



The Oslerian

A Message from the President

Mike Jones

President's Message

Pages 1-3

Minutes PC Meeting

Pages 4-5

Medical Humanities

Pages 6-7

Medical Humanities-

Obituary

Pages 8-9

Poetry

Page 9

Opinion - Obituary

Pages 10-11

Looking Ahead

Page 12

I Feel It in My Fingers, I Feel It in My Toes

What a difference a day makes! Even more, a quarter of the year's days. In the United States we have been consumed with political issues of immense import, bringing into stark relief the words I penned in May of last year for my first column, outlining my preoccupation with the word *perspective*. What happened on January 6 at the Capitol of our nation virtually denervated me, temporarily stealing my words for this column. The viciousness of that horrific and unthinkable act and the unfounded presuppositions that instigated it will resonate with many of us for an exceptionally long time.

Rest assured, I am not going to launch into a political diatribe. More ink is spilling out in that regard than you can possibly consume. However, addressing how humans come to a *perspective* is even more relevant as the days pass. In fact, my voter registration is "non-affiliated." That does not mean I have no opinion on the issues. It is simply my way of trying to avoid being locked into a counterproductive tribal loyalty that overrides beneficial analysis of each issue. Now, it is said by some that the only things one finds in the middle of the road are roadkill and yellow stripes. I fully understand the vernacular and implication of that sentiment but take strong exception to it. Perhaps if more of us understood the shaping of our own *perspectives* we would be less self-righteous about them. One can always hope.

Baseball legend "Hammerin Hank" Aaron died this week. In each of the preceding columns I have tried to touch base (pun intended) with contemporary events. Column two

(August 2020) alerted you to my youthful pre-occupation with baseball, so it should be little surprise that Aaron's death would catch (? pun again) my eye. As serendipity would have it, Becky and I have been watching the old Ken Burns documentary on baseball that is almost 25 years old. It recounts the substantial abuse that Jackie Robinson withstood when breaking the color barrier in the major leagues. And now we are reminded of the death threats issued when Babe Ruth's home run record fell to a black man. One has difficulty imagining both the psychological toll taken upon someone receiving 3000 threat letters in a single day and the kind of broken psyche that would inflict such. With consummate grace and fortitude both men overcame their detractors, something worthy of our emulation.

One of the great experiences I had in college was to serve on the Speakers Committee of the Texas Student Union. It afforded me the opportunity to converse with some notable characters. One of the speakers it was my privilege to engage was Morris Ernst, who is probably not a household name to most. Mr. Ernst was an attorney in New York City, became an attorney for the American Civil Liberties Union in 1927, and once defended James Joyce's novel *Ulysses* against charges of obscenity. Our conversation was in 1961 just after switching my career plans from law to medicine. Upon learning of my switch, he asked me whether I understood the difference between law and medicine. Expecting a joke of some kind, I dutifully said, "no." He then introduced me to a view of philosophical/intellectual underpinnings of the two disciplines by saying something to this effect: in law one wants things to stay pretty much the same for great lengths of time, so that a contract or will or deed written today will mean the same thing 30 years from now, but in medicine one



**President
Mike Jones**
51st AOS President
installed at the 2020 Zoom
Board of Directors

President's Message (Continued from page 1)

wants things to change rapidly, being different and better tomorrow than they are today. One favors stability and the other progress. That thought has stayed with me over 60 years. Change and progress in understanding of individual human behavior (psychology), group behavior (sociology), and their underpinnings (cognitive neurosciences) has been impressive over my half century involvement in medicine, certainly validating the observation of Ernst. Some have asserted that our current century will be the "century of neuroscience."

At the onset of the quest to deepen my understanding of how *perspective* develops, I quickly realized, having no formal training and little background reading in psychology, that hitting the books was a necessity. Just in case you wish to reproduce my journey, some of the works to which I turned, in the order the authors produced their work, were these:

- 1) *Thinking, Fast and Slow* by Daniel Kahneman (2011, but summarizes from 1974)
- 2) *Patterns, Thinking, and Cognition—A Theory of Judgment* by Howard Margolis (1987)
- 3) *The Swerve: How the World Became Modern* by Stephen Greenblatt (2011)
- 4) *The Righteous Mind: Why Good People are Divided by Politics and Religion* by Jonathan Haidt (2012)
- 5) *Sapiens: A Brief History of Humankind* by Yuval Noah Harari (2015)

Certainly, these are not the only views out there, and each has its critics, but I was impressed with their arguments and the substantial research upon which they are based. I have nowhere near enough space in this column to present the buttressing research, but perhaps I can give you the gist of some conclusions as we get a little more granular in the closing words of this President's Message.

