THE PHAROS
OF ALPHA OMEGA ALPHA HONOR MEDICAL SOCIETY

Spring 2013

“Be Worthy to Serve the Suffering”

Officers and Directors at Large
C. Bruce Alexander, MD
President
Birmingham, Alabama

Ruth-Marie Fincher, MD
Immediate Past President
Augusta, Georgia

John Tooker, MD, MBA
President-Elect
Philadelphia, Pennsylvania

Joseph W. Stubbs, MD
Secretary-Treasurer
Albany, Georgia

Robert G. At nip, MD
Hershey, Pennsylvania

N. Joseph Espat, MD
Providence, Rhode Island

Douglas S. Pauw, MD
Seattle, Washington

Sheryl Pfeil, MD
Columbus, Ohio

Alan G. Robinson, MD
Los Angeles, California

Medical Organization Director
Carol A. Aschenbrener, MD
Association of American Medical Colleges
Washington, DC

Counselor Directors
Lynn M. Cleary, MD
State University of New York Upstate Medical University

Richard B. Gunderman, MD, PhD
Indiana University School of Medicine

Alan G. Wasserman, MD
George Washington University School of Medicine and Health Sciences

Coordinator, Residency Initiatives
Suzann Pershing, MD
Stanford University

Student Directors
Alicia Alcami, MD
The Ohio State University College of Medicine

Christopher Clark
University of Mississippi School of Medicine

Tonya Cramer, MD
Chicago Medical School at Rosalind Franklin University of Medicine & Science

Administrative Office
Richard L. Byyny, MD
Executive Director
Menlo Park, California

525 Middlefield Road, Suite 130
Menlo Park, California 94025
Telephone: (650) 329-0291
Fax: (650) 329-1618
E-mail: info@alphaomegaalpha.org

Alpha Omega Alpha Honor Medical Society
Founded by William W. Root in 1902

Editor
Richard L. Byyny, MD

Editor Emeritus (in memoriam)
Robert J. Glaser, MD

Associate Editor and Managing Editor (in memoriam)
Helen H. Glaser, MD

Managing Editor
Debbie Lancaster

Art Director and Illustrator
Jim M’Guinness

Designer
Erica Aitken

Editorial Board
Jeremiah A. Barondess, MD
New York, New York
David A. Bennahum, MD
Albuquerque, New Mexico
John A. Benson, Jr., MD
Omaha, Nebraska
Richard Bronson, MD
Stony Brook, New York
John C.M. Brust, MD
New York, New York
Charles S. Bryan, MD
Columbia, South Carolina
Robert A. Chase, MD
Stanford, California, and Jaffrey, New Hampshire
Henry N. Claman, MD
Denver, Colorado
Fredric L. Coe, MD
Chicago, Illinois
Jack Coulehan, MD
Stony Brook, New York
Ralph Crawshaw, MD
Portland, Oregon
Peter E. Danis, MD
Baltimore, Maryland
Lawrence L. Faltz, MD
Sleepy Hollow, New York

Faith T. Fitzgerald, MD
Sacramento, California
Daniel Foster, MD
Dallas, Texas
James G. Gamble, MD, PhD
Stanford, California
Dean G. Gianakos, MD
Lynchburg, Virginia
Jean D. Gray, MD
Halifax, Nova Scotia
David B. Hellmann, MD
Baltimore, Maryland
Pascal James Imperato, MD
Brooklyn, New York
John A. Kastor, MD
Baltimore, Maryland
Michael D. Lockshin, MD
New York, New York
Kenneth M. Ludmerer, MD
St. Louis, Missouri
Joseph Marr, MD
Broomfield, Colorado
Stephen J. McPhee, MD
San Francisco, California
Robert H. Moser, MD
Madera Reserve, Arizona
Francis A. Neelon, MD
Durham, North Carolina

Eric Pfeiffer, MD
Tampa, Florida
William M. Roggoway, MD
Stanford, California
Shaun V. Ruddy, MD
Richmond, Virginia
Bonnie Salomon, MD
Deerfield, Illinois
John S. Sergent, MD
Nashville, Tennessee
Marjorie S. Srridge, MD
Kansas City, Missouri
Clement B. Sledge, MD
Marblehead, Massachusetts
Jan van Eys, Ph.D., MD
Nashville, Tennessee
Abraham Verghese, MD, DSc
(Hon.)
Stanford, California
Steven A. Wartman, MD, PhD
Washington, DC
Gerald Weissmann, MD
New York, New York
David Watts, MD
Mill Valley, California

Jonathan T. Browning, MD
New York, New York

John S. Sergent, MD
Nashville, Tennessee

John Tooker, MD, MBA
President-Elect
Philadelphia, Pennsylvania

Joseph W. Stubbs, MD
Secretary-Treasurer
Albany, Georgia

Robert G. Atnip, MD
Hershey, Pennsylvania

N. Joseph Espat, MD
Providence, Rhode Island

Douglas S. Pauw, MD
Seattle, Washington

Sheryl Pfeil, MD
Columbus, Ohio

Alan G. Robinson, MD
Los Angeles, California

Medical Organization Director
Carol A. Aschenbrener, MD
Association of American Medical Colleges
Washington, DC

Requests for reprints of individual articles should be forwarded directly to the authors.

The Pharos of Alpha Omega Alpha Honor Medical Society (ISSN 0031-7179) is published quarterly by Alpha Omega Alpha Honor Medical Society, 525 Middlefield Road, Suite 130, Menlo Park, California 94025, and printed by The Ovid Bell Press, Inc., Fulton, Missouri 65251. Periodicals postage paid at the post office at Menlo Park, California, and at additional mailing offices. Copyright © 2012, by Alpha Omega Alpha Honor Medical Society. The contents of The Pharos can only be reproduced with the written permission of the editor. (ISSN 0031-7179)

Circulation information: The Pharos is sent to all dues-paying members of Alpha Omega Alpha at no additional cost. All correspondence relating to circulation should be directed to Ms. Debbie Lancaster, 525 Middlefield Road, Suite 130, Menlo Park, California 94025. E-mail: info@alphaomegaalpha.org

POSTMASTER: Change service requested: Alpha Omega Alpha Honor Medical Society, 525 Middlefield Road, Suite 130, Menlo Park, CA 94025.
In This Issue

DEPARTMENTS

Editorial

AΩA and professionalism in medicine—continued
Richard L. Byyny, MD, editor

Alpha Omega Alpha elects honorary members

2013 Medical Student Service Leadership Project award winners

Reviews and reflections

Healing Through Humanism: Physician Discussions and Film Presentations for Doctors and Other Caregivers Interested in the Practice of Compassionate Medicine
Reviewed by Jack Truten, PhD, FCPP
Pathological Altruism
Reviewed by Jack Coulehan, MD
Alfalfa to Ivy: Memoir of a Harvard Medical School Dean
Reviewed by Thoru Pederson, PhD
100,000 Hearts: A Surgeon’s Memoir
Reviewed by Casey Means

ARTICLES

A thirty-five-year odyssey of an Alpha Omega Alpha chapter councilor
William H. Frishman, MD, MACP

On dying and being alive
Nelson Fausto, MD, and Ann L. De Lancey, PhD

Diagnosing Darwin
Sidney Cohen, MD, and Philip A. Mackowiak, MD

A maestro’s heart
Gustav Mahler’s cardiac disease
Gregory W. Rutecki, MD

Unraveling
Elizabeth Stier

2012 donations to Alpha Omega Alpha

On the cover
See page 32.
Cover illustration by Jim McGuinness.

2

My Cousin’s Fatal CVA
Henry Langhorne, MD

Acacia
Stephen Ray Mitchell, MD

Letters

The physician at the movies
Dr. Dans is on leave. The column will return in the Summer issue.
The autumn 2010 issue of The Pharos featured my editorial, “ΩΩΩ and Professionalism in Medicine,” in which I emphasized that the profession of medicine is based on a covenant of trust—a contract physicians have with patients and society. I would like to continue that thought here.

Serving as a physician and practicing medicine must be based on core professional beliefs and values. One of our fundamental professional precepts is that those entering and practicing our profession will accept the values of medical professionalism and learn and demonstrate the aptitude and commitment to behave professionally.

Physicians work primarily for others—our patients, families, communities, and society as a whole. Our success is measured in human terms, by how well we benefit those under our care and not necessarily in financial returns. Our profession is evaluated and respected because of what we actually do and how we meet our responsibilities. At the core of our professional values is what we do in caring for patients through a healing relationship between the physician and patient and, through these cumulative relationships, improving public health. We also have complex professional responsibilities to our medical profession, society, families, and ourselves.

A physician’s work is compassionate and includes a commitment to service, altruism, and advocacy. To a large extent, the practice of medicine as a profession is self-directed and therefore self-regulating. With the privilege of self-management granted us comes professional responsibilities to our patients and society if we are to be worthy of their trust. Upholding these values requires the application of our specialized body of knowledge in fulfilling our duties with honor, integrity, and respect for our patients.

An integrated patient-centered approach to fulfilling our professional responsibilities requires both the science and the art of medicine. We use our specialized knowledge of biology, disease, and medicine combined with clinical skills and the appropriate technology in our “scientific” approach to sickness and ill health. However, we must also incorporate and understand the equally important illness framework of the patient’s unique and personal experience with suffering and being sick, worried, and anxious.

In my earlier editorial on professionalism, this table organized professionalism in medicine into responsibilities to patients and social responsibilities and advocacy.

All medical students and physicians must learn and understand the professional core values in medicine—they are not necessarily intuitively apparent. A growing concern is how to train medical students to think professionally. Medical students may enter the profession with altruistic ideals, but they need to understand that continual adherence to professional values is a fundamental requirement. A knowledge and understanding of our core professional values must be combined with medical school and other professional experiences to result in a professional attitude and behaviors based on those principles. I believe that professionalism is a required core competency for physicians.

Although I recognize that there is debate about the importance and value of a physician’s “oath” or “solemn promise,” I
believe that the action of making such a commitment clarifies the professional expectations for all physicians. The making of such a promise is therefore a symbol of the physician’s intention to respect and uphold the stated code of professional values and behaviors.

Clear professional values coupled with the commitment to our patients should result in a consistent professional attitude, which in turn will result in a set of professional behaviors. These include the commitment to:

- Adhere to high ethical and moral standards: do right, avoid wrong, and do no harm.
- Subordinate your own interests to those of your patients.
- Avoid business, financial, and organizational conflicts of interest.
- Honor the social contract you have undertaken with patients and communities.
- Understand the non-biologic determinants of poor health and the economic, psychological, social, and cultural factors that contribute to health and illness.
- Care for patients who are unable to pay, and advocate for the medically underserved.
- Be accountable, both ethically and financially.
- Be thoughtful, compassionate, and collegial.
- Continue to learn, increase your competence, and strive for excellence.
- Work to advance the field of medicine, and share knowledge for the benefit of others.
- Reflect dispassionately on your own actions, behaviors, and decisions to improve your knowledge, skills, judgment, decision making, accountability, and professionalism.

In July 2011, AΩA sponsored a think tank on medical professionalism that brought experts in the field of medical professionalism together to review the status of and challenges in the field. The meeting was based on the assumption that the last twenty years have seen good progress in defining professionalism and in devising charters, curricula, assessment strategies, and accreditation criteria. But there has been insufficient evidence to inform best practices in medical professionalism. This is especially true for interventions and remediation strategies for those who demonstrate lapses in professionalism and professional behaviors.

The outcome of the meeting was our publication, “Perspective: The Education Community Must Develop Best Practices Informed by Evidence-Based Research to RemEDIATE Lapses of Professionalism.”

We recognize that lapses in professionalism provide important learning opportunities, both for the physician who has lapsed and for the medical community as a whole. The creation of a knowledge base of best practices to forestall lapses in professionalism and to effectively remediate them when they occur would be of immense value to the medical profession. We also recognize that both profession-led regulation and individual self-regulation are vital to establishing and keeping the trust of patients, society, and the medical profession. Thus we must develop the knowledge, skills, and methodologies to address unprofessional behavior. Further, it is clear that current interventions or remediation programs for lapses in professionalism in medical schools, residencies, and clinical practice vary widely. The sad fact is that there are no recognized best practices.

We defined an important list of topics to be supported and funded in the following areas:

- How do we most effectively use existing data on professionalism and experiences with remediation?
- How can we generate new evidence to guide interventions for those who have displayed lapses in professionalism?

We also concluded that it is time to focus on developing evidence-based best-practice interventions and remediation to deal with lapses in medical professionalism.

AΩA plans to continue to support individual program grants in medical professionalism while also sponsoring a second national think tank of experts in the field of medical professionalism this summer, with a goal to identify current best practices. The session’s results will be published and disseminated by AΩA so that educators and medical professionals can learn from the conclusions, adapt and adopt the processes, and evaluate their validity.

AΩA has valued and supported professionalism since the society’s founding in 1902. We currently support projects in medical professionalism with the annual Edward D. Harris Professionalism Award for medical faculty. And AΩA continues to be a leader in the ongoing development of best practices in medical professionalism.

With the support of each of you, Alpha Omega Alpha will strengthen and grow our profession, ensuring that we continue to be worthy to serve the suffering.

Reference


Contact Dr. Byyny at:
525 Middlefield Road, Suite 130
Menlo Park, California 94025
E-mail: r.byyny@alphaomegaalpha.org
A thirty-five-year odyssey of an Alpha Omega Alpha chapter councilor

William H. Frishman, MD, MACP

The author (ΑΩΑ, Albert Einstein College of Medicine, 1978) is the Barbara and William Rosenthal Professor and Chair of the Department of Medicine at New York Medical College, and Director of Medicine at the Westchester Medical Center, Valhalla, New York. He was the councilor of the Kappa New York chapter at the Albert Einstein College of Medicine from 1978 to 1997 and has served as the Iota New York chapter councilor at New York Medical College since 1998.

In June 2013 I will be completing my thirty-fifth year as an Alpha Omega Alpha (ΑΩΑ) chapter councilor. According to the ΑΩΑ constitution, the councilor is a member of the faculty and of the society appointed by the Dean on the recommendation of the chapter to serve a term of three years. The councilor may be reappointed to successive three-year terms, and is responsible to the school’s faculty and the national officers of the society for the operations and well-being of the chapter. The councilor guides the chapter’s election process of new members and works with student members to plan and conduct chapter activities.

I have served as chapter councilor at two medical schools: Albert Einstein College of Medicine (Kappa New York) from 1978 through 1997, and New York Medical College (Iota New York) from 1998 until now. Over my years as councilor, I have helped to officiate in the induction into ΑΩΑ of more than 1,100 students at these two schools. Most of them have gone on to brilliant careers in academic medicine or clinical practice.

I became an ΑΩΑ councilor in the late 1970s, a time that saw rising opposition among students on many medical school campuses to the concept of comparative ranking of students, including the very idea of an honor society. In 1978, the viability of the ΑΩΑ chapter at Einstein was threatened, with students clamoring to dissolve the chapter. In a panic, Dean Ephraim Friedman, who had been my ophthalmology professor in medical school, asked me to address the newly elected ΑΩΑ students to try to save the chapter. I was a thirty-one-year-old...
internist-cardiologist and assistant professor of Medicine, two years out of the Army Medical Corps, and a popular teacher. In my meeting with the students, I told them there was nothing wrong with exceptionalism and being recognized for a job well done. I gave examples from the military, where medals and citations are often awarded for extreme heroism and for going the extra mile. I pointed out that the granting of an award made all soldiers try to perform better, and that this was also true for medical students.

