THE PHAROS
OF ALPHA OMEGA ALPHA HONOR MEDICAL SOCIETY
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“Be Worthy to Serve the Suffering”

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At its annual meeting in October 2013, the AΩA Board of Directors approved an AΩA Leadership Award and Development Program, to be implemented in 2014.

Leadership has long been a core value of Alpha Omega Alpha Honor Medical Society, and is one of the criteria for membership. Unfortunately, many AΩA members with leadership potential or leadership experience at mid-level positions may find themselves without the resources to advance their leadership careers. Given that many AΩA members have significant accomplishments in medicine, education, and health care, and have the potential to become great leaders if they receive the training and experience to hone their leadership skills, we believe this is a lost opportunity for medicine.

This raises an important question for AΩA: How can we as an interdisciplinary honor medical society best support and contribute to leadership promotion and development as part of our mission and one of our core values—to improve care
for all by encouraging the development of leaders in academia and the community”?

Leadership in medicine

Leadership in medicine, medical education, and health care is more complex in the twenty-first century than ever before. Because of physicians’ unique knowledge in medicine and in our understanding of medicine’s core professional values, physicians are ideally suited to serve as leaders in these areas. Our professional experiences in serving and caring for people and working with teams in the health professions provide a solid foundation for leadership. Physicians understand clinical medicine and medical education, they embrace the vital importance of medical and scientific research, and they have earned respect for their contributions to caring for patients. These integral parts of the professional life of a physician are the values affirmed in the Medical Professionalism Charter that frames the teaching of professionalism at the undergraduate and graduate medical educational levels and emphasizes the primary principles of patient welfare, patient autonomy, and social justice.¹

These professional values and the experiences physicians acquire during their training and careers provide a solid foundation for developing into leaders in medicine. But those who aspire to leadership roles need to consciously prepare to learn how to become great physician leaders. Great leaders can be developed through education and training, working with mentors or coaches, practicing what they have learned, and reflecting on what they have experienced.

Wiley Souba, MD, in “Building Our Future: A Plea for Leadership,”² writes: “Fundamental leadership principles are critical to building a better future: 1) recognizing that the work of leadership involves an inward journey of self-discovery and self-development; 2) establishing clarity around a set of core values that guides the organization as it pursues its goals; 3) communicating a clear sense of purpose and vision that inspires widespread commitment to a shared sense of destiny; 4) building a culture of excellence and accountability throughout the entire organization; and 5) creating a culture that emphasizes leadership as an organizational capacity. Leadership and learning are inextricably linked.”

As Dr. Souba notes, developing into an excellent leader requires more than motivation—it is an ongoing, continuous process. One needs to recognize the challenges and opportunities and then proceed to lead, and in doing so, make a positive difference.

Souba and others have emphasized that leadership development and preparation begin with understanding and leading oneself. As he notes, the “inward journey” occurs both at the beginning of the process and continues throughout it. Effective leaders are self-aware, and their self-awareness results in integrity and authenticity that constitute the framework for their leadership, and is naturally connected to the basic tenets of medical ethics and professionalism. He writes, “The transformation of medicine and health care begins with a shift in our understanding of what it means to be a leader”—thus individual and personal change are requirements for organizational change. This principle of leadership from within can be taught to those who aspire to become great leaders.

The professional values of medicine

Medicine is based on a covenant of trust, a contract we in medicine have with patients and society. Medical professionalism stands on this foundation of trust to create an interlocking structure among physicians, patients, educational and medical institutions, and society that determines medicine’s values and responsibilities in the care of patients. Leadership in medicine and related organizations must be grounded in core professional beliefs and values, which start with an obligation and commitment to serve and care for people, and these primary tenets: 1) do no harm, and 2) treat others as you would like to be treated. The corollaries to these primary tenets include:

- Integrity and honesty: believe and do what is right.
- Loyalty and duty: hold to your values, commit to and fulfill your duty to patients, team, colleagues, and the profession, and advocate for the best care for all patients.
- Respect and care: consider the views and needs of patients and teams and treat everyone with benevolence, compassion, empathy, and consideration.
- Serve: give your best to patients and the profession of medicine.
- Communicate: listen with understanding and communicate effectively.

We believe that the best and most sustainable leadership for medicine must be grounded in these professional values.

Leadership and servant leadership

Along the spectrum of leadership styles, from manager leaders and traditional top-down leaders to laissez-faire and transformational leadership styles, we believe that the servant leadership model developed by Robert Greenleaf in the 1970s best fits the needs of the medical profession.

Servant leadership is based on specific core values, ideals, and ethics, in much the way that the culture of medicine is shaped. Because medicine is at its core a profession that serves others, servant leadership, with its emphasis on service as the basis for furthering an organization’s objectives and values, is worthy of consideration as a model for medical leadership.

Rather than focusing on themselves, servant leaders and their teams dedicate themselves to a higher purpose, cause, or principle worthy of their commitment. They follow truth and principles and share values and trust among team members and those they serve. This leads to moral authority in the leader and team. Servant leaders engage their teams in creating a shared vision—a compelling picture of the future—based on values.

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Servant leaders rarely have or need the executive power to make most important decisions alone; they instead inspire and infuse the team with their vision, set a positive example, and use the shared sense of purpose and the tools of teamwork to get the right things done. Servant leaders work for and with their teams, and recognize and celebrate their successes.

We believe that effective, sustainable, and excellent leadership should be based on core professional and personal values and the commitment to servant leadership, while recognizing the value of other leadership strategies and approaches.

The Alpha Omega Alpha Fellow in Leadership Award
ΩΩA, as part of our society’s mission, will advocate for and support the work, development, and success of a new generation of leaders.

The AΩA Fellow in Leadership Award will recognize and support further development of outstanding leaders exemplifying the qualities of leading from within, the society’s professional values, and the concepts of servant leadership.

The five essential components of the AΩA Fellow in Leadership Award are: 1) Self-examination, the “inward journey,” leading from within; 2) a structured curriculum focused on topics related to leadership, including an understanding of the relationship between leadership and management; 3) mentors and mentoring; 4) experiential learning to broaden the perspective and understanding of leadership as it relates to medicine and health care; 5) team-based learning and developing communities of practice.

Members of AΩA need to ask themselves where and how they can provide leadership in the sector of medicine they serve. With this award, AΩA reaffirms its commitment “to improve care for all by encouraging the development of leaders in academia and the community.”

Applications for the award were received by local chapters until April 1, 2014, and the announcement of the first year’s fellows will be made on June 1, 2014. The program will begin on July 1, 2014.

The award was open to applications from mid-career AΩA members who provide outstanding leadership within organizations in medicine and health care, including schools of medicine, academic health centers, community hospitals, clinics, agencies, or organizations, and who show a high promise for future leadership success and contribution to medicine. Up to three $25,000 fellowships will be awarded, to be used for further leadership development.

The applicants were required to provide a detailed description of the following:

1. An experience that will broaden the applicant’s perspective on leadership related to health care and medicine. The experience must include working with an individual mentor or mentorship team at the senior leadership level.
2. Designate at least one mentor. Mentors will be required to assist the applicant in completing a project, serve as a role model, offer advice as needed, and connect with key individuals either within or external to the applicant’s organization.
3. Describe an action project that will be completed in the course of the year, which will be presented at an annual meeting. Examples of such projects could be: developing a leadership curriculum for medical students at the home institution or local medical society; integrating leadership into everyday practice; leading a team; implementing and leading interventions and/or policy to positively address important challenges.
4. A commitment from the applicant’s institution to allow the applicant time to complete the proposed curriculum.
5. The mentor’s commitment to the mentoring plan and supporting the fellow for ongoing leadership opportunities after completion of the fellowship.

The fellows will be required to participate in a defined and structured curriculum focused on topics related to leadership in medicine. The fellowship will begin with an orientation meeting and the course The Science and Practice of Leading Yourself at the Geisel School of Medicine at Dartmouth. Bimonthly teleconferences will be held with fellows and members of the AΩA Board of Directors that will focus on topics related to challenges in leadership or project-related concerns. Fellows will be encouraged to create a community of practice with each other. They will be expected to serve on the selection committee for future fellows and to provide mentorship for others pursuing leadership development.

