



**The Arnold P. Gold Foundation**  
*Working to keep the **care** in healthcare*

[www.humanism-in-medicine.org](http://www.humanism-in-medicine.org)

Spring 2014

# Who Will Heal

The Doctors?

By David Bornstein

## The New York Times

In my previous **column**, I reported on the problem of widespread burnout among doctors and medical students — and I described a response that, in recent years, has spread to half the nation's medical

schools: a course called **The**

**Healer's Art**, created by a physician, Rachel Naomi Remen, to help doctors and students discover and reconnect to the deep meaning of their work and maintain their commitment for it. The article touched a sore spot. Hundreds of readers — patients, medical

students, doctors and spouses and children of doctors among them — contributed comments describing their personal experiences, many of them raw with emotion. Some of the most poignant notes came from doctors themselves, and their words revealed a deep sense of betrayal.

"I am a primary care doctor who started idealistic, and am disillusioned and dejected," wrote **one reader from New York City**: "By far, the biggest barrier to being a compassionate healer in our current working environment is time. We simply don't have the time we need to do

our jobs well. And we all lose." **The husband of a doctor from Huntington, Pa.**, wrote that his wife, who worked 70 to 110 hours a week, was "constantly chafing against the demands for 'productivity,' the



necessity to spend hours fighting insurers to get treatment for her patients and the fatigue that results from hours of work doing electronic 'paperwork' long after the patients have been seen."

"Yes, changing the culture of physician training is

important," he added. "But we also need to turn back the disastrous process of the McDonaldization of healthcare."

The toll begins early. **Holly, a fourth-year medical student, from Maryland, wrote:**

"I am emotionally exhausted and suffering from burnout. I realize how scared and vulnerable my patients must be feeling. Unfortunately, I am unable to spend the time I'd like with each patient because I have so many other patients whose needs must also be met."

In my reporting on The Healer's Art, I interviewed numerous medical students

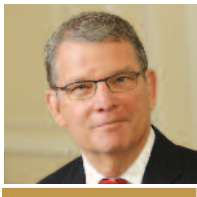


## Russell Berrie Foundation Provides \$800,000 Grant for APGF Research Institute

In late 2013, the **Russell Berrie Foundation** provided an \$800,000 grant in support of APGF's new **Research Institute (RI) for Humanism in Medicine**. Established in 2012, the RI has four goals:

- 1) to survey the landscape of existing research on the practice, theory, and teaching of humanistic health care;
- 2) to fund meritorious new research;
- 3) to do its own original research;
- 4) to evaluate current APGF programs and their impact.

In early 2014, to achieve the initial goal of **mapping existing literature and reviewing evidence** that connects humanistic medical practices with better health outcomes, a request for proposals was issued and 26 grants were given to rigorous reviews of literature pertaining to a



# HUMANITAS

*notes from the human side of healthcare*

*"It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness..."* So begins one of the most famous books in the English language, Dickens' *A Tale of Two Cities*.

For the past few months, I have been traveling the country speaking at various venues to doctors in training and to doctors in practice. It is the duality of these experiences that has led me to recall Dickens' opening lines. It has been gratifying speaking to joyful medical students and their mentors as they are inducted into the Foundation's **Gold Humanism Honor Society**, eager to start their careers in medicine and so full of desire to provide the best, most humanistic care to their patients. In stark contrast, my speaking engagements with doctors in practice have been disturbing. Their disappointment is palpable. Pushed to see an increasing number of patients in a shorter amount of time, forced to spend precious hours "charting," regulated by everyone including their own specialty organizations, their careers are not what they had imagined.

Although our work in academic medicine is not done, over the past 27 years the foundation has made great strides in raising awareness about the "hidden curriculum" in medical school and residency. It is the dark side of the "hidden curriculum," the incongruous nature of what medical students are taught about compassionate care and the lack of it displayed by some of their role models, that sows the seeds for the meanness so often experienced in current patient care. We will continue to work to eradicate this situation and to support research and programs that teach the value of balancing clinical excellence with kindness, dignity, attentiveness and compassion.

