Reflections

The essential 1%

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I had the good fortune to go to medical school while my father still practiced internal medicine. I loved to hear his stories about the patients and science he had encountered. He would often tell me to "listen to the patient; they are trying to tell you what is wrong with them."

He loved retelling the stories from colleagues and patients he saw from all walks of life—the young attending demonstrating the first liver biopsy who dropped it into his pantcuffs; the college professor whose angina stopped him every time he reached the second stairway landing after walking up the hill to his office, and got the first dose of propranolol in Syracuse; gym teachers who paid him in used sports equipment; a high school wrestler with Wolfe-Parkinson-White syndrome who had the courage to go to Duke and have his aberrant path mapped and snipped with an open procedure in the 1960s; the elderly woman who threw books and dishes at him when he came to make a house call, delirious because of her hypercalcemia; and the 90-year-old who had enough salt in his special Sunday meal at Red Lobster that he needed a shot of Lasix to relieve his pulmonary edema every week just before Ed Sullivan came on. Conservatives and liberals, pro- and anti-war, rich or unable to pay, his patients spanned the socioeconomic and political continua. These stories recognized their common humanity, their strengths, and their foibles. The stories never mocked or judged, they just appreciated their uniqueness and always contained a kernel of wisdom or humor, commonly both.

He told me that the most important part of taking a history was to put the patient at ease and establish some common ground with them. He once told me that he sought to learn at least one percent about everything so that he would always have something in common with each patient, regardless of their background or station in life. I took that to heart.

This is the one percent we should all strive for; it is a necessary foundation of empathy and sense of community. This is a good one percent, and available to all. It helps break down the cultural and partisan barriers that confront us.

It's useful to reflect on how he came to that philosophy. My father was born in 1921 on a family farm in Moravia, NY, the youngest of seven. He reached adolescence at the height of the depression in that rural village of 1,300, home to a substantial minority of first and second generation Irish immigrants. In the 1930 census, his grandparents, David and Catherine, listed their place of birth as the Irish Free State. They had come from County Cork through Boston a few years following riots in Cork related to nationalist unrest. Over the ensuing 60 years they bought a farm on the outskirts of town, and later a house in the village, helped establish the first Catholic Church and the Catholic cemetery, and became comfortable.

On the 1870 United States Census they placed the value of the farm at $2,400 and their estate at $570. By 1930, the village house, owned by their son John Francis, was valued at $3,000 and the farm at $6,000, by then owned by John Francis' eldest son David, my uncle and namesake.

Dad grew up in this small community, finished school in a one-room schoolhouse at age 16-years-old, and did chores on the farm. They milked Holsteins and raised cabbage for cash. This was a town of farmers, blue-collar workers, and a rare professional. The very successful moved away. Millard Fillmore and John D. Rockefeller lived there in their youth and went on to found the Know Nothing Party and become among the wealthiest Americans, long after they left town. Those that stayed had no reasons for pretension. They knew each other well, their strengths and shortcomings, and respected those who earned an honest living. They all knew hardship, and did not equate a person's wealth with their value.

Dad had the benefit of five siblings 12 years to 20 years his senior; they decided he would go to college (a first) at Syracuse and live with his sister, Catherine, and her husband, Vincent, an obstetrician. He slept on the couch, studied, worked nights and weekends at the Continental Can Company, and during brief vacations returned to

Moravia to refresh his spirits, help on the farm and do manual labor for the Works Progress Administration. He developed an interest in medicine and was encouraged to go to medical school, graduating as a member of AΩA in 1943, his four years crammed into three because of the war. It was in Syracuse that he met my mother, a nursing student from the Adirondacks. Her father had died of colon cancer when she was 18-years-old, and she was sent to the big city.

After training in internal medicine, a chief residency year, additional training in physiology and pathology, and a first job at the new Veterans Administration he began his practice. His first patient walked in off the street with a cinder in his eye that was promptly washed out. When he inquired about his bill; dad pondered a moment and responded "two bits."

