

Alumni Wisdom Stories

STORIES OF MEANING, HEALING, AND COMPASSION
COMPILED FOR THE CLASS OF 2027

A black wrought-iron sign with a decorative crest at the top. The sign is set against a background of vibrant autumn foliage in shades of yellow and orange. The text on the sign is in a white, serif font.

GEISEL
— SCHOOL OF —
MEDICINE
AT DARTMOUTH

FOUNDED 1797

Geisel School of Medicine at Dartmouth

Alumni Wisdom Stories

STORIES OF MEANING, HEALING, AND COMPASSION
COMPILED FOR THE CLASS OF 2027

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Geisel School of Medicine at Dartmouth

**Alumni Wisdom Book: Stories of Meaning, Healing,
and Compassion Compiled for the Class of 2027**

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Alumni Wisdom Stories as Welcome Gifts for your 2023 White Coat Ceremony

We offer you, the Class of 2027, this collection of medical wisdom stories written by alumni of your Geisel School of Medicine at Dartmouth as a novel form of welcome gift added to the traditional White Coat Ceremony! *Your White Coat ceremony!*

We, along with the Alumni Engagement team and Geisel alumni throughout the world, hope that these stories will provide a source of encouragement, inspiration and joy to you in the exciting days and nights, months and years ahead!

Each of the 6000+ alumni of our medical school, founded in 1797, were once first year students like you are now. Work together, celebrate together, and create synergies of strengths together.

May you find much friendship, fulfillment, growth, and happiness during your medical school years!

Daniel Lucey '81/'82, Sarah Johansen '89/'90, Joseph O'Donnell '71

Dear Reader,

Phronesis is an Ancient Greek word for a type of wisdom or intelligence. More specifically, it's a type of wisdom relevant to practical action, implying both good judgement and excellence of character and habits, or practical virtue.

The Book is a collection of stories and lessons written by Geisel alumni. To maintain the voice of each individual writer, editing has been limited to obvious grammatical corrections. As such, when you are enjoying the stories printed within these pages, please keep in mind that depending on when the alumnus or alumna graduated, terms such as DMS or Dartmouth Medical School were not edited to preserve the complete experience.

We hope you will contribute your own wisdom stories as you move through your training and career to be shared with future Geisel classes. These can be shared with us via email at *Geisel.Alumni.Relations@dartmouth.edu*. Stories may be posted on our website at *www.geiselalumni.org/wisdombook* or printed in a future edition.

Sincerely,

Your Geisel Alumni Engagement Team

Contents

Jane Auger '97	1
Katrina Mitchell '06.....	3
Mary Ann Zetes '82	4
Calvin Johnson '85	6
Jonathan Keeve '81.....	8
John McGowan '65	9
Kathryn Gill '89	11
Stanley Rosenberg '55.....	12
Jon White '80	14
Peter Wright '65	16
Martha Wu '97.....	17
Oge Young '75.....	18
Douglas Zipes '62	20
Ana Maria Dumitru '19.....	23
Kathryn Zug '88	25
Daniel Lucey '81/82	26

Only Listen

BY JANE AUGER '97

In 2017, JAMA published an article stating that a physician was only capable of listening to a patient's initial interview for 18-23 seconds before interrupting. Try it. Set a timer for 20 seconds, start to read an article out loud, and see just how short that is.

You, as a medical student, are in the enviable (and never to be reproduced) position of being able to spend ample time with a patient.

Patients truly love to tell you about themselves, and not just about their medical problems. You'll be able to find out so much more – their family life, fears, hopes, dreams. And, because you may feel that you don't have any real answers for them at this point, you'll be in the perfect place to listen. Listen to their words. Listen to the space between the words. Listen to the sighs, the tears, the anger.

Somewhere along the way, your patient will let you know what the real problem is. The patient has the answer.

As a 3rd year medical student, I had my short list of patients to follow. Among them was a Chinese lady who refused to eat. She was wasting away. Her doctors were considering placing a feeding tube because she didn't want to die. Interpretation services were not as robust back then, and the translator didn't speak her exact regional dialect.

One day, her daughter came in to visit as I was doing my daily exam. We sat down, and I told her about her mother's reluctance to eat, and our fears that she was starving to death.

She began an animated conversation with her mother, then turned to me and said, "She hates the food here in the hospital." I asked if she would eat if she had food she liked – "yes". It

was not easy, but we got permission for her family to bring in home cooked meals for her, and she ate with gusto. No tube required. Gained weight and got discharged.

I got to that place because I didn’t know the answer myself, but listened to someone who did.

So that’s my advice to you—take the time to only listen.