I want to thank the AΩA Board of Directors Leadership Committee, which worked on the development of the AΩA Fellow in Leadership Award and Program over the last two years. The committee was chaired in the first year by Dr. John Tooker, and in the second year by Dr. Eve Higginbotham. Committee members included: Carol A. Aschenbrener, MD; Richard B. Gunderman, MD, PhD; Page Morahan, PhD; Alan G. Robinson, MD; Wylie W. Souba, MD, DSc, MBA; Joseph W. Stubbs, MD; Steven A. Wartman, MD, PhD; Donald E. Wilson, MD; and AΩA staff member Debbie Lancaster. I worked closely with the AΩA Leadership Committee chairs and as a committee member to create and implement the AΩA Fellow in Leadership Award and Program.

I also want to thank the AΩA Board of Directors for their contributions in developing the program and for their support of the award.

References

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Medical narrative lies at the intersection of some of the most fundamental concerns of literature, medicine, the body, and human relations—all that constitutes life depends on its relationship to death. Because death exists beyond human consciousness we are infinitely interested in probing its biological, philosophical, spiritual, social and literary significances. The ways of speaking about death or the process of dying are both contradictory and inconceivable. We acknowledge our mortality, yet we are baffled by it; not knowing the thing itself, only about it. We can only speak around death, never of it. Author, poet, and teacher Paul Zweig wrote of facing his imminent death from lymphoma and the ways this experience shaped his understanding of life in the presence of death—not of what exists after living, but what exists at the end of living.

Zweig was preparing the manuscript of his final memoir, Departures, for publication at the time of his death in 1984; his book of poetry, Eternity's Woods, was near completion when he died and was published posthumously in 1985. He had been diagnosed with lymphoma six years earlier, a circumstance that seemed to spur a leap in productivity. Zweig lived with the foreknowledge of his approaching death, in what Philippe Aries in Western Attitudes toward Death calls “the tamed death.” Aries writes that those in this group, “did not die without having had time to realize they were going to die.” Zweig wrote both Departures and Eternity's Woods with this realization.

A genre analysis of Zweig's prose and his poems is revealing. Departures allowed him to tell stories of his life in a linear, coherent chronology. The narrative form of memoir
addresses and explores the concept of time as Zweig lived with the knowledge of his impending death, while poetry allowed him to express feelings and ideas created by images, rhythm, and flexible linguistic tropes. Prose and poetry proved complementary for describing and organizing the multitude of experiences Zweig faced at the end of his life.

Zweig separates his memoir *Departures* into three distinct parts, each following a different period of his life and each leading up to a departure from that specific stage of life. Part One recounts his early twenties in Paris. Of the several recurring themes in this section Zweig is disproportionately focused on the details of his sex life. He tells us of his lovers, with frequent erotic love scenes that explore the sensual nature of his lovers’ bodies. In the first paragraph he tells how he met Claire, recalling details of her living space and states, “I’m pretty sure we never made love there.”

His eloquent prose elegizes the sensual collisions between bodies:

> My mattress with its deep crevice was our river. There Claire gulped with amazement; there I was a spectator to my body’s nervous ability to engender this quicksand of a trance which drew me down, and yet—was I imagining it?—seemed to exclude me. Claire, freckled and wild, was like a chick, its mouth unhinged and gaping for a worm. I deposited the worm over and over again; I was inexhaustible. I wondered if I would become dehydrated from loss of body fluids.

Zweig’s writing style balances the crass and the romantic, often using extended metaphor as a literary device to illustrate a moment. Though it may seem as if he boasts of his sexuality, he also describes his impotence. He makes his flaws transparent, part of the truth, without compromising his own self-perception, and this allows him to transition to the subject of his failing body.

> And now, as we made love, I felt my mind lift away, as if under pressure of a gas. My erection seemed to freeze and then, like ebbing water, to recede. . . .

> A word hung between us that I tried not to think about, but it insinuated itself into my mind and made me nauseous: *impotent*.  

> It is at this point that Zweig introduces death. His friend David has died and Zweig attributes his impotence to a personal reaction towards death.

> My penis was playing dead; it saluted David . . . by shrinking to the size of a small doughy monument; it was a laughable tombstone, a bit of nameless flesh, sticking out of some grass.

From this point forward, death makes increasingly frequent appearances in the memoir. When David’s eccentric widow Anna comes to meet Zweig in Paris he merges the concept of death with his inability to sustain life through his penis. He writes,

> Ever since I had received Anna’s letter, I had known what she wanted and now she was casting her strands about me, drawing me to the center of her net, and it was not even a conquest. She was taking what she needed, as if we had agreed on it long ago. But I hadn’t agreed.

> “You mean you don’t want to fuck? Is that it?”

> I stopped, thinking of David’s sickness. Was I comparing my anxiety to it?  

Anna’s sexual prowess resurrects him from his sexual death.

> She was a sexual encyclopedia; she had advice for everything, and she was willing to work for her ecstatic moment. Above all, she knew how to make my flagging penis work well enough for her to take her pleasure. I was like an old car, and she was the mechanic. I needed daily tune-ups. Every day little parts broke down, but Anna’s fingers plunged under the hood and worked their miracle. I was kept together on spit and glue. It was uncanny, desperate, and funny, but I wasn’t laughing.

Anna and Zweig have sex as a metaphor for conquering death, of restoring life to dead flesh. As the memoir continues, his own death looms much closer, no longer an abstraction, but a destination on a journey he has not yet finished.

While Zweig’s memoir confines him to events as he perceived them, *Eternity’s Woods*, his final book of poetry, takes events and images and bends, contorts, or even invents new ones. The poetic form frees Zweig to reassemble reality—or imagination. In this book, Zweig explores the tropes and motifs of love, family, aging, nature, light, death, and time—sexuality is largely absent. Each poem exists in isolation, and the author illuminates sensory detail and places the reader in a new moment of time and space. The first poem, “Aunt Lil,” captures many of the tropes Zweig continues to explore in the rest of the book. The first stanza:

> They brought her to the hospital
> On one of those April days
> That remind us we will never live enough.
> That the soft smell of leaves, flowering breeze,
> The silver light flashing from the windows,
> Will always be too much for us.

> The first three lines of the stanza show us a woman brought into the house of death,
the “we” draws us into the scene, bringing us to the center of
the stanza: “That remind us we will never live enough.” The
next two lines simply and poignantly describe the senses, the
hallmarks of life: smells, feeling, sight. In the last line Zweig
plays with the dichotomy of too little and too much, contrast-
ing, “Will always be too much for us” with the third line, “That
remind us we will never live enough.” To begin his book with
these images sets a melancholy tone that persists from cover
to cover. In the second to the last stanza of this poem he ad-
dresses death directly:

Old death,
The more I see you, the more
I know of restless eyes, vulnerable mouths,
Uncertain language of lips.3p5

Zweig tells us that familiarity with death does not
make the idea any more benign or manageable; rather,
it makes one all the more restless, vulnerable, and un-
certain. By attaching these feelings to body parts he is
able to animate the body and make these sensations of
discomfort a fully physical experience. In the last stanza he
finds meaning in his own existence:

For I have learned what I came for:
My mad old aunt loved life.
She only hurt us when she was afraid
That it would burst in her.
She never gave in to her old age,
But expelled it from her,
And hung clean sweet living upon her walls.3p5

The love of life, as his “mad old aunt loved life,” gives mean-
ing for both of them in the face of her death.

Love is a recurring theme in Eternity’s Woods, as in the
poem “Snow”:

Character may be a failure of love;
This morning, I want to love you,
And the birch trunks invisible on snow,
Your hand pushed warmly into my pocket;
I want to love the darkening blue at the
sky’s edge,
Our thoughts fumbling to hold on;
I want to love our breath-smoke warming
The air, then vanishing
In the frozen February day.3p6

Amid the somber winter illustration, the repetition of “I
want to love” suggests that the challenge in loving is time—
hinted at over and over—that vanishes as quickly as the breath-
smoke in the air in February day.

In another poem, “The Question,” Zweig explores his re-
lation to death in abstractions of himself and his relation to
others. From “Who am I?” the poet moves to “Who is that?”

Stone-blue winter;
The upswept brush of winter oak
Vibrates in the wind, expectant, bridelike.