The students agreed to keep the chapter active, and laid out two conditions for the dean: they stipulated that I should be the AΩA faculty initiate, and wanted me to be their AΩA councilor. They also insisted that the induction ceremony be modest in scope, and for many years the AΩA lecture and induction ceremony was held in the school's auditorium, followed by a dinner at the school's cafeteria (albeit with white linens and flowers on the tables). The AΩA induction speaker during my first year as councilor was Dr. Edmund Pellegrino, a noted bioethicist from Georgetown.

In 1997, when I moved to New York Medical College (NYMC) to become chairman of Medicine, world-famous trauma surgeon Louis Del Guercio was the AΩA councilor. Within a few months he stepped down, and given my experience as councilor at Einstein, the dean approved me as his replacement, just in time to plan the induction ceremony.

My experiences as AΩA councilor at two different medical schools give me a unique vantage point from which to comment on the roles of the councilor in guiding the chapter, and to offer some perspective on the successes and failures the society has had with its various activities, such as student and faculty elections and community service projects.

**Student elections**

Election to AΩA recognizes students in the third and fourth years of medical school who have excelled academically, demonstrated professionalism, and have shown the promise of becoming leaders in the profession.

When I started at Einstein, a faculty group of all course leaders, both in basic science and clinical rotations, served as electors. I oversaw the election but was not a voting member. The process was fair, in that every student had at least one advocate, but at the end class rank was the largest contributing factor. There was always great difficulty in deciding on the last two or three students to be elected, as they often had academic records quite similar to those just below them. It was here that we looked at other qualifications, such as community service, to set some candidates apart. (Even though we were an active research school, research accomplishments were not part of our AΩA election process.)

Initially, election to junior AΩA membership at Einstein was based on basic science grades only, but we quickly learned that some of these students performed less well on ward rotations. Election of seniors to AΩA included information from the third-year clerkship combined with basic science scores. Every AΩA nominee had to have passed USMLE Part I. Ultimately, we decided to hold one election in the early part of the senior year and to not elect juniors. We eventually developed a point system formula in which the first two years of basic science counted for a maximum of one-third of the points, and the clinical clerkship year counted for two-thirds of the points. A student thus could be elected on a strong clinical performance alone, but could not be elected on a strong basic science performance alone. At NYMC, the election process also uses a point system, giving a greater weight to the clinical clerkship year than basic science course work, even for the third-year elections.

The main problem with the Einstein election process of only seniors was that it occurred late; with the pressures of finding house staff jobs, this resulted in the chapter becoming less active. Electing only seniors also meant that Einstein had no AΩA student officers and no chapter continuity other than faculty and house staff.

Thus, when I became councilor at NYMC, I had already recognized the value to a chapter of electing junior AΩA members, both in chapter activity and continuity. In 1999, the NYMC chapter was awarded the AΩA Chapter of the Year Award because of our service efforts.

**Election of other categories**

At the same time the chapter inducts students, it also nominates two faculty and two alumni. Faculty who do small group teaching can miss being nominated because they are not known to the entire student class. To balance the nomination process, students choose one faculty nominee and the faculty and administration recommend another with the students’ consent.

Alumni nominees are identified through the Alumni Association and by faculty and students who might be familiar with the nominee’s accomplishments.

The chapter has nominated distinguished individuals for honorary membership. One who was elected by the board of directors of the society to honorary membership was Dr. Attilio Maseri, a noted cardiologist from Italy, and the physician to Pope John Paul II.

**Chapter finances**

Local AΩA chapters do not receive funds for their campus activities from the national organization, except for specific awards programs. At Einstein, the AΩA chapter was supported by the dean, especially to fund the induction banquet and the induction speaker if we had no AΩA Visiting Professorship grant. At NYMC we do not receive direct support from the school because we are not an organization that includes all students. We raise money
by assessing all ΑΩΑ faculty members on campus and the different academic departments. These funds support some community service programs on campus sponsored by ΑΩΑ and pay for the induction banquet, which is a grand affair.

**Awards from the national office**

ΑΩΑ national headquarters supports a number of programs on campus, including the Carolyn Kuckein Student Research Fellowship and the Administrative Recognition Award. The NYMC chapter coordinator and my administrative secretary, Carol Ruggiero, has received two Administrative Recognition awards for her outstanding work at both the Kappa Chapter of Einstein and the Iota Chapter at NYMC, the only coordinator in the country to receive this award for work at two chapters. In previous years we received the Medical Student Service Project awards to support a highly successful ΑΩΑ tutoring program on campus, and a smoking cessation program at local community schools.

At NYMC, the most popular ΑΩΑ program has been the Visiting Professorship Program, which has allowed us to host a distinguished medical educator, scientist, or health policy leader each year. The visiting professors have included national and international figures; the chapter and councilor expend much effort in selecting each year’s visiting professor. The visiting professor gives the valedictory address at the induction ceremony and banquet where NYMC’s third- and fourth-year ΑΩΑ nominees are inducted.

NYMC also elects an individual for a volunteer clinical faculty award, usually a small group teacher. These individuals are presented at the ΑΩΑ induction ceremony. We do not elect residents to ΑΩΑ, because NYMC has half a dozen hospital sites for student training, making it difficult to objectively select a resident for induction. The same situation existed at Einstein. AΩΑ national headquarters presents the Robert J. Glaser Distinguished Teacher Award at the annual meeting of the Association of American Medical Colleges. I was a recipient of the award in 1997 as I left Einstein to join NYMC.

**Other service projects**

NYMC’s ΑΩΑ chapter also prepares the school’s student handbook and a directory of off-campus student electives. The chapter also sponsors a successful advisory program for students applying for various house staff programs. The councilor helps to oversee these activities, which are undertaken independently of the ΑΩΑ national office.

**Relationships with other societies on campus and nationwide**

The Gold Humanism Society recently instituted a chapter at NYMC. As ΑΩΑ councilor, I work closely with the Gold Society’s faculty advisor to plan common programs and to avoid redundancy.

The ΑΩΑ councilor represents his school’s chapter, but also maintains frequent communication with other chapters and the national headquarters. Chapter councilors serve as sources of information for other councilors, and can mentor new councilors. I served as a Councilor Director on the Board of Directors of ΑΩΑ from 2004 to 2007, and also was the regional councilor for the Northeast region (which included the American University in Beirut) when that program was in place. While serving on the Board of Directors, I reviewed applications for the Carolyn Kuckein Student Research Fellowships, and, as a past recipient of the Glaser Award, have been a member of the selection committee for the Distinguished Teacher Award.

**Final thoughts**

What a grand adventure and privilege it has been to serve as an ΑΩΑ chapter councilor at two medical schools over a thirty-five-year period! I have worked with more than 1,100 student inductees, many of whom have gone on to the distinguished careers predicted by their election to ΑΩΑ. The president of our university was a student inductee of mine at Einstein in 1979. In addition, I have worked with another 5,500 students who were not elected to ΑΩΑ as undergraduates, but who have distinguished themselves and hopefully will be recognized for their accomplishments by election as faculty and alumni members. Later recognition by ΑΩΑ may even be more significant since it reflects a lifetime of achievement.

Among my accomplishments as an ΑΩΑ councilor: I saved a chapter from being dismantled and helped to see that chapter flourish, and I served at another chapter that flourished as well. After all these years I think we have developed a good election process for students and faculty. I watched the great changes in medical education and health care that have occurred since 1978, and I can reiterate what I told the students at Einstein: there is nothing wrong with receiving a medal for working hard, aspiring to do your best, and going the extra distance. Election to ΑΩΑ is a great honor and makes all of medicine better at the end. The ΑΩΑ chapters at Einstein and NYMC have truly raised the academic standards of each school for all students and faculty.

I served for six full terms as councilor at Einstein and was well into my seventh term when I left for NYMC. I am now completing my fifth term in the NYMC chapter and wouldn’t mind serving another thirty-five years if the dean and students will have me. Being an ΑΩΑ chapter councilor has been one of the best jobs I have had in my academic medicine career.

The author’s address is:

New York Medical College
Department of Medicine
Munger Pavilion, Room 263
Valhalla, New York 10595
E-mail: william_frishman@nymc.edu
I’m dead, I’m gone.” “You couldn’t be gone. I’m talking with you,” said Ann. “Oh, never mind. I know I’m dead.”

My annus horribilis began in August 2010 after my return from a short trip to Brazil to present a talk. On my arrival in the United States, I was diagnosed with H1N1 virus, despite having been vaccinated against it. No case had been diagnosed in the Northern Hemisphere in the new season, and being the first meant that the labs were not yet ready to give a rapid diagnosis.

Worse news piled up on top of the bad: renal failure, first acute with a chance of recovery, then with chances diminishing as the weeks went by. We were anxious and waited for the daily report on creatinine levels. But since following the results in an obsessive manner did not improve them, we went “down the tubes” (so to speak) with three four-hour sessions of dialysis each week. Given the time required, I felt that my professional life was finished.

A doctor insisted that the cause of the renal failure was excess ingestion of Aleve, which Ann had given me while keeping the much less toxic Tylenol for herself for an upcoming operation. Her feelings of guilt and selfishness were paralyzing until friends told her to get a grip and focus on what was important: taking care of me.

These difficulties came on top of my multiple myeloma, diagnosed in 2007 after several horrendously painful fractures. During this new hospitalization the multiple myeloma caused more fractures of thoracic vertebrae.
and unbearable bone pain. The pain required continuous application of methadone and Fentanyl “lollipops” for the acute episodes, which if not controlled produced pain so intense that I cried.

In October, during my recovery from these fractures, I began losing sensation in my legs. I asked for a neurology consult. On the third day after I requested the consult, I could not move my lower extremities. I called Ann to tell her I was paralyzed from my waist down. She immediately called my oncologist, who managed to get a neurologist there by 2:00 PM. The neurologist did not recommend an urgent intervention, but must have contacted orthopedic surgery, because late that night orthopedic residents recommended against operating because of the risks. Aware that the operation had to occur within twenty-four hours for any chance of success and knowing that I would not want to live paralyzed, my oncologist had been calling all around town to find a neurosurgeon to operate. She found a neurosurgeon—who was not even on call—who was willing to operate and who appeared at 3:55 AM as if from nowhere. He told us that while there were grave risks with the surgery (generally a five percent rate of success), the choice was clear: paralysis of the lower extremities and lack of control of physiological functions if we did not proceed immediately. He assured us that he felt he could do the operation, but wanted us to be fully aware of the risks. I called my family in Brazil to say goodbye and then said goodbye, with much love, to Ann. Surgery began at 6:00 AM.

In the afternoon, the surgeon reported success to Ann. He explained in clear and understandable terms (a clarity much appreciated by Ann) that he had prevented the collapse of the spinal column using metal rods and pins and had removed a tumor from the cord. We were both overjoyed with the unexpected success of the operation, but I realized that I could no longer walk.

About a month later, on Thanksgiving morning, the hospital called Ann and asked her to come in immediately because I had been transferred to the ICU. I expected her to arrive within twenty-six minutes. She arrived much later than that. I was frantic. The team greeted Ann with the news that my situation was grave. I had orders to be resuscitated, but they were quite sure I had had an intracranial bleed and that she should consider letting me go. Ann asked for time to take off her coat, trying to create some emotional and mental space. She asked them to contact my oncologist before they did anything. They wanted to do a CT scan and MRI.

I was later told I was profoundly delirious and by turns either somnolent or extremely agitated. When moved for the CT scan, I had appeared unspeakably terrified and violently agitated. It was excruciating for everyone to watch.

Having seen the consequences of moving me, Ann asked what was to be gained for the desired MRI?

More data.

But would the treatment change?

“No, not at this point.”

With her heart in her mouth, Ann asked them not to do the MRI.

The next four days I was delirious and never slept.

Ann’s perspective

During the first forty-eight hours, Nelson pleaded with me every few minutes to not let him die. I did everything I could think of. I stayed by him and acknowledged his fear of dying. I tried to tell him what was happening, but of course he was delirious and his belief was that he was dying.

The next forty-eight hours he begged me to let him die. I reflected on all of the measures we were taking to keep him alive, and asked myself, What is for him, and what is for me? I felt inexpressible love, fear, tenderness, and
an overwhelming desire to support him. I also felt terribly responsible.

I now realized that the Living Will we had signed was utterly inadequate.

I wanted any decision to be jointly discussed and ultimately Nelson’s, not mine alone. They told me that he wouldn’t remember all of this, but he remembered everything.

**Nelson’s perspective**

I didn’t see a way out.

“I’m dead. I’m gone.”

“You couldn’t be gone if I am talking with you,” said Ann.

“Oh, never mind. I know I’m dead.”

I was suffering from delirium and hallucinations—four days and nights of tremendous discomfort and furious mental activity. During this time, many friends passed through my head. Among the pleasant images, which were few, was eating freshly made donuts for breakfast on the porch of our house in East Alstead, New Hampshire. It became fixed in my mind that the Dean of the Medical School had sent a notice: “Dr. Nelson Fausto died of multiple myeloma the night before.” I took this to be true: I am dead. So I should not spend effort in trying to breathe or become comfortable. I expected that I would finally be at peace.

But I could still see the monitor of the computer in my room. I thought, I am not completely dead, or I am dying slowly. What poor work people have done in not shutting off the oxygen or giving me an injection of potassium chloride so that I would die quickly!

And so the debate continued: Was I dead or not? I certainly thought that I was dead and tried to remember what one was supposed to feel once dead. I did not have peace, nor did I see angels who would pick me up for transport, or grab my soul for storage. I told myself that probably you see those things only if you believe in them. If you didn’t, you would be dying alone.

As this near-death or after-death state continued, I saw myself in a European-style train station. Facing me was a group of people attached to each other by their waists, with my friend, the Chair of Medicine, in front. He was tall and had on an East Coast-style raincoat. The people were not sad, but seemed instead to be laughing as they tried to have me join the group. I, on the other hand, was desperate, hoping for them to grab me. I could see the end of a train with a caboose and a red light behind it. Inside the train was my beloved sister-in-law who had died a few months before. She was saying, “Nelson, come in.” The struggle to catch me went on, apparently, for a long time. Every time they tried, the group lost their grip on me and the train seemed closer. Finally, I recalled being in the hands of the group, looking at the train tracks below, and seeing only the red lights of the caboose, which was traveling far away. Next, instead of being on the train, I was at a lower level of the train station waiting with the group for transportation by horse and buggy to go somewhere where I could rest.

These memories coincided with my waking up and insisting that I was not alive. It took a long time for me to be convinced that I was alive, that I could speak, and that I could see earthly things. The hallucinations took place mostly over Thanksgiving weekend when we were reliant on a young group of residents and attending physicians who may not have been as experienced as the regular attendings. They certainly panicked when they saw my condition, and also realized I was a VIP, which meant that everything that could be done would have to be done. The pressure to find a diagnosis caused them to consider a cerebral hemorrhage and recommend that I have an MRI. As it turned out, the brain scan was entirely normal. After much debate, the consensus was that the whole problem had been caused by an adverse reaction to the drug Baclofen that I was given as an anti-spasmodic after the spinal surgery. Days after the episode, the residents who had given me the drug came to apologize. They told me how badly they felt about the whole episode. I told them that those things happen, but that I hoped that the mistake would not interfere with their feelings about themselves. They had clearly learned from it.