Luck and Privilege

BY KATRINA MITCHELL ‘06

My Dartmouth Medical School education was the most formative experience in my medical life. At DMS, we made lifelong friends, worked incredibly hard, and, above all, learned that medicine was service and patients were sacred. The former Surgeon General Antonia Novella delivered my class’s commencement address, and I kept a copy of her speech in my whitecoat pocket throughout residency. On long nights of q2 trauma call before work hour regulations were widely enforced, I would unfold the worn paper and remember her words:

“I hope you are not just preparing for a job. I hope you are not just planning a career. I hope each and every one of you has a calling—a humanitarian calling ... You must become men and women who are concerned with discovering where your patients come from, and where they’ve been—not only their medical history on a reception room questionnaire, but their broader experience of human and inhuman living ... Remember, your patients will not care how much you know, until they know how much you care. You will have the opportunity and privilege to make the difference for someone in how they will have a better life. To have that opportunity is a privilege.”

I feel deeply grateful that I found my way to surgery and medicine through a non-traditional path. Medicine has opened the world to me, as I spent DMS electives in Central America; completed a residency research fellowship and later worked as surgical faculty in East Africa; and, have been able to experience life in rural corners of the United States during training and practice. Today, speaking and teaching opportunities have allowed me to continue to travel, make friends in medicine, and share the joy of my profession with my son. He sees medicine as complementing, rather than competing, with our time together.

As physicians, we are committed to treating patients like they are members of our own family. In a world where many women still lack basic human rights, I am privileged to be a surgeon and care for patients during vulnerable moments in their lives. Steve Jobs said, “You’ve got to find what you love.” I’m so lucky I did, and DMS made it possible.

Gratitude

BY MARY ANN ZETES '82

Last Friday was my last day of work after 38 years of practicing pediatrics. I have worked in a very busy small group practice in the Silicon Valley for the past 33 years. We were acquired by Stanford 2 ½ years ago. The outpouring of kindness from patients and staff these past few weeks warmed my heart. When asked how I felt on my last day, I answered that the overwhelming emotion is GRATITUDE.

I feel gratitude for the great mentors, Dr. Tom Almy, Dr. Saul Blatman, Dr. Joe O'Donnell and my chairman of pediatrics at Duke, Dr. Sam Katz, for teaching me the importance of maintaining excellence in the craft, of sharing the gift of kindness, and of understanding the need for humility.

I am grateful that I was able to find a balance between my career and family so that my husband, Dr. Peter Mazonson, DMS'82, and I could raise three wonderful children. I feel gratitude for my husband in being a full participant in caring for our children. We were able to find balance because all the doctors in my practice work 30-35 hours/week instead of the typical 50-60 hour/week of a primary care pediatrician.

I am grateful to have practiced with partners who I always trusted to care expertly for my patients when I was away. There was an ethic of never leaving work undone, always striving to provide the highest quality care, and taking full responsibility for our patients.

I am thankful to have worked alongside an amazing team of nurses, nurse practitioners, medical assistants, scribes, and administrators. It takes a team to provide high quality care. During the most challenging times, again and again I saw individuals step up to serve our patients.

In addition, I feel tremendous gratitude to my patients and their families for giving me the privilege of caring for their children and for sharing the most intimate parts of their lives with me.

Although the parting is bittersweet, I am excited about the next phase of my life. I am grateful that I chose a career that is transportable. For the past four years, this has allowed me to practice

pediatrics in rural Tanzania, with my colleagues on the medical staff at FAME (Foundation for African Medicine and Education – www.fameafrica.org), caring for some of the poorest children on the planet. This is a dream I have always had.

Finally I am grateful that young, energetic, well-trained doctors are ready to step into my place.

When I graduated from Dartmouth Medical School in 1982, I never imagined that I would be blessed with this many gifts.

Same Smile as She...

BY CALVIN JOHNSON '85

she flew into town
made a trip out west,
knee replacement surgery
was her request.

she and I in preop an excited look in her eye,
as I explained the anesthetic plan.
filled with happiness and joy she expressed to me
we have the same smile don't you see!

she went on to say filled with glee,
you have a smile I've only seen on TV
never in real life she continued to say
has a doctor with the same smile taken care of me.

she said the other smiles were not at all bad;
but a smile like mine was the first she had...
she beamed with pride
at the doctor's same smile,
and began the anesthesia journey with him at her side.

This is a poem case report of a 70 year old African American patient who underwent a total knee replacement. She had come to Cedars Sinai Medical Center in Los Angeles for her surgery during the pandemic. I am the African American anesthesiologist who took care of her. There has been an increased awareness, sensitivity and need for diversity in medicine in the USA during the

COVID-19 pandemic. This poem case report of my patient is not meant to imply that the physician must be the same race or culture as the patient in order to provide compassionate, outstanding care. Rather, quite the opposite. It is the diversity within the medical staff and department that brings awareness, insight, knowledge, compassion, and sensitivity to the entire healthcare team. As a result, the entire medical team develops closer professional relationships and friendships. This enhances the overall medical care provided to our patients.

