Reflections

Dr. Simon Auster: An educator who challenged and honored each student

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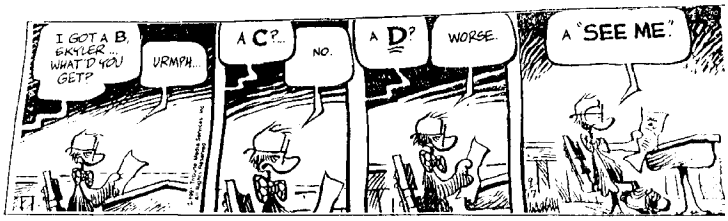

A staple of Simon's Office, as captured by comic strip artist Jeff MacNelly in Shoe. Courtesy of Jeff MacNelly Archive

"See me." These were the words that Simon Auster, MD (ΑΩΑ, Uniformed Services University of the Health Sciences F. Edward Hébert School of Medicine, 1989, Faculty), wrote on countless reflective practice papers during his 35 years of developing and teaching his course "Human Context in Health Care" at the Uniformed Services University of the Health Sciences (USUHS) in Bethesda, MD. More than 4500 uniformed physicians-in-training spent a year with "Simon," as nearly everyone called him, who died at the age of 88 on January 28, 2020.

"See me," didn't mean one did poorly, or well. Papers that were poorly constructed received the blunt "Insufficient analysis."

"See me," meant that a student's way of thinking intrigued Simon and that he wanted to learn more. A teacher's sincere curiosity in wanting to understand his students better is not the norm. Indeed, a teacher's intent is typically that their students understand him.

Simon's exploration of his students' thinking was frequently uncomfortable—as was his handing a student a dictionary when he thought the student was using a word incorrectly. He would challenge assumptions, reveal misconceptions, and raise a bushy eyebrow at generalizations. Because he was never trying to convince students to adopt his point of view, just to think more logically for themselves, his prodding represented the pinnacle of respect that a teacher can show for his students.

Sadly, with his death, his exploration has forever ceased. In that void we are left to challenge ourselves so that we can care effectively for patients. His core message, which he repeated often, was about knowing one's own perspective:

> What you see when you look depends on where you're standing when you're looking, so if you would have the complete picture, you'd better be clear about where you're standing.

Many of his other quotes were an elaboration of this fundamental insight:

> If you don't know your own issues, you won't know how to keep them out of discussions with your patients.

> Feelings are just data. You don't act on data until you have analyzed and understood it.

Simon's call for self-knowledge among physicians was quite distinct from the Socratic admonition that the "unexamined life is not worth living." He said: "There is often nothing wrong with living the unexamined life—unless you are a physician."

As Simon put it, a farmer could spend a deeply worthwhile life tilling the soil, or a mechanic fixing cars, while reliably caring for a family and serving as a trusted member of their community, all without a whit of self-analysis. But not the physician, as physicians must be acutely aware of how they respond to all those who are entrusted to their care. As he often said to his students and colleagues, "You are the only reliable instrument you have, so learn to calibrate yourself well."

To absorb Simon's advice, it's helpful to consider who he was—his perspective.

Simon: A History

Born in 1932, Simon was the son of a small businessman in the New Jersey garment industry. His family was Jewish in a community that was almost entirely Christian. Simon remembered how, one day while walking home from school, his so-called friends shouted "Christ killer" and attacked him. He was afraid but also quick, and outran them. When he arrived home 20 minutes late, his mother wanted to know why.

Not long after the incident, and perhaps because of it, the family moved to Crown Heights in Brooklyn, a Jewish

Students from New York University Medical School visit with Albert Einstein in his office at Princeton. Simon Auster is the student immediately left of Einstein. Courtesy of Getty Images

community where several members of his extended family lived. Simon recalled that his sense of being an outsider was at that point fixed in his consciousness. Being an outsider, one who could observe people and their interactions entirely outside of popular culture and accepted social norms, proved invaluable to him.

Simon decided to become a doctor at age 12, and at age 20 he graduated from Yeshiva College, enrolling directly in medical school at New York University on a National Science Foundation scholarship.

At that time, Yeshiva was planning on opening a new medical school and Albert Einstein had agreed to have his name attached to it. He was interested in meeting a few exceptional Yeshiva students, and Simon was selected as one of five to visit Einstein in his office at Princeton. Simon, who drove separately, got there on time, while the others who came together in a van arrived late. He enjoyed a wide-ranging discussion with the professor while waiting for the others to arrive. Characteristically, Simon mentioned the encounter only in passing.