After recovering from this Thanksgiving delirium, I entered a rehab program but was too weak to continue. When I finally recovered enough, I re-entered and completed the rehab program. I could, with great difficulty, walk with a walker. Still, what a luxury to be out of the hospital.

Several months later in a routine appointment my nephrologist discovered that I was in atrial fibrillation. He admitted me, supposedly only overnight for a cardioversion the next day. The hospital called Ann at 3:00 AM that morning to say that I had been found without pulse or breath, that they had performed CPR, that I was in the ICU, that I was intubated, and to come in. The nurse who had done the CPR told Ann that I had asked for a nebulizer treatment, but that since the orders were for nebulizer treatments only every four hours they had given me oral methadone. No one knew exactly what happened. Did I have a cardiac event? Did I aspirate? Did my panic at not being able to breathe trigger the PEA arrest? Ann got to the hospital in twenty-six minutes only to be told that she could not see me. They told her that she would not want to see me as I was. They did not want her in the way. She waited for an hour, alone, worrying.

The first cardioversion was unsuccessful, but the second worked. A friend whom I had not seen in seventeen years came in as I was waking up after the second cardioversion and the extubation. Ann told me I turned bright red. My friend and others in the room burst into tears of joy and relief. Doctors smiled from ear to ear. I had no recollection of any of this; just that at the time of the arrest everything turned black and a curtain closed.

The nurse who did the CPR had been two rooms away at the time I stopped...
breathing. She told us: “I was nearby for a purpose.”

All of this seemed to be more than enough, but there was more.

Shortly after the cardiac arrest, I fell straight backwards on my head while on Coumadin, my caregiver three paces away and not at my side. I had a subarachnoid hemorrhage and went to the ICU trauma unit for two weeks. Everyone was amazed at my will to live and endure. I was annoyed by all the cognitive questions, which had nothing to do with my cultural background, my state of mind, or my educational background.

Reflections on the year

I’m glad to report that most of the physicians I encountered during my long hospital stays were open and communicative and were not afraid to approach me. Unfortunately there were a few others who came to “examine” me but stayed several steps from my bed with their backs flattened against the wall, or talked at me in meaningless generalities.

At one point I had terrible, intractable diarrhea that was both debilitating and demoralizing. What I needed at the time, but did not get, was human connection and even physical touch. I had terrible trouble breathing. I needed someone who understood the panic that accompanies gasping for breath; instead I got someone talking about generic algorithms, or nutty hypotheses of HIV. Some of the visits from distinguished individuals or young learners provided little or nothing for me, in spite of the visitors’ great knowledge.

On the other hand my oncologist inspired me to go on when I needed it most. My nephrologist, who came to the house many times, called many times a day, e-mailed me from an island with a total population of 350, and conveyed a level of involvement and caring that sustained both me and Ann beyond words. And then there was the psychiatrist who I felt dropped out of the sky from nowhere and ultimately enabled me to say what was in my heart. Instead of talking in hackneyed ways about going on my “journey,” he joined me wherever I was—in my house in New Hampshire, in music. And from there I could find my way to telling him my deepest terrors and greatest hopes.

What do I make of all of this? Was it just plain suffering as I tried my best to survive, or was there more to it? For me as a patient/doctor there is the realization that there are many layers to treatment. In my semiconscious interior I saw friends and family that needed to be addressed; in my semiconscious exterior I saw Ann becoming incorporated into me. Can physicians understand that patients have an internal and exterior reality that begs to be dealt with?

Today I look back and say that I died twice. With all of the challenges that were thrown at me, it is quite remarkable that I was able to walk with my walker and function relatively well most days. Unfortunately, more continued to come; it appears to be a situation without end. The damage was both physical and psychological: why do I see my father who died many years ago closing a gate on me, telling me that no more people will be admitted? Is my father closing the door on me? Is there no room for me? Nevertheless I am here to tell you that I am very much alive and fighting to be alive because I like what I have. Out of all of this, new friends have come out of nowhere to join old friends and dear family. The old friends have always been here, but I never knew that I could relate so well to them. These old and new friends have given me a sense of being a person who could be desired and loved.

For the future, I will enjoy what I have, because it is just wonderful. We recently organized a barn contra dance at our house in New Hampshire and I was honored at a symposium at which I was ceremonially given a blanket by a Northwest Native American. I am not a religious person, but I do believe in spiritual things. I never thought a spiritual experience would happen to me. In the blanket ceremony I felt protected and connected with something beyond what I have could ever have imagined. It defied description. Obviously bad thoughts come all the time, but I try to put them in a corner of my mind and let them escape as rarely as possible. I do not want to deny reality. I only ask to enjoy it.

Afterward

In an act of heroic courage and quiet dignity, Nelson decided to stop treatment. He died April 2, 2012. From the beginning of writing this manuscript to the end (three days before his death), working on it contributed to the meaningfulness of his life. As he grew sicker, his legacy and ways to continue contributing became more and more important to him.

Nelson was accomplished and loving, always with a particularity to the love that made it even more special, and with a unique use of language and authenticity of expression that commanded attention. In turn, he was beloved. Having loved and given, he was loved in return—especially by those with whom he worked closely, family, and friends. Nelson discovered his self in medicine, in pathology, and especially in the relationships he developed. But having lost his mother when he was one year old, and subsequently losing his country (becoming a political refugee in 1964 to escape retribution from the military dictatorship in Brazil), he had a hard time accepting the love everyone gave back to him. He kept giving and contributing. The disease never took away his desire to expand and expand others.

Nelson’s biggest fear was of dying alone. He shared that terror, and in sharing was not alone. Several physicians, in particular, went where Nelson needed to go. One he called his brother. The other, as he said, “dropped out of the heavens from nowhere into his life” and changed him profoundly. A third also saved his life in more ways than
They knew how to treat a person’s soul. They listened. They went wherever Nelson went—which often was to their own lives, or music, soccer, Native American art, or seemingly irrelevant details. But they were wise enough to know that the seemingly irrelevant hides the relevant. Soon enough, these conversational journeys led Nelson to talk about what mattered to him the most.

Nelson wanted his physicians’ security, calmness, hopefulness, intelligence, authority, and charisma to serve as a retaining wall against his losses, his sense of aloneness, his anger that his body had betrayed him, his worry that his courage was flagging, and that the illness would grab him and kill him. Such a job is a heavy burden to carry, but some, especially these doctors, these friends, held the load when it was possible, and gave it back to Nelson when it was time to give it back.

The parachute from the heavens picked up on and carried Nelson’s sense that he was crossing a river, but terrified of it. He did not hide reality, but offered the hope that while he didn’t know and wasn’t religious, he could not help but think there was something good on the other side of the river. I believe that these words, uttered by someone Nelson deeply loved and who he knew loved him, carried him, even as he felt he was drowning.

These physicians had empathy. They knew that people yearn to surrender their defenses, their ways of protecting themselves, and wish to expose their deepest longings. They read Nelson’s prose and poetry. They understood that underneath his surface bravery lurked the panic inherent in staring death and infinity in the eyes. While everyone talked about his courage, these friends knew more. They knew the keening aloneness of the critically ill. They joined him in his dark woods, but pointed out the ways to sequester the terrifying thoughts and look at other things, as they groped their way along. They were like landscape architects who, looking at untended land, could see how to make the place tamable and even beautiful. They shared their agonies with Nelson. Together they wrestled with Nelson’s fate. But while it was Nelson’s immediate fate, they were strong enough to name, tolerate, and put into perspective their own.

What sick people want most is a capacious grasp of their situation, an ability to speak the truth, truth tempered with wisdom and perspective. Physicians who court dire statistics kill the soul. Physicians who illuminate the possibilities give hope. They know the sick need a good wind behind their sails.

A doctor-who-is-the-patient, in particular, is always thinking about the what-ifs. He needs a companion. Nelson wanted a doctor who could read him, speak to his worries, enjoy him, and appreciate him. These doctors made Nelson laugh and smile. They loved Nelson’s smile and told him so. They helped Nelson smile and even laugh at the absurdity of it all. We all undervalue the importance of mirroring. Nelson had a wistful desire for a beautiful relationship with a brother, father, man. These physicians gorged for his spirit, found it, and reflected it back. Without such recognition Nelson would have been nothing but his illness. Nelson wanted these special physician friends to be many things, but he also wanted them to admire him, which they showed; for there to be a place to meet and play together, which they did. They understood the importance of surprise and the value of the spontaneity and precariouslyness of play.

These physicians had something more—something that conveyed the prosody of their humanity, a grace, but mostly a willingness to be vulnerable and plunge themselves into the other, losing their own fears.

His doctors said that they never had seen anyone suffer as much as Nelson. During his five-year battle, in the words of his physician brother: “He showed such resilience, such desire to live, and such tenacious attachment to life that he would endure almost anything.” In asking himself why Nelson kept fighting and enduring, he found the answer in Nelson’s quest for freedom: “Nelson was a freedom fighter. He fought for personal freedom in Latin America. He fought for social justice there and in his adoptive country, the United States, where he joined with those who were more vulnerable, who were marginalized, or who were from disadvantaged backgrounds. As he saw his body incarcerated by this devastating disease, his mind continued to fight for freedom, this time his own freedom.”

I would add that I think Nelson wanted to continue to love and be loved and to go on fighting for others, which in part was the essence of this article. He wanted to give of himself; to render unto physicians something that might help them minister both to themselves and their patients.

All this says everything about what the physicians gave to me as well. I think Nelson and I spent most of the last two years of his illness in the hospital. When he was unconscious or delirious, they would speak with me at great length—at all hours of the day or night or weekend. I regard, as the most precious of gifts, that they shared their own experiences of family illness and how these life events and the meanings we ascribe to them take up residence. When I had to face critical decisions about Nelson’s life, they were able to give perspective and their perceptions of Nelson’s desires, creating a pathway for me to find a place of peace and relative tranquility.

As for what Nelson gave me—he gave me everything. He was everything.

Nelson asked me in his last days what a pilot does. I replied that a pilot takes us from one place to another and lands us safely in the new land. This is what these special physicians did for both of us. And Nelson did for me.

Address correspondence to Dr. De Lancey:
9125 View Avenue NW
Seattle, Washington 98117
E-mail: aldelancey@comcast.net
I wonder, Emily, what you must have felt the moment of your accident (as it’s called), when you were dealt that losing hand while fixing breakfast in the kitchen.

In the moment it took millions of neurons to blow their fuses, a cerebral bleed engulfed all you’d ever thought or done, everything you ever knew and loved.

Had your pupils, fixed and dilated, watched your ill-fated spirit leave the room? It was so sudden you probably felt nothing, fear and pain known only to the living.

Henry Langhorne
**Alpha Omega Alpha elects honorary members**

Individuals who have contributed substantially to medicine and fields related to medicine, but who are not eligible for membership in AΩA as graduates of a medical school with an AΩA chapter or as a faculty member of a medical school maintaining an active AΩA chapter, may be nominated for honorary membership by any active member of the society. In 2012 Alpha Omega Alpha’s board of directors extended invitations to the following distinguished physicians and scientists.

**Giovanni Romeo, MD**
Professor Giovanni Romeo graduated *cum laude* from the University of Bologna School of Medicine and completed his pediatric residency there. He has been the Group Leader of the Laboratory of Human Genetics at the International Institute of Genetics and Biophysics, Visiting Scientist in the Department of Genetics at Stanford University School of Medicine, Professor of Human Genetics and Director of the Laboratory of Molecular Genetics and the Laboratory of Clinical Cytogenetics at the University of Genoa Medical School, Chief of the Unit of Genetic Cancer Susceptibility of the International Agency for Research on Cancer in Lyon, France; and Professor of Medicine and Director of the Department of Genetics at the University of Bologna School of Medicine.

In 1988, Professor Romeo founded the European School of Genetic Medicine with Professor Victor A. McKusick of the Johns Hopkins School of Medicine. His contributions to and excellence in medical education were recognized by the American Society of Human Genetics in 2011, when he received the society’s Award for Excellence in Human Genetics Education.

Professor Romeo has published more than 350 papers in peer-reviewed journals, has served as editor and editorial board member of several professional journals and other publications, and is the founding editor of the *European Journal of Human Genetics*.

**Slawomir Majewski, MD**
Professor Slawomir Majewski is an experienced researcher whose work in virology, allergy, dermatology, and onco-ology is detailed in 350 full articles and 400 abstracts, papers that have earned wide recognition. He is of particular prominence for his research on human papilloma virus-linked oncogenesis. He has delineated the role of the immune system in the control of human papilloma virus infections of the skin and mucosa as well as the progression of HPV-associated tumors, molecular and cellular mechanisms of HPV-associated carcinogenesis, pathogenesis and treatment of allergic and inflammatory skin diseases, mechanisms regulating tumor-induced angiogenesis and the effects of anti-angiogenic compounds, new treatment modalities of genital warts and skin cancer, and the immunopathogenesis and treatment of psoriasis and atopic dermatitis. His accomplishments have resulted in membership in the Polish Academy of Sciences and other accolades. Professor Majewski has served as promoter in four habilitation theses and twenty doctoral ones. He is responsible for the residency program in dermatology and venereology in his department.
God created Africa on a whimsical, big Sky-Blue day
with spots, finger-paint stripes, long necks, and
moving gentle giants—stretching from horizon to horizon.

Acacia was placed sentinel to the horizon,
anchoring endless blue-sky Africa to the brown, green,
yellow,
undulating skin of mother earth—the Serengeti.

Serengeti grass takes precious water, sun, waste, and gives
back life.
Fertile, balanced, complete, rich, and life-giving,
it hides the weak, the young, and the powerful.

Tall, proud people come in awe to this world,
loving, caring, living in the grass, moving flocks, fighting,
and dying.

Succor comes from the sky, from the breast, between the legs
of mother giraffe,
under the father ostrich, and from death itself.

The predator comes with stealth, cunning, and power,
And brings death to the old, the weak, the very young,
business-like, necessary, and natural.

The acacia thorn pierces paw, sole, foot, and Christ's brow.
The sun sets over the horizon, over the acacia
and the Serengeti brings hope to Africa.
Man created cities on a desperate cold day in Africa in the image of power, wealth, efficiency, and millions of God's children.

The acacia of Nairobi reach modern arms to the African sky and anchor it to concrete and asphalt from horizon to horizon. Kiberra yields birth, life, and irrepressible dignity of creation, hidden in waste, mud, metal, and music.

Succor comes from dying mothers, scraps in the street. Enterprising orphans learn hardness, stealth, and quickness, while longing for breast, warmth, and human love. Waste makes the streets, brings disease, and catches life-giving water splashed from pipes and jugs for precious coins.

The predator comes with cunning drugs to hide the pain, squalid, unbelievable rent to live, powerless, loving mothers of dying children.

The acacia thorn pierces groin, soul, and Christ's brow, and brings death daily to fathers, mothers, blameless babies, and hope of all. But God lives, and dignity still drives dreams and laughter in Africa.

Man created war on a stormy, dark day in Africa, when tribes and pride and handsome people coveted and conspired with leaders born of man's greed, guns, and hate.

Sentinels of the African horizon. Tall proud people cross the desert from cultures which do not nurture life, power, or dignity for mothers, daughters, or children—driven from their land by war and violence.

Lost Sudanese boys left parents dead or dying and crossed the mountains, to the tar-baby—feeding, protecting, educating them into lost men, sucking pride and independence from fierce national bones.

Succor comes from people whose existence, welfare, and wealth depend on the dependence of proud people. Sudanese boys become Sudanese men and death comes slowly, without dignity.