Smart / Nice

BY JONATHAN KEEVE '81

I left the pastoral bliss of DMS in June of 1981 and headed to Bellevue/NYU for a general surgery internship. Though I felt academically prepared, the clinical variety and intensity of a big city trauma center was a bit of an adjustment. There were protocols for GSW and SW to different body parts (gunshot wounds and stab wounds!) which were not common in the Upper Valley and a host of conditions I was expected to treat with no experience. I had never seen more really sick people in my life.

My first night in the SICU was a challenge. Managing IV meds, ventilators, many central lines and all manner of drains, wounds, and tubes was overwhelming. Rather than pretend I knew what I was doing (because I did not), I threw myself upon the mercy of the nurses. They were smart, capable, and efficient, and appreciated my humility and willingness to buy them coffee or even flowers on a birthday. Although there were still many challenges, I learned a great deal from them that served me well for years in residency and practice. I tried to learn from everyone and many of the most important things I did not learn from other physicians.

The most important thing I have learned in 35 years of orthopedic practice, medical mission work, hospital committees, group meetings, interviews, depositions and every interaction is actually very simple: **It is nice to be smart, but it is smarter to be nice.** Knowing every detail of a diagnosis or treatment may be helpful, but a kind, compassionate approach to patients, families and colleagues (including the nursing, OR and housekeeping staff....) is vastly more important.

Be Open to Serendipity

BY JOHN MCGOWAN '65

In mentoring students, it is common for me to hear “I am worried because I don’t yet have a 5-year plan” (or a 10-year plan, or a longer perspective). I tell them my story to help answer these worries.

I graduated from DMS in 1965 and finished up at Harvard Medical School (Dartmouth was a 2-year medical school then). I had no clear plans for my career when I was at Dartmouth, but rotations at the several Harvard hospitals convinced me that I wanted to care for the poor, so I applied for an internship at Boston City Hospital (BCH). When I matched, my 5-year plan was to finish residency and open a practice. My experience at BCH and a rotation in the cardiology center led to a new 5-year plan to become a cardiologist and open a practice where I could care for the poor.

I graduated during the Vietnam War, when the doctor draft took all medical school graduates. By serendipity, I became an Epidemic Intelligence Service officer at the CDC in Atlanta for a two-year stint. While there, I became interested in epidemiology and control of hospital-acquired infection, so my new 5-year plan now was to do a fellowship where I could test the recommended actions for infection control, and work at a hospital that cared for the poor. I went back to the BCH as a fellow in Infectious Diseases to pursue my new 5-year plan.

At BCH, my mentor was Dr. Maxwell Finland, a world authority on antibiotic use and antibiotic resistance. Doing research with him was so interesting that my new 5-year plan was to become an academic seeing patients and doing research on antibiotic resistance and control of hospital-acquired infections.

By serendipity, at the time that my fellowship ended, hospitals were starting to be required to implement an infection control program. This allowed my new 5-year plan to become an

academic who worked at a university with a hospital that cared for the poor, and do research on antimicrobial resistance. I accepted a position with Emory University and Grady Memorial Hospital, the hospital that cares for the poor of Atlanta.

By serendipity, 25-years after I began working at Grady, Emory University started a new School of Public Health (SPH). Because of my background, I was asked to teach and do research there. My new 5-year plan was to move to the SPH and teach epidemiology (because of my CDC background) and do research on antimicrobial resistance. After 22 years at the SPH, my new plan was to retire, and I did.

The point of all this is that serendipity will likely provide many opportunities for you to use your medical skills in different ways. If you rigidly adhere to one plan, you will miss these great ways to spend your medical life. Be open to the circumstances that come up, and don't worry about changing course when you see benefit. Serendipity will be your friend during your career, and you rarely will be doing the same thing throughout. Look forward to this!

Meeting Death

BY KATHRYN GILL '89

I recall my first medicine patient, an elderly Portuguese speaking man who spoke no English. As a 3rd year student, I was last in line to examine him. He was 68, fathered 3 children, had CA, pneumonia, and appeared to be suffering from pain. He also had the most remarkable presence– which struck me whenever I interacted with him.

On exam, I also thought he'd fractured his hip and kept begging my intern to get an x-ray. My intern kept denying the request, figuring my exam was incorrect. Two days later the x-ray was ordered and he received pain meds and more careful transfers in and out of bed. I grew very fond of this man.