But while we have helped change the face of academic medicine, making humanism in medicine the clarion call for a generation of medical students, and as we begin doing the same in nursing schools, we must also begin to concentrate on physicians currently in practice. In this issue of *DOC*, we've prominently positioned the reprint of an important *New York Times* article. "Who Will Heal the Doctors?" provides valuable insight into the demoralization of physicians as they are caught in the bureaucratic nightmare of an increasingly corporatized healthcare

system. The contrast is stark. Back in the day, the "apparent curriculum" of the practice of medicine was about patient care — challenging cases, discussions with colleagues about symptoms, diagnoses, and better treatment options. So often now, discussions focus on incompatible and inadequate electronic health record systems, reimbursement issues, lack of time to spend with patients, and early retirement due to physical and psychological burnout.

This shift is critical because doctors who are demoralized and experiencing burnout at unprecedented levels cannot provide the compassionate care that results in the best health outcomes and better patient experiences that lower costs. While each transition from the study to the practice of medicine has its unique disappointments and trials, the ranks of physicians unhappy with the current state of practice has swelled dramatically. **In a recent study of more than 5,000 physicians**, 9 out of 10 respondents were unwilling to recommend health care as a career, with 43% also contemplating early retirement in the next five years. Coupled with the increase of new patients entering the healthcare system as a result of the Affordable Care Act, we approach a perfect storm which, without intervention, will lead to a spiral of declining function. Neither patients nor practitioners are happy with the current limitations of a system that does not allow for the development of a trusting, compassionate relationship.

The Gold Foundation wishes to play a unique and distinct role in helping today's 800,000 practicing physicians reconnect to those aspects of caring that initially made them want to enter medicine. We are convening a national task force of practicing physicians to help us determine how we can best support physicians in their efforts to enhance health and maintain their humanism in the current healthcare environment. Currently in the planning phase, we will launch The 800 Project by the end of 2014. Not a moment too soon.

Richard I. Levin, MD, President and CEO

## Partnering to Promote Compassion in NURSING

In 2013, **The Gold Foundation (APGF)** and the **American Association of Colleges of Nursing (AACN)** announced a **new collaboration** to promote best practices in humanistic health care. The Gold-AACN Nursing Initiative will mirror what the Foundation has done successfully over the past 27 years in academic medicine by providing scholarships, research grants, and adopting signature Gold programs for nursing students, researchers and faculty who demonstrate humanistic values.

With a mutual desire to break down the silos that exist between the professions of nursing and medicine, a joint APGF-AACN Advisory Board has been assembled, featuring nationally recognized academic and practice leaders from both professions. The Advisory Board held its first in-person meeting in February 2014 and established three goals:

- Extend the programs of the Gold Foundation from physician education into nursing education;
- Recognize nursing students, faculty, researchers and practitioners who are exemplars of humanistic practice; and
- Optimize nurses' capacity to provide the humanistic care that will improve health outcomes, thereby lower healthcare costs.

Charged with formulating recommendations for collaborative programs, the Advisory Board reviewed existing Gold Foundation programs that could be adopted as APGF/AACN Partnership programs. Three programs were chosen for further development:

- **The Gold Foundation's White Coat Ceremony** for medical students will be adopted to create an analogous ritual for students entering nursing school. With its goal of inspiring humanism, the White Coat Ceremony for Nursing will emphasize the importance of compassionate care for patients as well as scientific proficiency. It will also focus on the responsibility of putting patients' interests first.
- Similar to the APGF's **Gold Professorship program** in medical

education, the **Post-Doctoral Gold Nursing Fellowship Award in Humanism** will provide nursing post-doctorates with opportunities to add to the body of research about the value of humanistic nursing care. With few post-doctoral study programs available in the field of nursing, this new fellowship will be a welcome addition to the continuum of nursing education.



The promise of optimal  
health care in the 21st Century can  
only be achieved  
with a culture of respect  
among all members of the  
healthcare team, from  
practitioners to patients.

An additional opportunity for nursing post-doctorates will be the **Gold Nursing Translational Science Scholarship**, specifically targeting those with a Doctorate of Nursing Practice. This scholarship will allow recipients to develop projects that translate scientific research in humanistic health care into applied practices in the field.