The predator comes as western wealth squandered with oppression, war, and guns. Child soldiers build kingdoms of hunger, death, and dependence.

The acacia thorn pierces pride, independence, family, culture and Christ's brow. But the sun rises again over Africa, over the horizon, over the acacia and morning brings hope to the Serengeti.

Stephen Ray Mitchell, MD

Dr. Mitchell (ΛΩΑ, University of North Carolina, Chapel Hill, 1976) is Dean for Medical Education at Georgetown University School of Medicine. His address is: NW/106 Med Dent Building, 3900 Reservoir Road NW, Washington, DC 20057. E-mail: mitchelr@georgetown.edu.

Illustration by Jim M'Guinness.
New. He had been grasping for the perfect adjective for the better part of seven days. As an eternal optimist, “new” was the most positive descriptor he found applicable. His wife, Lydia, had brought him to the “new” place one week ago. Though he tried, he could not remember her consulting him on the decision. In fact, the more he reflected, the more aware he became of the missing details. Unfazed, he resorted to assumption to fill gaps. Knowing Lydia, she was probably emptying the entire house of furniture, appliances, knick-knacks, and antiques (her husband included in the latter category) in order to soothe one of her frequent bouts of cleaning fever. Until she recovered from her irrationality, all he could do was wait. He imagined his return home: Lydia proudly describing all the work she had...
done, only to unveil the house in the exact same state as before. He smiled. For all the fifty years of their marriage, each object in their home had always fit snugly in a designated space, reminiscent of the jigsaw puzzles of which Lydia was so fond.

Much to his dismay, the days continued bleeding into one another like a child’s clumsy watercolor painting. As he became more familiar with the house, he could not help but think that “new” had been an exceedingly inaccurate word. In fact, the house was quite old indeed. The women in white padded across the wooden floors in their sterile little tennis shoes, attending to others in nearby rooms. He became accustomed to the tinny smell of canned peaches, the syrupy aroma that stung his taste buds somehow preferable to the chemical-laced lemon scent of Lysol disinfectant that seemed to be in constant use. His whole body grew stiff from sitting in the wheelchair all day, and frequently remaining in the position through the night. He felt no inclination to stand; he might as well rest before Lydia put him back to work at home.

Sometimes he caught a glimpse of another boarder in the house. They all seemed rather odd. Henry, an ancient man nonetheless adept at maneuvering his own wheelchair, continually stole his belongings: toothbrush, robe, sweatshirts. Henry would roll off with his own wheelchair, continually flying helicopters in Vietnam, he pitied the women their deafness.

Lydia visited every day. She would bring some knitting (usually a sweater for him) and sit beside him while her dexterous fingers clinked the needles against one another. He was concerned, for he knew Lydia only knitted when she needed to distract herself from more serious matters. He also noticed that she looked different: sick, strained, more worried than usual. Something very serious must be wrong. He asked, but she answered with nothing but diversion and avoidance, almost as if she was having a conversation with herself. Sometimes he would extend his hand to stroke her face, wanting to relieve those closely-knitted lines on her forehead. On these occasions, the omnipresent women in white would rush forward, dexterous fingers clinked the needles against one another. He was concerned, for him (and sit beside him while her dexterous fingers clinked the needles against one another. He was concerned, for he knew Lydia only knitted when she needed to distract herself from more serious matters. He also noticed that she looked different: sick, strained, more worried than usual. Something very serious must be wrong. He asked, but she answered with nothing but diversion and avoidance, almost as if she was having a conversation with herself. Sometimes he would extend his hand to stroke her face, wanting to relieve those closely-knitted lines on her forehead. On these occasions, the omnipresent women in white would rush forward, intercepting his loving gesture. Lydia’s eyes then drowned with sorrow, and she would say goodbye, reining in her tears as she promised to see him again the next day.

After weeks of confusion, he began asking the women in white when he could return home. They smiled, looked at him with empathetic eyes, called him “dear” and continued to tie on his bib and spoon-feed him the dreaded canned peaches. Being hard of hearing himself from his days of flying helicopters in Vietnam, he pitied the women their deafness.

Lydia visited every day. She would bring some knitting (usually a sweater for him) and sit beside him while her dexterous fingers clinked the needles against one another. He was concerned, for he knew Lydia only knitted when she needed to distract herself from more serious matters. He also noticed that she looked different: sick, strained, more worried than usual. Something very serious must be wrong. He asked, but she answered with nothing but diversion and avoidance, almost as if she was having a conversation with herself. Sometimes he would extend his hand to stroke her face, wanting to relieve those closely-knitted lines on her forehead. On these occasions, the omnipresent women in white would rush forward, intercepting his loving gesture. Lydia’s eyes then drowned with sorrow, and she would say goodbye, reining in her tears as she promised to see him again the next day.

After weeks of confusion, he became infected by doubt. Why did no one answer when he spoke? What was happening at home that so distressed Lydia? These questions had no answers. Instead, the more he reflected, the less he discovered he knew. Memories lingered as a palpable haze in the vault of his consciousness, yet he could not manage to solidify them enough for extraction. The more effort he put into pursuing his new enemy, Memory, the more nimbly his adversary fled. Soon, any desperate grasp for knowledge resulted in nothing but the disheartening image of an unraveling sweater.

The glow of empathy that once filled the eyes of the women in white gradually dimmed, leaving only the lackluster glaze of conditioned sympathy. Other family members besides Lydia frequented the house. Each time they left, their lingering gazes, quivering chins, and moist eyes intimated something dark he had yet to accept. Confined to his chair as if bound by ropes, optimism began to depart, much as memory had. He made the decision to become silent, hoping that the women in white might sense something amiss, and let him return home.

His spirit faded according to plan, extinguished like the flame of the gas stove that Lydia would turn off with a loving scold after he had forgotten to do so. The women in white did notice. So did Lydia. They spent even more time at his side, and called in strangers to make him as comfortable as possible. Why didn’t they understand? He was fooling them, he was not actually sick! The strangers continually placed a cloud of fresh pillows beneath his head and tucked comforting blankets tightly around him.

One night, he looked up at Lydia, perched loyally at his bedside. He told her of his devious plan to return home, and her smiling eyes let him know that she understood. That comprehension was all he needed. Closing his eyes, he let the cloud consume him, dreaming of Lydia, and allowed the final thread to unravel.

The author’s address is:
PO Box 13788
Stanford, California 94309
E-mail: estier@stanford.edu
Alpha Omega Alpha is committed to preparing future leaders in medicine and health care. Leadership is about making a positive difference, and is learned through education, observation, and experience, and working with leader mentors. Service leadership may develop an excellent opportunity for students to develop as servant leaders. The most effective leaders are well grounded in and committed to positive professional values.

The winning projects receive $5000 for the first year, $3000 for the second year, and $1000 for the third year.

The winners of this year’s award are:

**Duke University School of Medicine: The Duke Leadership Education and Development Program**

Despite a growing need for physician leaders in the U.S. health care system and abroad, very little formal leadership training occurs at the medical student level. Duke University School of Medicine hopes to change that by implementing the Duke Leadership and Education (LEAD) Program, a formal, four-year leadership curriculum for all Duke medical students. Through this program, Duke aims to develop and train future physicians to be more ef-
The following core competencies represent the desired outcomes of the program. These competencies will be evaluated and tracked using faculty and peer evaluations and feedback: fundamental leadership theory, self-management, teamwork, communication, mentorship, health care acumen, service, improvement, and innovation.

The LEAD Program will span all four years of medical education. The first and second years will be primarily didactic, focusing on lectures, workshops, and small group activities. The third and fourth years will be experiential, providing students real-world opportunities to practice newly acquired skills through a variety of active leadership roles, including underclassmen mentorship and hospital-based service projects.

The curriculum will include a diverse team of speakers and collaborators, such as individuals from Duke School of Medicine, Duke Fuqua School of Business, Duke Corporate Education, the Institute for Healthcare Improvement Open School, and the Feagin Leadership Program. Duke LEAD Program student leaders will have the opportunity to assist in the delivery of lectures and workshops and will also work with organizations within the hospital and the community to identify opportunities for experiential service projects. Faculty mentors will teach and mentor students in all four years of the curriculum and serve as advisors for experiential learning projects.

Project team members are: Student leader Kyle Gibler (AΩA, Duke University, 2012) and student team members Marisa Dowling, Parastou Fatemi, Nimit Lad, and Peter Wei. Mentor leader Dean Taylor, MD; and mentor team members Saumil Chudgar, MD (AΩA, Duke University, 2007), and Devdutta Sangvai, MD, MBA.

**State University of New York Upstate Medical University: Helping Hands for Forgotten Feet**

Helping Hands for Forgotten Feet (HHFF) is a novel program designed by medical students of SUNY Upstate Medical University to provide foot care and health education to the large homeless population that frequents the Syracuse Rescue Mission. The clinical goals of this project are:

2. Organize and run a monthly foot care clinic at the Rescue Mission to provide medical foot care and offer basic care supplies.
3. Conduct foot care education sessions at the Rescue Mission to improve the medical literacy and health of this patient population.

Additionally, this project allows Upstate Medical University students to serve their community while developing leadership and advocacy skills through a program that brings together AΩA members and junior medical students.

The AΩA chapter has developed a leadership curriculum to supplement HHFF clinical activities. There will be four to six scheduled interactive lectures each academic year pertaining to the role of a leader, improving communication and leadership skills, and the role of advocacy in medicine, among other topics. In March, Dr. Gregory Eastwood, Professor of Bioethics and Humanities, Professor of Medicine, and former President of Upstate Medical University, will be speaking to the student body regarding defining the role of a leader in a clinical context. Participating students will have an opportunity to improve leadership and advocacy skills at each clinic, with fourth-year AΩA medical students overseeing the clinic and first-year medical students gaining increasing amounts of responsibility and experience as the year progresses.

HHFF held its first free clinic on February 21, 2013. Eighteen patients received care and treatment for various problems ranging from painful calluses to ankle sprains and poor shoe support from eight first-year medical students, and two physicians, including two AΩA members. We reached capacity and already have a full patient roster for the
next clinic in March.

Project team members are: Student leader Jessica Sassani and student team members Matthew Helm, Stefanos Haddad, and Caitlyn Foote. Mentor leader Susan Stearns, PhD (AΩA, SUNY Upstate University, 2006), and mentor team members Lynn Cleary, MD (AΩA, Ohio State University, 1978); Ruth Weinstock, MD, PhD (AΩA, Columbia University, 1980); Ryan D’Amico, DPM; and Thomas Helm, MD (AΩA, Albany Medical College, 1987).

Mercer University School of Medicine Service Leadership Program

Foreseeing an era of physician leaders trained to collaborate more closely and advocate more effectively for the needs of the underserved, students at Mercer University School of Medicine (MUSM) will create an experiential leadership training program focused on the development of community-responsive physician leaders. The project includes the following three key components: developing and implementing a service-leadership curriculum, developing a community mentoring program, and developing a student-driven free health care clinic. Leaders of the School of Medicine foresee offering this program to the Macon and Columbus campuses as well.

Service-leadership curriculum

During the project period, students will explore leadership curricula implemented at other medical schools. Experts will be invited to the Savannah Campus to share their insights on the content and structure of leadership programs—these sessions will be videoconferenced to the Macon and Columbus campuses. Other speakers at monthly meetings will provide instruction on such topics as advocacy, law, and the legislative process. The proposed service leadership curriculum will include defined competencies, delivery methods, evaluation approaches, and a dissemination plan for all three campuses.

Insights from faculty, staff, and community stakeholders, as well as preceptor and student-led reflections will be integrated into the curriculum as well. Additionally, students will have the opportunity to present their findings at a MUSM service-learning conference.

Community mentoring program

In parallel with the leadership curriculum development, interested students will have the benefit of building mentoring relationships with community leaders. Through four to six one-on-one sessions during the year, the community mentor will help students to understand the plight of the underserved, the role of service organizations in promoting community health, and the employment of core leadership skills in practice.

Student-run medical clinics

Students will partner with two volunteer and nonprofit organizations that provide free/low-cost health care for medically underserved individuals: Community Health Mission (CHM) in Savannah and The Hearts and Hands Clinic (HHC) in Statesboro. Students will have the opportunity to directly reach Savannah’s underserved urban patients through CHM and, through HHC, to treat underserved individuals from rural and migrant populations. The Saturday clinic will benefit the clinics and the patients by reducing patient waiting lists for the clinics. As the students develop and implement the Saturday clinics, the “hands on” leadership experience will reinforce core competencies developed through the leadership curriculum.

Project team members are: Student team leader Mary Kate Claiborne and student team members Andres Montes, Godfrey Ilonzo, Alison Smith, Tia Bingham, Keith Reeves, Bryan Renken, and Haresh Soorma. Mentor leader Martin Greenberg, MD (AΩA, Albany Medical College, 1973); and mentor team members T. Philip Malan, Jr., MD, PhD; Marie Dent, PhD, EdS, MBA; Robert Shelley, MD; Sarfaraz Dhanji, MD; and Miriam Rittmeyer, MD, PhD, MPH.
Healing Through Humanism: Physician Discussions and Film Presentations for Doctors and Other Caregivers Interested in the Practice of Compassionate Medicine

A 5-DVD Teaching Series. Written, produced, and directed by Ruth Yorkin Drazen. Viewing time: 4 hours.

New York, Ruth Yorkin Drazen Productions, 2011

Reviewed by Jack Truten, PhD, FCPP

In her five-DVD teaching opus, Healing Through Humanism, redoubtable nonagenarian documentary filmmaker Ruth Drazen presents a profusion of humane thought and artistic expression to illuminate the interdependence of clinician and patient well-being. Drazen’s target audiences—senior physicians and their trainees—will find in these artfully produced and nimbly edited films provocative and persuasive evidence that the arts and humanities, if given the chance, offer a unique power to heal broken bodies and spirits.

Each of the five DVD-chapters in this series features a central film presentation flanked by discussion among a panel of physicians. Panelists were carefully selected to represent early-, mid-, and late-career viewpoints, together with pediatric and adult medicine perspectives, on the emotional and psychological challenges of practice, mostly in the field of oncology. Significantly, several panelists draw on their own experiences as cancer patients, notably Dr. David Biro, author of a pair of fine books on the experiences, respectively, of illness and of pain.

Chapter 1, “The Journey to Healing,” examines how the suffering of serious illness may be transcended or at least transformed. Between his cancer diagnosis and his early death, Dr. Peter Morgan is shown discovering that renewed devotion to teaching and modeling the art of close attentiveness to patients’ suffering ultimately helps him transcend his own. Before and after this featured film, panelists explore in some detail the importance of empathy for each patient’s singular plight to the self-insight, affiliation, and resiliency that such connection builds. This chapter also highlights Drazen’s method of infusing her documentaries with interspersed illuminative artworks, including music, painting, poetry, photography, sketching, and sculpture, as well as filmed scenes from nature, history, and biography.

Chapter 2, “Sharing the Experience,” further mines the insights of physicians’ personal experiences of living with cancer by presenting six such stories. Collectively conceived as situated “on the edge of being,” these narratives give voice to doctors’ and patients’ twin concerns about the limits of treatment and the fear of failure, as well as how poor communication about these topics can paralyze all involved. To neglect such discussions, of course, is to confirm what dying patients and their families fear most—abandonment in their pain and anguish—and so panelists here recommend a more humane, open partnership with patients in their pain treatment and palliative care.