One day at lunch, I felt a tug- no, actually, a summons. I dropped my utensils, said good bye to my classmates and ran up 6 flights of steps on the opposite end of the hospital, to his room. As the door swung open he turned to face me, smiled and held out his hand. I walked up to him, smiled and held his hand quietly and he died.

At first I was so shocked I didn't know what to do. I called the operator and explained he was DNR and had just died; she said there was nothing to do. (I'm guessing I wasn't the first student to call with this question in a moment of facing the unknown.)

A minute later... his family arrived. He gave me a gift - the gift of understanding, that Death can be met with Peace, the gift of knowing that, whomever is supposed to be there at that moment will be there... and no one else. And lastly, the gift of gratitude for my greatest teachers throughout a life time medical education, my patients.

The Train Ride

BY STANLEY ROSENBERG '55

It was the fall of 1954. I was in my last year at Dartmouth. I was completing their “six years in five” program. The previous year had been considered my senior year in college and my first year of medical school. This year was my second year of medical school. This arrangement saves you one year.

The place is gorgeous; a wonderful picture. The trees were in the last of their fall foliage. You have to see New England to believe how beautiful it is in the autumn. Thanksgiving was approaching. I decided to cut class and leave campus a day early, to spend the Thanksgiving holiday with my family in New York.

I was on the old “Boston and Maine” railroad. About an hour south of Hanover, the train suddenly lurched to a stop. A few minutes later, a frantic conductor came running through the car. “Is there a doctor on the train? Is there a doctor on the train?” A few minutes later, he came running up the aisle again. “Is there a doctor on the train?”

This time, I stood up. “I’m only a second-year medical student,” I said. He grabbed me by the arm. “You’re all we’ve got.” He took me outside to a scene of carnage that I shall remember all the years of my life. It was a “grade crossing,” a place where the unprotected road intersects with the train tracks. There was no physical barrier. It was a rural area, long before automated gates became common for at-grade crossings.

The train had struck an old pickup truck. The force of that impact had tossed that pickup truck and its occupants many feet away. There had been a family of four people in the old pickup. The mother and father were dead. Their little girl was also dead. She had been thrown through the air and her head had struck a tree.

The fourth person, a little boy, was still alive. He had landed on a patch of grass. He was unconscious and foaming blood at his mouth, barely clinging to life. As I was examining him, what passes for an ambulance in this impoverished rural Vermont community came up. It was an old hearse and their “stretcher” was a sheet of plywood.

Four men came over and started to forcefully try to get the little boy onto the plywood board. I stopped them. “Listen,” I said. “He has a punctured lung. If you move him slowly and carefully and drive slowly and carefully, and try to keep him as still as possible, he will have a better chance at survival.”

Just about then, another old pickup truck drove up. The driver approached; he turned out to be the brother of the deceased man. Anguish! Pure anguish! It was a kind of anguish I had never seen before. The man paced back and forth, repeatedly striking his fist into his hand. I took him aside and spoke to him briefly. “You have been given a duty. You must raise that little boy as if he were your own.” Eventually, information was exchanged and the train got back underway.

I don’t remember much about the rest of that Thanksgiving vacation.

Back in class at Dartmouth one morning the next week, I was summoned to the Dean’s office. “Rosenberg! What were you doing on that train?” Busted!

“Dean Savage, I cut classes and left campus a day early. How did you know I was on that train?”

“It was in the papers. They gave you credit for saving that little boy’s life.”

Silence.

“I believe you were meant to be on that train. You’re excused.”

Stunned, I went back to class.

So my Jewish mother was right: “Be a doctor, you’ll always make a living and you might do some good.”

A Good Story

BY JON WHITE '80

This publication is intended as a collection of stories and I do have a story to tell. It's not an anecdote or a single incident but it is a good one and, in my mind, it's the most important story of my life. It started when I graduated from DMS in 1980 and continued for the next forty years as I worked as an academic surgeon and, more importantly, as a physician. I retired last year and now have some free time to reflect on my professional life and plan the rest of the story.

I grew up in the 60s and 70s and was drawn to the notion that a career in medicine was a chance to do something good for the community, which was in synch with the vibe at the time. Being from the middle class, I was also trying to advance beyond my parents' working-class origins. It was their version of the American Dream, which eventually became mine. They had sacrificed for me and now I had to sacrifice some of my time and effort to give them a payback on their investment. When I weighed the pros and cons, it seemed like medicine was for me. Like most people, I have made my share of bad decisions in life but becoming a doctor was not one of them. I am now completing the arc of my professional career and find it has been much better than I could have hoped for and, like many doctors, I am very proud of my professional body of work.