Who am I?
An insect, startled, still sleeping
By the fire.

A bird clings to the telephone wire

Behind the house; an exultant questioning
Booms at its feet. When we die,
We hug the living to us as we never did;
We notice their creased skin, their quick
eyes
That slide away, seeing more than they
intended.

Who is that moving beside you,
So at ease, so colorless?
What can that dark flutter
Of his say to you, his voice thinned
To pass death’s membrane?3p50

The last stanza portrays death as a membrane, conveying
a sense of the ease of slipping from one side to the other. In
“When we die,/We hug the living to us” there is also the pres-
ence of fear. It is unclear whether Zweig means the dying mo-
moment as a single final event, or a longer realization of one’s own
dying, as in his own case. He separates those that “die” from
“the living,” illustrating the hug as a clinging to life, embracing
it. And in this moment of fear and rapture he notices things he
never knew before. In the second stanza he seems to experi-
ence an epiphany, a momentary clarity, but he ends the poem
with two more questions that leave the reader with a sense of
incompletion.

Another poem that illuminates the feeling of time cut short
is “Early Waking.” Zweig’s descriptions of light and color paint
a serene scene and capitalize on the qualities of natural light to
bestow truth upon the observer.

Again the ashen light,
A tiny spider swinging on its pendulum thread
Against the pane.

Lately, I don’t sleep much.
It’s not anxiety, but a curious feeling
That I must pay attention, or death will gain on me.
A brightening across the valley,
Individual stalks of grass concentrate
the light.
The red glossy leaves of the wild plum
tree behind the house,
And the faded green nuggets of the
young walnuts.
A cloud leans across the sky;
A faintly gusting wind in the oaks

And juniper, as if to say:
Nothing stops or begins, this whispering is all,
This tender faded light is all. 3p52

Here sleep is not only the literal, physical sleep of the
body, but the sense of rest, the feeling of peace, awoken
prematurely by Zweig’s awareness of approaching death. In
the third stanza he describes a beautiful expanse of dawn on
a pastoral scene, revealing the small parts of nature that hold,
for him, profound truth: “Nothing stops or begins,” a phrase
that illustrates his feeling of stasis between time and space. His
words “this whispering is all” and “This tender faded light is
all” suggests both that, to him, the whispering and the light are
everything in the sense of omnipresence, and also that they are
everything that matters or has meaning at this fleeting, singular
moment. This depiction of nature revealing personal truth is a
characteristic trope of Zweig’s poetry.

In the final part of his memoir Departures, Zweig directly
addresses his diagnosis of lymphoma, his medical treatment,
and his experience as life dwindles away. His principal focus is
on time.

Zweig begins Part Three writing about transitions. The
discovery of his cancer opens for him a new phase of existence,
one that “would never become stale or overly familiar.” 2p201
He explains, “This unexplored, unchosen life was the life of
the dying—the life of all life, perhaps, but starker and more
intense in my case.” 2p201 Zweig’s diagnosis and subsequent
hospital appointments, chemotherapy sessions, and doctor
consultations injects him into a world where time, as he puts
it, “had been removed.” 2p201 He writes of his fear, his subdued
sense of panic, as he tries to discover information about the
world of death. He notes in the following passage the first few
days after the realization of his lymphoma:

Time had been cut off from before my face. The world was
unchanged. The streets were full of cars and pedestrians;
the sun still caught in the windows of buildings. The radio
reported worldwide events. Everything was the same, but
time had been removed. And without time, everything was
unreal, but I was horribly real, oversized, bursting as a body
bursts in a vacuum. 2p203

Zweig’s realization of his impending nonexistence renders
his existence something absurd. He begins to enter an existential
space that allows him to view life as if removed from it already,
to weigh the significance of every seemingly insignificant
moment with delicate precision. Zweig experiences what
Anatole Broyard wrote in his 1989 essay, “Doctor, Talk to Me.”
Written the summer before his death, Broyard notes of his
experience with prostate cancer, “To most physicians, my illness
is a routine incident in their rounds, while for me it’s the crisis
of my life.” 4p169 Zweig has the same sense of urgency as he pays
attention to his doctor with hypersensitive observation. He
notes:

Listening to my doctor was delicate. I took in every shrug,
every rise and fall of his voice. I weighed his words on a fine
scale, to detect hope or despair. Then I called up another doc-
tor, to hear how the words sounded in his voice. I triangulated
and compared, all to find something that would shut off the
terror for a while. 2p203

Zweig struggles to ward off the fear of death. He notes, “My
life had become a strategy for eluding terror,” 2p204 and “I wanted
to be cured of terror even more than of the lymphoma.” 2p205
The terror of death materializes in waiting for it. Zweig articulates
the pain of waiting, “I lived in a suspended breath. I waited—
what else could I do?—and yet I could not bear to wait.” 2p217
Throughout the entire third part, almost every paragraph
begins with a temporal transition: “For months,” “It took a few
weeks,” “At that time,” “In the end,” “It was July by now,” “Every
morning,” “Several times that month,” “As months passed,” “A
year before,” “For three weeks,” ”A week later.” These transitions
create a temporal framework in which we see Zweig calendarize
the final period of his life. The paradox of time for Zweig is that
to have time would mean to have the freedom to live, but also
to have time, in the foreshortened reality of his condition, to
be robbed of life. Zweig attempts to subdue his fear by keeping
himself busy, writing about his jogging along Riverside Drive,
reading books, going for long walks, and playing with his
daughter Genevieve.

I went to the playground with my three-year-old daughter
and played in the sandbox, trying to imitate my daughter’s
innocence of time. In a peculiar way, my daughter and I were
equals; neither of us had any time, and the irony was terrible,
for I had lost mine and she hadn’t acquired hers yet. Therefore
we had each other. 2p204

Later he writes again of her:

unreal was my daughter as a young woman, a future I
sometimes saw tentatively in her face. My daughter fluttered
between the two times. Loving her drove holes in my body of
time, and let in distance; distance that was denied me, distance
I strove for and wished for without hoping, because hope
deprecated my one secure possession: the roomy present. 2p213
His daughter’s existence confronts Zweig with the painful dichotomy of his fear of death in the presence of birth. In his poem “The River,” Zweig addresses Genevieve and how she will grow up without him.

*Genevieve, one day
You will remember someone: a glimpse,
A voice, telling you what I never told
—What the living never say—
Because the words ran backward in my breath.*

And later in the poem, her youth and her innocence, her unacquired time, as Zweig puts it, alienates him from her even though they share that common bond of elusive time. She is just beginning hers, and he ending his.

*My daughter comes halfway up my thigh,
A thin, serious little girl, but already
She has her secrets. Because her face has no past,
She is still only partly human.*

Compare the poem with Zweig’s prose description of Genevieve of the future, “a young woman, a future I sometimes saw tentatively in her face.”

The two renderings allow for different appreciations of the same subject that complement each other.

In Zweig’s writing, time becomes elastic. He comes to feel that only the present exists. Because the future is death, the future becomes nothing.

But now time had been brutally torn from me. I had been thrust far into the new life, where my friend couldn’t follow me, where nobody could follow me. At times . . . it seemed to me that my fright was a way of drowning my aloneness. I had become a member of a heavy tribe, those who walked minute by minute into a blankness that ate the near distance.

As death approaches, Zweig lives for writing, living vicariously through his words, beyond his own self.

I felt an incongruous need to finish the book I was working on. Did the world need another book? I knew that wasn’t the question. I felt that writing was my best self.

In his writing Zweig feels able to transcend the limitations of his body and of time. He notes in this passage towards the end of his memoir:

Writing, I touched the roots of my life, as I did when Vikki and I made love, or when I spent an afternoon with my daughter. But writing was stronger, more sustaining than these. Every day, I spilled words onto my yellow pad, crossed out, inverted sentences, inserted new paragraphs on the back of the page. I raced my fountain pen from line to line, in erratic humps and jags. And this crabbled hieroglyphic, curling from top to bottom of the page, was my mind climbing quietly and privately to a plane of spirit that balanced above my sick body. There my limitations were acceptable; they were a language spoke by my pen, which drank at a deep source.