Chapters 3 and 4, “The Search for Inner Strength” and “Confronting Despair” look for their joint inspiration to the life and work of Gustav Mahler, highlighting music as an especially powerful source of spiritual uplift and transcendence of suffering. A Wayfarer’s Journey: Listening to Mahler—the featured film in these chapters—showcases the thoughts of Mahler-enthusiast and former music director of the Philadelphia Orchestra, Christoph Eschenbach. Both Mahler and the maestro found in music the solace and creative courage to overcome the darkest of personal circumstances and to inspire others—not least physicians—in the redemptive art of active listening. Pointing to the great composer and his renowned conductor, the panelists urge physicians not to retreat from patients in their darkest hour but, Virgil-like, to guide patients through that darkness. With such guidance, they argue, a kind of spirit-resurrection may be possible, whether from the stress and fatigue of clinical oncology or from the experience of terminal illness itself. Finally, this segment asserts that since the costs of medical training to one’s personal life and selfhood can be steep, trainees should try hard to retain or develop interests outside the profession that can provide much needed sustenance of spirit.

Chapter 5, “All Real Living Is Meeting,” focuses on the life and philosophies of Viktor Frankl in the film The Choice Is Yours and its central concept of transcendence not only of suffering, but through suffering. According to Frankl—himself a victim of severe deprivation and loss—we must decide through our encounters with tragedy how to either preserve or tarnish our human dignity. For oncologists in particular, who routinely face trauma and tragedy, this chapter offers the possibility of a sustainable philosophical pathway to professional and personal purpose. The panelists’ concluding message echoes Frankl’s: the art of medicine, fully and expertly practiced, amounts to a life full of meaning or, in its unique capacity for transcendence, “super-meaning.”

In its encyclopedic inclusion of the arts and humanities and its in-depth
consideration of how in tandem they can alleviate the suffering of doctors and patients alike, this instructional DVD-set argues persuasively for its own inclusion across all medical training curricula. These curricula, however, are already densely packed and we hear little in response to the two oncology fellow panelists who wonder when they can ever find the time to integrate these medical humanities dimensions and practices into their daily work. As the fellows themselves point out, however, certain attendings of their acquaintance somehow manage to integrate and model these very approaches in all their patient-encounters and so it is to those senior clinical educators that this exemplary instructional DVD-set should be marketed.

References

Dr. Truten is a medical education consultant and directs the Narrative Professionalism program for residents, fellows, and faculty at the Hospital of the University of Pennsylvania. His address is:  
422 Penn Road  
Wynnewood, Pennsylvania 19096  
E-mail: trutenj@comcast.net

Pathological Altruism
Edited by Barbara Oakley, Ariel Knafo, Guruprasad Madhavan, and David Sloan Wilson  
New York, Oxford University Press, 2011

Review by Jack Coulehan, MD (ΩΩΑ, University of Pittsburgh, 1969)

From an evolutionary perspective, altruism is a tough nut to crack. For decades biologists have argued over the origin of a trait that seems, prima facie, incompatible with Darwinian principles. Proposed mechanisms like kin selection and reciprocal altruism can account for some acts of altruism, but only if the recipients are close relatives, or persons likely to provide you with benefits in return. But what about “pure” altruism, like providing substantial help to strangers, or risking your life to uphold a moral principle? Whatever its origin, however, altruistic motivation is not only well-established among humans, but is almost universally considered admirable, a virtue to be nurtured and praised.

But does altruism ever run amok? Can someone become an “altru-manic,” thus turning a virtue into a vice, or a pathology? Perhaps there is a compulsive, addictive, guilt-ridden “dark side” of altruism that we rarely acknowledge. In Pathological Altruism, a collection of essays edited by Barbara Oakley, Ariel Knafo, Guruprasad Madhavan, and David Sloan Wilson, a number of eminent psychologists, neuroscientists, psychiatrists, anthropologists, and legal scholars explore these questions. Under certain conditions, they claim, altruism “can be the back door to hell.”

The book provides a number of closely related definitions for pathological altruism, of which Homant and Kennedy’s is representative. Altruism is pathological when:
- It is . . . unnecessary or uncalled for.
- The actor is likely to complain about the consequences of the altruism, yet continues doing it anyway.
- The values or needs within the altruist that motivate the behavior may themselves be irrational, or symptoms of psychological disturbance.
- The altruism is of no real benefit to anyone.  

Not all of these features need be present for altruism to be pathological. Thus, the diagnosis is a matter of judgment, based on a preponderance of evidence.

Given this somewhat loose construct, the book’s authors approach the topic from a wide variety of perspectives. Chapter 2, for example, examines the relationship between survivor guilt and pathological altruism, which, the authors argue, is mediated through empathy. An over-empathetic response to the suffering of others, often triggered by surviving a catastrophe in which many lives were lost, creates guilt, which then leads to excessive altruistic behavior: e.g., a Twin Towers survivor ignores her own family to devote herself to support services for families of deceased victims. Other essays consider the relationship of pathological altruism to self-addiction and self-righteousness (Chapter 5), personality disorders (6), eating disorders (7), victimization (14), and even suicide martyrdom (15).

These essays are generally educational, provocative, and well worth reading. I finished the book with a renewed appreciation of the mind’s complexity and having learned about several new developments in psychology and genetics. I learned, for example, that cultural differences in social behavior are associated with cultural differences “in allele frequency of serotonin transporter-polymorphic region v variants.”

I also discovered Williams syndrome, a fascinating genetic condition in which affected persons are compulsively sociable, caring, and hyper-empathic. Likewise, the discussion in Chapter 16 about the association between altruism...
and the pathological obedience (i.e., “I’m just following orders”) that can lead to genocide was both provocative and sobering.

Nonetheless, I came away from Pathological Altruism with an uneasy feeling that the concept itself is misleading. Bernard Berofsky captures my biggest concern with the title of his essay, “Is pathological altruism altruism?” (Chapter 30) To me, the simplest and clearest answer is no. If altruistic motivation becomes distorted by psychiatric disorders to the extent that it no longer produces (real) altruistic behavior, isn’t it more reasonable to attribute the dysfunction to those disorders, rather than inventing a “dark side” of altruism? If I experience a compulsion to help others, even though they don’t need my help, or my help will be futile, or I may harm myself in the process, it makes sense to consider this a manifestation of obsessive-compulsive disorder. If I experience a need to donate my life savings to charity because of overwhelming guilt and feelings of worthlessness, personality disorder and clinical depression seem more likely culprits than pathological altruism. The concept itself, at least as I understand it, appears to violate Occam’s razor without providing significant theoretical or practical benefits.

In addition to this conceptual issue, I’m also uneasy about the rhetorical implications of adopting this new term. In a society that glorifies greed and self-interest, altruistic behavior seems increasingly threatened with marginalization. Yes, we still approve of giving modest assistance to others, but we tend to be skeptical of self-effacement and heroic sacrifice. The use of “pathological altruism” is likely to enhance this trend by seeming to make excessive altruism a sickness in itself. This is evident, for example, in an essay by Arum Gandhi, Mohandas Gandhi’s grandson, in which he defends his grandfather against the charge of pathological altruism (Chapter 19).

Nonetheless, this is one of the most provocative books I’ve read in a long time. I strongly recommend it for the reader who enjoys intellectual debate and discovering leading-edge ideas.

Dr. Coulehan is a book review editor for The Pharos and a member of its editorial board. His address is:

Center for Medical Humanities, Compassionate Care, and Bioethics
HSC L3-80
State University of New York at Stony Brook
Stony Brook, New York 11794-8335
E-mail: john.coulehan@sbsumed.org

Alfalfa to Ivy: Memoir of a Harvard Medical School Dean
Joseph B. Martin (ΩΩΔ, University of Alberta, 1960)
University of Alberta Press, Edmonton, Alberta, 2011
Reviewed by Thoru Pederson, PhD

Autobiographies of physician-scientists occupy a subset within the clade. Their focus may range from the pure medical career, to the interface between clinic and lab, or in some cases, to the triangulation of those two domains with academic leadership. The ferocious William Welch excelled at the latter more than with his bedside skill. Harvey Cushing had no surgical equal at his zenith, but was profoundly unsuited for institutional leadership. On rare occasions an individual may excel at all three, perhaps best exemplified in our time by Joseph Goldstein, whose clinical expertise in familial hyperlipidemias was combined with extraordinary skill in the laboratory and a powerful but selfless domain of leadership, both at his home institution and in American biomedical science. After reading Alfalfa to Ivy, I am inclined to place Joseph Martin in the same pantheon of leaders who have made a difference not only in their medical specialty, but also biomedical science in general.

In the first part of this autobiography, Dr. Martin pays great tribute to his parents and childhood in Alberta, Canada. Readers anxiously wanting to get to his later career may feel this part of his journey is overdone but, make no mistake, family and upbringing were critical to his success. The author obviously cherishes the moral values and work ethic imparted by his parents, as well as the mechanical skills he gained growing up on a farm. A photograph on page 99 shows Martin adjusting a stereotactic instrument during his early research career in Montreal. While his hands are so large as to jump off the page, one has a sense of how his earlier agrarian experience shaped them, and the man.

The author describes his career odyssey with engaging detail. For example, many readers will enjoy learning about the extraordinary role that Montreal played, and continues to play, in the modern era of neurology. The author’s description of his training in Montreal, accompanied by a site map of the city’s key medical institutions, illuminates the politics that prevailed there, as well as his personal experiences. Martin’s recruitment to Harvard Medical School and the subsequent Boston-Montreal battle to sign him make fascinating reading.

One of the most stirring chapters in the author’s distinguished career was his seminal role in the new era of genetic
linkage analysis of human disease. As Chair of Neurology at Mass General, he assembled a center-without-walls to search for the gene(s) that predispose to Huntington’s Disease. Led by James Gusella, a young geneticist Martin recruited, in amazingly short order (three years) the team closed in on the chromosomal neighborhood of a locus linked to the disease. Not only did this prescient work pave the way to subsequent identification of the gene, it also demonstrated how this linkage approach could be applied more generally. In due course, this approach led to the identification of many other disease predisposition or causative genes. Dr. Martin can be considered both composer and conductor of the overture to this grand symphony.

Though it describes his scientific work in some detail, an overriding theme of this autobiography is leadership. Martin reviews his career ascent in modest, but realistic, tones, expressing gratitude for the opportunities that came his way, while documenting his successful leadership roles at the University of California, San Francisco, and later at Harvard, where his tenure as Dean of the Medical School was highly acclaimed both on campus and from afar. Joseph Martin’s influence on medical education went very far beyond the guild of neurology.

In addition to being engagingly written, the book is enriched by many photographs of family, colleagues, and events. Of special pleasure to me was the superb index, which academic autobiographies sometimes lack, to the great frustration of the avid reader. It is also of interest to note that, in keeping with his humility and character, the author’s acknowledgments run to six pages, nearly twice the length of his foreword.

When I attended the memorial symposium for my friend Judah Folkman on the Avenue Louis Pasteur at Harvard Medical School a few years ago, the well-appointed auditorium in which the event was held was named for Joseph Martin. As the day went on, I reflected on the lives of Drs. Folkman and Martin, two great men of medicine, and felt that both were present on the stage that day. Like Folkman, Joseph Martin raised the gold standard of medical science and leadership, and his autobiography brings us that story in a most down-to-earth, yet memorable style.

Says who? Well, Denton Cooley himself, in his new autobiography, 100,000 Hearts.

The sentiment is not meant to be boastful. Rather, it is one of Cooley’s many practical reflections on the changing culture of medicine that he’s seen in his seventy-year career as one of the world’s most famous and accomplished heart surgeons. Cooley entered cardiac surgery in its germinal stages, when now-standard concepts like prosthetic valves, cardiopulmonary bypass, and heart catheterization were but a distant twinkle in the imaginations of visionary MDs. Low-hanging fruit crowded the trees of early cardiac surgery; “firsts” were waiting to be grabbed by the bold hands of surgeons in emergent situations.

Cooley writes of one of these moments: “the aorta had ruptured, and there was a pool of blood that spurted so high, it hit the operating room light. Dr. Ward immediately thrust his left hand into the patient’s chest and blocked the opening with his left index finger. . . . he turned to me and said ‘it’s your
operation now. See what you can do to get my finger out of the hole."73 Out of necessity, Cooley sliced a piece of the patient’s muscle to patch the aorta. With the blood deluge momentarily tempered, he thought rapidly about how to proceed, and then decided to briefly clamp the aorta so that he could remove the muscle patch and approximate the sides of the rupture directly. In that rushed moment, Cooley became the first to perform a direct aneurysm repair.

Cooley takes the reader back to his beginnings as a medical student and resident during WWII, when partial gastrectomies were performed under local anesthesia, calcified valves were broken open with a forceful finger inserted into the heart, and some surgeons did not wear gloves because rubber was in short supply. He walks the reader through his personal experience as a trailblazer in nearly every major development in heart surgery since the inception of the field. Cooley’s distinction lies in the sheer number of “firsts” he was a part of: the first successful heart transplant, the first successful CEA, the first ruptured AAA excision, the first pulmonary embolectomy, some of the first CABGs. Many of the medical terms used in day-to-day practice in any hospital lead directly back to Cooley’s OR.

Indeed, for the modern physician-scientist who may spend years characterizing a single protein in a single type of heart cell, Cooley’s stories will incite a longing for that perfect milieu of lawlessness and lack-of-alternatives that allowed for high-risk rapid surgical progress and the development of heroic reputations for individual surgeons like Michael DeBakey and Cooley.

Since many of the world’s political and business leaders were older, stressed men—the prime demographic for cardiovascular pathology—Cooley had many high-profile patients who were quick to repay him with lavish invitations and gifts. What is quite likeable about Cooley is his appreciation of these perks. The intimate dinners in the home of Princess Grace, Lamborghini adventures through the back roads of Belgium with the country’s royal family, golf and waterskiing with the Philippine president, full-page cover photos in Time magazine, medals bestowed by U.S. Presidents. Cooley genuinely enjoyed these experiences, and describes them with detail and delight.

What Cooley’s autobiography fails at is in serving as a how-to guide for becoming a world-renowned surgeon. Indeed, Cooley displayed numerous traits of any successful leader: a willingness to work long hours, risk-taking behavior, self-reflection, and ambition. But much of becoming Denton Cooley was the luck of being in the right place at the right time; events that can be inspiring to read about but difficult to emulate. In his story, medical school admissions letters, supportive mentors, surgical opportunities, and substantial donations for his research seem to manifest from thin air, not consonant at all with the cutthroat two-percent acceptance rates common to today’s medical schools and grant awards. Cooley is aware of his good fortune, and addresses it in his final Summing Up chapter, noting that he’s “always believed the key to my success was that I recognized the opportunities put in front of me and acted on them. And acting on them usually involved really hard work.”72

And hard work he did, without a trace of self-pity or regret. Cooley outlines his daily schedule, waking at 5 AM every day of the week, working at the hospital till 8:30 PM, and returning home to write between 9 PM and midnight. This dedication allowed him to author 1,400 scientific papers, and for the “Cooley team” to perform over 100,000 heart surgeries. He refrains from lingering on the difficulties that may have driven a less resilient physician to burnout: the bureaucratic politics surrounding the founding of his Texas Heart Institute, the high mortality rates of his early surgeries, the lawsuits filed against him by patients he cared deeply for, his brush with bankruptcy, his daughter’s suicide. Instead, he mentions these struggles to highlight the positive aspects of his life, including his love for his wife and his passion for sports, which served to bolster his unwavering ability to cope.