**Interprofessional Post-Doctoral Research Grants in Humanism** will support humanism-focused research projects conducted by interprofessional teams of nursing and medical students, led by physician and nurse co-investigators who will also serve as mentors.

- **Humanism in Nursing Essay Contest**, based on the APGF's annual **Gold - Hope Tang, MD Humanism in Medicine Essay**

Contest for medical students, will be the third program developed within the next year.

A final set of recommendations for implementation of these initiatives will be issued in Summer 2014, with an inaugural White Coat Ceremony for nurses to be held in Fall 2014 across 100 nursing schools. The promise of optimal health care in the 21st Century can only be achieved with a culture of respect among all members of the healthcare team, from practitioners to patients. The APGF-AACN partnership gives two important national organizations, representing professions whose old feuds were legendary, the opportunity to promote compassion and humanism among team members in order to create a better patient experience and better health outcomes - which will ultimately lower health care costs.



# Recent and Upcoming Events

- **February 14, 2014** – Gold Humanism Honor Society National Solidarity Day for Compassionate Patient Care.
- **February 19-20, 2014** – American Association of Nursing Colleges - Arnold P. Gold Foundation Partnership Task Force Meeting. (See article on pg. 3)
- **March 25, 2014** – *Days of Discontent: Mending the Broken Bond Between Patient and Practitioner*, Boston, Mass.
- **April 1, 2014** – Initial meeting of Mentoring Initiative grantees. (See article on pg. 5)
- **April 4, 2014** – Deadline to enter The Gold - Hope Tang, MD 2014 Humanism in Medicine Essay Contest.
- **October 9-11, 2014** – 6th Gold Humanism Honor Society Biennial Conference, Atlanta, Ga.
- **October 31-November 1, 2014** – *Conference to Advance Interprofessional Education for Compassionate and Collaborative Care* co-sponsored by The Arnold P. Gold Foundation and the Schwartz Center for Compassionate Care.
- **October/November 2014** – NYC Inaugural Golden Thread Gala Dinner



Over 100 of APGF's Boston area friends and colleagues joined on March 25 for *Mending the Broken Bond Between Patient and Practitioner*, an evening with physician - authors Drs. Danielle Ofri and Raphael Campo, moderated by APGF's President & CEO, Dr. Richard I. Levin. Animated exchanges between panelists and audience on the barriers to patient - practitioner communications were provocative and inspiring.

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variety of topics related to humanism in medicine. These reviews will cover broad topic areas including Medical Humanities, Humanism Education, Humanism and Under-served populations, Humanism in Practice and Empathy. The outcome of the grant project will be a thoughtful synthesis of the findings and discussion of evidence relating to the practice and teaching of humanistic health care, presented at a Spring 2015 symposium designed to illuminate best practices and set an agenda for future research.

We are grateful to the Berrie Foundation for providing us with the funds to move the field of humanism in medicine forward through this review of the work that has already been accomplished. With this map of the current landscape before it, the RI will have strong guidance to determine future research directions.

The Russell Berrie Foundation has been a long-time friend and supporter of the work of The Gold Foundation. "Russ wanted the Russell Berrie Foundation to make a difference, to make his philanthropy count," said Angelica Berrie, President of the Russell Berrie Foundation. "Giving is not just about

writing a check. It is a relationship between those who have the means to touch people's lives and the causes that inspire their generosity. In the process, we are transformed by acts of loving-kindness."

During his lifetime, founder Russell Berrie touched many people's lives through his philanthropy. He devoted endless time, energy and resources to charitable causes — the promotion of compassionate, humanistic doctor-patient relationships among them. Since 2002, the Berrie Foundation has donated almost 4.5 million dollars in support of our mission and the programs designed to meet this goal.

Mr. Berrie treated his grants as social investments. He stressed the need to measure and evaluate grants to determine whether the Russell Berrie Foundation was really "making a difference." Underlying his passions was a deep belief in humanity and the importance of touching the lives of ordinary people.