Kahneman was awarded the Nobel Prize in Economics in 2002 for work done over the previous 30 years with Amos Tversky (deceased), described in the newsletter of the American Psychological Association:

The team's findings have countered some assumptions of traditional economic theory--that people make rational choices based on their self-interest--by showing that people frequently fail to fully analyze situations where they must make complex judgments. Instead, people often make decisions using rules of thumb rather than rational analysis, and they base those decisions on factors economists traditionally don't consider, such as fairness, past events and aversion to loss.

For example, they found that people's decisions can be swayed by how the situation is framed. When Kahneman and Tversky asked people to hypothetically decide what procedure to take to cure a disease, most preferred a procedure that saved 80 percent of people to one that killed 20 percent.

GOOD



What word do you see here? Good? Or Evil? They are both there. Good in black and evil in white. And which of the horizontal lines is longer? Measure them, they are the same.

Clearly things are not always as they seem at first (intuitive) glance. Kahneman and Tversky described two "systems" we use to think: S1 that is fast, intuitive, and emotional and S2 that is slow, deliberative, and logical. They confirmed an inability to identify sources for most of the impressions and thoughts in our conscious experience, launching them into an exploration of the biases of intuition, which are often right, but can lead to catastrophic errors.

Kahneman describes a litany of "heuristic" biases: resemblance, availability, substitution, mood, affect, etc. They challenged the 1970's view of human nature that claimed people were generally rational with sound thinking, departing from that only with states of heightened emotion. Instead, they traced systematic errors to the machinery of cognition rather than corruption by emotion.

The word "heuristic" is not one most of us hear much but is defined as a simple procedure that helps find adequate (and often imperfect) answers to difficult questions. Again, our friend Gus Portokalos comes to mind and the "word nerd" in me resurfaces. "Heuristic" is based on the Greek "eureka". Legend has it that Archimedes realized, when he saw the water rise as he settled into his bathtub, that he had discovered a way to determine the volume of irregular objects, shouted "Eureka" (I find it) and ran naked through the streets of Syracuse.



I heard von Schleflin yell "Eureka" and then kerblam

Heuristics have come to define those procedures our brains unconsciously use. Kahneman's work shows that humans use the more intuitive system 1 mechanics far more often and weighted more heavily than the logic of system 2. It is a "machine for jumping to conclusions" and thus developing biases or perspectives. Research easily demonstrated that emotion looms larger in intuitive, system 1 decisions and judgments—the "affect" heuristic.

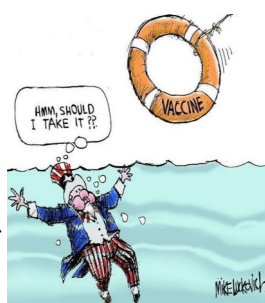
The "availability" heuristic dictates that we attribute importance to issues by the ease with which they are retrieved from memory—in public life determined largely by media coverage. It is no accident that authoritarian regimes exert pressure on independent media sources and encourage listening only to those favorable, reinforcing "confirmation bias". This quickly suggests that diversifying our "bubbles of information" would be beneficial in finding "truth."

The book by social scientist Margolis is 300 pages of really hard work on the part of both the author and the reader. How could understanding how we think not be hard work? But it is well worth the effort. Margolis begins, "This book started out as an attempt to apply recent insights from cognitive psychology

President's Message (Continued from page 2)

to a salient puzzle for students of politics, which is that often what people believe is only weakly correlated with a reasonable assessment of the objective logic of a situation. ... But the mismatch between belief and logic is more striking when the issue has been carefully studied and when the effect extends to people who have no great personal stake in the matter. Both points have larger consequences for social than for private judgment. Even when a reasonable consensus has developed among people who have studied the details of a situation, it is often hard to make that consensus politically credible." Margolis then constructs a colorful tapestry, interweaving biology, evolution, formal logic, and a psychology based on recognition of patterns. In Darwinian sequences he elucidates the current state of human cognition deriving from pattern recognition. As understood by Princeton philosopher Gilbert Harman:

Judgment arises when things 'look right.' Explicit propositional reasoning is a special case of pattern recognition where the relevant patterns are patterns of language. Furthermore, when someone offers an explicit propositional justification of a judgment, he or she usually produces a mere rationalization of something that really arose out of nonpropositional pattern recognition.