He became a respected diagnostician (effective treatments for many common disorders were often crude or nonexistent) and, like most physicians of the era, relied on the history and physical examination to make a diagnosis. He made a good living, but was not rich. He drove Ford Falcons, rarely traveled, and had no expensive hobbies. He was well known for his rock and mineral collection, which included mold and cast of some small dinosaur tracks that he had personally dug out of an outcropping in the Connecticut Valley. He was passionate about medicine, and read history, classic poetry, biography, *National Geographic*, *Scientific American*, the *New York Times*, and Vonnegut.

When I see a patient for the first time, I begin by introducing myself and say, "So tell me about yourself. Where are you from? What do you do? Who are your people?" Then I listen. When I hear something that somehow connects us, and after they have finished, I tell them a little story about my connection to whatever it is. If all goes well, we have a bond.

Listen and you will hear something that can connect you. Draw on what you know. Everyone has a rich store of memories.

I have lived in central New York for 61 years of my 67 years, and my wife and I have three kids. As a kid I mowed lawns and repaired irrigation systems on a golf course, and later I worked as a bartender and bouncer, as a morgue attendant and night watchman, and played football, wrestled, skied, sailed, and hitchhiked around the northeast. I have four sisters and a brother. I have worked at the same institution for 35+ years. I have interests in history, sports, geology, birding, and have traveled a bit.

Usually something in my experience overlaps with something the patient brings up. Sometimes our kids have something in common. On occasion, I recognize a family name and I find we are distantly related—I have an ancestry app on my phone.

My patients and I often have a shared appreciation of place, as do so many people who live across the country. Many of my patient's families have been here for generations. Central New York is full of beautiful places, lakes, waterfalls, parks, and historic sites, and there is a shared pride of place for many, a common finding across the globe. I have driven most of the back roads in at least seven counties, and met tens of thousands of people from the region. I can relate to where they're from, and joke about the winter snows, or the latest Syracuse University (SU) sports event. I can speak with those from Clinton, where Bristol met Myers and Hamilton founded an academy, or about how sweet the cider is from their cider press. I can relate to patients from just east of Ithaca, telling them about the famous Dr. William Root, AΩA's founder, who practiced in Slaterville Springs, and the founding of nearby Freeville by newly-freed slaves.

To those from the foothills of the Adirondacks or those with Hodgkin's disease I can describe Talcotville, the home of Dorothy Reed Mendenhall, MD (AΩA, The Johns Hopkins University School of Medicine, 1909, Alumni), who studied under Sir William Osler and is credited with describing the Reed-Sternberg cell. I can also tell them about Hinckley reservoir, close by on Route 8, flooded almost 100 years ago and submerging my grandmother's childhood home, or Old Forge, self-proclaimed snowmobile capital of the world and my mother's hometown.

I have much in common with those who are familiar with Skaneateles Falls, home of the Welch-Allyn company, which probably sold most doctors their diagnostic kit as a medical student. Those just to the west know Seneca Falls, the home of the suffragettes. The list is long.

We can talk about the challenges and joys of raising children, high school athletic rivalries, and how the SU basketball or lacrosse teams are faring. I try to avoid politics, but it can sneak into the conversation.

My father used to keep his records in a manila file. On the inside of the front he wrote those things that he learned that would help him remember a connection, "Born in Lyons, grew up with Boeheim; dairy farmer from Owasco, milks 150 Holsteins; teacher at Mott Road Elementary; brother of Jim Burns; delivered by Uncle Vince; deer hunter; loves Yeats." The hints were short, but helped him remember a piece of their story.

I have no manila folders, but I can describe a patient connection in my first sentence and carry it forward in the electronic medical record. I can welcome them to a

follow up visit and ask a personal question, unrelated to medicine, about their life.

So that is the one percent I aspire to acquire, to find something in common with every patient I meet so that we have a human connection, not just a relationship about a medical problem. The best part is that it's free.

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Reflections from a medical student delivering harm reduction care

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In my first two years of medical school I ran a mobile syringe service van that supplied rural Vermonters with harm reduction supplies that they might not otherwise be able to access due to economic factors and living in remote locations. I took the harm reduction philosophy of "meeting people where they are" quite literally. I had just moved from the bustling streets of Oakland, California—a national hub for harm reduction, where I'd been working in street outreach for years—to Vermont, where the busiest streets in the largest cities are often less populated than some alleyways in Oakland.