Simon graduated from New York University School of Medicine in 1956, and started, after a transitional year, a psychiatry residency at Albert Einstein College of Medicine. During his internship, he was puzzled by the behavior of a senior psychiatry attending for mocking the work of Dr. Murray Bowen, a pioneer of research on family therapy, based at the National Institutes of Health (NIH). Simon was puzzled that the attending, who usually challenged research on its merits, could only belittle the work. This "bizarre reaction," as he described it, made him so curious that when Bowen came to New York City to lead a workshop, Simon registered under the name of one of his professors and snuck in. Simon asked a lot of questions, and Bowen invited him to come to NIH, where Simon spent the next two years, before completing his training, which included child psychiatry.

Travels and exploration

In 1962, following residency, Simon embarked on a solo trip around the world, spending time in Iran, India, Myanmar, Vietnam, Cambodia, Thailand, Singapore, and Borneo. In India, he met and traveled with poet Allan Ginsberg. In Myanmar (then called Burma), he studied Zen Buddhism at the International Meditation Center in Rangoon, meditating for 10 hours to 12 hours a day for a month in a small cave.

In Borneo, he lived with an anthropologist studying a tribal community. Once a week the anthropologist held a clinic. On a day Simon attended with him, the village head asked if the anthropologist could take his daughter to a nearby city to have her radiographed because she wasn't taking care of her baby. The anthropologist explained that wasn't the right test, but that he had the perfect visitor to help, and introduced Simon.

Influenced by Bowen, Simon asked to talk with the whole family. In this small village, health issues were concerns for the entire community. The parents of the daughter sat facing Simon and a translator. A crowd of other villagers surrounded them while the daughter chose to stay in the back of the room. Each time Simon asked a question he addressed it to the daughter, but the mother answered. When the mother turned to her daughter there was an exchange of words, and everyone starting laughing. The translator explained that the mother had referred Simon's question to her daughter who replied, "Why are you asking me? You seem to know all the answers anyway."

Simon recalled thinking, "Mothers and daughters are the same everywhere!" He then arranged to meet with the daughter daily for several weeks and diagnosed her to have postpartum depression, which soon improved.

In 1965, Simon met his wife, Rosalie Meissner, also a doctor, when a friend told him about a woman who was a high school dropout from a working class home in Maine, who subsequently worked her way through college and medical school while waitressing for 15 years. Simon cold-called Rosalie with a dinner invitation to the fanciest French restaurant in town. Despite their disparate backgrounds he noted, "she was the first person I didn't have to explain myself to," and, as she put it, "I guess the rocks in his head fit the holes in mine." They married two years later.

A chance meeting led Simon to work at, and then lead, the Fairfax County Mental Health system from 1963-1977. During this time, he discovered that he didn't particularly enjoy administration. By 1969, he needed a break. When he threatened to leave Fairfax County they offered him a sabbatical. He and Rosalie headed off to Kyoto, Japan for nearly a year, where he studied traditional pottery-making with a master potter. He recalled the value of spending long days just kneading clay to get an intimate feel for the medium, and then learning through endless repetition how to make a perfect tea cup on a wheel. He'd earlier learned to play the bassoon from a friend, the principal bassoonist from the National Symphony Orchestra, for similar reasons—mastery through repetition.

From 1972-1976 he attended Georgetown Law School in the evening, purely out of interest. He recalled that he focused on labor law and international law because he was intrigued by situations when there is conflict but the parties have to keep living with each other. These insights informed his thinking about how to guide those struggling with interpersonal conflict.

After completing his law degree, Simon, and Rosalie decided to go back to school. The two headed off to Contra Costa County, California to complete residencies in family medicine, training alongside recent medical school graduates. He was struck by the tensions and conflicts he observed, leaving him with the impression that there was something not right about the way medical schools were preparing new doctors.

After returning to Washington, DC, he sought opportunities to teach a course about doctoring. After a brief stint at another medical school, he transferred to USUHS following a meeting with the founding dean and university president Jay P. Sanford, MD (ΑΩΑ, University of Michigan School of Medicine, 1951). He recalled that he immediately felt a sense of collegiality and community suffusing the place, and concluded that USUHS was where he wanted to be.

When Simon arrived at USUHS in 1981, the course that he was to teach for three and a half decades, Human Context in Health Care (HCHC), was run out of the dean's office because Sanford wanted to be sure it met with his satisfaction before he assigned it to a department. HCHC came to reside in family medicine.