Amidst the shiny sterility and low mortality of the modern OR, Cooley’s book reminds the medical profession of the bold and messy history of surgical discovery. Through Cooley’s reflections, readers can see that in putting their own hearts into their work, patient-care, and research, they too have the potential to touch 100,000.

Ms. Means is a third-year medical student at Stanford University. She is a section editor for H&P, Stanford’s student-run medical humanities journal, and has been an organizer of Stanford’s medical humanities conference Medicine and the Muse. She plans to be a surgeon.

E-mail: caseymeans@gmail.com
Thank you to our members who donate to the society. Your contributions, in addition to dues, help us to both support and expand our national programs for medical students, faculty, and residents. We greatly appreciate your support!

Members are listed in alphabetical order. The induction year and school at which the member was inducted are noted in parentheses.

2012 donations to Alpha Omega Alpha

A
Irving P Ackerman (1949 Columbia University College of Physicians and Surgeons)
Kent R Adamson (1979 University of Minnesota Medical School)
Jonathan Scott Adkison (2006 University of South Alabama College of Medicine)
Sean Agbor-Enoh (2011 Johns Hopkins University School of Medicine)
Jeffrey D Ager (1987 Saint Louis University School of Medicine)
Chloe Gray Alexson (1954 University of Rochester School of Medicine and Dentistry)
Kwame Sarpong Amankwah (2010 State University of New York Upstate Medical University)
Akshay N Amin (1990 University of Maryland School of Medicine)
Valerie Ammann (1989 University of Medicine and Dentistry of New Jersey—Robert Wood Johnson Medical School)
Louis F Amorosa (1979 University of Medicine and Dentistry of New Jersey—Robert Wood Johnson Medical School)
Clay M Anderson (2006 University of Missouri—Columbia School of Medicine)
Tom Anderson (1982 Medical College of Wisconsin)
Ellen Andrews (1984 Meharry Medical College)
Jared L Antevil (1998 University of Virginia School of Medicine)
Ronald I Apfelbaum (1965 Hahnemann Medical College)
Mark Lee Appler (1980 Wake Forest School of Medicine of Wake Forest Baptist Medical Center)
George Foster Armstrong Jr (1952 Duke University School of Medicine)
Dominic D Aro (1993 New York Medical College)
Robert F Ashman (1966 Columbia University College of Physicians and Surgeons)
Arnold R Atkins (1968 Tulane University School of Medicine)
Robert G Attnip (1976 University of Alabama School of Medicine)
Nelly Auersperg (1954 University of Washington School of Medicine)
Kirk O Austin (1992 Mercer University School of Medicine)
Richard C Austin (1950 Weil Cornell Medical College)
Francisco Aviles-Roig (1967 University of Puerto Rico School of Medicine)
Eric W Ayers (2001 Wayne State University School of Medicine)
Linda M Balogh (1994 Wayne State University School of Medicine)
Leonard C Bandala (1984 University of Illinois College of Medicine)
Francine M Baran (2001 Drexel University College of Medicine)
Jodi M Barboza (1998 University of Arkansas for Medical Sciences College of Medicine)
Edward S Barnes (1984 Mount Sinai School of Medicine)
Margaret M Barnes (1981 Temple University School of Medicine)
Florence C Barnett (1992 Medical College of Georgia at Georgia Health Sciences University)
Lynn Ellen Barrett-Oreilly (1988 University of Alabama School of Medicine)
Charles P Barsano (1997 Chicago Medical School at Rosalind Franklin University of Medicine & Science)
Wallace E Bash (1941 Indiana University School of Medicine)
Jerome V Basinski (1962 Saint Louis University School of Medicine)
James G Bassett (1976 Drexel University College of Medicine)
James A Bastron (1944 University of Iowa Roy J and Lucille A Carver College of Medicine)
Elizabeth A Bayliss (1989 University of Colorado School of Medicine)
Eileen A Bazelon (1970 Drexel University College of Medicine)
Joseph B Beard (1955 University of Alabama School of Medicine)
2012 donations to Alpha Omega Alpha

Mark A Craig (1993 Louisiana State University School of Medicine in New Orleans)
Morton C Creditor (1946 Columbia University College of Physicians and Surgeons)
Paul C Crone (1960 Duke University School of Medicine)
Richard L Cronemeyer (1976 University of Kansas School of Medicine)
Judith Ellen Crowell (1987 University of Miami Leonard M Miller School of Medicine)
Nathaniel D Curl (2006 University of Iowa Roy J and Lucille A Carver College of Medicine)
Thomas Joseph Curran Jr (1987 Keck School of Medicine of the University of Southern California)
Samuel Cykert (1982 Indiana University School of Medicine)

D
Nicholas A Danna III (1974 Louisiana State University School of Medicine in New Orleans)
Robert B Daroff (1983 Case Western Reserve University School of Medicine)
Stuart Davidson (1965 University of California, San Francisco, School of Medicine)
Alonso J Davis IV (1992 The Brody School of Medicine at East Carolina University)
J Calvin Davis III (1968 University of Nebraska College of Medicine)
Joseph H Davis (1948 State University of New York Downstate Medical Center College of Medicine)
Paul J Davis (1994 Albany Medical College)
Catherine DeAngelis (1990 Johns Hopkins University School of Medicine)
Craig L Dearden (1982 Texas Tech University Health Sciences Center School of Medicine)
Peter J Dehnel (1981 University of Minnesota Medical School)
Louis R Delguerio (1982 New York Medical College)
Mahlon R Delong (2001 Emory University School of Medicine)
Mariellen Dentino (1973 Indiana University School of Medicine)
John R Denton Jr (1967 University of Alabama School of Medicine)
Ellen S Deparedes (2004 Virginia Commonwealth University School of Medicine)
Sabrina Fraser Derrington (2004 University of California, Davis, School of Medicine)
Ernest E Deshautreaux (1953 Tulane University School of Medicine)
Anthony J Deutsch (1974 University of Tennessee Health Science Center College of Medicine)
David L Deutsch (1942 University of Illinois College of Medicine)
Vincent Donnabella (1987 University of Medicine and Dentistry of New Jersey—New Jersey Medical School)
Thomas A Donohue III (1973 University at Buffalo State University of New York School of Medicine & Biomedical Sciences)
Herbert I Dorfman (1966 University of Pittsburgh School of Medicine)
John M Dorsey Jr (2002 Wayne State University School of Medicine)
Neal Jude Duhon (1983 Louisiana State University School of Medicine in New Orleans)
Russell Dale Dumire (1987 Uniformed Services University of the Health Sciences F Edward Hébert School of Medicine)
Lael Conway Duncan (1991 University of Washington School of Medicine)
W Christopher Duncan (1959 Baylor College of Medicine)
Ramón S Dunkin (1956 Indiana University School of Medicine)
Lawrence A Dunmore Jr (1955 Howard University College of Medicine)
Gerald W Dunn (1970 University of California, Los Angeles David Geffen School of Medicine)
Samuel C Durso (1978 Baylor College of Medicine)
James S Dyer (1966 Jefferson Medical College of Thomas Jefferson University)

E
Daniel L Edelstone (1997 University of Pittsburgh School of Medicine)
John E Edwards (1979 University of California, Irvine, School of Medicine)
Arnold H Einhorn (1975 Albert Einstein College of Medicine of Yeshiva University)
Martin H Ellbogen Jr (1994 Creighton University School of Medicine)
Allan S Emery (1971 Wayne State University School of Medicine)
Benjamin P Eng (2001 Eastern Virginia Medical School)
Calvin T Eng (1984 University of California, San Francisco, School of Medicine)
Paul R Ennis (1965 Keck School of Medicine of the University of Southern California)
Jeanne A Epstein (1953 Drexel University College of Medicine)
Christopher Thoms Erb (2008 University of Illinois College of Medicine)
Richard W Erbe (1962 University of Michigan Medical School)
Angel F Espinosa-Lopez (1997 University of Puerto Rico School of Medicine)
Richard H Evans (1959 University of Chicago Division of the Biological Sciences The Pritzker School of Medicine)

F
Dinah Fedyna (1993 Northeast Ohio Medical University)
Arthur L Fein (1958 Wake Forest School of Medicine of Wake Forest Baptist Medical Center)
Seymour H Fein (1975 New York Medical College)
Lenora I Felderman (1981 New York Medical College)
Michael R Ferrell (1951 University of Colorado School of Medicine)
Anthony L A Fields (1974 University of Alberta Faculty of Medicine and Dentistry)
Rose S Fife (1961 Indiana University School of Medicine)

G
Paul J Gaglio (1988 University of Medicine and Dentistry of New Jersey—New Jersey Medical School)
Wm Ted Galey (1996 Oregon Health & Science University School of Medicine)
Eric P Gall (1980 University of Arizona College of Medicine)
Edward Murray Gardiner (1972 University of Ottawa Faculty of Medicine)
2012 donations to Alpha Omega Alpha

Murray S Jaffe (1948 University of Cincinnati College of Medicine)
William R Jewell (1960 University of Illinois College of Medicine)
Sukjit S Johl (1995 University of California, Los Angeles David Geffen School of Medicine)
Kevin W Johnson (1999 Jefferson Medical College of Thomas Jefferson University)
Richard W Johnson (1988 State University of New York Downstate Medical Center College of Medicine)
Tom M Johnson (1984 University of North Dakota School of Medicine and Health Sciences)
Michael N Johnston (1994 University of Alabama School of Medicine)
Charles Cabell Jones (1967 Medical University of South Carolina College of Medicine)
Frank E Jones Jr (1957 Meharry Medical College)
Herbert C Jones (1962 Indiana University School of Medicine)
Kim I Letzer Josen (1984 Wayne State University School of Medicine)
David A Josephson (1991 Medical College of Georgia at Georgia Health Sciences University)

K
Sigmund Benham Kahn (1957 Raymond and Ruth Perelman School of Medicine at the University of Pennsylvania)
Elaine S Kamil (1973 University of Pittsburgh School of Medicine)
Charles F Kane (1945 Raymond and Ruth Perelman School of Medicine at the University of Pennsylvania)
Saul J Kaplan (1978 University of Alabama School of Medicine)
Raymond B Karasic (1977 Johns Hopkins University School of Medicine)
Donald J Kastens (1981 University of Oklahoma College of Medicine)
Jeffry Adam Katz (2002 Case Western Reserve University School of Medicine)
James P Kauth (1961 Medical College of Wisconsin)
Michael J Kearns (1986 University of California, Irvine, School of Medicine)
Angela B Keating (1993 University of Minnesota Medical School)
Richard P Keeling (1972 Tufts University School of Medicine)
Edward J Keenan (2003 Oregon Health & Science University School of Medicine)
John M Keller (1975 Chicago Medical School at Rosalind Franklin University of Medicine & Science)
Barbara A Kelly (1977 Tufts University School of Medicine)
James A Kenning (1973 Jefferson Medical College of Thomas Jefferson University)
Irwin J Kerber (2011 University of Texas Southwestern Medical Center at Dallas Southwestern Medical School)
William F Kern (1979 State University of New York Downstate Medical Center College of Medicine)

Jack D Kerns (1974 University of Iowa Roy J and Lucille A Carver College of Medicine)
Ernest A Kiel (2003 Louisiana State University School of Medicine in Shreveport)
Thomas W Kiernan (1988 University of Medicine and Dentistry of New Jersey—New Jersey Medical School)
John C Kincaid (1975 Indiana University School of Medicine)
Lynn H Kindred (1965 University of Kansas School of Medicine)
Hal D Kiper (2005 Indiana University School of Medicine)
William C Kirby (1975 Indiana University School of Medicine)
Nora B Kirschner (1987 Georgetown University School of Medicine)
Adam P Klausner (1995 State University of New York Upstate Medical University)
Bruce Paul Klein (1986 West Virginia University School of Medicine)
Lawrence N Koenig (1981 Louisiana State University School of Medicine in Shreveport)
Bruce M Keppen (1977 University of Chicago Division of the Biological Sciences The Pritzker School of Medicine)
Evan R Kokoska (1994 Washington University in St Louis School of Medicine)
Ronald J Korthuis (2011 University of Missouri—Columbia School of Medicine)
H. Scott Kott (1966 University of Virginia School of Medicine)
Gregory Alan Kozeny (1988 Loyola University Chicago Stritch School of Medicine)
Robert A Krall (1976 Jefferson Medical College of Thomas Jefferson University)
Janet P Kramer (1997 Drexel University College of Medicine)
Robert A Kreisberg (1957 Northwestern University The Feinberg School of Medicine)
Francis L Kretzer (1990 Baylor College of Medicine)
Joan Margaret Krikava (1986 University of Minnesota Medical School)
Paul A Krosgstad (2010 Tulane University School of Medicine)
Ellen R Kruger (1991 New York University School of Medicine)
Marcus A Krupp (1937 Stanford University School of Medicine)
Mary L Kumar (1994 Case Western Reserve University School of Medicine)

John C Laidlaw (1960 University of Toronto Faculty of Medicine)
Kimberly F Lairet (2003 University of Nebraska College of Medicine)
Randy Joseph Lamartiniere (1987 Louisiana State University School of Medicine in Shreveport)
Donald H Lambert (1977 University of Vermont College of Medicine)
Gary L Lamson (1979 University of Minnesota Medical School)

William R Lane Jr (1983 Medical College of Georgia at Georgia Health Sciences University)
Loree M Larratt (1990 University of Alberta Faculty of Medicine and Dentistry)
Christopher E Larson (1986 University of Pittsburgh School of Medicine)
Carl B Lauter (1964 Wayne State University School of Medicine)
Aaron Lazare (1998 University of Massachusetts Medical School)
Elma L LeDoux (1984 Tulane University School of Medicine)
Edward J Lefebre Jr (1966 University of Texas Medical Branch School of Medicine)
Nancy Ann Leitch (1990 University of Minnesota Medical School)
Deborah Lenart (1989 Wright State University Boonshoft School of Medicine)
John E Lent (1966 Georgetown University School of Medicine)
Robert W Letton Jr (1990 University of Kentucky College of Medicine)
Stephen M Levine (1977 Jefferson Medical College of Thomas Jefferson University)
Richard A Levinson (1957 University of Illinois College of Medicine)
Seymour H Levitt (1953 University of Colorado School of Medicine)
Stuart M Levitz (1979 New York University School of Medicine)
Richard S Lewis (1967 University of Virginia School of Medicine)
Richard S Lewis (1997 The Brody School of Medicine at East Carolina University)
Berdine Ann Li (1989 Drexel University College of Medicine)
Frank Joseph Liggio (1993 University of Medicine and Dentistry of New Jersey—New Jersey Medical School)
Thomas J Limbird (2009 Meharry Medical College)
Alexander L Lin (1994 Northwestern University The Feinberg School of Medicine)
Daniel V Lindenstruth (1964 University of Maryland School of Medicine)
Steven Lipper (1972 Boston University School of Medicine)
Rebecca M Lipscomb (2001 Eastern Virginia Medical School)
George J Litman (2007 Northeast Ohio Medical University)
James P Logerfo (1968 University of Rochester School of Medicine and Dentistry)
Richard A Losada (1983 New York Medical College)
Christopher J Loughlin (1996 Wake Forest School of Medicine of Wake Forest Baptist Medical Center)
Donald Bruce Louria (1987 University of Medicine and Dentistry of New Jersey—New Jersey Medical School)
Alvin S Lovell (1958 Howard University College of Medicine)
Amanda Luchinger (1993 Medical College of Wisconsin)
2012 donations to Alpha Omega Alpha