***We thank the Russell Berrie Foundation for "making a difference" in our work.***

# MENTORING INITIATIVE:

## Does having a mentor make for more humanistic health care?

The Oxford Dictionary defines a mentor as “an experienced and trusted adviser.” In healthcare education and training, the act of *mentoring humanism* allows experienced, skilled faculty members to cultivate, encourage, and guide junior faculty and trainees in their development as humanistic and compassionate caregivers — a very important function.

Believing that mentoring practitioners-in-training in humanism will help them to become more compassionate, patient-centered practitioners, **APGF wanted to learn more about the most effective strategies** to accomplish this goal. Does long-distance or digital mentoring work? Is mentoring more effective in groups or individually? Is “hands-on” mentoring in the clinical setting the ideal approach? In an attempt to answer these questions and others, in December 2013, APGF began the Mentoring Initiative by **funding the development of a variety of different mentoring models**. The grant project seeks to identify programs that result in the enhanced capacity of healthcare practitioners to deliver care that is humanistic and compassionate. Learning how successful a variety of different mentoring models are will help inform the future development of effective mentoring programs.



Over 40 different mentoring program proposals were received and reviewed, and eight were chosen. To implement and assess their models, each program chosen received a \$25,000 grant for a two-year period starting in January 2014. While all programs focus on mentoring humanism, each has a unique approach that will be tried and assessed, providing invaluable information about promising and effective approaches.

Recently, we hosted a workshop for grantees to facilitate the cross-fertilization of ideas and to help grantees explore ways to enhance their programs in areas such as design and implementation, evaluation and assessment of outcomes, and the creation of a culture of mentoring for humanism. Grantees found the workshop extremely helpful, and APGF will continue to facilitate dialogue and networking among the grantees throughout the life of the project.

The Mentoring Initiative will be completed late in 2015, at which time the Foundation will assess and share the lessons learned.

## Learning Skills for Difficult Medical Conversations

Skills cannot be learned simply by listening to a lecture. Acquiring skills involves practice and evaluation. Breaking bad news to patients and families is one of the hardest tasks for physicians, and it takes high-level communication skills to do it well. Being conscious of your physical gestures and tone of voice, as well as what you are saying, takes the ability to listen and to incorporate honest feedback.

Imagine telling a patient's son that his beloved mother died while he was on his way to the hospital after he just called and was told she was medically stable. Or having a discussion about end-of-life plans with siblings who express differing ideas about prolonging their mother's life. **Recently, through a \$5,000 APGF grant, 15 residents at NJ's Morristown Medical Center had the chance to practice their communications skills** in these types of situations.

Through the Difficult Dialogues in Medicine program, residents worked with actors trained in improvisational role-play to provide realistic responses based on the residents' remarks. Each role-play was video-taped and then reviewed with certified patient and physician instructors, providing the opportunity for self-review and self-reflection as well as suggestions from the instructors.

“...I quickly came to appreciate that this program gave me the tools I had been seeking all along, the training I needed more than any other – the ability to talk to my patients,” said Dr. Patricia Eaton, a resident (and GHHS member) who has completed the program. She added, “I learned that the simple act of leaning forward triggers the automatic cascade of speaking in a softer tone, conveying more compassion, and being able to recognize the vital moments to just support with silence.”



# Best Solidarity Day Yet

This year's Gold Humanism Honor Society's National Solidarity Day for Compassionate Patient Care was our largest and most successful one yet. Established four years ago as a way to honor the humanistic actions of Dr. Randall Friese, who was the trauma surgeon to first treat Congresswoman Gabrielle Giffords after she was shot, Solidarity Day annually highlights the intrinsic value of health care provided with compassion. Here are some of the highlights of this year's event:

- For the second year in a row, **February 14 was named Solidarity Day for Compassionate Patient Care on the 2014 U.S. Congressional Calendar.** **The resolution** was introduced with bi-partisan support from Senators Cory Booker (NJ-D), Robert Menendez (NJ-D) and Mark Kirk (Ill-R), and was unanimously approved by the Senate.
- **Seventy-five schools and other institutions**, our largest participation to date, engaged in a broad range of activities

to highlight compassionate patient care. In keeping with our expanded mission of working with all healthcare practitioners, **Physicians Assistant and Nursing programs participated for the first time.**

- Also for the first time, some **GHHS Chapters collaborated on planning activities.** As an example, Marshall University, Edwards School of Medicine and West Virginia University School of Medicine initiated a Gold Education Summit to expand knowledge of humanism and humanistic care.
- Several schools took Solidarity Day one step further, **turning the event into a Humanism in Medicine week-long celebration.**

Watch our short **Solidarity Day video** on our **YouTube channel** to see more highlights.