Now that I am retired, I find that my greatest challenge is to find something that comes even close to the satisfaction, usefulness, and yes, pure joy, of being a physician. I still do voluntary teaching at two medical schools in town so I still see students virtually on a somewhat regular basis. Although my topics are usually physiology-related, I have the impulse to interrupt each lecture to tell the class what a great profession they have chosen and explain exactly why that is. I used to lecture in small conference rooms where I could see the audience and could tell that there were some in the classroom who felt the way I had forty years earlier and were probably weighing the same issues. To those students, I know you will not be disappointed and are in for a lifetime of sometimes exhilarating, sometimes depressing but always challenging professional

encounters. There will be triumphs as well as personal doubts, but in the end it will all be worth it. With Zoom I can't see your faces, but I know you are out there. I know there is a still whole legion of students that have the same hopes and questions that I had years ago and to them I would say you are just starting on the most incredible journey. Eventually, it will be your story to tell and I hope we get back to the conference rooms soon so I can see you again before I write the coda to mine.

The Role of Chance in a Lifetime of Medical Research

BY PETER WRIGHT '65

It all began when I applied to one college, Dartmouth. I was accepted and during my junior year applied to Dartmouth Medical School. By this time I was deeply committed to my future and present wife, Penny, and to the idea that I wanted to do research. After completing medical school at Harvard and starting my training in Pediatrics, it seemed logical to consider time at NIH particularly as the other option might be time in Vietnam. What a rich experience that proved to be and to this day I build on knowledge and approaches to the scientific method that I learned there. Importantly, I was exposed to the power of vaccines as a source of good and impact on human health. As I was completing my clinical ID fellowship in Boston, an option arose for me to spend time at the Hôpital Albert Schweitzer in rural Haiti. Again a fortuitous chance that led to over 40 trips to Haiti and close ties with Les Centres GHESKIO in Port au Prince. Fast forward to busy career in research and clinical ID at Vanderbilt interrupted by a call as to whether I would like to spend a year with the Expanded Programme on Immunization at WHO. I came home with this option and Penny and our kids said, “When do we pack?”

Finally, the option arose to return to roots in New England and to Geisel. Again we have found a rich environment and valued colleagues and now I have to face the last choice I will make of leaving medicine and becoming, as long as I can handle them, a sheep farmer and steward of our land in Norwich. Lessons learned 1) always pick up the phone, 2) treasure your colleagues and family, 3) be prepared to take risks and, 4) above all, be curious about the world around you.

“In the fields of observation, chance only favors the mind which is prepared,” wrote Louis Pasteur, to which I would add “Chance favors those willing to take risks” and Robert Frost wrote “Two roads diverged in a wood and I-I took the road less traveled and that has made all the difference.” Finally, maybe Yogi Berra said it best, “When you come to a fork in the road, take it”.

Look at This When You’re Having a Bad Day

BY MARTHA WU '97

In 2014 I decided to leave the medical practice where I had been for 14 years to join a different primary care setting. Doing so meant that many of my patients would no longer be continuing their medical care with me. The last few months of patient visits and saying goodbye to patients were very emotional. During that time, I received many cards, letters, and emails from my patients thanking me for my diligent and compassionate care over the years. I don’t know what possessed me to save them, but I decided to print the emails and together with the letters and cards, I put them in a folder that I titled “Look at this when you’re having a bad day”.

And I’m so glad I did. Because as much as practicing medicine is gratifying and fulfilling, there are times when it is also extremely difficult. The stakes are high, and occasionally there are bad outcomes no matter what we do and how hard we try, and whether we did everything right...or didn’t do everything right. Sometimes patients are angry. Even when it is seemingly unwarranted, it is upsetting. Reading words of gratitude and praise help to remind us how much good we do, and how much it is appreciated.

There may be times when you aren’t having a “bad day” per se, but you may be feeling overwhelmed and stressed, feeling as if there are too many patients to see and too much work to do. This folder helps during these times too, as a reminder of why we went into medicine in the first place.

Heather

BY OGE YOUNG '75

She was only 15 years-old. Her parents brought her to the emergency room wrapped in a blanket when she came downstairs, her blue jeans soaked with blood. Still bleeding, the ER nurses removed her clothing and dressed her in a hospital gown, placing a sheet over her as she laid shivering on the exam table. Taking care, I placed her legs in stirrups and recognized her immediately.

What seemed like only a few years before, Heather had played on a 3rd and 4th grade basketball team I coached. Her bright hazel eyes, long dark hair and quiet demeanor were unmistakable. She was tall and slender, athletic, but not aggressive, making plays without bringing attention to herself.

In sixth grade, Heather was in class when I discussed fertility, pregnancy, labor and birth, even miscarriage and contraception. The “talk” had become a spring ritual for the sixth graders moving onto middle school. I suspect, a little embarrassed to know me, she avoided eye contact and asked no questions that day.

