



AN INITIATIVE OF THE ARNOLD P. GOLD FOUNDATION
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Ideas and Inspiration

Do you have a story, essay, quote or poem to share with your fellow members? If so, we would love to hear it. What follows is a selection that received an honorable mention from the 2007 Gold Foundation Humanism in Medicine Essay Contest, open to all medical students. Judges have included physician-writers Perri Klass, Jerome Groopman, Danielle Ofri, and Abraham Verghese.

Author Allison Meadows was inducted into the GHHS at Indiana University School of Medicine last spring and is now a family medicine resident in Klamath Falls, Oregon. Entrants were asked to interpret "To cure sometimes, to relieve often, to comfort always," attributed to Hippocrates.

On my dresser sits a small woodcarving, made from a rich cherry with flawlessly smooth edges. From where I stand it is a carving of a howling wolf, but as I turn it 90 degrees it transforms into the shape of a saguaro. What amazes me about this carving is how precisely it has been shaped, so that one would never know without touching and examining it that there are two completely different figures within this single structure. I like to think of it as a metaphor for the patients I care for, perhaps more meaningful given its origin.

At first, Mr. Rone seemed like a typical overnight admission – a 72 year-old with dehydration. However, as the resident presented a brief history to me, he became a bit more complex. Mr. Rone was receiving chemotherapy for metastatic colon cancer, and now there was questionable syncope. It surprised me after hearing this that he was expected to stay for only one night, but I proceeded to his room for my "brief" H&P. Mr. Rone was lying quietly in his bed with his partner, Linda, seated nearby. He seemed surprised that yet another person was here to ask questions and examine him, and although clearly tired, he began to recount his symptoms over the last week. I went through my list of standard questions, having filled a page with notes by the time I got through "surgical history."

To be honest, Mr. Rone was my first cancer patient. Drawing on my experience conducting Quality of Life surveys for terminal cancer patients see page 2



GHHS National Induction at Annual AAMC Meeting

For the second year in a row, the GHHS Nominations and Awards Committee, chaired by Linda Blank, chose five national honorees for induction into the Gold Humanism Honor Society. The five were filmmaker Ruth Yorkin Drazen (not shown in photo), Harvard physician and best-selling author Jerome Groopman, also the 2007



GHHS National Inductees at 2007 Gold Foundation Humanism and Medicine Lecture

Gold Foundation Humanism and Medicine lecturer, Mayo's Wojciech Pawlina, Editor of *Clinical Anatomy*, Kathryn Montgomery, Director of Northwestern's Medical Humanities program and Paul Lanken from the University of Pennsylvania. On November 4, 2007, AAMC President Emeritus and Arnold P. Gold Foundation Chairman Jordan Cohen led the induction ceremony, which included recitation of the GHHS Pledge and distribution of certificates and lapel pins by GHHS Director Norma Wagoner before an audience of nearly 700, who were assembled for Dr. Groopman's talk, *How Doctors Think*.



GHHS Panel Featured at AAMC Meeting

"Knowledge must be humanely applied." ~Jordan Cohen, MD, from the GHHS panel, *Humanism and the Withholding of Medical Services on Moral Grounds*

Also on November 4, 2007, during the annual AAMC meeting, the Gold Humanism Honor Society (GHHS) sponsored an early morning debate. *Humanism and the Withholding of Medical Services on Moral Grounds* was a lively discussion that prompted provocative questions from an SRO crowd of nearly 200. Fred Hafferty of the University of Minnesota moderated the panel. The two debaters were physician-ethicist Steven Miles of the University of Minnesota and Reed Tuckson, Medical Director of UnitedHealth and Gold Foundation trustee. Both were asked to address issues such as:

- Is there a duty to treat and, if so, on what basis?
- Does practicing medicine in the face of an increasingly pluralistic society create an increased duty to treat?
- Does practicing medicine within a closed shop and within a protected harbor create an increased duty to treat?

Medical ethics educators Kelly Fryer-Edwards, of the University of Washington, and Mark Kuczewski of Loyola Stritch, were asked to consider the role of medical schools and residencies in engaging these topics with learners. Placing these comments in a humanistic context, in summary, Jordan Cohen emphasized the need to put patient interests first.

Did you know that grants are available for campus-and community-based projects?

E-mail Allison Sole at afsole@gold-foundation.org with your letter of intent or with any questions you may have about the suitability of your chapter-initiated project. Refer to the GHHS section of the Gold Foundation website www.humanism-in-medicine.org for samples of chapter-initiated projects.