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wilberto Nieves-Neira</td>
<td>1990 University of Puerto Rico School of Medicine</td>
</tr>
<tr>
<td>Mark R Norwid</td>
<td>1988 Saint Louis University School of Medicine</td>
</tr>
<tr>
<td>Patricia A Norwood</td>
<td>1983 Louisiana State University School of Medicine in Shreveport</td>
</tr>
<tr>
<td>Robert A Novelline</td>
<td>1999 Boston University School of Medicine</td>
</tr>
<tr>
<td>Edward R Nowicki</td>
<td>1965 Jefferson Medical College of Thomas Jefferson University</td>
</tr>
<tr>
<td>O</td>
<td></td>
</tr>
<tr>
<td>James G O’Brien</td>
<td>1991 Michigan State University College of Human Medicine</td>
</tr>
<tr>
<td>M Patrick O’Meara</td>
<td>1950 Harvard Medical School</td>
</tr>
<tr>
<td>James A O’Neill</td>
<td>1957 Saint Louis University School of Medicine</td>
</tr>
<tr>
<td>S S Obenshain</td>
<td>1982 University of New Mexico School of Medicine</td>
</tr>
<tr>
<td>Samuel A Ockner</td>
<td>1984 University of Cincinnati College of Medicine</td>
</tr>
<tr>
<td>Charles J Odgers</td>
<td>1992 Temple University School of Medicine</td>
</tr>
<tr>
<td>Milford S Ostfn</td>
<td>1955 University of Wisconsin School of Medicine and Public Health</td>
</tr>
<tr>
<td>Bruce W Olin</td>
<td>1985 University of North Dakota School of Medicine and Health Sciences</td>
</tr>
<tr>
<td>Donald P Olson</td>
<td>1973 University of California, Davis, School of Medicine</td>
</tr>
<tr>
<td>John D Olson</td>
<td>1995 University of Iowa Roy J and Lucille A Carver College of Medicine</td>
</tr>
<tr>
<td>Alice Amy Onady</td>
<td>1987 Wright State University Boonshoft School of Medicine</td>
</tr>
<tr>
<td>Ralph M Orland</td>
<td>1984 University of Illinois College of Medicine</td>
</tr>
<tr>
<td>Roger M Orth</td>
<td>1976 Tulane University School of Medicine</td>
</tr>
<tr>
<td>James W M Owens</td>
<td>1997 University of Washington School of Medicine</td>
</tr>
<tr>
<td>Calvin E E Oyer</td>
<td>1952 Indiana University School of Medicine</td>
</tr>
<tr>
<td>P</td>
<td></td>
</tr>
<tr>
<td>David Paar</td>
<td>1986 West Virginia University School of Medicine</td>
</tr>
<tr>
<td>Samuel Packer</td>
<td>2010 State University of New York Downstate Medical Center College of Medicine</td>
</tr>
<tr>
<td>Antoin J Padilla Morales</td>
<td>1992 University of Puerto Rico School of Medicine</td>
</tr>
<tr>
<td>Jean Pakter</td>
<td>1962 New York University School of Medicine</td>
</tr>
<tr>
<td>James W Pancosta</td>
<td>1960 Virginia Commonwealth University School of Medicine</td>
</tr>
<tr>
<td>David A Parks</td>
<td>1994 Saint Louis University School of Medicine</td>
</tr>
<tr>
<td>Clifton L Parnell III</td>
<td>1970 University of Arkansas for Medical Sciences College of Medicine</td>
</tr>
<tr>
<td>Thomas C Pasco</td>
<td>1972 Indiana University School of Medicine</td>
</tr>
<tr>
<td>Manish Sureshendra Patel</td>
<td>2006 Eastern Virginia Medical School</td>
</tr>
<tr>
<td>Shilpa J Patel</td>
<td>1998 University of Vermont College of Medicine</td>
</tr>
<tr>
<td>Taral N Patel</td>
<td>1999 Mount Sinai School of Medicine</td>
</tr>
<tr>
<td>Abhijit S Pathak</td>
<td>1991 Temple University School of Medicine</td>
</tr>
<tr>
<td>Roman L Patrick</td>
<td>1957 Duke University School of Medicine</td>
</tr>
<tr>
<td>Richard D Patten</td>
<td>1991 University of Maryland School of Medicine</td>
</tr>
<tr>
<td>Carl A Paulsen</td>
<td>1958 Albany Medical College</td>
</tr>
<tr>
<td>Steven Z Pavletic</td>
<td>1995 University of Nebraska College of Medicine</td>
</tr>
<tr>
<td>David Fredrick Pawliger</td>
<td>1963 University of Florida College of Medicine</td>
</tr>
<tr>
<td>Niloufar Paydar-Darian</td>
<td>2009 Chicago Medical School at Rosalind Franklin University of Medicine &amp; Science</td>
</tr>
<tr>
<td>George J Pazin</td>
<td>1963 University of Pittsburgh School of Medicine</td>
</tr>
<tr>
<td>Alan Pechacek</td>
<td>1967 University of Iowa Roy J and Lucille A Carver College of Medicine</td>
</tr>
<tr>
<td>Rita Pechulis</td>
<td>2001 Jefferson Medical College of Thomas Jefferson University</td>
</tr>
<tr>
<td>William A Peck</td>
<td>1960 University of Rochester School of Medicine and Dentistry</td>
</tr>
<tr>
<td>Catherine Peimann</td>
<td>1998 New York Medical College</td>
</tr>
<tr>
<td>Steven J Peitzman</td>
<td>1971 Drexel University College of Medicine</td>
</tr>
<tr>
<td>Manuel A Penalver</td>
<td>1984 University of Miami Leonard M Miller School of Medicine</td>
</tr>
<tr>
<td>Jerry O’Donohue</td>
<td>1965 Tulane University School of Medicine</td>
</tr>
<tr>
<td>Judith S Perdue</td>
<td>1981 Virginia Commonwealth University School of Medicine</td>
</tr>
<tr>
<td>Miguel Perez-Arzola</td>
<td>1993 Ponce School of Medicine and Health Sciences</td>
</tr>
<tr>
<td>Joseph K Perloff</td>
<td>1952 Louisiana State University School of Medicine in New Orleans</td>
</tr>
<tr>
<td>Meira Marna Pernicone</td>
<td>1986 USF Health Morsani College of Medicine</td>
</tr>
<tr>
<td>Stacey L Peterson-Carmichael</td>
<td>2000 University of North Carolina at Chapel Hill School of Medicine</td>
</tr>
<tr>
<td>Stuart I Phillips</td>
<td>1959 Louisiana State University School of Medicine in New Orleans</td>
</tr>
<tr>
<td>William D Platt</td>
<td>1973 Medical College of Wisconsin</td>
</tr>
<tr>
<td>Richard A Plessala</td>
<td>1960 Saint Louis University School of Medicine</td>
</tr>
<tr>
<td>Michael Franc Plott</td>
<td>1964 Georgetown University School of Medicine</td>
</tr>
<tr>
<td>John Howard Poehlman</td>
<td>1968 University of Maryland School of Medicine</td>
</tr>
<tr>
<td>Bernard Pollina</td>
<td>1988 Albany Medical College</td>
</tr>
<tr>
<td>Richard Sean Ponce</td>
<td>1986 University of California, San Francisco, School of Medicine</td>
</tr>
<tr>
<td>Maria Carol Poor</td>
<td>1985 Indiana University School of Medicine</td>
</tr>
<tr>
<td>Jerome B Posner</td>
<td>1978 Weill Cornell Medical College</td>
</tr>
<tr>
<td>Alvin C Powers</td>
<td>1979 University of Tennessee Health Science Center College of Medicine</td>
</tr>
<tr>
<td>Josephine Pressacco</td>
<td>1999 University of Toronto Faculty of Medicine</td>
</tr>
<tr>
<td>Rees Pritchett</td>
<td>1948 Weill Cornell Medical College</td>
</tr>
<tr>
<td>John Anthony Prodoehl</td>
<td>1990 Drexel University College of Medicine</td>
</tr>
<tr>
<td>Richard P Propp</td>
<td>1959 Albany Medical College</td>
</tr>
<tr>
<td>Robert W Putsch III</td>
<td>1964 University of Colorado School of Medicine</td>
</tr>
<tr>
<td>Q</td>
<td></td>
</tr>
<tr>
<td>Cid S Quintana-Rodz</td>
<td>1984 University of Puerto Rico School of Medicine</td>
</tr>
<tr>
<td>R</td>
<td></td>
</tr>
<tr>
<td>Jeremy Steven Raab</td>
<td>2011 Eastern Virginia Medical School</td>
</tr>
<tr>
<td>Maya L Ramirez</td>
<td>1986 University of Michigan Medical School</td>
</tr>
<tr>
<td>Alexander W Ramsay</td>
<td>1978 Medical University of South Carolina College of Medicine</td>
</tr>
<tr>
<td>Michele G Ramsdell</td>
<td>1994 University of Michigan Medical School</td>
</tr>
<tr>
<td>Daniel Ranch</td>
<td>2007 University of Nevada School of Medicine</td>
</tr>
<tr>
<td>James M Raver</td>
<td>1974 University of Maryland School of Medicine</td>
</tr>
<tr>
<td>David A Rawitscher</td>
<td>1991 University of Texas Medical School at Houston</td>
</tr>
<tr>
<td>Andrea O Ray</td>
<td>1994 Hahnemann Medical College</td>
</tr>
<tr>
<td>James I Raymond</td>
<td>1973 University of Pittsburgh School of Medicine</td>
</tr>
<tr>
<td>John Richard Raymond</td>
<td>1987 Duke University School of Medicine</td>
</tr>
<tr>
<td>Douglas A Rayner</td>
<td>1960 New York Medical College</td>
</tr>
<tr>
<td>Joanna B Ready</td>
<td>1984 Medical College of Wisconsin</td>
</tr>
<tr>
<td>Morris Reichlin</td>
<td>1959 Washington University in St Louis School of Medicine</td>
</tr>
<tr>
<td>Larry Rhodes</td>
<td>2011 West Virginia Virginia School of Medicine</td>
</tr>
<tr>
<td>Virginia A Rhodes</td>
<td>1988 Ohio State University College of Medicine</td>
</tr>
<tr>
<td>Dan R Richards</td>
<td>1981 University of Cincinnati College of Medicine</td>
</tr>
<tr>
<td>Harold G Richman</td>
<td>1953 University of Minnesota Medical School</td>
</tr>
<tr>
<td>David J Rickles</td>
<td>1974 University of California, Los Angeles David Geffen School of Medicine</td>
</tr>
<tr>
<td>James A Riley</td>
<td>1943 Oregon Health &amp; Science University School of Medicine</td>
</tr>
<tr>
<td>Jeffrey M Rimmer</td>
<td>1990 University of Vermont College of Medicine</td>
</tr>
<tr>
<td>Jack L Ritter</td>
<td>1975 Baylor College of Medicine</td>
</tr>
<tr>
<td>Jon H Ritter</td>
<td>1986 University of Minnesota Medical School</td>
</tr>
<tr>
<td>Terry N Rivers</td>
<td>1982 University of South Alabama College of Medicine</td>
</tr>
<tr>
<td>Edward N Robinson</td>
<td>1979 Wake Forest School of Medicine Wake Forest Baptist Medical Center</td>
</tr>
<tr>
<td>Jerome C Robinson</td>
<td>1957 Washington University in St Louis School of Medicine</td>
</tr>
<tr>
<td>Bradley M Rodgers</td>
<td>1966 Johns Hopkins University School of Medicine</td>
</tr>
</tbody>
</table>
Michelle E Rodriguez (2005 University of Texas Medical School at Houston)
Robert F Rohner (1966 State University of New York Upstate Medical University)
Jesse Roman (2011 University of Louisville School of Medicine)
John C Rose (1961 Georgetown University School of Medicine)
David I Rosen (1963 State University of New York Upstate Medical University)
Robert Rosen (1976 Hahnemann Medical College)
John W Ross (1964 Emory University School of Medicine)
Harry L Roth (1954 University of California, San Francisco, School of Medicine)
Agnes J Rovnanek (1951 Drexel University College of Medicine)
Mark E Rowin (1988 University of Texas Medical School at Houston)
Robert J Rubin (1976 Baylor College of Medicine)
Robert T Rubin (1961 University of California, San Francisco, School of Medicine)
Arthur L Ruckman (1978 Louisiana State University School of Medicine in Shreveport)
Elizabeth S Ruppert (1977 Ohio State University College of Medicine)
Richard D Ruppert (1969 Ohio State University College of Medicine)
Richard L Russell (1957 University of California, San Francisco, School of Medicine)
Ben F Rury (1975 Temple University School of Medicine)
Edward D Ruszkiewicz (1971 Saint Louis University School of Medicine)
Gregory W Rutecki (1973 University of Illinois College of Medicine)
William H Ryan III (1977 University of North Carolina at Chapel Hill School of Medicine)
S
William P Sadler (1956 Johns Hopkins University School of Medicine)
Richard Sadovsky (2009 State University of New York Downstate Medical Center College of Medicine)
Jean A Saigh (1979 University of Nebraska College of Medicine)
John Saiki (1977 University of New Mexico School of Medicine)
Calvin C Sampson (1975 Howard University College of Medicine)
Jorge L Sanchez (1965 University of Puerto Rico School of Medicine)
Maria De Lour Santealla (1972 University of Puerto Rico School of Medicine)
Suzanne Satterfield (1981 University of Tennessee Health Science Center College of Medicine)
Dana Savici (2006 State University of New York Upstate Medical University)
Michele Smallwood Saysana (2010 Indiana University School of Medicine)
Raymond Scalettar (1991 State University of New York Downstate Medical Center College of Medicine)
Linda J Scarpazinni (1994 Temple University School of Medicine)
Norbert D Scharff (1975 Jefferson Medical College of Thomas Jefferson University)
James F Schauble (1954 Johns Hopkins University School of Medicine)
Roger W Schauer (1996 University of North Dakota School of Medicine and Health Sciences)
Gerold L Schiebler (1963 University of Florida College of Medicine)
Mary E Schlegel (1991 Mount Sinai School of Medicine)
Mary W Schley (1951 Yale University School of Medicine)
David E Schmitt (1978 University of Miami Leonard M Miller School of Medicine)
Paul G Schmitz (1982 Creighton University School of Medicine)
Aaron P Schohnit (1968 Chicago Medical School at Rosalind Franklin University of Medicine & Science)
Lynne M Schoonover (1978 University of Virginia School of Medicine)
Mary F Schottstaedt (1948 University of California, San Francisco, School of Medicine)
Robert David Schreiner (1988 Vanderbilt University School of Medicine)
Evelyn Albrecht Schwaber (1959 Albert Einstein College of Medicine of Yeshiva University)
Heidi B Schwarz (1985 University of Rochester School of Medicine and Dentistry)
Victor F Scott (1965 Howard University College of Medicine)
David J Sedor (1984 Hahnemann Medical College)
Thomas F Sellers Jr (1976 Emory University School of Medicine)
Ronald A Semerdjian (1959 Northwestern University The Feinberg School of Medicine)
Michael Geren Seneff (1980 University of Missouri—Columbia School of Medicine)
George F Sengstack (1956 George Washington University School of Medicine and Health Sciences)
A W Shafer (1954 University of Kansas School of Medicine)
Reza Shahim (1994 University of Arkansas for Medical Sciences College of Medicine)
Steven P Shelov (1971 Medical College of Wisconsin)
James W Shepard (1975 Temple University School of Medicine)
Neil H Shusterman (1977 Jefferson Medical College of Thomas Jefferson University)
Gregorio A Sicard (1972 University of Puerto Rico School of Medicine)
William Sigmund (1981 West Virginia University School of Medicine)
Stephen J Sills (1960 Albany Medical College)
Omega C Logan Silva (1990 Howard University College of Medicine)
Laura J Simon (1970 University of Illinois College of Medicine)
James S Simpson III (1974 Medical College of Georgia at Georgia Health Sciences University)
Barry Smith (2011 Geisel School of Medicine at Dartmouth)
Brenda C Smith (1992 Marshall University Joan C Edwards School of Medicine)
Ethelee R Smith (1956 Washington University in St Louis School of Medicine)
James V Soldin II (1978 University of Minnesota Medical School)
David B Soll (1955 Chicago Medical School at Rosalind Franklin University of Medicine & Science)
Irwin Solomon (1947 University at Buffalo State University of New York School of Medicine & Biomedical Sciences)
Joel B Solomon (1962 State University of New York Downstate Medical Center College of Medicine)
Christopher J Sonnenday (1997 Vanderbilt University School of Medicine)
Mary E Soper (1975 Indiana University School of Medicine)
Mary Ann South (1969 Baylor College of Medicine)
William T Speck (1968 Wake Forest School of Medicine of Wake Forest Baptist Medical Center)
Emily Spencer Lukacz (1995 University of Michigan Medical School)
Jerry D Spencer (1971 University of Kansas School of Medicine)
Wayne C Sugar (1993 University of Maryland School of Medicine)
Vikki A Stefanos (1978 Jefferson Medical College of Thomas Jefferson University)
Marc Peter Steinberg (1977 USF Health Morsani College of Medicine)
Michael P Steinberg (1989 Washington University in St Louis School of Medicine)
Mark J Stephan (1971 University of Colorado School of Medicine)
Byron Stinson (1980 Ohio State University College of Medicine)
John D Stobo (1968 University at Buffalo State University of New York School of Medicine & Biomedical Sciences)
Rose Mary Sutton Stocks (2010 University of Tennessee Health Science Center College of Medicine)
Edwin Mercer Stone (1985 Baylor College of Medicine)
Stephanie Ann Storgion (2010 University of Tennessee Health Science Center College of Medicine)
Robert C Stough (1979 Raymond and Ruth Perelman School of Medicine at the University of Pennsylvania)
Carla S Streepy - OD (1978 Case Western Reserve University School of Medicine)
Thomas Joseph Strick (1985 Medical College of Wisconsin)
Jack Strom (1955 Ohio State University College of Medicine)
Lawrence S Sturman (1959 Northwestern University The Feinberg School of Medicine)
Michael Preston Subichin (2011 Northeast Ohio Medical University)
Armando Susmano (1975 Rush Medical College of Rush University Medical Center)
Claude R Swayne (1960 University of Toronto Faculty of Medicine)
Edward Rowe Sweetser (1970 Georgetown University School of Medicine)