Looks that kill

She really can't meet us anywhere else. She is in a wheelchair and has an appointment with Special Services Transportation Agency (SSTA) to go to the doctor more than 30 miles away. I look up SSTA and learn that an SSTA appointment should be made 24 hours in advance and that participants are given a window of time in which they can be expected to be picked up for a one-way ride—a cumbersome system to depend on.

When we arrive at her apartment complex in the bright red sprinter van, we are met with unwelcoming scorn from other residents. I realize that because of the service we provide I must be very thoughtful about where we park and how visibly we approach the person we are going to see. I think about how the dynamic of living in a rural community affects the services provided.

We pack up supplies and bring them in discreet black bags to her apartment door. We step in and I briefly glimpse a life that drives my curiosity. I must question my internal biases when it becomes obvious that this woman did not appear to be the stereotypical drug user. She is elderly and well-groomed. Her home is cozy and warm, and smells like cinnamon apple pie. She is hemming something on a rustic old sewing machine. I see a book about living with chronic medical conditions on the kitchen table. I wonder if she is a patient who was irresponsibly prescribed medications for pain control and has become addicted.

I cut off my thought process and remind myself that I need to stop imposing simple narratives onto people who will become my future patients because I don't want to lock myself into narrow patterns trying to encompass their entire lives. I remind myself that there is nuance, and no such thing as a stereotypical drug user.

She scooches herself over to a daybed and lifts a hidden compartment revealing that the entire piece of furniture is filled with used syringes. I conclude that she goes to lengths to hide her injecting. We replace her stash of syringes for new ones and she starts to rush us a little bit, reminding us that she has to get to her appointment. I wonder if she has any assistance for her appointment. I wonder if she lives alone. I wonder if she uses alone.

I theorize that the greatest mortality from opiates is due to stigma. One of my best friends died last year of an overdose in her kitchen while her girlfriend—a registered nurse—was at work. My friend hadn't used for more than a year and there was naloxone within 10 feet of where she was found pulseless. She also intentionally hid using, even from her partner.

My mind takes me back to the parking lot and the people who looked at us so disapprovingly when we arrived—those are the looks that kill. The looks that tell the people that they should not be seen. The looks that make them hide their truths in old furniture and only bring them out when loved ones are away at work.

I ask our client if she has any naloxone with her and she says she has "tons of it." I realize that if she lives and uses alone, it doesn't matter how much naloxone she has.

We need to leave so that she can get to her appointment, but I am still holding onto those thoughts about who this woman is, what her story is, and how her injection behaviors are weaved into bigger questions about access, stigma, community, and trust.

Unresponsive to stimuli

It's rare that I have extra time in the morning, but once in a while it happens. I stop in front of a small market to get morning coffee and I see a man standing in the lot. He seems dizzy, maybe drunk. I notice that he's stumbling and I make eye contact with him as I step out of my car. I get a hollow look back.

I'm inside for just a few minutes and by the time I step out I see the same man lying on his back on the asphalt. For a split second, my mind takes me back to living in San Francisco where a person lying on the ground among the hustle of the city is a ubiquitous sighting. There, it is common for passersby to avoid eye contact and continue walking as though homelessness or the drug epidemic is none of their business. This paradox is astonishing to me—that individuals can be enormously concerned and vocal about these crises on a societal level, yet express no concern walking by an individual sleeping on concrete. Despite being critical of this, I am not immune.

Unlike San Francisco, seeing someone laying on the ground on a frigid morning in Burlington feels out of place. I take a moment and assess him. Peering over him, I see his blank blue eyes staring back at me. I've been conditioning my brain to become a test-taking machine; this must be pinpoint pupils. I try to get his attention, but he is unresponsive to stimuli. I think I see a blue quality to his lips. I watch his chest rise, can't tell if this counts as shallow breathing. I start counting his respirations and comparing them to mine, it only takes a few breath cycles for me to conclude that this pale, motionless person in front of me needs help.