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and doctors, who reported that the course provided them with a unique opportunity to talk about their personal and family experiences as patients, doctors, or doctors in training, and to share their fears, joys, rewards and struggles. They said the course allowed them to reflect on these experiences alongside peers and teachers in a safe setting that was unavailable elsewhere in the medical curriculum. Many added that the experience enabled them to maintain their spirits and their sense of “wholeness” during their training, and, later, dealing with a dysfunctional health system that seemed designed to “beat the humanity” out of them.

“The reasons people go into medicine are often woven deeply into who they are,” explains Remen, who has taught The Healer’s Art at the University of California — San Francisco for more than 20 years. “Despite difficult and sometimes impossible demands placed on them, they will continue to try to do their best to care for people, but the system always asks them to function far below their level of personal excellence. When you compromise your best self on a daily basis, something gets extinguished in you — and that something is what has kept the profession of medicine alive for thousands of years.”

The Healer’s Art doesn’t purport to fix the health care system. “It’s about how to help the people in medicine survive the system,” adds Remen.

People who are caught in oppressive systems adopt various stances toward them, consciously or unconsciously. They may choose to abandon the systems; today many doctors are doing just that. Several wrote in to say that they had already quit medicine, or were planning to quit soon. “I retired early from medicine, was glad to get out, and don’t regret fleeing a broken system,” **wrote J. Skinner from the Midwest.**

Others remain in the system, but they build walls of protection, growing cynical or detached. They experience low satisfaction with their work, become depressed or abuse drugs. **Suicidal ideation is significantly more common among surgeons** than among the general population, for example.

But there is a third way: the ability to derive meaning from our work can transform our daily experiences. Doctors may be individually powerless to change the system, but they do have

tools to rediscover and strengthen their capacity to practice wholeheartedly. One such method is to cultivate “mindfulness” — the ability to be present in a nonjudgmental way. Not only do improvements in mindfulness appear to improve doctors’ sense of well-being, they seem to improve their patient-centeredness, as well — something known to be associated with better, safer and more satisfying care, explains Michael S. Krasner, an Associate Professor of Clinical Medicine at the University of Rochester School of Medicine and Dentistry, who has co-written **a study on the topic.**

The Healer’s Art teaches **mindfulness** and also helps medical students explore meaning through exercises in which they share their personal experiences in patient care and reflect on their sense of calling and the effect of compassion at times of loss. In

my previous column, I mentioned some instances where doctors expressed their caring directly to patients — even crying silently alongside them — and a number of readers raised a red flag.

“Most of us do not want a doctor who is caring and concerned,” **wrote Tim Kirn, the son of a doctor from Sacramento.** “We want a doctor who is competent. It seems highly unlikely that someone who is emotionally invested, and therefore stressed, is going to function better than someone who is cold.”



This is a common misconception. As I reported, being emotionally attuned can help a doctor, or anyone for that matter, function better. Indeed, the notion that a doctor is an objective, Spock-like, scientist whose job is to come up with the one best solution to your problem is a view that is out of step with research on medical outcomes and much of what is known about **the therapeutic aspects of the patient-doctor relationship.** People are not widgets; medicine cannot be reduced to cutting and sewing or putting chemicals into the body; it’s full of mystery. Doctors can often make a difference in how patients feel simply by being caring and concerned.

**Consider a study that examined the effects of placebos on patients suffering from irritable bowel syndrome** — a chronic gastrointestinal disorder that causes constipation and pain. Researchers separated patients into three groups: the first received no treatment, the second received a placebo — fake

Continued on next page

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acupuncture (using a retractable needle); the third received the same placebo, but administered by a practitioner who was highly caring, empathetic and confident. The proportion of patients reporting relief were 28 percent, 44 percent and 62 percent, respectively.