**Edward Rowe Sweetser**

<table>
<thead>
<tr>
<th>Name</th>
<th>Year(s)</th>
<th>School of Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>John I Takayama</td>
<td>1985</td>
<td>New York University School of Medicine</td>
</tr>
<tr>
<td>Filemon K Tan</td>
<td>2006</td>
<td>University of Texas Medical School at Houston</td>
</tr>
<tr>
<td>Donald J Tanis</td>
<td>1985</td>
<td>University of Medicine and Dentistry of New Jersey—Robert Wood Johnson Medical School</td>
</tr>
<tr>
<td>Anthony S Tavill</td>
<td>1977</td>
<td>Case Western Reserve University School of Medicine</td>
</tr>
<tr>
<td>Claudia Paula Taylor</td>
<td>2002</td>
<td>University of California, San Francisco, School of Medicine</td>
</tr>
<tr>
<td>Larry D Taylor</td>
<td>1978</td>
<td>University of Arkansas for Medical Sciences College of Medicine</td>
</tr>
<tr>
<td>John Teichgraeber</td>
<td>2010</td>
<td>The Warren Alpert Medical School of Brown University</td>
</tr>
<tr>
<td>John F Teichgraeber</td>
<td>2010</td>
<td>University of Texas Medical School at Houston</td>
</tr>
<tr>
<td>Siegmund Teichman</td>
<td>1968</td>
<td>Loma Linda University School of Medicine</td>
</tr>
<tr>
<td>Sonia R Teller</td>
<td>1997</td>
<td>University of Louisville School of Medicine</td>
</tr>
<tr>
<td>John L Thistle</td>
<td>1962</td>
<td>Temple University School of Medicine</td>
</tr>
<tr>
<td>Deborah M Thompson</td>
<td>1982</td>
<td>Howard University College of Medicine</td>
</tr>
<tr>
<td>Linda Ruth Thompson</td>
<td>1966</td>
<td>University of Virginia School of Medicine</td>
</tr>
<tr>
<td>Mark E Thompson</td>
<td>1981</td>
<td>Wright State University Boonshoft School of Medicine</td>
</tr>
<tr>
<td>Joseph R Thurn</td>
<td>1983</td>
<td>University of Minnesota Medical School</td>
</tr>
<tr>
<td>A Judson Tillinghast</td>
<td>1971</td>
<td>Louisiana State University School of Medicine in New Orleans</td>
</tr>
<tr>
<td>Kathleen G Todd</td>
<td>1976</td>
<td>Washington University in St Louis School of Medicine</td>
</tr>
<tr>
<td>Tracy Ann Tomac</td>
<td>1990</td>
<td>Texas A&amp;M Health Science Center College of Medicine</td>
</tr>
<tr>
<td>John C Toole Jr</td>
<td>1969</td>
<td>Emory University School of Medicine</td>
</tr>
<tr>
<td>David Lane Topolsky</td>
<td>1982</td>
<td>Hahnemann Medical College</td>
</tr>
<tr>
<td>Robert D Toto</td>
<td>1976</td>
<td>University of Illinois College of Medicine</td>
</tr>
<tr>
<td>Robert C Trautwein</td>
<td>1980</td>
<td>Tufts University School of Medicine</td>
</tr>
<tr>
<td>Susan P Trawick</td>
<td>1979</td>
<td>Emory University School of Medicine</td>
</tr>
<tr>
<td>Charles S Tressler</td>
<td>1980</td>
<td>Hahnemann Medical College</td>
</tr>
<tr>
<td>Justin James Trevino</td>
<td>1987</td>
<td>Wright State University Boonshoft School of Medicine</td>
</tr>
<tr>
<td>Philip C Trotta</td>
<td>1968</td>
<td>Saint Louis University School of Medicine</td>
</tr>
<tr>
<td>Ronald E Trusnky</td>
<td>2003</td>
<td>Wayne State University School of Medicine</td>
</tr>
</tbody>
</table>

**Mark C Tsai**

| Mark C Tsai                  | 2001                                         | University of Pittsburgh School of Medicine     |
| Olga Maria Tudela            | 2007                                         | Universidad Central del Caribe School of Medicine |

**Hans W Uffelmann**

| Hans W Uffelmann             | 1993                                         | University of Missouri—Kansas City School of Medicine |
| Eberhard H Uhlenhuth         | 1953                                         | Johns Hopkins University School of Medicine    |
| Abhineet Uppal               | 2010                                         | University of North Carolina at Chapel Hill School of Medicine |

**Nancy Van Vessem**

| Nancy Van Vessem            | 1984                                         | Saint Louis University School of Medicine       |
| Elizabeth Vazquez           | 1982                                         | University of California, San Francisco, School of Medicine |
| Armand Versaci              | 2011                                         | The Warren Alpert Medical School of Brown University |
| John M Vierling             | 1972                                         | Stanford University School of Medicine          |
| Frederick M Vincent Sr      | 1991                                         | Michigan State University College of Human Medicine |
| Nicholas A Volpicelli       | 1988                                         | Temple University School of Medicine            |
| Roberto L von Soehsten      | 1995                                         | Drexel University College of Medicine            |

**Thomas A Wade**

| Thomas A Wade               | 1977                                         | Indiana University School of Medicine           |
| Bryan L Walker              | 1965                                         | Medical University of South Carolina College of Medicine |
| Henry K Walker              | 1974                                         | Emory University School of Medicine             |
| Katherine Jean Walsh        | 2007                                         | University of Florida College of Medicine       |
| D Ross Ward                 | 1995                                         | University of Mississippi School of Medicine    |
| Howard F Warner             | 1955                                         | Temple University School of Medicine            |
| Janet G Warner              | 1993                                         | Wayne State University School of Medicine       |
| Alan A Wartenberg           | 1972                                         | Medical College of Wisconsin                     |
| Edwin B Watkins Jr          | 1984                                         | University of Nebraska College of Medicine      |
| Linley E Watson             | 1966                                         | University of Kansas School of Medicine         |
| David M Watts               | 1984                                         | Uniformed Services University of the Health Sciences F Edward Hébert School of Medicine |
| Ray L Watts                 | 1980                                         | Washington University in St Louis School of Medicine |
| Thomas R Weber              | 1971                                         | Ohio State University College of Medicine       |
| Nolan Weinberg              | 1974                                         | University of Minnesota Medical School          |
| Michael Weinrauch           | 1989                                         | Mount Sinai School of Medicine                  |
| Russell Weisman Jr          | 1946                                         | Case Western Reserve University School of Medicine |
| Mell B Welborn Jr           | 1966                                         | Emory University School of Medicine             |

**Richard P Wenzel**

| Richard P Wenzel             | 1985                                         | University of Virginia School of Medicine       |
| Steven Judson Westgate       | 1980                                         | University of Florida College of Medicine       |
| Shane C Wheeler              | 2001                                         | University of Colorado School of Medicine       |
| William M Whetzel            | 2006                                         | University of Miami Leonard M Miller School of Medicine |
| Robert A Whisnant Jr         | 1966                                         | Virginia Commonwealth University School of Medicine |
| Robert K White               | 1985                                         | Louisiana State University School of Medicine in Shreveport |
| Richard A Widman             | 1993                                         | University of Iowa Roy J and Lucille A Carver College of Medicine |
| William E Wilcox            | 1977                                         | University of South Alabama College of Medicine |
| Rodney E Willard            | 1982                                         | Loma Linda University School of Medicine        |
| Kay Williams-kirchler        | 1980                                         | University of Alabama School of Medicine        |
| Cathleen Doane Wilson       | 1980                                         | University of Vermont College of Medicine        |
| Charles J Wilson            | 1992                                         | University of Texas Medical Branch School of Medicine |
| Robert K Wilson              | 1961                                         | University of Alabama School of Medicine        |
| Curtis B Winters             | 1983                                         | Keck School of Medicine of the University of Southern California |
| Benjamin Wolfson             | 1960                                         | Jefferson Medical College of Thomas Jefferson University |
| Joseph H L Worischeck       | 1987                                         | Saint Louis University School of Medicine       |
| Harry M Woske                | 1975                                         | University of Medicine and Dentistry of New Jersey—Robert Wood Johnson Medical School |

**Letah Yang**

| Letah Yang                   | 1979                                         | Louisiana State University School of Medicine |
| Jame S T Yao                 | 1989                                         | Northwestern University The Feinberg School of Medicine |
| David L Yarian              | 1979                                         | Washington University in St Louis School of Medicine |
| Francis E Yates             | 1954                                         | Stanford University School of Medicine         |
| Abideon O Yekinni           | 1991                                         | Indiana University School of Medicine          |
| Chun Keung Yip              | 1976                                         | Albert Einstein College of Medicine of Yeshiva University |
| Mihae Yu                    | 1979                                         | University of Hawaii, John A Burns School of Medicine |

**Elia T Zambidis**

| Elia T Zambidis             | 2009                                         | University of Rochester School of Medicine and Dentistry |
| Charles J Zelnick           | 1979                                         | University of Cincinnati College of Medicine |
| Cecile Marie Zielinski      | 1996                                         | Creighton University School of Medicine         |

---

2012 donations to Alpha Omega Alpha

---

**The Pharos/Spring 2013**
We read the review of the compelling book *The Immortal Life of Henrietta Lacks* in the Autumn edition of *The Pharos* (pp. 38–39) with great interest but wish to make a point of clarification.

Dr. Griffith states that “In 1941 . . . she went to Johns Hopkins, the only hospital in the region that accepted black patients.” We disagree, since University Hospital, as it was then known, cared for African-American patients at that time. Actually, we believe that the University of Maryland Hospital has not ever refused care to patients of any race or ethnicity since it was initially opened as The Baltimore Infirmary in 1823; the name was changed in 1897 to University Hospital and then renamed the University of Maryland Medical Center in 1984. There is historical documentation of African-American patients being admitted to The Baltimore Infirmary in the 1800s and we have an annual report from University Hospital in 1934 not only showing African-American patients but also providing the opening statement: “For years this institution has served the people of this State, irrespective of creed, color, or financial status.”

We appreciate the opportunity to make this important clarification.

Joseph R. Shiber, MD
(ΑΩΑ, University of Maryland, 1996)
Jacksonville, Florida

Milford M Foxwell Jr. MD
(ΑΩΑ, University of Maryland, 1988)
Baltimore, Maryland

—I read, with great interest, the Winter 2013 article “Pure and Wholesome” about cholera in New York City (pp. 18–27). I always knew that Robert Koch (1843–1910) was a true genius, but I had no idea that he had discovered the cholera bacillus in 1844 when he was, according to this article and my calculation, just one year old! Koch actually discovered the cholera organism between August 1883–January 1884. To be historically accurate, however, credit really belongs to the Italian physician Filippo Pacini who described *Vibrio cholerae* (now *Pacini 1854*) in his 1854 article “Microscopical observations and pathological deductions on cholera.”

John D. Bullock, MD, MPH, MSc
(ΑΩΑ, Wright State University, 2000)
Wright State University Boonshoft School of Medicine
Dayton, Ohio

—Medical students can make a difference in more ways than one.

J. David Spence, MBA, MD
(ΑΩΑ, University of Western Ontario, 1970)
Western University and Robarts Research Institute
London, Ontario

**“What difference can a student make?”**

Dr. Gunderman’s touching story (Winter 2013, pp. 40–41) of how a medical student contributed so importantly to the emotional well-being of a patient reminded me of why I always tell medical students they are part of the team, not just onlookers.

As a third-year medical student I was sent to perform a history and physical examination on a man admitted for aortic valve replacement. He had very pale and wrinkled skin, which I learned in retrospect was called alabaster skin. He also gave a history of progressive headache, impaired sexual dysfunction, fatigue, cold intolerance, and more recently difficulties with postural hypotension. I remembered being taught the sequence “go to Alaska”—gonadal, thyroid, then adrenal insufficiency—from pituitary tumors, so examined his visual fields and found that he had a bitemporal field defect. I advised the resident that his surgery should probably be postponed, and he should be investigated for a pituitary tumor. Subsequent investigations confirmed a pituitary adenoma and panhypopituitarism that very likely would have resulted in his demise had he undergone his valve replacement without endocrine support.

Medical students can make a difference in more ways than one.

J. David Spence, MBA, MD
(ΑΩΑ, University of Western Ontario, 1970)
Western University and Robarts Research Institute
London, Ontario