He ends his book with a somber epiphany, an action of living fully all the way to the end:

*I saw that a writer’s immortality exists in the moment of conception . . . A work is not a life, but writing is living, and now especially I wanted to live with all my might. I wanted to fight off the shrinking effect of fear.*

Zweig completed the manuscript of Departures shortly before his death. These resounding last words are some of his final thoughts. In his writing, Zweig enacts precisely what he hopes for: he becomes permanent. Words exist beyond the flesh, they document and preserve life, they immortalize. Zweig lives each time a reader picks up his book.

Zweig’s words and thoughts help us to face our own mortality. Death is inevitable, but writing gives life a way of sustaining itself beyond the limits of the body.

References

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Individually who have contributed substantially to medicine and fields related to medicine, but who are not eligible for membership in AΩΑ as graduates of a medical school with an AΩΑ chapter or as a faculty member of a medical school maintaining an active AΩΑ 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.

Shotai Kobayashi, MD, PhD, MACP

Dr. Kobayashi is currently president of Shimane University. He received his MD from Keio University Medical School in 1972, and performed his residency in Internal Medicine at Kitasato University, followed by his neurology fellowship and PhD from Kitasato University in 1981. Dr. Kobayashi is an amazing educator who has developed a regional education system at Shimane University to meet the needs of the Shimane Prefecture, where the average age of the practitioners in this rural region is sixty years old. By having students trained in smaller towns, they are more encouraged to stay there. He has served as the Dean of Shimane University Medical School, and since 2012 has been the president of Shimane University. He is a Master of the American College of Physicians and has been an ACP governor representing Japan. Dr. Kobayashi has all the qualities of scholarship, commitment, and excellence that AΩΑ stands for.

Dr. Kobayashi writes: It is a great honor for me to be nominated for honorary membership in Alpha Omega Alpha. I am the Governor of the Japan Chapter of ACP, and President of Shimane University in Matsue city with ancient history. I am a general internist and neurologist. I was the director of Shimane University Hospital from 2005 to 2012. I graduated from the School of Medicine of Keio University in Tokyo in 1972, and completed an American style residency in Internal Medicine at Kitasato University Hospital. I launched the neurology division in Shimane University in 1980. I opened the first Brain Health Check-up Center using MRI in Japan in 1988 and also launched the first Japanese Stroke Databank in 2000. We established the Fellows Association of the Japanese Society of Internal Medicine, and joined the ACP. ACP approved the Japan chapter in 2003. Today, that chapter is one of the most active chapters in ACP, with more than 1000 members. It is now completely independent from the Japanese Society of Internal Medicine. We have created unique resident and student education with an emphasis on primary care in our annual meeting as does the ACP. We also started a resident exchange program with USLA. Many Japanese medical students are now interested in our program of annual meetings. I want to grow interest in young general internist more and more in Japan.

Mats Lundström, MD, PhD

Dr. Lundström is an ophthalmologist who thinks like a scientist, and has been quietly responsible for developing national clinical data registries, both within his home country of Sweden and, more recently, broadly across Europe. He graduated with an MD degree from the University of Gothenburg in 1970, specialized in ophthalmology and subsequently obtained his PhD, studying optic nerve fiber atrophy following optic chiasm injury, as well as postsurgical outcomes. He worked as a consultant ophthalmologist and later as ophthalmology department chairman at Blekinge Hospital in Karlskrona, Sweden. In the early 1990s, he led efforts to evaluate vision-related quality of life and clinical and surgical outcomes, beginning with cataract surgery wait times and outcomes, and evolving into what is now EyeNet Sweden—including comprehensive evaluation of cataract surgery, corneal transplant, macular degeneration, and retinopathy of prematurity. Continuing to pioneer improved outcome measures, EyeNet Sweden is expanding into assessment of patient-reported outcomes under Dr. Lundström’s leadership.

Dr. Lundström has hundreds of abstracts and publications to his name, not including the many publications that his work on registries has facilitated. And, even beyond Sweden, he has been instrumental in the realization of a recent initiative for an ophthalmic registry across Europe (European Registry of Quality Outcomes for Cataract and Refractive Surgery, or EUREQUO). He has been chosen to lead the International Consortium for Health Outcomes Assessment (ICHOM) cataract working group, and has been advising the American Academy of Ophthalmology during current efforts to finally develop and implement a national clinical and surgical registry in the United States. His insights have been uniformly well-considered and valuable.
Boris Malyugin, MD, PhD

Dr. Malyugin is head of the S. Fyodorov Eye Microsurgery State Institution—one of the largest eye institutes in Russia, with main headquarters in Moscow and centers across Russia. He has acquired an international reputation as an innovative clinician, master surgeon, skilled educator, and active researcher. Indeed, it is a rare ophthalmologist in the United States who is unfamiliar with the “Malyugin ring” for difficult cases in cataract surgery.

Dr. Malyugin blends expertise and humanism, and truly exemplifies the best of goals and aspirations in medicine—education, teaching, leadership, humanism, and service—tenets that form the cornerstone of the AΩA mission.

An internationally-renowned cataract and cornea surgeon, Dr. Malyugin is an educator and innovator who has developed and taught surgical techniques, including a pupil expansion ring (the “Malyugin ring”) that has been adopted widely to improve cataract surgery safety. He is mentor to innumerable ophthalmologists, both in Russia and internationally. He is editor of several Russian ophthalmologic medical journals and an editorial board member of major international and U.S. journals, as well as a frequent speaker at international meetings—including the American Society of Cataract and Refractive Surgery, Academy of Ophthalmology, and European Society of Cataract and Refractive Surgery.

John H. Pearn, MD, PhD, MPhil

Dr. Pearn is member of The Order of Australia and The Order of St. John, Professor Emeritus of Pediatrics, School of Medicine, The University of Queensland, Brisbane, Australia.

Dr. Pearn has worked and published on a broad spectrum of pediatric topics and completed a PhD in London on the Spinal Muscular Atrophies in Childhood. His “appraisal” of drawings of children is well-known in the pediatric literature through his publications.

Dr. Pearn’s interest and willingness to help humankind did not stop at the shores of Australia. His medical pursuits took him to the Arctic, Vietnam, Papua New Guinea, Rwanda, Malaysia, etc. Either with the Australian Army or as a civilian, his primary goal was to make a difference in peoples’ lives. His honors are truly too numerous to count, ranging from the Bancroft Medal of the Australian Medical Association, the “Father of the Year” Award, the Service Medal of the Order of St. John, and the Order of Australia (AO) in the General Division in the Queen’s Birthday Award for service in medicine, “particularly in the areas of pediatrics and medical ethics, to medical history and to the community through injury prevention and first aid programs.” Altogether, his life work includes more than 100 research publications, 60 book chapters, 15 books, numerous other professional writings, papers delivered to International Conferences, service as reviewer, referee, and assessor of grants, publications, books, etc.

Dr. Pearn is a giant in Australian and international medicine, a global historian, humanitarian, and an outstanding candidate for AΩA honorary membership. He truly he has spent a lifetime representing the AΩA ideal: “Be Worthy to Serve the Suffering.”

Archie Prentice, MBChB (Glasgow)

As President of the Royal College of Pathologists (RCP) Dr. Archie Prentice leads a professional membership organization dedicated to promoting excellence in the coherent study, research and practice of pathology. The RCP is responsible for maintaining the highest standards through training, assessments, examinations, and professional development for the benefit of the public. Since its foundation the RCP has admitted non-medically trained scientists as fellows of equal standing with their medically trained colleagues. It was the first medical royal college to admit such scientists who also make major contributions to patient care. Under the leadership of Dr. Prentice this inclusiveness has extended to the specialties of embryology, veterinary pathology, and toxicology and also to other disciplines of clinical pathology. Dr. Prentice’s leadership has led to continual improvement of examinations, assessment, and training. In addition, the RCP Professional Standards department led all colleges in adopting online portfolios for training and continuous professional development (CPD). Dr. Prentice and those in the Royal College of Pathologists generate approximately sixty-five percent of the data in a patient’s chart in the United Kingdom. This is comparable to the contribution of data to patient charts in the United States by those in pathology and laboratory medicine. Dr. Prentice’s expertise is in his leadership towards upgrading the examination certification process which affects thousands of trainees. Further information can be found at www.rcpath.org.
The physician at the movies

**Girl with a Pearl Earring**

Growing up, I lived in a cold water flat on the Lower East Side of New York on Water Street between the Brooklyn and Manhattan Bridges. Cold water flats consisted of rooms sequenced like railroad cars, with a kitchen at one end containing a wood stove that served as the apartment’s main source of heat as well as for cooking, an icebox, and a toilet on the landing. In 1948, when I was eleven, our building, dating at least from 1811, was slated for demolition to build the Alfred E. Smith housing project, a soulless complex of banal high-rises that persist until this day. We were relocated by the city to a tenement built in 1819 five blocks away on Madison Street above a Greek cafe. This apartment had radiators for heat, as well as hot water, with a toilet and bathtub/shower that had been added in separate corners of the kitchen to comply with evolving New York City tenement laws. The shower curtain was essential—the apartment door opened directly opposite the shower. When I was thirteen we were again relocated, this time to housing projects (my grandparents to one downtown and my parents and I to another uptown). It wasn’t until I graduated from medical school that my parents could afford a home of their own.