Simon: A philosophy

Rather than applying his astounding intellectual and interpersonal gifts to a conventional path of ambition and promotion, he sought to make a difference through each encounter, once commenting that, "Ambition can be hazardous for the practice of medicine. If you are focused on the future you will be inattentive to the present, and hence to the care and needs of your patient."

The door to Simon's office was always open, starting as early as 4 a.m. every weekday morning, and often on weekends. Anyone who approached his office saw a door covered top to bottom with his favorite cartoons and aphorisms. Whatever he was working on, he'd quietly set it aside so as to give the visitor his full attention. He was the master of mindfulness, being present-minded without permitting distractions or avoidable interruptions. His office was a place of calm, with a photo over his desk of a Buddha figure—recovered from the bed of a river in northern Myanmar—that conveyed both an awareness of suffering and acceptance. A treasured picture of Rosalie was near it, with an Ansel Adams photograph of water, ice and stone. No topic was off limits. No one was judged. Tea was offered, and ginger candy was in a jar. Simon provided a safe space for thousands of students, faculty and staff for decades.

Simon's course, like his office, was a safe place. However, he set a high bar for critical thinking. Writing assignments were intended to challenge students to reflect on topics drawn from readings, panel presentations, and life experience. When the 2010 USUHS class presented him with the Outstanding Civilian Educator Award, the citation noted,

> The issues addressed during his class, while sometimes perplexing to the first-year students, when surfaced again during the third and fourth years, significantly impacted and benefited the majority of his students. He has been consistently recognized as the unwavering supporter of students and families on a professional, clinical, and personal level. Students with either personal or professional difficulties felt secure in seeking his guidance knowing that both medical students and USU alumni could rely on his dedicated support and expertise. Furthermore, he always made the individual student feel like a colleague and a physician in training, rather than simply one of many medical students. His creative instructional style, mixed with his incredible sense of humor would shock many, while simultaneously prompting and sometimes forcing students to consider the difficult issues that impact the career of a uniformed physician… He is a gifted family medicine practitioner, psychiatrist, master of human nature, and an educator, who will continue to train future generations of military.

At his core, Simon believed first, to see things as they are. Offering perspective, Simon said "We are insignificant but not inconsequential," meaning that while we are very small in the scheme of things we can still have a big impact on those touched by us in how we live our lives. When asked how he compared his life to a grain of sand in the ocean, he replied, "It's much less than that." Such a perspective can be disconcerting, and one many are loath to confront. For Simon, however, it was fully internalized and caused no distress. As a result, personal ambition, the desire for recognition, and the acquisition of wealth beyond practical need seemed pointless to him, as manifest in the following Simon quotes:

> When you feel like you need to accomplish great things, you are impoverished. Learn from life instead.

> Life would be much easier if we did not have our egos to worry about.

> Idealism is what precedes burnout. It is an unrealistic ambition. It is the arrogant notion that you can change the world,

and when you discover the world does not want to change, disillusionment follows.

Chasing after anything is the pathway to suffering.

When you are chasing after something you may not realize when someone is in your way, and run over them.

People do the best they can with what they've got. Even if we think it's not very good.

When you judge another, you have stopped thinking. You have moved from a cognitive process to an emotive process.

A physician sees all souls as equal.

Simon made no assumptions about anyone or anything. In this regard he sometimes seemed like an alien visiting Earth—fascinated and surprised by the humans around him. He had little knowledge or interest in conventional wisdom or pop culture. References to fads, TV programs, and "acceptable" social practices that often led to distress or mischief were lost on him. It was only through years of practicing medicine that he came to appreciate the prevalence of the delusions most of us harbor.

To those who knew Simon superficially, he seemed an oddity. However, to those who interacted with him frequently, there was a clarity, simplicity, and reliability about him that helped many see the strangeness of their own ways.

Simon served as a reality check in a muddled world. Much of what he had to say on many topics—nearly all of which are related to the general theme of healing—were at odds with conventional wisdom, or at least more blunt:

Don't fool yourself into thinking you can understand others. All we can know is how another person makes us feel. And that can be a useful tool for the physician.

Never forget that you defecate, micturate and fornicate the same as your patients do!

The question is the physician's most powerful tool. Asking the right questions is how you show you care.

Professional distance is necessary only when the patient needs to be protected from the dysfunctional elements of a physician's character.

If empathy is "feeling another's pain" there is no clear role for it in medicine. Caring and kindness, however, make a physician more effective.

The goal of mastering the doctor-patient relationship is not just to be compassionate or empathic, but to be effective.

If you want your medical students and residents to treat patients well, treat them well.