I re-enter the store and alert the woman at the counter. She is frightened, as am I, and to my relief she produces naloxone from behind the register. She knows what it is, and where it is, but has no idea what to do with it. We go back outside and I administer the drug to the man on the asphalt and ask the woman to call 911. I stay with the man until emergency services arrive. I wonder how much time he has. What feels like hours is actually minutes. I wonder how this works in places more remote than Burlington, where the minutes must feel like days.

When EMS arrives, we agree that he should receive more naloxone immediately, and they load him into the ambulance. I am relieved and I make my way back to my car.

On my way to campus, I ponder the outcome of the events this morning. I may have missed the lecture on gallops, rubs, and murmurs, but this morning has taught me a lesson I will never forget. Burned into my mind is the hollow glance I exchanged with the man on my way into the store. I knew he was telling me something, but I didn't stop to hear it. I feel fortunate that I was present in the moments surrounding his collapse, though equally important to my physical presence was having mental presence. I wonder how many times people keep walking, unresponsive, as I surely would have had my timing been different.

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Bloodlines

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> Stories have to be told or they die, and when they die, we can't remember who we are or why we're here.
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> —Sue Monk Kidd[1]

My grandfather, Byron Harbolt, DO, died August 21, 2017. At 94-years-old, he was nearly bent in half by compression fractures of his lower back, he was frequently confused, and during his final weeks of life he no longer had the strength to get out of bed. The day he died was a quiet, almost still, Monday. That morning, a total solar eclipse occurred. The sun's disappearance coincided with my grandfather's last breaths, which felt eerily fitting.

Byron Harbolt, DO

I had just started a fellowship at the University of Pennsylvania, but traveled to my grandfather's hometown in Tennessee for the memorial service. The funeral parlor was mostly filled with people I didn't know, many of them residents of the tiny Appalachian town of Altamont. It was here that my grandfather had lived and worked for 53 years as a family doctor until finally retiring at the age of 90. He had been an important figure in this small community. He

was utterly devoted to his work and his patients. And the community was grateful.

Over the years, his service had been acknowledged in various ways. Several times he had been named citizen of the year, he had been presented with a Jefferson public service awarded by the state of Tennessee, and he was once featured on a Nashville news station.

Shortly after he passed away, a local bridge was named in his honor. A large, green road sign on Old State Highway 56 reads, "Dr. Byron Harbolt Memorial Bridge."

Funerals are often emotionally complicated, and for me, this was true of my grandfather's funeral. The main emotion I felt was pride—pride that this man had been my grandfather. The crowd of grateful patients and friends who had come to honor the memory of his life only made this feeling stronger. But, there were other emotions too. Sadness was one. I loved him.

Yet another more complicated emotion was disappointment. A part of me was disappointed with my grandfather. He was from a generation of doctors that viewed medicine as a calling of such importance that it took precedence over everything else. Growing up, when we visited, my grandfather was seldom home, almost always working at his office or out making house calls. He never even learned the names of most his grandchildren. I didn't hold this against him. It was simply who he was. And yet, I did wish I had known him better. The truth was it felt as if I was attending the funeral of a stranger.

The funeral parlor had placed on display various mementos and relics from my grandfather's life and career. There were several pieces of antiquated medical equipment, a class photograph, diplomas, and black and white childhood and wedding pictures. An old ledger caught my attention. Its unmarked cover was tattered, and its pages were yellowed and stained. On opening it, I saw that on each page were long columns of handwritten names and dates with more than 2,500 entries.

As I examined the ledger, an elderly woman quietly came up beside me. "Them's just some of 'em," she said in a heavily accented Southern drawl. "We done d'livahd at least a thousand little un's before start'n to write them names down."

The ledger was a record of births. The woman was my grandfather's long-time nurse—someone who had worked with him for almost his entire career. She paused for a moment to trace her wrinkled fingers lightly across the open pages. As she did this, a great weight of history seemed to descend over us. What memories, I wondered, did she have? She probably knew my grandfather better than anyone else in the one way that most defined him.