Illustrating his principles, Margolis examines the 16th century paradigm shift involving the development of the heliocentric theory, the role of the Tychonic system, and the "Galileo affair." He dubs his foundational process P-cognition. A review of the book from Barnes and Noble points out:

Margolis turns to historical cases to show how an individual's cognitive repertoire—the available cognitive patterns and their relation to cues—changes or resists changes over time. Here he focuses on the change in worldview occasioned by the Copernican discovery; not only how an individual might come to see things in a radically new way, but how it is possible for that new view to spread and become the dominant one.

The third must-read is by Jonathan Haidt, who incidentally will be our next McGovern Lecturer in April. Expanding on the two systems view of cognition laid down by Kahneman, he introduces the striking metaphor of System 2 (reason and logic) sitting as a **tiny** rider on a large elephant, System 1 (intuition and emotion), with the latter usually dominant in our decisions and judgments. For the philosophers in our readership, Hume prevails over Plato in this matter. Haidt draws an intriguing analogy from our physical senses and imputes an equivalent set of "moral" tastes, that biology and experience has endowed upon us, with for example, conservatives and liberals having different sensitivities of taste, having been biologically pre-conditioned in anticipation of experiences. The elephant is hard to turn, reminding one of a comment made by Friedrich Nietzsche, "Convictions are more dangerous foes of truth than lies." I wonder how he would address the situation when lies establish convictions. You will enjoy and profit from Haidt's work. His topic for the McGovern talk is "The Coddling of the American Mind: Implications for Mental Health, and for the Medical Profession."

You may have been wondering where the title to this message comes into play. It is an homage to the lyrics of a song,

"Love is All Around," sung by The Troggs, a British group in 1967. It was also featured in a 2003 movie, *Love Actually*. I submit that it is an accurate description, according to Kahneman and Haidt, of how "intuition" dominates all of us, and further, should give each of us pause before being overly judgmental of the views of others. Can we make America kind again?

Can you remember where you first heard of Sir William Osler? I can. During my teenage years, like many others, I was searching for advice on how to live life better, and came across books by Dale Carnegie, undoubtedly familiar to many of our readers. In 1948, in *How to Stop Worrying and Start Living*, he quotes Osler's 1913 talk to Yale students, wherein he uses the metaphor of closing the bulkheads of great ocean liners as an introduction to living life in "day-tight" compartments, letting each day be sufficient unto itself, not fretting about tomorrow. Very sound advice, but unfortunately, most of us are like Robert Burns' ploughman, who turned up the mouse's nest and thought:

But Mouse, you are not alone,
In proving foresight may be vain:
The best laid schemes of mice and men
Go often askew,
And leave us nothing but grief and pain,
For promised joy!

Still you are blessed, compared with me!
The present only touches you:
But oh! I backward cast my eye,
On prospects dreary!
And forward, though I cannot see,
I guess and fear!

In one interview, Hank Aaron said, "I gave baseball everything I had." What a simple statement of ultimate commitment, and he did it without cheating with steroids. Let us plough ahead, through politics and pandemics, and proclaim as did Amanda Gorman, the nation's first ever Youth Poet Laureate:

We will rebuild, reconcile and recover
and every known nook of our nation and
every corner called our country,
our people diverse and beautiful will emerge,
battered and beautiful
When day comes we step out of the shade,
afire and unafraid
The new dawn blooms as we free it
For there is always light,
if only we're brave enough to see it
If only we're brave enough to be it

Thank you for helpful edit suggestions, kind words and actions of support this year and the wonderful opportunity to serve an amazing group! See you on ZOOM in April.