Count me as one of those who, having grown up in a loving home, never considered himself poor and was spared the pangs of class envy. I in fact appreciated those wealthy so-called “robber barons,” whose largesse left New York an arts and humanities legacy that includes the art deco masterpiece of Rockefeller Center, the Carnegie Library at Chatham Square, the Metropolitan Museum of Art, where I took a survey course
in art history. My particular favorite was the Frick Collection with its stunning selection of old masters. When I needed to decompress from medical school, I retreated to the Frick, where its elegant sun parlor and burbling fountains provided a peaceful setting and a source of respite. Whenever I’m in New York City, I make it a point to visit “my” Vermeers, Delatours, Holbeins, and other treasures. I especially take time to sit on the benches and enjoy the gift from Henry Clay Frick whose descendant was a teacher of mine in OB/GYN. The recent statement by Bill Gates denigrating the use of wealth for museums, as opposed to the medical research he funds gave rise to these reflections.

Don’t both serve worthy purposes?

That thought was reinforced by my recent trip to New York City to welcome our ninth grandchild, the lovely Lumina Belle Dans, who literally popped out of her ex-ballerina mother’s womb the day after Christmas. After visiting the family, I made a side trip to the Frick Collection to see the marvelous exhibition starring Vermeer’s *Girl with a Pearl Earring* on loan from the Mauritshuis in The Hague while it undergoes renovation. This was one time when the adage “membership has its privileges” was borne out for me. While the line of visitors stretched around the block, members were allowed in first and in numbers that allowed us to get up close and personal with the young lady known as the “Dutch Mona Lisa.” I’d seen her at the National Gallery of Art in 1982 but this was much better. I had avoided seeing the movie of the same name or reading the best-selling novel by Tracy Chevalier on which it was based because I didn’t want to spoil my appreciation of the painting by interposing a fictional and imagined treatment of Vermeer, of whom very little is really known. It’s not for nothing that he has earned the sobriquet “the Sphinx of Delft.” What we know with certainty is that he was born in 1632, spent his entire life in Delft, and died at the age of forty-three.

This time, the exhibition stimulated me to check out the audio book and then to view the movie. I enjoyed the former and was disappointed in the latter. The book employs a first person narrative telling the story of Griet, whose impoverished family is forced to hire her out as a maid in the Vermeer household. On the Vermeers’ visit to seal the deal, the illiterate Griet (Scarlett Johansson) is cutting vegetables and Johannes Vermeer (Colin Firth) notices that in doing so she demonstrates a sense of color and order. She seems to take after her father, who was a tile painter before being blinded in a work accident, which has led to their economic constraints. We are introduced to Catharina (Essie Davis), Vermeer’s pregnant wife, portrayed as rather shrewish, who will ultimately have fifteen pregnancies and bear eleven living children; Maria Thins (Judy Parfitt), Catharina’s mother, who runs the household and acts as Vermeer’s agent; and five children, two of whom figure in the story. The principal one, the bratty Cornelia (Alakina Mann), becomes Griet’s nemesis, and the other, Maertge (Anna Popplewell), becomes a friend. The other household member is Tanneke (Joanna Scanlan), the senior maid, whose loyalty is to Maria Thins. Much of the book is devoted to describing domestic life in Holland of the 1600s. Griet spends considerable time doing never-ending loads of laundry, which she scrubs and then dries and bleaches in the sun. On one occasion Cornelia dirties a sheet of laundry so Griet has to redo it. She must also make daily visits to the fishmonger and the meat market where she meets Pieter (Cillian Murphy) who will later be part of a presumed romantic quadrangle including Griet, the painter, and his patron.

One interesting note that is touched on at a few points is the segregation of working class Protestants like Griet’s family from the Catholics like the Vermeers (he converted to Catholicism before marrying Catharina Bolnes in 1653). Griet covers the crucifix at the head of her bed each evening so she can sleep. Chevalier has a fine eye for detail and the book’s description allows the reader to fill in the pictorial settings. The movie has a clear advantage in being able to create a beautiful and sumptuous background, especially in its best scene: the patron arrives at the Vermeers’ home by boat on a canal lighted with torches for the party celebrating the surrender of a finished painting.

Cleaning the Master’s studio, which must be left exactly as she found it, allows Griet to grow in her appreciation of art.
In one interesting scene that appears differently in the film, a friend of Vermeer’s lends him his camera obscura to visualize a painting. In the film, Vermeer is alone with Griet and they come close to one another. In the book, Chevalier handles their developing relationship much more subtly, showing that while the impressionable seventeen-year-old is falling for her Master, he is more concerned with his painting and sees himself as a tutor for a knowledgeable assistant who also serves as an inspiration for his muse. She begins to mixes paints and even suggests a different positioning for the table in a painting that he is doing. He shows her how white clouds are not just white but a blend of colors.

Vermeer is a slow painter and, given his burgeoning family, taking three to sixth months to complete a painting leads him into substantial debt. To satisfy his patron, lecherous merchant Pieter Van Ruijven (Tom Wilkinson), Vermeer takes a commission to paint Van Ruijven and his maid. Van Ruijven takes the opportunity to seduce the maid, leading to her pregnancy and subsequent ostracism. He envisions the same thing for Griet. He convinces Vermeer to paint Griet and, as a cover for his intentions, he also commissions a second painting using him and his family as musicians. Vermeer refuses to allow him to be in Griet’s painting, a “tronie”—a painting not meant to portray a specific sitter. As reviewer Jonathan Lopez notes, “the term encompasses close-up images of established character types—the jolly fisherman, the saucy servant girl—as well as faces displaying strong emotion or otherwise lost in thought.”

The book covers the intrigue very well as Van Ruijven is kept away from Griet with such success that he is forced to surprise her and chase her around the laundry. Vermeer’s wife is prevented from knowing that he is painting Griet because she would be upset that a maid was chosen instead of herself, as well as that Vermeer is using her own earrings for the painting of the maid. Chevalier adds a nice touch with the earrings, not replicated in the movie, when Vermeer insists that she wear both earrings even though the one on the right won’t be seen by the viewer. Presumably, the artist will see it.

The director calls the film a “domestic thriller” but it is hardly that. To me the film is very slow moving and has very long shots of Griet walking from errand to errand with lots of pregnant pauses. Inexplicably, the director chose not to include scenes of the onset of plague and the subsequent quarantine during which Griet’s sister dies, nor does he include the subplot of her brother’s unhappy apprenticeship in a tile factory. These would have added more action to the film. As it is, it’s literally and figuratively like watching paint dry. To give the film its due, it was appropriately nominated in three Oscar categories: Cinematography, Art Direction, and Costume Design. If you are a Scarlett Johansson fan, by all means see it. I’m not. Since she is in just about every scene, for me this constituted Johansson overload. My main problem with the film, however, is that one probably can’t understand the film and the intrigue that is going on without reading the book. The screenwriter had to condense 240 pages of text into less than two hours, whereas the reader can pick up the book or listen to the audiobook sporadically and be transported back to seventeenth century Holland without losing the thread. As for my fear that the book would spoil things for me by cluttering up appreciation of the painting with an imagined backstory, it never happened. I appreciate Chevalier’s inventiveness but I doubt the veracity of the portrayal of the principals. If we know little about Vermeer and his wife, we know nothing about the maid. So I suggest you read the book, skip the movie, and enjoy the painting.