Now, she was my patient, a young woman, lying frightened in front of me. Holding her mom’s hand, a gentle exam revealed a uterus 12-14 weeks size. Late first trimester miscarriages were frequently fraught with severe hemorrhage. Inserting a small speculum, I cleared the vagina of large clots and clumps of tissue, and then grasped her cervix with an Allis clamp. I carefully placed a large suction curette into the uterine cavity through a well-dilated cervix. With suction, her uterus emptied of residual tissue and blood and her heavy bleeding stopped abruptly, as the uterus contracted around the curette.

Then slowly, I removed the instruments and placed her legs back on the table. I explained that she had been pregnant and that she had experienced heavy bleeding during a miscarriage.

That her miscarriage was over now and she would no longer have painful cramps. Her bleeding would only be scant.

I made clear that there was nothing she had done, or not done, to cause the miscarriage, that miscarriage was very common. That miscarriage occurs by chance whenever a pregnancy is abnormal. That someday, if she wanted to have a baby, she should be able to have a normal pregnancy. All the time, I wondered if she recognized me.

Looking away she continued to hold her mom’s hand and asked if she could see her father. I met him in the waiting room and described briefly what had happened. He appeared bewildered and sad, but grateful that his young daughter would be fine. Bringing him to her room, I watched the three of them huddle and hug tightly.

I followed Heather’s life at a distance through her high school years. We never talked. On occasion, I would see her parents who would greet me graciously, but we never discussed that night in the emergency room. Heather was an outstanding student. She received many awards for her achievements, always blushing with the recognition. Eventually, she graduated from college becoming an elementary school teacher. She married a young man who was a teacher as well.

To my surprise one day, they presented to my office pregnant. On exam her uterus was 10 weeks size, consistent with her menstrual dates. Together, we heard a fetal heart, assurance that she was carrying a normal pregnancy. Remarkably, she remembered that fact from my sixth grade lecture. As I helped her sit up, I congratulated them. Heather smiled, like I had never seen her smile before. With the glow of pregnancy, she said, “Thanks coach.”

Life is a Journey

BY DOUGLAS ZIPES '62

As the only son—I have an older and a younger sister—I received a lot of attention growing up. My becoming a doctor was the family’s dream to gain standing in the community and respect from relatives and friends. Since I liked biology and science, problem solving, and helping people, it was my dream as well, and the decision was a no-brainer. Medicine was perfect. I would become a doctor.

The high school guidance counselor had other ideas. When I asked her for advice about the path to medicine, she said, “No, you can’t.” The unstated reason was that I was from a modest, working-class family. In her judgment, blue-collar kids didn’t become doctors.

“And that’s *if* you get accepted into a good college—a big if,” she added. She was sure there’d be no scholarship and my grades would suffer from having to support myself with afterschool jobs. No way would I finish college, never mind medical school. “Why waste your time? Just work with your father in his auto garage. That’s the best thing for you.”

I did help my father at “The Place” during winter weekends when I wasn’t caddying. The garage had no official name because it was little more than a big room filled with auto equipment. I learned how to replace shock absorbers, brake pads, align and balance wheels, and set spark plug timing.

I knew being a mechanic wasn’t my thing, even before I almost killed myself twice at The Place.

The first time, I was backing a car off an elevated ramp after changing the brake pads. I didn’t realize someone had moved one of the two parallel metal tracks leading from the floor to the ramp. As I backed the car, I suddenly heard my father yell, “Doug, stop!” I jammed on the brakes just in time. The right rear wheel was suspended over ten feet of empty space and the car was teetering, about to roll onto its side. I got enough traction on the left tire to drive back onto the ramp. But it was close.

The second time was when I was changing shock absorbers. My father had gone to get a new set from an auto supply shop, and I thought I’d surprise him by having the car ready by the time he returned. I had the automatic wrench whirring off the old bolts on the right front shock when I heard my father once again shout, “Doug, stop!” He had just returned and saw I had forgotten to put a jack under the shock before taking it off. The shock absorber was a few threads away from springing loose and jackknifing into my face.

As if these incidents weren’t enough to convince me I would never follow in my father’s footsteps, another event, seared forever in my brain, did.

It was 1954, Christmas vacation when I was fifteen. I was home writing a book report on Conrad’s *Heart of Darkness* (a boring read at the time that was homework over Christmas) when my mother called from her secretarial office at the *Reader’s Digest*. Westchester County was in the middle of a blizzard and many *Digest* editors’ cars were stuck in the parking lot. Would I help my father put chains on their cars? We could make five bucks a car.