"Hammerin" Hank Aaron (1934—2021)

The First (and Hopefully Only) AOS Annual Meeting via Zoom

Plans for holding the AOS Annual Meeting via Zoom are on schedule. We learned a great deal from our Zoom student presentations in 2020 and expect this larger effort to go just as smoothly. While the meeting is virtual, some aspects will be the same as for our usual in-person meetings.

- Participants will still need to register
- There will be a program book sent to each registered participant
- Presenters will still need to send their presentations to Pete Travers prior to the meeting
- Presenters will have 20-minute time slots, 15 minutes for the presentation and 5 minutes for questions

The Zoom platform will require some accommodations, however.

- Only registered participants will receive log-in credentials
- Participants will be placed in a waiting room until their credentials are verified
- Participants must identify themselves (first and last names)
- Participants must use the Zoom application (desktop, laptop, tablet or phone) or a web browser; participation by telephone (voice only) will be permitted only if participants identify themselves
- Presenters will be required to test their presentations over Zoom with the Media and Technology Committee well prior to their presentations
- All presenters for a given session must be present at the beginning of that session
- Moderators will be provided special instructions on handling questions and a method for indicating time remaining for presenters
- Timeframes will be strictly adhered to; presenters will be “cut off” by the host after 20 minutes; time-remaining announcements will be made by the moderator
- Questions will be handled through the Zoom chat function; instructions will be provided

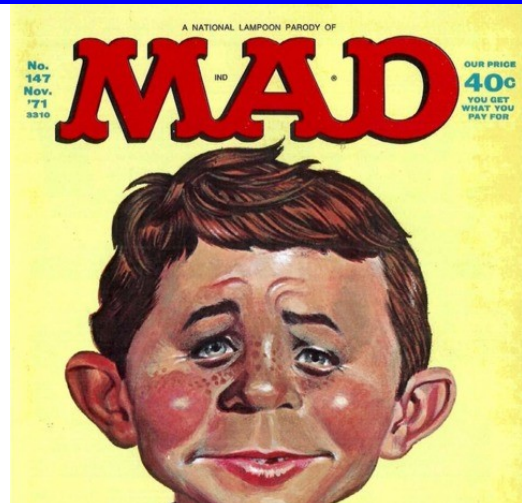
The sessions will be recorded

Sessions will begin at 3 PM US Eastern Time and will end at 7 PM. Participants may sign in to the sessions 30 minutes prior to their beginning (i.e. 2:30 PM) if necessary to test their audio and video settings. In addition to the Zoom host, the session moderator will handle questions via Zoom chat and presentation timing. One or two individuals will be designated to handle technical issues and contact information will be provided to participants.

We will hold three voluntary “training” sessions for participants in early April for anyone who would like some additional instruction in the use of the Zoom platform. We plan to have these in morning, afternoon and evening time slots to accommodate participants’ schedules. During these sessions we will cover navigation, muting, and use of the chat function. Those needing technical assistance during a session will be put in touch with our technical guru in a breakout room designated for that purpose. We expect to have limited technical support once a session starts.

This is a do-it-yourself project; we don’t have a team of audio-video technicians available as we would at an in-person meeting. The Program Committee as well as the Media and Technology Committee appreciate your cooperation with training if you need it, rehearsals for the presenters and sympathy for us all.

We Are So Sorry!



Continued on page 5



The Best Laid Plans Are Often Blown Away

The Board approved the following committee appointments for 2020-2021.

| COMMITTEE | CHAIR | CURRENT MEMBERS |
|---|----------------------------|--|
| Bean Award | J. Harris | K. Bettermann, M. Flannery, G. Sarka |
| McGovern Award* | M. Molina | L. Drevlow, C. Partin |
| Lifetime Achievement Award | D. Canale | K. Ludmerer, S. Peitzman, B. Silverman |
| Nominating* | M. Molina | C. Partin, L. Drevlow |
| Finance | M. Molina | F. Bernadett, B. Cooper, A. Nadall, M. Stone, J. VanderVeer |
| History and Archives | H. Swick | M. Hague-Yearl, R. Del Maestro, R. Stone |
| Membership† | C. Boes | R. Fraser, B. Hoekstra, S. Patel, M. Frank, R. Mennel |
| Media and Technology | P. Travers | C. Boes, M. Frank, G. Huston, J. Klaas |
| Annual Meeting - Program Committee# | R. Mennel | C. Boes, M. Cater, S. Kelen, D. Wentz |
| Annual Meeting - Local Arrangements Committee | J. Richardson, B. Thompson | J. Alperin, D. Burkholder (Executive Committee liaison), M. Malloy |