Reminder to Chapter Advisors

It is not too late to submit the questionnaire you received back in October. Whether or not your chapter has applied for a chapter-initiated project grant and received one to date, we are eager to hear your thoughts. (These grants are not the \$2,000 start up grant that all chapters receive upon launching.) Please email Harriet Turner at harriet@gold-foundation.org to return your survey or to receive another one. Your responses will be instrumental in helping us help you fulfill the GHHS mission of “inspiring members and medical school chapters to act as change agents for humanistic patient care.”

The **GHHS Directory** will be available on line shortly. If you are receiving this e-newsletter, you will be sent an email with instructions on how to set up your user name and password so that you may access this user-friendly database. It is our goal to keep in touch with you and apprised of Society happenings and events!



SAVE THE DATE!

**GHHS BIENNIAL 2008
SEPTEMBER 25-27, 2008
CHICAGO, IL**

Ideas and Inspiration (cont'd from page 1)

in college, I decided to ask Mr. Rone about his life outside of illness, if there was one. Immediately, he and Linda's eyes brightened. They both had an interest in art and loved to take photographs, and Mr. Rone had a particular affinity for woodcarving. With noticeable remorse, Mr. Rone stated that his greatest regret about being sick was that he was no longer able to create his woodcarvings. He took pleasure in the construction of his artwork, but took great joy in being able to present his creations to others – especially when given to unsuspecting recipients, such as his regular waitress at the local diner.

I was intrigued by this hobby and in my naivete asked Mr. Rone what had stopped him from continuing. He smiled at me and said that he wasn't sure, that he shouldn't have let his illness stop him. However, he stated that ultimately he was too weak, and his repeated surgeries and rounds of chemotherapy had resigned him to the bed rather than his shop. "But," he said, "when I get out of here this time, I think I should go back to my shop."

The next day, I presented Mr. Rone to my attending who was concerned about an episode of syncope prior to admission. We decided to order an imaging study of his brain to rule out metastasis, the outcome of which would determine whether Mr. Rone could continue with chemotherapy or would now have a terminal diagnosis. Explaining this information was difficult, but Mr. Rone was well aware of his condition, and was ultimately more concerned about how Linda would cope with the news than with his own health.

Later on when I stopped by to see how he was doing, Mr. Rone told me he had something to show me. Linda had brought a stack of photos from home, all showing different woodcarvings Mr. Rone had finished throughout the years. We spent over an hour reviewing the photos of these elaborately detailed works of art, and although I have spent many hours in galleries, I was genuinely impressed by what he had created. We talked about wood grains and drill sizes, all things I knew nothing about. But it was apparent how much Mr. Rone enjoyed his craft, and we both preferred woodcarving over cancer as a conversation piece. When I left, Mr. Rone stated that he had forgotten just how much he loved this, and how he promised to get back in the shop the moment he got home.

On his third day in the hospital, Mr. Rone had his imaging study. I waited by the computer for the results. Although I knew there was no cure for his disease, I knew the remaining hope for a cure would depend on this study. Finally, late in the afternoon the results came back. My heart was pounding as I read the summary of findings – no evidence of metastasis to the brain. I had such an overwhelming sense of relief – I couldn't wait to tell Mr. Rone and Linda the news. I walked down the hall to his room, only to find him fast asleep, Linda reading the newspaper at his side. She motioned to me to come near, and whispered, "He's exhausted, so I don't want to wake him just yet. But he had me bring something for you." And with that she pulled a small cherry woodcarving out of her bag – one side a wolf, the other a cactus. I was surprised to receive a gift from a patient and told Linda I would return in a bit to thank him, nearly forgetting that I had come to give him a gift of good news.

When I returned an hour later, Mr. Rone was awake and I thanked him for the beautiful gift, telling him I would place it on my dresser so I would be reminded of his kindness every day. We discussed the outcome of the imaging study and an immediate sense of relief crossed his face. He then sat up in bed and declared it time to go home so he could get back to his woodcarving. He was determined to fight his cancer by bringing joy and comfort to others once again. And as I said goodbye, he looked at me and said, "You know, you're going to make it. So don't give up!"

I wish I had said those words to him. Three months later, Mr. Rone's obituary ran on my birthday. I will never know if he made it back into the woodcarving shop, but I like to believe that he spent his last few months taking comfort in doing what he loved. Although I was unable to cure Mr. Rone of his illness, he showed me a kindness and spirit I will never forget. As physicians we seek to help others, but in reality it is those we treat who will often relieve, and may always bring a sense of comfort to us if we are willing to look beyond the facet of illness.