





# Reverberation

## Genevieve Boland, MD

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A lot can happen in half a century. That is the span of time that separated my father's graduation from Jefferson Medical College from my own. He was a product of his time—a young man born in the early 1930s. This was the time of the Great Depression, as the world recovered from World War I and unknowingly was preparing for World War II. He grew up in a working-class suburb of Philadelphia, populated by mostly Irish and German immigrants. He was second-generation Irish, the child of parents who created a life for themselves against great odds. His parents met while working in an armory in Philadelphia during World War I and his father went on to become a judge in the Orphan's Court of Philadelphia. He lived at home throughout medical school and took the local transit (at that time an above-ground trolley) to and from his parents' house to center city Philadelphia each day. He entered his residency at Graduate Hospital in Philadelphia, only to have it cut short when he was drafted into the Navy. He served on the USS *Franklin Delano Roosevelt* and remained a Navy man his entire life. During his medical training at Jefferson, he saw Dr. John Gibbon perform open heart surgery using the newly created heart-lung bypass machine and this event changed the course of his life forever.

In contrast, I was born in the 1970s—a bicentennial baby. I was the child of academics, and the youngest of six over-achievers. My father was a cardiothoracic surgeon and my mother an artist. I grew up in a household filled with conversation of medicine and art, a lovely dichotomy. My parents were avid travelers; that element infused my entire childhood. My first memories are of Taiwan, where we spent the summer of my fourth year of life while my father worked at a teaching hospital. Many of the family stories were set in Africa, Taiwan, Vietnam, Haiti, or Guatemala. Our household was alive with conversation, debate, and opportunities for learning. I think



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back fondly on my father, who encouraged our many and varied interests. I have stacks of articles he sent me over the years, highlighted and with Post-It notes attached pointing out some idea of interest or another. These articles were drawn from surgical texts, the *New York Times* travel section, and any other source you could imagine. An article on Iceland sits on top of one on necrotizing fasciitis on top of notes on the latest music trends. He supported all of my interests, but the one he and I shared most deeply was our love of surgery.

I graduated from Jefferson exactly fifty years after he did—we were the classes of 1956 and 2006, both proud members of Alpha Omega Alpha. Our differences reflect both the generations from which we came and the changing tides occurring in medicine. During his time, Jefferson was a male-only school. He spoke of the attendings herding “their boys” through anatomy lab. My class, on the other hand, was the first class in Jefferson history to be half male/female. Even our degrees reflected a shift in perspective. Because I am an MD/PhD he used to tease me that I was a doctor of the new millennium, and he was not entirely wrong.

When he trained, the patient services were smaller and patient stays were longer. There were no outpatient surgeries, no work hour restrictions, and many of our current sub-specialties were still a part of general surgery. His life spanned many historic events, which taught me that history is just your life or the life of others, seen in retrospect.

He went on to obtain specialty training in cardiothoracic surgery at Parkland Hospital in Dallas and was the fellow on call when John F. Kennedy was shot. He remembered seeing Jackie Kennedy entering the hospital carrying a piece of JFK’s skull and the grim looks on the faces of the treating team. He was on the team that treated Governor Connally, the other victim in the shooting. A few days later he was called to put a chest tube in Lee Harvey Oswald when he was taken to the hospital after being shot. Listening to him describe the technology at the time, I found it hard to fathom. Pacemakers were large towers and had to be wheeled from room to room. Open-heart surgery was in its infancy and laparoscopy did not even exist. Due to his early exposure to cardiothoracic surgery, his fascination with these techniques dominated much of his career despite remaining a general surgeon at heart.

1. My dad in Dallas, where he did fellowship training, in 1963 and where and when he met my mom.
2. Graduate Hospital Philadelphia, circa 1950s. 3. My wedding, 3 weeks before he died, Boston.
4. Self-portrait during my residency, MGH Boston, 2009. 5. Graduation from MGH Surgical residency, 2011 (2 months after he died.) 6. Philadelphia, 1950s, again during medical school or early residency.
7. Navy portrait, late 1950s/early 1960s, I think, around the time he served in active duty. 8. Rosebud Reservation, South Dakota — he worked on the Native American (Lakota/Sioux) reservation one summer, 1979. 9. Charleston, WV — 1976/77.



