op day one from an open repair and partial colectomy, in renal failure. Have fun." She bolted off to finish rounds as I padded quietly into his room. Feeling like a small child talking to a doll, I murmured, "Hello Mr. Wilson, I'm a medical student. I'm just going to listen to your heart." As I placed my stethoscope gently against his sunken chest, his eyes rolled open, boring into mine. He reached toward me with a gnarled hand, clutching my wrist as if I were a life preserver – or perhaps an attacker. With a flash, I realized we were alone, and he was hurting me.

"Mr. Wilson, it's okay." His eyes wild, he opened and closed his mouth around

the tube that was keeping him alive. He twisted my arm, pulling me down toward him. I pulled away, but couldn't break his grip. "Do you know where you are?" I asked.

Instantly, he was still. He raised his eyebrows inquisitively. As I explained where he was and what had happened, his fingers slowly relaxed, and he drifted back into a sedated twilight. I dutifully went about my med student chores, checking his vitals and ventilator settings, upping his sedatives, tracking his creatinine and futzling with his colostomy bag. But although I felt guilty admitting it, every moment I spent taking care of Mr. Wilson made me more and more miserable. From my earliest medical school days, I'd thrived on relationships with my patients – histories shared, goals negotiated, lessons taught and learned. With Mr. Wilson, there was none of this give and take. There was only his powerlessness, his speechlessness and a creeping sense that we were doing these things to him and not for him.

Every time Mr. Wilson emerged from the sedation to find me at his bedside, he would clutch my arm, dragging

me down towards him, as he had that first time. Soon, however, it stopped frightening me. I would simply tell him his story: who he was, where he came from and why he was in the hospital. One day, I found a newspaper from the island where he lived sitting by his bed, where a visitor had left it. A tall, elderly gentleman grinned at me from the front page. It was Mr. Wilson, featured in a two-page profile piece only a couple months before. Standing by his bedside, I read how he had been a great stage actor in New York before he and his wife, a singer, moved to the small island, where he had become a taxi driver and celebrated jewelry maker. He was a busy, vibrant man, the article said, who never stopped moving, and who regaled anyone who got into his taxi with stories of stars like Elizabeth Taylor and his days on the stage.

So the next time he woke up in the grip of confusion, I talked to him about New York City and different kinds of jewelry, and assured him that we would call his fellow cab drivers to check on his wife, since they had no children or close family. For the first time, his eyes crinkled, and the corners of his mouth twitched.

EXCERPTS

He held my hand tenderly, and raised his eyebrows up and down to answer my questions, telling me what hurt and what didn't. And for the very first time, I felt like I was helping him, by finally giving him back his own story.

Unable to control his body, silenced by the ventilator and trapped in a medicated haze, both he and I had lost track of who he was. His kidneys, intestines and lungs were failing, and neither he nor I knew if we could save them. But by using whatever knowledge I had about his life and his body, I could change how he perceived himself and his illness and root him once more in his own identity. I was like a narrator – if unable to determine his ending, I could at least guide him along the way.

Nearly two years after I took care of Mr. Wilson in the SICU, I traveled to the island he was from to rotate through its small clinic. The local doctor told me Mr. Wilson had recovered enough to be extubated, but that he passed away from renal failure about two months after I'd met him. He never made it back home or spoke with his wife again. I asked for directions to the weathered house where he and his wife had lived. Finding the door ajar and the TV on full volume, I stepped into the entryway and found her sitting in a white plastic chair, with a pocket-sized, black-and-white photograph of her young husband taped on the wall next to her. "I'm so glad you've come," she said when I explained who I was. "It's not sad to talk about my husband anymore. We loved each other so much. Didn't we, sweetie?" It wasn't until she kissed her fingers and gently touched his photo that I knew she was asking him, not me. Then turning back to me, she said, "Now let me tell you his story," and holding her hand as he had once held mine, I sat down to listen. ■



SECOND PLACE

Katrina Lynch

The Doctor Will See You Now

...While Dr. E conferred with the nurse, I slid behind one of the aides, and offered my hand to Mrs. S. To my relief, she took it readily. I placed my left hand

on her shoulder, instinctively began to stroke, and just started talking. "I think you're being very brave," I told her, "I know this is painful, but I think it's great that you're doing something so important for your health."

She took her eyes off the ceiling for the first time and looked at me. "Thank you," she said, her eyes swollen with tears. I then asked, "Would you like to talk about something else?"...



THIRD PLACE

Samantha Gridley

Gauze and Guns

...Recognizing this description as PTSD, I took charge of the dressing change the next morning. The intern was happy to abide by my suggestions after the prior day's struggle. I had

been taught through mental health trainings at our student-run clinic to verbally "ground" patients who were experiencing a flashback to a traumatic event. I explained my idea to Tom. As the pain came on and he began to cry, I asked questions to ground him to things in our room, pulling him out of the dissociation from the present that characterizes flashbacks. "What color's your shirt?" "Look out the window! What's the weather today?" "What show is that on the TV?" It worked... ■

What happens when you run out of empathy?

by Sam Schueler, MD

continued from page 9

during that encounter, but what I'm realizing in hindsight is that the way I felt is mostly irrelevant. I'm still digesting this, because in medical school my recollection of my training in humanism mostly involved discussing and reflecting on feelings. But humanism isn't defined by feelings; it is defined by actions. It can be resistant to the waxing and waning emotions we experience on a daily basis. It represents both a code to guide action, and an ideal to strive for, and it is what I had left to rely on when my tank of compassion was running low outside of Mr. P's room. It is as much about professionalism and duty as it is about compassion and empathy.

I didn't say anything in response to the aforementioned question from the 3rd-year medical student; fortunately other panel members addressed her concerns. If I could answer her question now, I would say that it is okay to cry. It is also okay to feel emotionally blunted or feel anything in between. But perhaps what is more relevant is to learn to accept your own feelings regardless of what they are, and what is absolutely more important is not to let them get in the way of providing humanistic patient care. ■

Samuel A. Schueler received his BS from Cornell University in Ithaca, NY, his MD from SUNY Upstate Medical University in Syracuse, NY, and is now an internal medicine resident at Boston Medical Center in Boston, MA.



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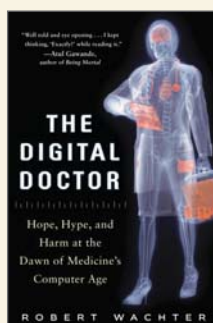
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What's Left Out Jay Baruch, MD



True to the title, the stories in *What's Left Out* are about the interstitial spaces of healthcare. While a few of the stories take place inside the hospital, the majority are about the emotional toll of dealing with illness and death in everyday life, after leaving the hospital. Dr. Baruch understands that in the wake of such stress, something as simple as finding one's way out of a hospital parking garage can become a harrowing journey. In the space of a few pages, Baruch is able to create a new universe filled with incredible depth of feeling.

The Digital Doctor Robert Wachter



Few would doubt that the incorporation of modern technology into medical care has been "strewn with land mines, large and small." In *The Digital Doctor*, Robert Wachter shows us the ways in which our modern healthcare system has changed with the addition of new technology and offers insight into the future of healthcare.

Thoughtfully written in an entertaining and conversational style, *The Digital Doctor* is a worthwhile and important read for new and experienced healthcare professionals, as well as for anyone who views the future of medical care with concern, excitement, or a mixture of both.

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