

Letters to the Editor

Three generations of Alpha Omega Alpha membership in the Douglas Family

For the Alpha Omega Alpha Honor Medical Society, its key, the “manubrium sternum hominis;” its publication *The Pharos*; and its motto “Be Worthy to Serve the Suffering” are testimonials to medicine and the legacies of this unique medical community of practice. As a family, we have the distinct privilege and honor to have three generations of AΩA members.

Albert H. Douglas (Weill Cornell Medical College, 1929), Steven D. Douglas (Weill Cornell Medical College, 1962), and Anne G. Douglas (Raymond and Ruth Perelman School of Medicine at the University of Pennsylvania, 2017) have each had the opportunity to be a part of this prestigious organization.

In addition, preceding the founding of AΩA in 1902, Albert’s father, Samuel D. Douglas, received his medical degree from the New York Polyclinic Medical School and Hospital in 1887, and served as a Clinical Assistant in the Department of General Medicine at the Italian Hospital of the Polyclinic in New York City.

From 1929 to his death in 1974, Albert practiced cardiology. He was a member of the initial group of internists to be board certified in cardiovascular diseases. As captured in the Simon Dack (AΩA, New York Medical College, 1966, Alumni) lecture by Eugene Braunwald¹ (AΩA, New York University, 1951), cardiology underwent great advances during Albert’s time. Advances such as Einthoven’s string galvanometer and Forssmann’s self-performance of cardiac catheterization (*The Pharos*, Summer 2016, “The key in the lock: Cardiac catheterization”) ushered in the modern era of cardiology as an independent subspecialty. Subsequently, coronary angiography and invasive cardiology emerged, which are now standard components of cardiac care. Albert directly contributed to the fields of echocardiography and the development of cardiac pacemakers and defibrillators.²

Other contemporaries of Albert made pharmacologic discoveries that led to the now commonplace calcium channel blockers for hypertension, as well as early work on the pharmacologic development of angiotensin converting enzyme inhibitors and statins.

In addition to sharing medicine with my father, I have had the opportunity to share the joys of the life sciences with my wife and daughters. Both of my daughters are training in unique specialties—Hope is a veterinary equine surgeon, and Anne is a neurology resident. My wife, Mary Anne Forcica (AΩA, Duke University School of Medicine, 1974), is a geriatrician conducting research on aging.

I direct laboratory-based studies, which range from basic, translational, to clinical research. Specifically, I investigate immune cell receptors and diseases with a major

focus on cellular immunology, tachykinins, and neurokinin receptors and HIV/AIDS.³

As a family, we reflect together on these milestones that span nearly a century. We are humbled and motivated by the advances in medical science that for centuries have endeavored to alleviate human suffering. For example, in Albert’s time, diseases such as miliary tuberculosis or bacterial endocarditis were almost inevitably fatal, but now are curable, and have nearly been eradicated. In my professional lifetime, new challenges have emerged, including HIV/AIDS. Once universally feared and fatal, HIV is now treated with powerful antiviral and retroviral drugs, allowing it to become a chronic illness.

Looking forward to Anne’s medical era, we can anticipate advances in genomics, personalized medicine, and surgical engineering to continue to increase longevity and quality of life. In her field of neurology, the next decades hold the promise of advances in diagnosis and treatment of neurologic processes by investigating immunological privilege across the blood brain barrier; the potential for broad reclassification of central nervous system disease as defining details as determined at the molecular level; and the hope of finding treatments for devastating neurodegenerative processes through ongoing research.

In disease and in health, the human species, and human condition continually challenges us as not only physicians, life scientists, and scholars, but also as individuals and members of AΩA. We are fortunate that our family tree affords us a glimpse into medical history across three generations, the roots reminding us of what has preceded us and forming a firm foundation from which to move forward.

References

1. Braunwald E. The Simon Dack Lecture. Cardiology: the past, the present, and the future. *J Am Coll Cardiol*. 2003 Dec 17; 42(12): 2031–41.
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Metrical Discord

Is this what we are feeling in medicine? Experiencing in medicine? Physicians and patients long for connection—human connection—a healing relationship. Yet, what is the metric for this? A meaningful metric.

Years ago, a colleague and I met with a mentor to query the possibilities of how to explore this conundrum. Initially, he politely listened, tried to engage, asked a few questions, and then, with a smile, blurted out, “No one cares.” “Excuse me?” was what we said, although our thought was, “huh?” “No one cares,” he said again. His smile was not strained and accompanied by a sigh of concerned disappointment, but rather, signaled a trivializing wave of the hand. My colleague and I made eye contact and graciously exited the conversation. No further energy needed to be expended there. We knew we all should care.

But this continues to be the challenge. I often hear colleagues bemoan, “They don’t care;” “they” being “the powers that be.” We are in a caring profession, but “they don’t care.”

Kathi Kemper reminds us that our patients do the healing, it is their bodies that heal.¹ As physicians, we endeavor to facilitate healing, and to do this well, we must be grounded and centered—we must be whole in order to be at our best to help others heal.

Yet, more than 50 percent of us are “burned out.”² Our institutions are increasingly corporatized, demanding metrics that can be measured—regardless of meaning. Something is awry with this arithmetic. The human unknown is not easily bounded and described by simple algebra.



What do we do with this metrical discord? Do we need counseling? Can we listen together? Hear together? Heal together? Through kintsugi, the Japanese art of pottery

repair, exquisite beauty and renewed purpose emerges from broken pieces. Imagine if we care to do this with medicine.

References

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A new insight

The juxtaposition of two articles in the Spring 2018 issue of *The Pharos*—“The Sick Child,” by Don K. Nakayama, and “The living dead: Interactions between the living and the dead in clinical practice,” by Robert W. Putsch, III—brought about a new insight for me: stories are auditory images, and pictures (art) are visual images. And the two can be interchanged in our minds and patients’ minds. Talking about stories or thinking about and discussing pictures with patients can help to clarify and deal with grief, regret, anxiety, trauma, and the many other states of mind that sometimes plague them (and us).

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Correction

In the Summer 2018 issue, the article “Gender and professionalism: Does it matter?” incorrectly identified Dr. Arjun Dayal. He graduated in 2017 from the University of Chicago Pritzker School of Medicine. We apologize for any confusion or inconvenience this may have caused.