Reflections

A retirement message

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AI am now a tired, beleaguered 88-year-old retired surgeon–an albatross with clipped wings and broken feathers at best.

For numerous decades, it has been my pleasure to work with multitudes of aspiring young physicians who have achieved academic stature at the highest level possible. I have had the privilege to work with myriad outstanding medical school students, residents, fellows, and faculty members. The most recent group of graduates took on medical school in the face of an epidemic of deadly proportions and are now ready to move to the next level of their medical career.

I am now faced with a new charge–to inspire and ignite enthusiasm in the medical profession from a respectable distance. Today's physicians must remember to return to the many aspects in the practice of medicine that bring joy, satisfaction and honor–components of medicine that have been lost and replaced (unfortunately) with documentation, paperwork, and computer diagnosis, all of which are important and necessary in medicine today.

I encourage today's physicians to ensure that interest prevails. The role of autopsy is a lost art. I personally did the autopsy on every transplant patient who succumbed to my chemotherapy. I made a commitment to life-long learning.

No longer are physicians introspective as they were 30 years to 40 years ago. I implore today's physicians to be introspective. And be thoughtful and appreciative. Consider making the walk to radiology to review the case with the radiologist–a mandatory trip in my day–to satisfy your curiosity and meet a new colleague. Taking the introspective, thoughtful, and appreciative approach has great rewards.

The willingness to go the extra mile with inspiration can lead to vast improvements in patient care. Time is on your side; decisions are in your ballpark.

I wish for all who follow me in medicine, that their chosen career will provide great satisfaction and the desire to wake up each day and look forward to the privilege to practice medicine.

Letters to the Editor

Parkinsons and me

Dr. Platt's story "Parkinson's and Me" (*The Pharos*, Spring 2022, pp. 24-9) could be my husband's story. So many of the symptoms and experiences are the same ones that Charles had.

When a physician has Parkinsons disease (PD), as in Charles' case, it seems that he/she thinks of himself/herself as the patient he/she is treating. Luckily Charles wrote his memoir, *Office upstairs, a doctors journey*, prior to losing the ability to write.

Like Dr. Platt, Charles is a fighter and ducks and fights the various daggers thrown at him by PD. He had stellar training and a wonderful career in medicine—Emory undergrad; Medical University of South Carolina Medical School; Milwaukee County Hospital for internship; Charity Hospital for internal medicine residency; and Massachusetts General Hospital for Allergy and Immunology fellowship. While practicing in Charleston, SC, for 46 years, he served as President of the American College of Allergy and Immunology, and the World Organization of Interasthma. He flew to Texas in the aftermath of Hurricane Katrina to help with the medical needs of evacuees while he had Parkinsons.

Sharing Dr. Platt's story with medical students we know is a valuable lesson on what it's like to be on the other end of the stethoscope.

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Has the patient become a victim?

The Pharos is celebrating its 120th anniversary and the 2022 Winter issue highlights the two diametrically opposed views of what the medical profession was initially and what it has now become—humanism vs capitalism—"120 Years of being Worthy to Serve the Suffering" (*The Pharos*, Winter 2022, pp. 1–8) with a shift to "The business ethic vs. service ethic in U.S. health care: Which will prevail?" (*The Pharos*, Winter 2022, pp. 40–7). As senior editor of the Yearbook of Surgery[1] for 19 years, the transition from employer, (major health care company), to employee, (doctors), was insidious but longitudinally obvious.

Beginning on the doctors' side was the 80-hour work week. Few to no studies comparing complications before to after the transition to the 80-hour work week schedule show patient safety to be better and, in many circumstances, safety is worse because of communication errors during change over among physicians. Those residents who were forced to work only 80 hours during their residency hated the rule, but, once the rule had been established as the norm, residents were thrilled with it. I was helping a resident do a difficult dissection and in the middle of the procedure, he said he had to leave because his time had expired. This did not bother me other than the resident losing an opportunity to learn. I simply continued the procedure.

Next, large employers began to pay competitive salaries to residents upon completion of their training. This practice was followed quickly by a new medical profession called the hospitalist. These people had only the responsibility to ensure that all the patients in their care survived their 8 hour to 12-hour shifts.

Ownership of the patient so eloquently described by Dr. Richard Byyny and Dee Martinez, had begun its evaporation into the employer-employee relationship, well described by Dr. John Geyman. The person caught in the middle of this health care by committee is the patient. Health care conglomerates often are responsible to share holder boards, have tried to solve this issue by hiring nurse practitioners, patient advocates who ask for feedback from customers (patients) by responding to a questionnaire about their care once discharged; and hiring stenographers to capture the dialogue between patient and physician (and to ensure that all billing is captured) in the electronic medical record. Often these added hires just put another person or two between the physician and patient.

Patients are beginning to realize that they are no longer the center of attention in the health care system. The money to fund this convoluted system comes from patient care and is paid for by patients, often via their benefit plans and co-payments. The vortex of a perfect storm[2] is brewing. Hospitals are in the black, and physicians make excellent salaries, work fewer hours, sign out to hospitalists, and enjoy their lifestyles.