Simon in his usual tweed.
Courtesy of Evan Baines

Simon regarded himself as a lucky man often saying that he "never worked a day in his life." For decades he got to know many students by challenging them to squash; he rarely lost. His unconventional way of thinking and of relating bred a certain mythology. For decades, USUHS students feared the rumors that he would abandon his typical three-piece tweed suit and give his sexuality lecture in the nude. This fear, which always tickled Simon, will finally come to fruition as Simon has donated his body to the USUHS anatomy lab for dissection. He was the consummate teacher.

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Burned by the moral delusion: An illustration

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In 1986, when I was 36-years-old, I had a gastrointestinal illness. After a fine spring vacation, upon returning to work I immediately entered into a particularly trying deathwatch for one of my patients with cystic fibrosis (CF). She was a beautiful six-year-old girl, whom I had known and cared for her all her short life, as I have for many other patients with CF.

Upon my return from vacation, both my division chief and my fellow-in-training were away. As attending physician, my patient's dying was my affair, and I did the best I could with her and her family. As early as my second day back at work, I began to feel a vague abdominal discomfort. Eight days later,

long after her suffocating death from respiratory failure, my pain became unremitting and severe despite acid suppressors. I self-diagnosed with stress-induced peptic ulcer. I made an appointment to see my physician the next day.

In that interim between self-diagnosis and medical evaluation I reflected. There was no recognition of burnout in those days. I looked back and wondered how I did this to myself. "Don't beat yourself up," my wife said when I told her my thoughts that night. But I did anyway. I thought it doesn't just happen. I've been living a lie. I told myself that I could handle the stress—of taking care of children with fatal illnesses, and their families; of being an excellent mentor; of administering a growing academic group; of correcting failures of a colleague whose desperate unattended personal problems led to professional dysfunction and premature death; of competing for grants with ambitious gifted people; of producing ever more research of ever greater quality; of maintaining my personal interests and ambitions in the midst of this madness of expectation. I saw myself surrounded by people who seemed able to do much if not all of this, and yet I felt overwhelmed. And now, I thought, I have this gut pain to remind me of the lie I have lived.

More than ever before in my life I needed the security I found in my work, now that I had lurched neck deep into the everyday commitments of life–marriage, children, a mortgaged house, promises given in all directions. Ambivalence, too, for I was deeply committed, engaged, and engrossed in many aspects of my professional life. It was endlessly challenging, stimulating, and rewarding.

Responsibilities were everywhere. I had forgotten the songs I had written in my youth. I felt alienated from the person I had been as a student. I could not play the piano anymore, and my guitar playing had petrified. I reviewed my creative writing efforts with a mixture of admiration and revulsion. I remained terrified by the threat of rejection from others. I was unable to vent anger, frustration, and grief. So I concluded therefore, I had burned a hole in my stomach. Just a week before, I would have thought my life pretty good, blessings heaped upon blessings. I could still appreciate all the positives, but it seemed bitterly ironic how something as real as your body talking back to you could open up another perspective.

Driving home the day before my doctor's appointment, I thought I would feel better if I could just have a good cry about it. But the tears were not there, just a detachment, a disbelief, a skepticism, about my own reality. I felt in some sense like I was already a ghost whose existence weighs upon the earth lightly as a feather. I could only hope I could see my way through this, to deal effectively with my shadow, exorcise my demons and find my way to some kind of faith.

Strangely, my thoughts were not colored by despair or anguish. It felt rather like a quiet, but deep, sadness, a sense of profound disappointment in my own understanding of myself and my grasp of reality. I decided my goal must henceforth be to re-establish a sane perspective. I needed to find a better balance between professional dedication and personal growth, to conquer anger and frustration and grief by grasping and holding on to some wisdom about the order and nature of things.

Buddhist teacher and anthropologist Joan Halifax clarified this issue in distinguishing between empathy, which in identifying with others' suffering can lead to burnout (what she terms "empathic distress"), and compassion, in which feeling for the suffering of others while maintaining a clear sense of the distinction between self and others arouses action to benefit them.[1] But back then I knew little of the nature of illness, and less of an inward response it can provoke in the afflicted. For me, an emotional crisis was triggered, framed and taken to conclusion by the intrusion of an unrelieved pain in my belly that led to a severe self-judgment. All this rumination was largely exercised in solitude, the dialogue of the mind with its body.

I had my appointment. Tests were done. Within a few days my doctor's verdict was rendered, I had no ulcer. There were two further periods of pain over the next few weeks, and then it was gone, one of those unexplained bouts of ill-being, obscure in origin, that often checker our progress through life. The etiology of my illness was never identified.