What I respect the most about my father was that he did not fight change, but instead embraced the evolution of medicine and surgery. He greeted each new discovery with excitement, and he loved to see me growing up in a new system, different from what he had known. As a child of the new millennium, my training was in world of sub-specialization. Open-heart surgery was routine, transplants were common, and laparoscopic surgery was the norm. We characterized cancers from a molecular standpoint and targeted therapies were *de rigueur*. As an MD/PhD I was training to be a physician scientist, not a pure MD. This approach to medicine in combination with research and clinical trials was also different from his era. My world was dictated by evidence-based medicine gleaned from prospective, randomized trials. The contrasts between our eras were significant, but some things never change. Surgeons love surgery. Physicians love medicine. And doctors love their patients. On these matters, we were exactly the same.

He and I used to talk every few days about life, training, medical personalities, and hospital dynamics. He remained an active physician almost until the day he died. He stopped operating, but still remained administratively active and was a resource to the junior surgeons when they found themselves in uncharted waters. He loved his job—it kept him going every day—and this was a love we shared. As an academic, he was the one person who tirelessly read every article or chapter I ever published, regardless of the topic. He lovingly read (and highlighted) my PhD thesis—perhaps the only person besides me who read it in its entirety. I remember his joy on the day of my graduation: his daughter with two hoods. He listened with great interest as I described the adventure of residency interviews and the match, and he was there with me when I found out I was going to Massachusetts General Hospital for General Surgery. He reassured me that a girl from West Virginia could teach those Harvard folks a thing or two.

He relived his intern year as I described to him my experiences, from my first day in the OR to my first independent chest tube for a tension pneumothorax. He counseled me to remember the feelings of success and accomplishment of saving someone's life, because they are rare and fleeting, and we will never forget the ones we harmed or could not help. As I progressed through my residency, I described to him my first hand-sewn anastomosis and my first Whipple. He shared in every step along the way. He was my confidant, my advisor, and my unfailing cheerleader.

During my second year of residency, he was diagnosed with urothelial cancer after noting painless hematuria. This was followed by various procedures and treatments culminating in a cystectomy that was aborted when nodal disease was found intra-operatively. I was in the recovery room with him when he awoke, and I was the one who told him that he had not been resected. I remember vividly his comment that his odds were almost as grim as pancreatic cancer. As usual, even

post-anesthesia he had a piercing mind. But he never focused on the negative, we moved on, and he willingly proceeded to chemotherapy as recommended. He did not make it to five years as he had predicted, nor did he make it to my residency graduation—one of his dreams. But he did make it to my wedding, the March of my chief year of residency. He walked me down the aisle, we had our first dance together, and he sent me off on my honeymoon with a hug and a kiss. When I saw him two weeks later, he was in the final stages of dying from liver failure—he deteriorated fast. I was with him for that last week, sitting at his bedside, telling stories, holding hands. And I was there in the room when he died.

I think 2011 was the biggest year of my life to date: I got married, my father died, I completed my chief year of surgical residency at MGH, I moved to Houston, I began my fellowship in Surgical Oncology at MD Anderson, and I got pregnant. I'm not sure there are many other life-changing events I could have crammed into a single year. It was intense, lovely, hard, sad, joyful, and a time of immense growth. In some ways having so many things going at the same time made each of them easier to handle. It is only now, later, with time for reflection that I am able to put all the pieces in their appropriate places. But it is still a work in progress.

When I think of my father, James Pius Boland, I will always see him as a selfless person, one who gave not only to his family, but to his community as well. He was a gentle leader, a quiet soul, a deep and piercing mind, and a sweet loving dad. Our worlds may have been very different, but they were also very much the same. He said watching me live my life helped him relive his own. We shared a common thread and a common set of experiences. He embraced the changing world, he encouraged me to be a part of the new thinking and approaches. He was my most die-hard advocate. He knew that my career, this path, would not have been possible during his time and he was so proud of how the world had changed. He encouraged me to chart my own course, to be true to my soul, and to be an individual. But he also reminded me to use my talents to serve others. I will never forget that his final words to me were a reminder to keep the faith and protect the vulnerable. These are words that I take to heart each and every day. I am certainly my own person, but I am also an outgrowth of the person he was. He made my path and my progress possible. And I am not alone, he played this same role for many trainees during his thirty years as a surgeon and educator in West Virginia, both residents and students alike. He was greatly respected, and also greatly loved. And it gives me consolation to know that his ripples live on, even though he no longer does.

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