Placebos frequently elicit subjective improvements among patients, possibly by triggering a release of dopamine in the brain. What was unusual about the study was that the relational context influenced the response. **Now consider that some 100 million Americans suffer from chronic pain.** Many become addicted to painkillers. Could more caring doctors bring therapeutic benefits to some of them?

What about the therapeutic benefits that patients could confer on doctors? More and more people are living with incurable diseases that would have killed them a short time ago. As the population ages, more health care will be directed to patients with chronic or terminal conditions. For doctors, care will become less a question of curing a disease than helping their patients to live as well as possible in the face of their illnesses. That's not the job they train you for in medical school. But in this emerging context, the doctor patient relationship becomes even more central. It may be the quality of this relationship that determines whether doctors can cope with, and derive satisfaction, from care that involves far less clinical certainty or control.

Over all, readers were not optimistic about the prospects for reforming medicine, but some of those who did see potential for change placed the main responsibility with the doctors themselves. "A lovely and touching article," wrote Steven Frucht a reader from New York City. "Unfortunately it won't change anything in the real world. Why? Because physicians do not control the way medicine is practiced."

He added: "Physicians must stand up, specialty by specialty, and refuse to accept this ridiculous system that rewards electronic care, rather than patient care."

**Another, Les from Bethesda, Md.,** wrote, "What we — the doctors and the patients — have to decide is what we want medicine to be. If we want it to be an artful profession that deftly merges compassion and science we can do that ... But as some of have noted, we have to stand up and demand this."

The idea that doctors might find the inner strength to voice their deepest beliefs is in keeping with the focus of Remen's work.

"The greatest of all stresses does not come from a lack of sleep or time," she observes. "It comes from believing deeply in one set of values and finding that you are trapped into living by another set."

In *The Healer's Art*, she says, she envisions "enabling people to recognize the gap between doctors' professional service values and the values of the health system, so that it becomes more possible for doctors to speak out on behalf of patients, and rise up as a community and simply say, 'You know, when people are

in pain and facing something unknown and potentially life altering, being told that you have seven minutes to understand their unique issues and strengths in order to find effective ways to help them is just wrong. It is simply unethical — and I am not doing this anymore."

Could physicians come together to overthrow the current order — to start a movement to, say, Occupy Medicine? If they did, what would be the unifying cry? Down with health

insurers? Tort reform or bust? Or would it begin by expressing the thing that is most precious to them that has been lost: the opportunity to practice medicine in a way that is worthy of their dedication and love. Reclaiming a sense of meaning in medicine could be the first step to rescuing the profession.

*David Bornstein is the author of **How to Change the World**, which has been published in 20 languages, and **The Price of a Dream: The Story of the Grameen Bank**, and is co-author of **Social Entrepreneurship: What Everyone Needs to Know**. He is a co-founder of the **Solutions Journalism Network**, which supports rigorous reporting about responses to social problems.*

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Reclaiming a  
sense of meaning  
in medicine could  
be the first step  
to rescuing the  
profession.

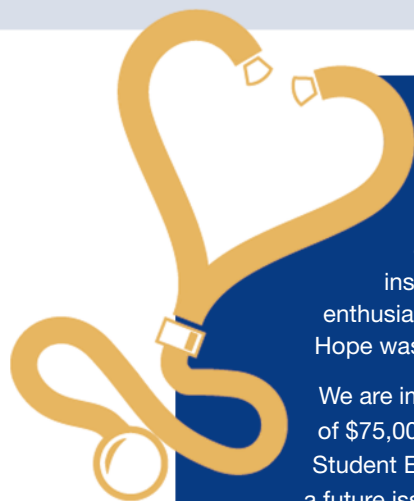




## Moving Humanism in Medicine Forward

Here is a sampling of recent publications from both the academic and popular press written by individuals supported by The Gold Foundation. Their work helps to move forward our agenda of ensuring that compassion is central to every healthcare experience. Visit [http://bit.ly/APGF\\_publications](http://bit.ly/APGF_publications) for a more comprehensive list of recent Gold Foundation affiliate research and commentary.