*Chaired by the most recent living Past President and comprised of the 3 most recent living Past Presidents

†Chaired by the Second Vice President

#Chaired by the First Vice-President

MEDICAL HUMANITIES

Paying Homage to Sir William Osler

University of Texas Medical Branch
Practice of Medicine Year 4
Award Winning Essay
By Lenexa Morias

Osler was unique for moving away from paternalism in medicine, his ability to admit his mistakes and change his viewpoints (such as his opinion on female physicians), and urging his students to engage with patients directly. Since pre-Oslerian times, medical school acceptance shifted from those who could afford tuition to students who demonstrated a commitment to the profession emphasizing volunteering and shadowing. Coursework has since shifted from lectures and textbooks, to early patient exposure and utilization of standardized patients. In our POM course during first and second year, we participated in clinic site visits, weekly practice in the simulation lab, and opportunities to engage with patients through numerous volunteering sites.

My own experience with Oslerian principles has focused on the importance of treating the patient not just the disease. Through our Blackwell Literary Lunches, we frequently discuss Osler's teachings and his influence in our own modern medical education. As students, I think we are excellent observers of human behavior, but crossing into the role as a student-physician was initially daunting. However, I had the benefit of the PHT track, POM 1 and 2, and early exposure to patients with my EM mentors.

The Physician Healer track taught me how to break bad news, be with others in their suffering, and be mindful of my own biases, lessons that Osler would have supported. Osler said, "Care more particularly for the individual patient than for the special features of the disease." I thought these lessons would help for rotations, but found myself needing it earlier than expected when an older couple came into the Jennie Health Resource Center, where I volunteered in the evenings. The husband had just received a diagnosis of diffuse large B-cell lymphoma; a complication of his immunosuppressant therapy from his liver transplant. They had been overwhelmed with the news upstairs and asked me to walk them through the diagnosis in layman's terms. After I had read through the documents they brought and called to clarify im-

portant details with their team upstairs, I found myself relying on my PHT background to give them full disclosure of their diagnosis to the best of my ability. It wasn't as nerve-wracking as I thought it would be, at the core of it I was just one person trying to be there for another. They were very understanding that I didn't have all the answers for them, and I found that beyond the actual diagnosis, what they really wanted was someone to listen to their fears and concerns. After several more phone calls and a lengthy discussion they left with a better understanding of the situation. As I progress through my education, I hope to continue to practice what I have learned in PHT and POM to ultimately become a more attentive physician; though I may not have all the answers, I can find them and show that I care by giving my full attention and listening with empathy.

Of all the lessons Osler has imparted to us, the one I reflect on the most is "we are here not to get all we can out of life for ourselves, but to try to make the lives of others happier." Medicine and the art of healing inherently relies on humanism and genuine care for another, this is developed when we engage patients and build upon that relationship. I have met many patients who have taught me more life lessons than a single class or workshop ever could. Earlier in my training, I spent time on the floor with a dialysis patient, who was recovering from a recent kidney transplant. She was suffering from complications, but her outlook was optimistic and she was so excited to tell me her future plans. I spoke to her for over an hour about good things and bad, at one point we cried together, but it was a helpful release of emotion. I was inspired by her strength and expressed this to her. About four months later I got an email from her, thanking me for speaking with her when she was at a low point; she was doing well and accomplishing all those things she had talked about. I'm not sure I have the words to express how happy I was for her, and how touched I was that she remembered and thought to find me through email. These interactions are what make this profession beautiful and enriching; I hope in the future that I may continue to have these kinds of relationships with others and be a source of support in their journey.