The two universes of the sick and the well

Illness is a form of solitude, solitude with suffering. Joseph Conrad wrote of solitude that "a mere outward condition of existence becomes very swiftly a state of soul in which the affectations of irony and skepticism have no place…in our activity alone do we find the sustaining illusion of an independent existence as against the whole scheme of things of which we form a helpless part."[2] But the ill person is one who can no longer act, or act as he once did. Without irony, skepticism or activity, the ill person thus becomes an exemplar of extreme inactive solitude that attacks the sense of self.

In the realm of space, illness contracts the world to the sick body. Conrad further understood that "for life to be lived large and full, it must contain the core of the past and the future in every passing moment of the present. Our daily work must be done to the glory of the dead, or for the good of those who come after."[2] Here, too, in the realm of time, illness robs the sick person of his/her past and future. Consciousness contracts and temporality vanishes: there is only the painful present within the isolated body. Life is doubly diminished, not only in the space of action but also in the sequence of time.

There is a mutual exclusivity in the two universes of the sick and the well. The well mind perceives, analyzes, takes interest in, and interacts with, the world. The ill mind also perceives, but does not analyze, loses interest in, and does not interact with, the world. The body (or in the case of mental illness the mind itself) becomes the world.

Thinking about illness this way has allowed me to understand the healer's task more clearly: to focus on ways to draw out this shrinking soul, to pull it back out of the dark cave of solipsism to the sun and air of healthy engagement, none other than the mind immersed again in nature.

Healing

It is the task of the healer to overcome this horrible barrier and withdrawal, and there are only so many methods. Our ability to restore health is our best chance. For those lucky to recover, the illness then becomes one more journey with a way back home. But what happens when the healer cannot cure? Then only compassion can break down the wall and return the suffering ill to the land of a common human life.

As chronic, complex and incurable illnesses increasingly dominate health care practice these imperatives have become more urgent. I am interested here less about curing than healing; efficacy than compassion; health than wholeness. As one trained in healing through biomedical science, but also feeling the central importance of caring for the patient, I took my early lesson from my own dyspeptic example. I think this happens often, and should be recognized and welcomed as its own form of education.

While the cause of my illness was never clarified, the consequence in my reaction to it helped to trigger a process of rebalancing in which I took up committed practices of meditation and yoga, and gave myself periodic distance from medicine to travel to distant lands and cultures. I believe these changes allowed me to heal my burnout—triggered by a real illness but based on a self-judgment that I came to recognize is a widespread phenomenon and here lies the moral delusion—and those changes in turn augmented my effectiveness as a physician.

In Susan Sontag's groundbreaking works on the social construction of meaning in man's encounter with disease she rightly focused on several that were common and devastating to humanity—plague, cholera, tuberculosis, cancer and AIDS.[3,4] She showed how societies assign moral meaning to, and make order of, disease by assigning blame, and how, over time, this has generally evolved from a belief about divine judgments on society to an interpretation of a particular disease revealing something blameworthy about the character of its individual victim. In rejecting these seductive judgments Sontag insisted on the primacy of pathobiology and gave healers a lesson on the necessity of applying our expertise, cognitive empathy, and compassion without regard to character or moral assessments. As someone who courageously resisted life-threatening cancers herself, her credentials were unassailable. But, we do not have to have our lives transformed and futures cut short to experience the delusionary power of metaphoric thinking about illness.

The moral delusion

In the immediate aftermath of my 1986 illness, I could still appreciate how my look into myself was real and necessary. Here was a classic case not of an ulcer, and not only of the self-diagnosing doctor having a fool for a patient, but also the power of metaphoric thinking to transform an illness and give it meaning. I call this the moral delusion: it is the ascription, often based on a false judgment by self or others, of a metaphysical meaning to a physical process. It is a moral judgment of explanatory power but objectively incorrect, which answers our deep need to give meaning to events. People who become ill, the people we the healthy caregivers call patients, do this all the time. It is part of our innate human search for meaning. We Homo sapiens, the meaning-makers, will work with whatever is given us. I'm aware of the countervailing truth of the many potential somatic effects of the embodied mind, but this must be disentangled from the moral delusion, which takes attentive vigilance. When illness strikes, whether or not its biologic nature and origin are identified in the course of medical diagnosis, the intrusion of the arising moral delusion must be recognized and dismissed if it lacks rational relation to the malady.

Recognizing empathic distress and rejecting the moral delusion are healing talismans. Pain and suffering are sufficient demons that we don't need to augment with our own inventions.

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