It wasn’t a question, not if I wanted dinner that night. I donned parka and boots and trudged four blocks to The Place. The temperature was an icy fifteen degrees, with biting, gusting winds blowing snow into six-foot drifts. The pewter sky forecast a tenacious storm. Auto traffic had all but stopped, and the streets were empty. By the time I arrived at The Place, my eyebrows were frozen, and I couldn’t feel my nose, ears, or fingertips.

Putting chains on a car is a daunting task in ugly weather with a foot of snow on the ground and fingers stiff with cold. It took us almost half an hour working together to wrap spiked chains on the rear wheels of our family Buick. Despite the freezing temperature, we were drenched in sweat and covered in snow.

Finally finished, we drove two miles at about twenty miles an hour from Pleasantville to the *Reader’s Digest* in Chappaqua, the next town over. The road was a whiteout, peppered by dark clusters of cars that had skidded into the ditch alongside.

My mother met us at the entrance to the *Reader’s Digest* main building, a three-story red brick edifice with a tall, white central spire that made it look like a church. She guided us to the editorial office. The warmth of the brightly lit interior hallway started to thaw my frozen bones.

We paused at the doorway to a large room, and I gazed out at the editorial staff sitting at their desks, typing away. At least a dozen men and women, all warm and dry, were dressed immaculately in jackets and ties, white shirts, blouses, and skirts.

My father and I stood awkwardly at the threshold, dripping in grimy overalls, muddy boots, and black knit caps pulled low over our ears. We were going to slog into that blizzard for five bucks a car while the editors remained warm and cozy. It was a surreal moment.

I was overcome with embarrassment and shame. I know I shouldn't have felt that way. After all, we were just a hardworking father and son ready to provide a service and make an honest dollar. But that was how I felt. I looked at them, and I looked at us, and I silently vowed, *never will this ever happen to me again. The fires of hell won't prevent me from becoming a doctor. I will not be an automobile mechanic.*

We all have different motivating forces that propel us to accomplish many things in life. And we all suffer setbacks during our journey. Life is like that. However, several things ring true. First is how you handle adversity. Getting back up after you've been knocked down separates winners from losers, those who continue to do battle from those who quit. Second is the realization that life is a long journey, a marathon not a sprint, and it's the journey that is important, not artificial goals set up along the way. And above all, to never forget that family is paramount. In the final analysis, your parents, your spouse, and your children are more important than the sum of all your accomplishments. What you achieve will make them proud, but never replace their love and support.

Extracted from [Damn the Naysayers. A Doctor's Memoir.](#) Published by *iUniverse* 2018

The Fire of Debate

BY ANA MARIA DUMITRU '19

A lively debate should never be underrated, provided that the involved parties maintain a degree of civility. In fact, I would argue that we often need that fire lit underneath us to spur us into action. When I arrived on campus in the fall of 2011, I had no idea what to expect out of medical school. I had grown up in Georgia and gone to college in North Carolina, and I thought that was the farthest north I would ever live (no winter survival skills). And then life took me to what was then called Dartmouth Medical School - renamed the Geisel School of Medicine at Dartmouth during my first year.

I was debate-averse when I arrived on campus, but also had strong opinions, as most of us "type A" medical students do. In my colleagues I found a beautiful diversity of thought, and with that, an opportunity for personal growth. We asked each other difficult, probing questions during study breaks in the basement of Remsen or in the un-airconditioned corners of what was then Dana Library. We explored each other's minds, and held each other accountable, point for counter point. The result was that our friendships reached a deeper level, and we learned that you can make meaningful friendships with people whose opinions you don't necessarily share. This has carried me through to my current practice as a resident in General Surgery in southern California.

Our patients come from all walks of life, ranging from wealthy corporate leaders to homeless and undocumented men and women. Sometimes they're challenging to care for, whether it's because they're used to being the boss and find themselves powerless in the face of medical adversity, or because they've been assaulted or have found themselves in some other predicament which rendered them unable to communicate by standard means. Sometimes they're racist, sexist, or just plain ornery. In each of those interactions, my days debating my friends at Dartmouth seem to have prepared me to see past the words and into the humanity. This in turn has been a saving grace in those dark moments of burnout which tend to run rampant in residency. And so my best advice to you, if you'll have it, is to challenge yourselves and each other, to seek out meaningful

conversations outside of your comfort zone, and to embrace the diversity of thought as a symbol of our beautiful and precious freedoms to coexist and to pursue a better future, in medicine and in all walks of life.

The Condolence Note

BY KATHRYN ZUG ’88

The healing and solace I experienced through the many condolence notes I received after my brother’s unexpected death last year brought back a painful professional memory that I can pass on in these words of wisdom.

Though I wish it need not have happened, this sad and regretful experience changed me.