- Louise Aronson, MD, MFA – Gold Professor  
*“ ‘Good’ patients and ‘difficult’ patients – rethinking our definitions”*  
*New England Journal of Medicine*, August 2013
- Liz Gaufberg, MD – Gold Professor and Jean and Harvey Picker Founding Director, Gold Foundation Research Institute  
*“Into the future: patient-centredness endures in longitudinal integrated clerkship graduates”*  
 Liz Gaufberg, MD, David Hirsh, Krupat E, Ogur B, Pelletier S, Reiff D, Bor D.  
*Medical Education*, April 8, 2014
- Tim Ladey, MD, MMSc – Gold Humanism Scholar at Harvard Macy Institute  
*“A Watchful Eye in Hospitals”*  
*New York Times*, February 16, 2014
- Richard I. Levin, MD – President and CEO, Gold Foundation  
*“Whither the White Coat and Why?”*  
*Kevin MD.com*, March 4, 2014
- Helen Riess, MD – Grant Recipient  
*“The Influence of the Patient-Clinician Relationship on Healthcare Outcomes: A Systematic Review and Meta-Analysis of Randomized Controlled Trials”*  
 John M. Kelley, Gordon Kraft-Todd, Lidia Schapira, Joe Kossowsky, Helen Riess  
*plosone.org*, April 1, 2014
- Dan Shapiro, PhD – Gold Professor  
*“The virtues of irrelevance”*  
 Daniel R. Wolpaw, Dan Shapiro  
*New England Journal of Medicine*, April 3, 2014



### APGF Medical Student Essay Contest Named in Honor of Dr. Hope Tang - Goodwin

Hope Babette Tang-Goodwin, MD, was an Assistant Professor of Pediatrics whose devotion to the care of children and infants with HIV infection in New York City was an inspiration to her colleagues and students. Her approach to medicine combined boundless enthusiasm for her work, intellectual rigor, and deep compassion for her patients. In sum, Hope was an exemplar of excellent, humanistic and respectful patient care.

We are immensely grateful to Hope's husband, James Goodwin, who has made a generous pledge of \$75,000 to name APGF's annual contest the Gold – Hope Tang, MD Humanism in Medicine Student Essay Contest in her honor. The first-place essay in this year's contest will be published in a future issue of *DOC*.

# 2013-14 Arnold P. Gold Foundation†

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Every donation is an act of advocacy for patient-centered care. On behalf of patients, their families and dedicated caregivers, we thank you for your generosity.

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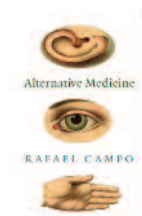
## **What Doctors Feel: How Emotions Affect the Practice**

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*Danielle Ofri, MD, PhD, is the author of four books about the world of medicine. She is a physician at Bellevue Hospital, the oldest public hospital in the country and writes about medicine and the doctor-patient connection for the New York Times and other publications. Her writings have appeared in the Los Angeles Times, the Washington Post, the New England Journal of Medicine, and many other distinguished sources. Dr. Ofri is also co-founder and Editor-in-Chief of the Bellevue Literary Review.*

**Alternative Medicine,** the 6th collection of poetry from Dr. Rafael Campo, examines the primal relationship between language, empathy, and healing from the perspective of the healer. Dr. Campo offers a masterful therapeutic exploration of the pain, disappointment, and frustration of being a doctor – and his hope, faith, and resiliency shine throughout this imaginative, artful and deeply personal collection.



*Rafael Campo, MA, MD, DLitt (Hon), is an internationally recognized poet and essayist. He is the Director of the Katherine Swan Ginsburg Humanism in Medicine Program at Beth Israel Deaconess Medical Center, serves as BIDMC's Director of the Office of Multicultural Affairs, and is an Associate Professor of Medicine at Harvard Medical School. His primary care practice serves much of Boston's Latino LGBT community and people with HIV/AIDS.*

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