Osler encouraged his students to be professional, but also compassionate. We are more than students to our patients, we are healers. As part of my ART in Healthcare organization, I volunteer on the

MEDICAL HUMANITIES

peds unit and make art with the children. One time, after painting with an 8-year-old boy who had nephrostomy tubes placed, he asked for a hug so of course I obliged. But all of a sudden he started crying; I was at a complete loss, so I just held on and rocked him. In his picture, he had painted himself holding hands with his mum, I learned later that she had passed away. His nurse came in and wanted him to try eating solid food, but he refused and told her he wanted me to feed him instead. I realized that I was going to be late for class, but quickly sent a text and email to my facilitator, who allowed me to stay with the child. Together we made his pizza lunchables. He was rather particular, I never knew there was a wrong way to spread marinara sauce. I hand fed him like I remember my mum doing as a child when I was sick. I think it was a comforting gesture and by the end of it he was smiling and happy. The nurse later told me that was the first time he had eaten solid food in two days. I went back to visit later in the week and he gave me the painting he had made; I still have it. I believe it is a true privilege to be trusted by a person at their most vulnerable; especially children. My goal is to create a safe environment to facilitate the healing process; it can help facilitate trust and strengthen the physician-patient relationship.

At his core, Sir William Osler was a mentor to his students; he wished for them to reach their full potential and sought to provide them the tools to do so. He opened his home and library, giving his time to help students on their journey. Currently, I am developing my interests and skills through mentorship and hands-on practice. My EM mentors have created a safe learning environment for me to grow both personally and professionally. Dr. Morrical has mentored me since I was a first year. From shadowing as a MS1 to taking responsibility of my patients as an MS3, I am growing into an independent clinician and have appreciated his guidance. With Dr. Robertson, I have learned how social dynamics dictate how we practice medicine. She taught me that kindness is one of our best tools when facilitating medicine. And with Dr. Kim, I have found a career mentor and life coach. I can send a text any time of day to meet with him in the ED and discuss what's on my mind. He has taught me to be confident of my abilities and believe in myself. With such excellent role-models, I hope to one day have the opportunity to do the same with students and teach them the Oslerian principles

of hands-on practice, being with our patients in suffering, and upholding the integrity of our profession as we have learned in medical school.

Lenexa Morais is a fourth year medical student at the University of Texas Medical Branch in Galveston, TX, Class of 2021. She enjoys creating art and writing medical poetry. She is pursuing an Emergency Medicine residency. Her goal is to provide comfort to vulnerable patients on what could be the worst day in their lives by utilizing her lessons from the UTMB Physician Healer Scholarly Track. Lenexa is inspired to be a better healer by her EM physician mentors. She hopes to follow in Sir William Osler's example by being a mentor for students in the future and creating sustainable community health projects to address social inequities.



Hopes Hang Heavy on the Holidays

By Michael Stanley

Christmas is the longest shift. This year was especially tough, as many hospitals impose severe visitor restrictions. Cheery paper snowmen cut-out by ward secretaries waved unseen from bulletin boards, and no family punctuated the monotony of a patient's day waiting and worrying over lab results. They're not alone, though. I waited and worried, too, because all our hopes hang heavier on holidays.

"J-juh-jinguhl behb-ehls?" he asked the group. I set a smile that had weathered many school-house caroling cacophonies and took a deep breath, ready to belt it out at the first nervous note (not that I can sing, but at least we'd be out of tune and tempo together). I missed the beat. We all did at first, because the tune untied Erik's tongue. Now we were the speechless ones listening to this crooner, we of little faith. We ate our Chinese food and caroled, gladdened by some stolen time together through the joy and hope that Erik's little miracle gave us. If he

MEDICAL HUMANITIES-OBITUARY

can try, so could we.

Erik was last year's ghost, but in this COVID Christmas I saw a vacant workroom and a guitar without a player. This season we kept to our own call-rooms, and the only music I had was of my pager syncopating with The Charlie Brown soundtrack streaming off the computer. Instead of the hokey yule-log in the corner of my screen I watched the news reports of the public flouting CDC guidelines as they planed, trained, and auto-mobiled us into yet another surge. My hospital was already straining from the wanton disregard of Thanksgiving diners now dying on ventilators alone. With a nation haunted by a vaccination skepticism sown during a hateful campaign and a roll-out plan hampered by ineptitudes, I feared what the ghost of Christmas future might reveal. The present was scary enough. All I wanted for Christmas was for 2020 to be over, but had I any hope for what comes after?