I still carry with me the painful memory of a patient’s spouse—some 20 years ago-- telling me how angry she was with me for not having sent her a condolence note after the passing of her husband. She kept away from the hospital and clinic several years because of it, she later told me. This was SO painful to hear. I had cared for her husband over several years, multiple visits, some agonizing, some hopeful. Together we made the difficult decisions on strategies to prolong his life from the Cutaneous T cell lymphoma which was outpacing his incredibly strong, courageous, and endearing spirit and livelihood.

According to the Merriam-Webster Dictionary, “When used in the singular, condolence generally refers to sympathetic sorrow, and particularly sorrow regarding the loss of life. It is used when speaking indirectly of that shared sorrow.”

Notes: Inpatient, outpatient, operative, etc. The condolence note is not one amongst our MD note lexicons. You will not learn how to write it in “On Doctoring” or in residency. This is not the purview of Epic templates or other EMR. Don’t be afraid to write that note to a grieving family or spouse. Handwritten and heartfelt, the condolence note is something you should be prepared to thoughtfully reflect on and put pen to paper. Seal, stamp, mail.

Your heartfelt words are a continuation of your healing mission and your depth of caring that goes beyond that mission. If you don’t know how to begin, ask someone. Reach out.

Create Synergies of Strengths at Geisel and Beyond

DANIEL LUCEY '81/82

At the Doctors Without Borders two-day training program in Belgium in 2014 the instructors preparing us to provide hands-on care for patients with Ebola Virus Disease in Liberia, Sierra Leone, and Guinea cautioned that some colleagues who had preceded us there had returned overwhelmed, saying they felt like “only a drop of water in the Ocean”.

Indeed, the first week in Monrovia, Liberia was overwhelming. At 3am each night I was awake, often short of breath, thinking ‘I can’t stay, but I can’t leave.’ Every day our patients died. Few survived. When patients died, they were placed in a body bag and cremated, by Presidential decree, in a different location.

On 3 October there were 136 patients in 9 tents. Each patient had a mat on the floor. And three buckets of different colors, one each for diarrhea, vomit, and urine. There were only three doctors, all from other countries, alongside many nurses, nurse aides, physician assistants, logisticians, administrators, and others. For most, it was their own country. They served their fellow citizens heroically for many months. We stayed only weeks.

The cause of death was primarily shock due to dehydration, not hemorrhage. Mild bleeding was common, but hemorrhage rare. Rehydration was essential; however, we had no IVs, and vomiting was frequent. Oral Rehydration Solution (ORS) became a life-saving therapy. Or would if we could give each patient many liters each day. We could not, however, because the extreme heat inside our personal protective equipment (PPE) meant we were only allowed to work 45 minutes in the morning and 45 minutes in the afternoon, 2 minutes per patient per physician per day.

Then on October 11, 2014 everything began to change. Quickly. Our focus changed from the traditional palliative care model to actively helping our patients survive Ebola. Working together with the many members of our team, e.g. physician assistants, nurses, nurse aides, the psychosocial team, and the patients themselves we created a strong synergy of strengths. We condensed into a poster, illustrated by a local artist, the steps to limit fluid loss from diarrhea and vomiting by giving conventional anti-diarrheal and antiemetic drugs (what we called “directly observed therapy for Ebola dehydration or DOT-Ebola”). Plus, we decreased fluid loss due to profuse sweating by evacuating all the patients from inside the searingly-hot tents each morning into the protected shade outdoors.

To optimize oral rehydration the most important step was to ask the stronger patients, who were able to care for themselves but were still virus-positive and thus inpatients 24/7, to partner with weaker patients to help them drink liters of ORS. These stronger patients helped the weaker patients for hours each day, unlike the few minutes that could be provided by healthcare workers.

Within days more and more patients were rehydrated enough to recover. Most agreed to help the patients still too weak to drink liters of ORS without help. Days before, they were those patients. As the Stronger Helped the Weaker, then more patients Survived Ebola. Now it began to seem that each drop of water in the Ocean is the Ocean. Each day that someone survived, her/his name was added to a growing list and posted in the main nurse’s tent for all to see. From the day I left Monrovia in mid-November, 2014 until today in August 2023 I have carried this list with the names of those 70 Ebola survivors from our team’s four tents in my wallet.

The practical wisdom here was creating a synergy of strengths to help our patients survive Ebola by working with all members of the team, e.g., doctors, nurses, nurse aides, physician assistants, psychosocial workers, the man who made the Oral Rehydration Solution, the patients themselves and many more.

Even from the beginning of your first year of medical school in the Class of 2027, and throughout your careers in Medicine, you also can create synergies of strengths, among yourselves, in the classroom and clinic, with faculty and mentors, with colleagues and alumni.

Welcome to the Geisel School of Medicine at Dartmouth!

Thank You

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