Patients are trapped in the perfect storm with no advocate in sight. These patients have the right to vote and may one day realize the tremendous amount of money (their money) accumulating in the health care industry. Who knows, some smart politicians may one day use a solution to this hypocrisy as a platform to win a major election.

References

1. Copeland EM (Editor-in-Chief), Yearbook of Surgery, 1993-2010. Chicago: Mosby-Elsevier.
2. Copeland EM, Trunkey DD. Medicine in a vortex: Quantity versus quality. Bulletin of the American College of Surgeons. June, 10-13, 2008. No. 6, 93.

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Cor Cordis

In the winter of 1973, gross anatomy was delayed until the second semester of the first year at the University of Colorado School of Medicine to give us time to adjust to med school. Gross anatomy was deemed to be perhaps too difficult and potentially emotionally-jarring for freshly minted medical students.

The experiences that are described by Dr. Moses Mather (*The Pharos*, Spring 2022, pp. 31-32), certainly echoed mine, almost 50 years later. Our cadaver ("Maude") became our friend, our joint venture, and at times, our haunting reminder of the trials and tribulations of medical school. She even spurred one of my partners and me on to go into the operating room one night to see a donor corpse to observe the differences between "closer" to life and cadavers.

My respect for her sacrifice has only grown through the years. Dr. Mather's answer for the last question of the final examination, "What runs through here [tagging the interventricular septum of the heart]," of LOVE was uniquely powerful. The "love" that he identifies should exemplify

the empathy (em—within; pathos—suffering) that we seek to embody as physicians—one of the profound lessons of gross anatomy.

Though now clinically retired, I am forever indebted to the profession of medicine, how I have hopefully helped others, and how so many others (colleagues and patients) have helped me. Thank you for the memories and reminders.

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The metamorphoses of COVID is OVID

The surge of COVID-19 over the past two years has heralded major advances in mRNA technology leading to vaccine development and the saving of many lives. The virus' continued metamorphoses into variants has highlighted its pathological and mortal nature.

The current landscape of COVID -19 infection suggests that the virus will be endemic, most recently with the metamorphosis to the Omicron variant. Unlike its other metamorphoses, Omicron has limited relationship to mortality as evidenced by the Delta and earlier variants, except in those immune compromised and those most subject to its pathogenicity.

There is a new Rhinovirus, old virus, and its metamorphoses have suggested an interesting parallel to history. The most important elements to understanding this viral infection is there should be no conflict with the need for vaccine protection. It is suggested that in order to move forward intelligently as a human race, we need to change our perspectives. The onset of COVID-19 has taught us all many lessons, including respect for human life. Despite the potential, and at times obvious, mishandling that has occurred globally in this pandemic, (including the lack of coordinated federal-level integration in the United States of this process, and the communication of vaccine mandates) there remains an unmet need to restore our lives to normalcy.

What have we learned for the future of the human race? What can we learn from the past, especially from those who have written of metamorphoses? We have learned that we must move beyond COVID-19. Hence, we suggest that we can learn from OVID. As the virus mutates, we must also transform into beings living normal lives integrated in science, yet with an understanding of risk.

Ovid was a Roman poet renowned for his work, *Metamorphoses*, a collection of mythological and legendary stories told in chronological order from the creation of the universe to the death and deification of Caesar, through the lens of humans' metamorphoses into other objects—stars, plants and animals. Beginning with the creation of the world, and ending with Rome in his own lifetime, the *Metamorphoses* drags the reader through time and space, from beginnings to endings, from life to death, from moments of joy to episodes of depravity and abjection. "Such is life", Ovid would say.[1]

A famous and beloved poet in Rome, Ovid was suddenly banished in 8 A.D. from Rome to Tomis (now Constanța, Romania) by decree of the emperor Augustus. At that time, it was one of the darkest corners of the Empire—the worst possible place for Ovid. Ovid wrote that the cause of his exile was *carmen et error*: "a poem and an error," based on *Ars Amatoria*, a poem offering guidance on the arts of seduction and lovemaking, and a personal indiscretion or mistake.

The council of the city of Rome revoked his exile in December 2017,[2] so he would be able to return freely. Ovid's carefree attitude to sex and adultery challenged the moral conservatism of Emperor Augustus. Ovid would never return and was resigned to his fate in exile.

COVID is not *carmen et error* and shouldn't return from exile. The world has to move forward. Let us learn from OVID's exile, not allowing the return of COVID-19 to haunt us any further. Let's finally accept the reality of COVID but not its power to cause us to crumble. Let COVID be OVID and let's move on. We must survive and continue through COVID-19 and leave the virus and its metamorphoses in exile.

References

3. Ovid, Metamorphoses. http://classics.mit.edu/Ovid/metam.html.

4. Ovid's exile to the remotest margins of the Roman empire revoked. https://www.theguardian.com/world/2017/dec/16/ovids-exile-to-theremotest-margins-of-the-roman-empire-revoked

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