



Secretary Treasurer—Joseph W. Stubbs MD, MACP (AQA, Emory University, 1978) joined the Board of Directors in 2008 as a Member at Large and is now beginning his third term. In 2011, he became the Secretary Treasurer, an office he still holds. Dr. Stubbs is a private physician in Albany, Georgia. He is past president of the ACP (2009–2010) and currently the medical director of South Georgia ACO. His specialty is internal medicine/geriatrics.

Directors

Councilor Director—Charles Griffith III, MD, MSPH, FACP (AQA, University of Kentucky, 2000, Faculty) currently serves as the Councilor to the Beta Kentucky Chapter at the University of Kentucky, a position he has held since 2004. Dr. Griffith is the Senior Associate Dean of Medical Education. He received the AQA Robert J. Glaser Distinguished Teacher Award in 2004. His specialties are internal medicine and pediatrics.

Member at Large—Holly J. Humphrey MD (AQA, University of Chicago, 1983) is currently the Dean for Medical Education at the University of Chicago Pritzker School of Medicine, and the Ralph W. Gerard Professor

in Medicine. From 2001 through 2011, she served as AQA Councilor to the Beta Illinois Chapter at the University of Chicago. Her specialty is internal medicine.

Student Director—Richard Latuska, MSIV (AQA, Vanderbilt University, 2014) is a fourth-year medical student at Vanderbilt University. He received his undergraduate degree at the University of Notre Dame, where he graduated *magna cum laude* and was inducted into Phi Beta Kappa in 2011. Mr. Latuska is the son of a nurse and a gastroenterologist. He plans to specialize in pediatrics.

Medical Organization Member—Griffin P. Rodgers MD, MBA, MACP (AQA, Warren Alpert Medical School of Brown University, 2008, Alumnus) has served as the Director of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) since 2007. He is widely recognized for his contributions to the development of the first effective (FDA-approved) therapy for sickle cell anemia. He performed basic research that focused on understanding the molecular basis of how certain drugs induce fetal hemoglobin gene expression. He was also a major collaborator in developing a modified blood stem-cell transplant regimen that is highly effective in reversing sickle disease in adults with relatively low toxicity. His specialty is hematology.

Letters to the editor

“The care of the patient”

I greatly enjoyed reading your editorial in the recent issue of *The Pharos* (Autumn 2014, pp. 2–3). It summarized my current struggles with medicine. I’m an intern in Pediatrics and just finished a month of general inpatient pediatrics. To sum it up, I feel as if I just spent a month in the twilight zone. The paragraph regarding Dr. Marr’s article perfectly summarized many of my qualms. Two points I would also include are the redundant notes (both I and the fellow/attending must write daily progress notes) as well as the barriers to great nursing-physician communication. But the penultimate frustration I am running into is that it seems as if our current medical system has the severe side effect of eroding any idealism a young resident may carry. Multiple times I have attempted to go beyond acting like the “shark” and offered to care for a patient more intimately post-discharge (with home visits for example), only to be told that it doesn’t fit proper protocol. I’m worried that the “caring”

component our MD title carries has been transformed from its older idyllic form to one that must fit in the constraints of for-profit medicine. My single goal has become to finish residency with my “caring” and “idealism” intact. The next step would be to find/create a system that highlights these characteristics rather than the “bottom-line.”

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“David Seegal”

I loved Dr. Dans’ article about David Seegal in the Autumn *Pharos* (Autumn 2014, pp. 4–9). It brought back memories, and I have an anecdote to share.

I was a visiting student (from Harvard, at the suggestion of John Loeb, who preceded me there two years earlier) on the Goldwater Memorial Hospital service, where I had the joy of working under Dr. Seegal and Dr. Arthur Wertheim. Indeed, I credit my experience there with the origin of my

career in chronic illness.

My introduction to the Columbia way of doing things began with the first patient I presented to Dr. Seegal. I started my presentation in the casual (Boston) way I knew: foot on a dropped bed rail, notes in hand. I was immediately instructed to stand straight, remove the foot, and dispense with the notes. To be certain that I understood, Dr. Seegal called for a strip of gauze bandage, whereupon he proceeded to tie my hands behind my back. (The things that we accepted in those days!)

The lesson stuck, and I kept the bandage in my drawer as a reminder for years thereafter.

The other side of the story is that, later, when I did a fellowship at Columbia, I saw a lot of residents make up data rather than say *ic ne wat*. On the other hand, the CML2 reflex stays on to this day.

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