References

Mister 880 (1950)
Starring Edmund Gwenn, Burt Lancaster, and Dorothy McGuire.
Running time 90 minutes.

I attended Transfiguration School on Mott Street in New York City’s Chinatown. Founded in 1853, it served the children of immigrants, first Irish, then Italian, and later Chinese, mainly from Hong Kong. Sister Mary Berchmans Flynn, a Maryknoll nun who taught a combined fifth and sixth grade, skipped me a grade by moving me over a row. She told my parents that she worried that the school could not meet my needs and that I might get into trouble being much younger than the other boys, some of whom played rough. My stepfather, who had spent half of World War II at sea as a merchant Marine from Murmansk to Anzio and New Guinea, was then working as a marine engineer for the Grace Line on two-week trips to the Caribbean. He apparently was a troublemaker in his youth and his father, who owned the Café Espana next door, intended to send him to military school, which had the reputation of being the place where you sent boys to “straighten them out.” With his father’s premature death, the plan was shelved and my dad shipped out when he was fifteen, but held onto that dream. After considering Peekskill, he agreed to send me, beginning in the eighth grade, to La Salle Military Academy, located on
The contrast with the Lower East Side made me feel that I had died and gone to heaven. In order to pay the tuition, board, and uniforms, which came to $1865, a lot of money in those days, he agreed to switch to six-week cruises to Valparaiso, Chile. I couldn’t afford to go home on weekends, so I stayed at the school where, each Saturday, students who had not accumulated ten demerits were taken to the movies in Patchogue. Those weekly doses of Hollywood cinema resulted in my lifelong love affair with the movies.

Mister 880 was one of the films I enjoyed then; I was glad to see that Twentieth Century Fox had finally released it on DVD. A lighthearted entertainment, it’s a good example of a case where truth is stranger than fiction. Based on a series of New Yorker articles by St. Clair McKelway, it tells the story of Edward Skipper Mueller (born Emerich Juettner in Austria), who worked for years as a building superintendent. After his wife died in 1937, he decided to retire at sixty-three and moved with his dog from their basement apartment to a sunny top floor apartment in a brownstone on 96th Street and Broadway. A friendly gentleman who was quite handy, he had been a very good “super” and was well-liked. He loved to stop and talk to people as he walked his dog in the neighborhood.

He tried to make ends meet as a junkman (or antique dealer as he preferred to call himself). Having been self-sufficient since first beginning work at age thirteen, he did not wish to go on “relief” or to trouble his son and daughter, who both had families of their own. During his business downturns, he took to counterfeiting one dollar bills on his printing press, called “Uncle Henry.” Beginning in 1938, Miller began printing dollar bills when he needed them but only gave them out one at a time; by 1943 he had distributed $2841 bills. It took ten years for the Secret Service to solve the case—it had the distinction of being the longest open case in its history. What was frustrating to the agents was that he only cashed the one dollar bills intermittently and from various locations in New York City’s five boroughs. Adding insult to injury, he used a retouched portrait of George Washington, spelling it “Wahsington,” and used ordinary stationery. The agents came to describe him as “the most exasperating counterfeiter of all time and the least greedy.”

Mueller (or Miller as he is called in the movie) is played by the gentle, avuncular Edmund Gwenn. Walter Huston had originally been cast in the role, but died just before the filming began. Best known for his Academy Award-winning portrayal of Santa in Miracle on 34th Street, Gwenn also received an Oscar nomination for this role. The story is enhanced by a fictional romantic subplot with Burt Lancaster as Secret Service agent Steve Buchanan and Dorothy McGuire as Ann Winslow, an interpreter at the United Nations. They meet when she unknowingly passes a counterfeit bill and becomes a target of the investigation. Known as Skipper, Miller is a genial man who captivates even the Secret Service men who had been frustrated by not being able to track him down. The judge is not sympathetic to the crime but is persuaded by the agents to give him a light sentence and to levy a fine of one dollar (a real one). Residuals from the movie earned Mueller more money than his life of crime, consistent with the words of a popular radio program of the time, Crime Doesn’t Pay.

References

Dr. Dans (AΩA, Columbia University College of Physicians and Surgeons, 1960) is a member of The Pharos's editorial board and has been its film critic since 1990. His address is:
11 Hickory Hill Road
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The gossamer strands show structure, a spider’s pattern spun by heart. The regular rhythm repeats until a single line is frayed. Unraveling, the cobwebs wave and twist, finding stillness only in asystole, life unstuck from such strength and fragility.

Doug Hester, MD

Dr. Hester (AΩA, Medical College of Georgia, 2004) is an assistant professor in the Department of Anesthesiology, Multi-Specialty Division, at Vanderbilt University Medical Center. His address is: Vanderbilt University Medical Center, 1911 Medical Center Drive, 464 TVC, Nashville, Tennessee 37232-5614. E-mail: doug.hestervanderbilt.edu. Illustration by Jim M’Guinness.
Reviews and reflections

David A. Bennhaum, MD, and Jack Coulehan, MD, Book Review Editors

Going Clear: Scientology, Hollywood, and the Prison of Belief
Lawrence Wright
Knopf, New York, 2013, 365 pages plus references and index
Reviewed by Frederic W. Platt, MD

This is a tough book to read and a tough one to review. Reading about Scientology reminds us of other painful human behaviors that we wish did not exist or at least existed in a country or a universe far from ours. The book’s story reminds me of other features connected to the decline and fall of civilization. The business that calls itself Scientology began as pop psychology, morphed into science fiction, and then into a sort of religion, and indeed has been given the status of a religion by the Internal Revenue Service. This religion urges that human sufferers (all of us) should enlist in Scientology classes to help overcome habits of thought, including those from past lives, that are blocking their path to spiritual development, psychological health, and material success.

Author Lawrence Wright exposes Scientology as a personally and financially exploitative organization that from its inception has been run by deranged and violent men. The sect has been successful in pursuing celebrities, especially Hollywood actors, and has gleaned tens of millions of dollars and an inestimable amount of free advertising from those sources. Scientology is per member the richest quasi-religious organization in the world. That its leaders have tried vigorously to suppress criticism of the movement increases one’s admiration for Wright, who spent years researching and interviewing for the book. Wright received the Pulitzer Prize for a previous book, The Looming Tower, and deserves another for Going Clear.

The brainchild of L. Ron Hubbard, a bizarre but prolific science fiction author, Scientology today has centers on three continents and is a multibillion dollar business. It generates income from fees for its programs, by charging followers to disenroll in the movement, and by using the unpaid and, in many cases, forced labor of followers to rehab and maintain its extensive collection of properties, including a cruise ship. Reading about devotees of the sect helps one understand what Wright calls “the prison of belief,” a process by which a subject’s intellect and common sense are gradually overcome by the strength of his needs, leading him to embrace an illogical system that promises relief from existential pain.

Under the direction of David Miscavige, the autocrat who succeeded Hubbard, Scientology has continued to spread worldwide. As the enrollee invests time and money in pursuing different levels of the auditing process that promises to identify and remove barriers to happiness, his belief in the system grows stronger. The sect calls the end result of this auditing process going clear. The alternative to belief in the process is to admit that one has been defrauded and exploited. The resemblance of Scientology practitioners to fraudulent faith healers is unmistakable, but such faith healers do not typically spirit away their subjects’ children, or keep them as mind slaves to do menial work.

When a follower disobeys one of the organization’s many rules, he could be sentenced to serve time in the Rehabilitation Project Force (RPF):

One of the doors the federal agents opened during the raid in Los Angeles led to the darkened basement of the old Cedars of Lebanon Hospital. . . . newly christened as Scientology’s Advanced Org building. There were no lights, so the heavily armed agents made their way down the stairs with flashlights. They found a warren of small
cubicles, each occupied by half a dozen people dressed in black boiler suits and wearing filthy rags around their arms to indicate their degraded status. Altogether, about 120 people were huddled in the pitch-black basement, serving time in the Rehabilitation Project Force. The ranks of the RPF had expanded along with the church’s need for cheap labor to renovate its recently purchased buildings in Hollywood.