"We never lost a single mother," she said with pride, "but there was one teenage mama we prit near lost." This young mother, she went on to explain, had given birth in the middle of the night in their clinic. The newborn was healthy, but as she came wailing into the world, her mother developed a severe postpartum hemorrhage. There was no one my grandfather could call for assistance. And despite his best efforts, this young mother continued to lose a massive amount of blood. Soon it became apparent that she was going to die. But, my grandfather had one last trick to play. His blood type was O negative making him a universal donor. Having run out of all other options, he made a final desperate attempt to save his patient's life. He rolled up his sleeve, laid down on a gurney beside her, and gave instructions to start transfusing his own blood.

As the long hours of the night slowly passed, the shadow of death hovered nearby. The dying mother's pulse flickered, and she took only occasional shallow breaths, while meanwhile, the life swaddled in a bassinet no more than an arm's reach from her stirred and grew stronger. It seemed the ending of one life and the beginning of another were going to occur simultaneously. Life and death dancing together. My grandfather's blood continued to steadily trickle into the young mother's veins. Just as the first rays of the morning sun began to spill through the windows, bathing their tired and pale faces, the mother stabilized. Death's shadow fled with the new day's light.

I stood transfixed while my grandfather's nurse, in her peculiar but rich vernacular, told this tale. Her words may have been simple, but with them, I had peered through a window into the past. I felt I knew my grandfather better than ever before.

After a moment of reflection, I respectfully closed the ledger. Nearby there was a scrapbook filled with birthday cards. On my grandfather's 94th birthday my mother had posted a notice in the local newspaper. Despite the brevity and the obscurity of this notice, the cards had come pouring in. I had seen a picture of my grandfather with a smile on his face as he sat in a recliner surrounded by an assortment of colorful cards. Reading them, I noted a universal theme—each writer expressed heartfelt appreciation for something my grandfather had done for them.

Then I came to a card that stopped me cold. "I was only 17," it read, "and you worked with me all night through a very difficult labor and delivery. I will always know you saved my life. Thank you from the bottom of my heart. Sonya, April 11, 1976." The date on the card clearly commemorated the night this young mother's child was born. There was no way of knowing if this was the same person,

but for me, these simple words completed the circle of the story that I had just been told. That feeling of the air being filled with the weight of history was now overwhelming.

After my grandfather's coffin had been lowered, I made one last stop at his clinic before heading to the airport. It was late afternoon. A symphony of cicadas played in the background. The summer air was heavy with humidity, and everything was verdant and richly lush in that particular way that is unique to the South.

Cathedral Canyon Clinic, Altamont, TN.

My grandfather was deeply religious. His faith was the one thing in his life more important to him than his medical calling. At the start of his driveway he had the words "Create in me a clean heart, oh God, and renew a right spirit within me," from the 51st Psalm, carved into the face of a large boulder. Recognizing this landmark, I turned in and followed the winding gravel road to the empty office parking lot. A faded sign with large letters read, "Cathedral Canyon Clinic."

A deep canyon with three spectacular waterfalls wound its way along the edge of his property. But I also knew that my grandfather's religious convictions were part of the reason why the name had been chosen. In his mind, his faith and his occupation were closely related. One was an expression of the other. For my grandfather, this clinic was as sacred a place as any cathedral.

I used a borrowed key to open the creaking clinic door. Walking slowly through the empty lobby I made a final stop in the clinic's small procedure room. Here is where my grandfather saved the dying young mother. Momentarily the musty air felt hallowed. I could almost see the ghost of my grandfather with an IV in his arm, as he lay on the torn gurney that still sat in a corner. Knowing the great depths of his medical and religious convictions, I have no doubt that had the young mother continued to bleed, he would have given his lifeblood to its last drop in order to save her. But neither my grandfather nor his patient died that night. Because they lived, they each had roles to play in other stories—stories that I would probably never hear.

It's tragic these stories were lost. I now realized this tragedy was the source of the disappointment I had felt at my grandfather's funeral.

On reflection, I realize less had been lost than I supposed. The stories of my grandfather's life flowing through human conduits across the years had kept his memory alive. And just as he had given enough blood for the young mother to live, he had also given enough of himself and his stories to keep his memory alive for me.

With this thought, I closed the door behind me.

References

1. Kidd, SM. The secret life of bees. New York: Penguin. 2003.

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