Going Clear invites the reader to ask: What is a church? What is a religion? How does psychological need drive belief? At what level of belief do we simply relinquish our critical faculties and yield to faith alone? At what level do we simply say, “Nonsense!”

This book will also give the reader an appreciation for investigative journalism. In Going Clear, Wright gives several examples of Scientology’s critics who were harassed both physically and by ruinous lawsuits for reporting on the sect’s practices. Among his informants are people who reached high levels of power in the organization, became disillusioned, and are expecting retribution for their apostasy. In fact, I’m a little nervous about endorsing Wright’s criticism myself.

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The Lost Carving
David Esterly
Viking, New York, 2012
Francis A. Neelon, MD (AΩA, Duke University, 2002)

Surely this is the lure of serendipity: to come across things, unbidden and unexpected, that change the way we see the world. I remember, in the old days when hospitals had libraries and libraries had actual books on actual shelves, stumbling across Michael Balint’s The Doctor, His Patient, and the Illness at Watts Hospital. It was not what I was looking for, but was next on the shelf to what I was looking for. I took it down, read it then, and have been reading it with increasing profit ever since.

Even more remarkable is it to happen on a book that on its face seems to be one thing but on reading turns out to be something vastly deeper and broader—like David Esterly’s The Lost Carving. Esterly, a Harvard graduate with a recent doctorate from Cambridge, was wonderstruck when, in St. James’s Church on Picadilly, he came upon the woodcarvings (wood sculptures might be better) of the seventeenth-century English woodcarver Grinling Gibbons. Esterly completed his doctoral thesis (on Yeats and Plotinus), but abandoned an academic career to learn to carve wood as Gibbons had. Confirmation that he succeeded came when Esterly was selected to reproduce a Gibbons carving that was destroyed in the 1986 fire at Hampton Court.

But Esterly’s memoir is much more than a simple accounting of how he attained his considerable skill as a woodcarver. He certainly paid attention when reading Yeats (Plotinus, too, I suspect, but I am no judge there); his deft and highly readable prose is woven throughout with poetical and philosophical elements. I sent a copy of the book to my nephew, a writer and teacher of writing, who wrote back, “I found myself photocopying parts for my Fiction Writing class this semester. His thoughts on creativity and self-expression were particularly useful. [The biggest obstacle in] teaching adults or college students is to convince them that they are not engaging in an enterprise of self-discovery and self-expression. Those may be by-products, but creation is a bigger proposition than that. Esterly says it very, very well.”

I, too, found myself copying out a whole galaxy of quotations, because they amplify and illustrate not carving or writing, but the art of doctoring. The enterprise of medical education dances to the tune of medical science, but limps when it comes to the practice of doctoring. I was reminded of what life is like in the clinic when Esterly wrote,

I discovered a curious thing about carving. Fifty percent of the effort will achieve ninety percent of the effect. Another discovery followed on quickly. If you allow yourself to stop at that ninety percent, then the carving can never succeed, never really succeed. . . . The last ten percent, that final zone of difficulty, is everything.

It seems to me that the businessmen who manage modern medical practice are more than happy to get “ninety percent of the effect” if they can push through twice as many patients per hour; why not get their doctor-employees to run faster if there is little or no difference in outcomes between fast and slow doctors? Might this ninety-percent-for-fifty-percent phenomenon also explain the assertion that patients treated by nurse practitioners do as well as those treated by doctors? Perhaps the lack of “significant” difference results from the range of potentially observable variation being not 1–100, but only 90–100 (or even 99–100).

And who has sat in the consulting room “certain” about what the patient before us needs to do, rattling off words of wisdom and expecting the patient
to comply faithfully? And how often has expectation failed us? Because, as Esterly cautions,

When you are shaping a form, forcing assaults usually meet with furious resistance. The blade must woo the wood. You could just as well think of the wood courting the blade, informing it of the configuration of its grain. The wood instructs the tool in its motions. Who’s seducing whom? The chisel may propose, but the wood disposes.

Wouldn’t we all be better doctors if we saw the patients as wooing us, instructing us with their actions (and inactions)? Thankfully, we are never too old to learn, to profit from being stretched to the limits. Esterly again:

The extreme is the circumstance under which you continue to learn, even after years of plying your trade. You push through your second and third and fourth wind, until the creature gives up the ghost and all that’s left is the task. Not that what you’re doing becomes easier, under pressure, just that it becomes second nature. First nature, even, like breathing and eating. Somebody asked Stravinsky whether he enjoyed composing. “Do you enjoy waking up in the morning?” he replied.

A reading group of which I am a member, and which has been meeting weekly at Duke Hospital for over twenty-five years, spent five weeks reading and discussing The Lost Carving. Happily, I found it as good the second time around as the first. I really do think that when a book written by a carver of wood makes a teacher of writing say, “This is about the art of writing,” and a medical doctor say, “This is about the craft of doctoring,” the author has gotten close to the heart of poiesis, of making, has reached that exalted state where folks from different spheres of interest feel that the author is talking straight to them.

Reading The Lost Carving, I was reminded that 100 years ago Sir William Osler said to beginning medical students:

... do not forget, above all things, the famous advice to Blackmore, to whom, when he first began the study of physic, and asked what books he should read, Sydenham replied, Don Quixote, meaning thereby, as I take it, that the only book of physic suitable for permanent reading is the book of Nature.

I think we can add Esterly’s stunning meditation to the list.

Reference

Dr. Neelon is medical director of the Rice House Healthcare Program in Durham, North Carolina. He is retired from Duke University where he spent forty years as a house officer, fellow, and then faculty member in the Divisions of Endocrinology and General Internal Medicine. He is a member of the editorial board of The Pharos. His address is:

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God’s Hotel: A Doctor, a Hospital, and a Pilgrimage to the Heart of Medicine

Victoria Sweet
Riverhead Books, New York 2012

Reviewed by Richard Bronson, MD (∆ΩΛ, New York University, 1965)

The title of Victoria Sweet’s book, God’s Hotel, is taken from the French Hôtel Dieu, which could be translated as “Hostel of God.” The term refers to hospitals, many founded by the medieval church throughout France, that served as places of respite and healing for the sick and destitute. Hôtel-Dieu de Paris is the oldest hospital in Paris, currently affiliated with the Faculté de Médecine Paris-Descartes. In contrast, Hôtel Dieu in Marseille has been converted to an InterContinental Hotel. Victoria Sweet, currently an associate clinical professor of Medicine at UCSF, worked for twenty years in a contemporary American hospital that offered similar care without limit to those in need: Laguna Honda, an almshouse situated in San Francisco.

The last twenty years have been a time of transition within the structure of medical care institutions, with the new focus on diminishing reimbursements, decreasing length of stay of hospitalized patients, and consultants hired to find economies in the system. This theme pervades the book. A second theme deals with Dr. Sweet’s entry into a doctoral program in the history of medicine, based in part on her study of Causae et Curae, the medical treatise of Hildegard von Bingen, a German abbess who lived from 1098 to 1179, now popularly known for her mysticism and musical compositions. A third theme of God’s Hotel is Dr. Sweet’s maturation as an internist during the time she worked at Laguna Honda, applying what she had learned from her thesis work. These three themes are woven through God’s Hotel, creating a unique tapestry
in which Dr. Sweet develops the concept of "slow medicine," in which time and support are provided, allowing healing to occur. The author is a keen observer, an essential attribute for reporting and writing, as well as for becoming a skilled internist. Following an introduction on “How I Came to God's Hotel,” the book’s twelve chapters present a series of case histories that illustrate its underlying themes. Illustrative chapter titles include: “The Visit of Dee and Tee, Health Care Efficiency Experts,” “Slow Medicine,” “Dr. Diet, Dr. Quiet, and Dr. Merryman,” “Recalled to Life,” and “The Spirit of God's Hotel.”

Hildegard viewed the body as having an intrinsic ability to heal itself that she termed viriditas. There are wonderful asides throughout the book describing the derivation of words. Dr. Sweet tells us that

Viriditas comes from the Latin word for green, viridis—which also gives the French vert . . . So usually it referred to the color of plants . . . although it was also used metaphorically to mean vigor and youthfulness.

But Hildegard used viriditas . . . in a broader sense . . . to mean the power of plants to put forth leaves, flowers, and fruits; and she also used it for the analogous power of human beings to grow, to give birth, and to heal.97

Hildegard describes prescriptions for living and healing, based on the medieval concepts of the four humors: blood, phlegm, bile, and melancholia. The blend of the different humors in different individuals can be assessed by the astute clinician and advice given accordingly, as expressed in the metaphor of “Dr. Diet, Dr. Quiet, and Dr. Merryman.” But healing takes time, time that was available in a world entrained to the slow medieval clock of the seasons, and also at Laguna Honda, but not available in our present health care system. The element of time pervades God's Hotel, of time lost to length of stays, RVUs, and the edifice of modern efficient medicine getting in the way of caring and healing, even of diagnoses. How easy not to see the person within the context of his whole life, to miss an important fact! How many of today's hospitalized patients can even state their doctors' names?

This concept of humans’ intrinsic capacity to heal has survived to more modern times, as reflected in Claude Bernard's milieu interior, and later, in Walter B. Cannon's writings on homeostasis, the ability of the body to regulate its own balance. I spent time training at Bellevue Hospital, which was a Hôtel Dieu in deed, if not name. Founded in 1736, it is the oldest public hospital in the United States. Its doors were open to everyone in need, and length of stay was never an issue, healing being the first priority. This rule persisted through my internship in 1966, and many patients remained for weeks and months, if necessary. We understood the concept of veriditas, knowing that its loss—which we termed “piss-poor protoplasm”—meant that healing was unlikely, no matter what treatments you offered.

The Laguna Honda in which Dr. Sweet practiced no longer exists, and God's Hotel is in some ways a threnody to the institution, its passing into something else. We are left not knowing whether that transformation will succeed, though Dr. Sweet illustrates that something significant has been lost. Yet can the concept of “slow medicine” at Laguna Honda be generalized? We have learned that hospitals are places of danger as well as healing. The errors that occur within modern hospitals lead to deaths, miscommunication of information, drug reactions, and the growth of drug-resistant bacteria, like the ever-present C. difficile. If one has a home, better to recuperate there than in the hospital, better to leave as soon as possible! Medicine has advanced so rapidly, with so many areas of deep knowledge and new procedural skills that cannot be encompassed by the general internist or family practitioner. This has created the need for hospitalists and intensivists as provisioners of inpatient care, a system in which the patient can easily be considered solely as an illness, rather than as a person. I thought of this during my own recent hospitalization. It was reassuring to be cared for by medical staff who knew me, and whom I trusted.

We should mourn the loss of “getting to know” our patients. How frightening it would have been to be treated by strangers during a time of sudden illness!

While of interest to all medical doctors, irrespective of their specialization, God's Hotel should especially be required reading for medical students. There are so many valuable lessons it teaches:

1. The need to focus on the patient as embedded in a life larger than that of the hospital or the person's illness.
2. The critical information a perceptive doctor receives when giving the patient time to speak.
3. The role of nurses in providing continuity of care beyond those few minutes doctors devote to talking with their patients during rounds.
4. The value for the patient of time, rest, and manifest caring to promote healing through the body's self-regulating mechanisms.

And

5. The foibles and dangers of bureaucracy in decision making regarding the design and funding of institutions that provide medical care.

Dr. Bronson is a professor in the Department of Obstetrics, Gynecology & Reproductive Medicine and Director of the Division of Reproductive Endocrinology and Infertility at Stony Brook Medicine. He is a member of the editorial board of The Pharos. His address is:

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Our interest in families with multiple AΩA members was piqued by a letter from Dr. John Packard of Birmingham, Alabama, whose family contains six AΩA members spanning four generations!

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We asked you to let us know if your family has multiple AΩA members. Many members told us about their outstanding families—and sent us photos, which you can see on our web site (http://alphmaomegaalpha.org/news_multi_AOA.html). If your family has multiple AΩA members, send us an e-mail (with photos if you have them) at multiAOA@alphmaomegaalpha.org.

This list was finalized March 3, 2014. If you’ve sent in your information since then, please check our web site.

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Elegy

At first I enjoyed telling my friends about dissection, and they were eager to listen.

- about our first cut
- how his chest was like a great white ghost and
- how we held our scalpels aloft like kites, swaying in the wind.

But the deeper we went—the lungs, the heart, the face—
the more my friends’ gaze shifted,
their fingers fiddled.

It was around that time I began to see secrets written on the body,
- how her back must’ve ached with the impossible arc of scoliosis
- how the tumors ate his breath away,
- and how the pathologist said of the triplet placenta,
  “yes, all of the specimens came from autopsy, unfortunately.”

What lonesome wisdom anatomy brings us
of tragedy best left unmentioned to the neighbors and children,
of seeing through the skin of our loved ones.

Benji Perin

Mr. Perin is a member of the Class of 2015 at the University of Washington School of Medicine. His e-mail address is: bip2@uw.edu.
Illustration by Jim M'Guinness.
The David and Diane de Harter Visiting Professorship

W e are pleased to announce that Dr. David de Harter and his wife Diane de Harter have given $70,000 to Alpha Omega Alpha to support the Alpha Omega Alpha Honor Medical Society David and Diane de Harter Visiting Professorship at the University of Wisconsin School of Medicine and Public Health.

Dr. de Harter was elected to AΩA at the University of Wisconsin in 1968. He served in the Navy Medical Corps during medical school (Ensign 1915 Program), internship (Bethesda Naval Hospital), and afterward in the fleet, base dispensary, and Naval Hospital, Charleston, South Carolina. After leaving the military, Dr. de Harter entered a radiation oncology residency at the M.D. Anderson Cancer Center in Houston, Texas, where he won first prize in the M.D. Anderson Hospital and Tumor Institute Project Competition for Fellows, Residents, and Project Investigators. He has been the director of Radiation Oncology at Columbia Hospital in Milwaukee, Wisconsin, at Immanuel Medical Center in Omaha, Nebraska, at Flagstaff Medical Center in Flagstaff, Arizona, and at Treasure Coast Radiation Oncology Center in Port St. Lucie, Florida. He is now retired from practice and lives with his wife Diane in Palm City, Florida, where they enjoy their children and grandchildren, and golfing, boating, and their club.

My wife Diane and I have always aspired to the goals and core values of Alpha Omega Alpha Honor Medical Society, so beautifully expressed in its motto: “Be worthy to serve the suffering.” We hope that our gift will encourage other physicians and families to consider what they might do through activism or targeted giving to help the profession of medicine in these trying times. Surely, medicine will always be a noble profession. But the business of health care is becoming increasingly tawdry. We see many physicians beleaguered, challenged, and frustrated by the changes in the health care industry, and we wish we could do more to help.

We have long been active in and supportive of the American Cancer Society and other organizations that boost the arts, culture, civic engagement, and medical education. This gift will exert a force multiplier effect as it supports Alpha Omega Alpha Honor Medical Society’s mission, and helps students and teachers at our alma mater, the University of Wisconsin.

Alpha Omega Alpha Executive Director Dr. Richard Byyny’s editorial in the Winter 2013 issue of The Pharos, "Leadership for the Future," struck a responsive chord. Dr. Byyny discussed the erosion of physician leadership in the last seventy-five years of American medicine, and the consequent need for more physicians to become leaders who exemplify the core values of the medical profession and express the views of men and women closest to the problems of patient care, teaching, and medical research.

Diane and I feel privileged to support Alpha Omega Alpha’s goals and vision for the future of medicine. We invite you to join us in moving medicine forward. This is a time for action.

David J. de Harter, MD
AΩA, University of Wisconsin, 1968

On behalf of Alpha Omega Alpha Honor Medical Society, our members, and our Board of Directors, I want to thank David and Diane de Harter for their thoughtful and generous donation to AΩA. David has been an active member of the society since being elected in 1968 and he told me he has always valued being an AΩA member and he reads and enjoys The Pharos regularly.

David enjoyed a long and distinguished professional career in medicine. He cares deeply for our profession, our physician colleagues, and patients. David and Diane's gift supports in perpetuity medical education through outstanding visiting professor educators and leaders at their alma mater, the University of Wisconsin.

Richard L. Byyny, MD, Executive Director
AΩA, University of Southern California, 1964