Instead of three wise men it seems we've had four horsemen. Depression, anxiety, and paranoia shod the hooves of this pestilence that's raced across our communities. Rates of alcoholism and drug overdosing increased as support systems collapsed under quarantine. With households locked down, domestic violence rates escalated with explosive living situations lacking any safe vent. All of it deepening despair. Hope is the straw in our bricks, and without it, the American credo crumbles. I've heard people say they hoped they'd get the vaccine soon (there are many trainees like me who are still waiting), or they hoped for another recovery check (that the president has now vetoed), but I'm beginning to wonder if we're really hoping or merely wishing? A wish puts no skin in the game. In a commercial Christmas, we don't even wish, we just give Santa our shopping list. Unlike a wish, hope demands a transformative conviction. It was hope that brought the wise men across the desert and hope that brought the English and Germans across no-man's-land one silent night in WWI, to risk something of themselves in the hope of becoming something good for ourselves. It will be hope that graces healthcare workers with the strength to go on when there's no PPE, no vaccine, no hazard pay, no time off, and

no consideration from the society we serve.

So, at the start of this year's Christmas shift I felt more prisoner than practitioner by this hospital and holiday. I needed help believing in the goodness again after a year that will end and a struggle with no end in sight. So I scanned the paging directory for friends' names, made a list, and checked it twice. Then every so often throughout the shift I paged out, "Consult question. Patient Kringle. What gives hope through the holidays?" I was apparently a less than secret Santa. Friends called me back to my cellphone, and we'd share a laugh. I got a lot of colorful answers, some more blue than silver & gold about 2021's New Year Resolutions, but one reply came through clear as a bell. My friend Parth paged me back: "The pandemic Winter is cold and lonely, but inside these walls I have more friends here than I realize, and Spring will always follow Winter."

Michael P.H. Stanley, MD was a 2018 William Bean Award recipient. A graduate of Harvard College and Tufts University School of Medicine's Maine Track Program, he is currently a neurology resident at the combined Massachusetts General Hospital / Brigham & Women's Hospital program. Stanley's scholarly work focuses on narrative medicine, philosophy of mind, and history of neurology, and his work has been featured in many publications including the Wall Street Journal, National Review, and American Journal of Medicine. He is grateful to Dr. Richie Kahn, who fostered Stanley's interest in the history of medicine and first introduced him to the American Osler Society.

Anand Date (1939–2020) Productive Oslerian and "Our Man in the Middle East"

Anand was born in the United Kingdom and died in the United Kingdom, but he was an East Indian to the core, and there have been few more enthusiastic Oslerians.

Anand received his medical education at the Christian Medical College (CMC) in Vellore, where he excelled in coursework and impressed his classmates for his proficiency at Rock-and-Roll dancing. After an internship he stayed on at the CMC in the department of physiology and then joined the department of pathology. His special interest in nephropathology led to participation in

MEDICAL HUMANITIES-OBITUARY

(Continued from page 8)

the Renal Transplantation Program at CMC, the first institution in India to do kidney transplantation. His was considered something of a legend at CMC and received the Rev. Fr. Lourdu M. Yeddanapalli S.J. Medal, which is award to “a scientist in the Christian Medical College, Vellore, who has made an outstanding contribution to basic or applied sciences in India.”

Anand served as head of the Department of Pathology at CMC from 1991 until 1997, when he moved to Muscat, Oman, as head of pathology at the Sultan Qaboos University Hospital. He worked there for over a decade. He became a member of the AOS in 2002, and participated regularly at our meetings despite the lengthy travel involved, along with his wife, Sally, who is also a graduate of CMC. Anand and Sally mined the letters Osler wrote to Lady Osler from Egypt, and Anand worked on other Osler-related projects.

Anand and Sally moved to England after his retirement from Sultan Qaboos University Hospital to be close to a daughter. I last saw them in London in 2014, after the AOS meeting in Oxford. Although showing signs of cognitive decline, he was the same quiet, gracious self-effacing man I had known through AOS meetings and with whom I had worked on several projects.

Anand was apparently something of a legend among undergraduate and postgraduate students in Vellore, but for me he epitomizes Osler's ideal of medicine as a world-wide profession that knows no boundaries of race, religion, or nationality.

By Charles Bryan



Anand and Sally Date

POETRY CORNER

Hope

By Wendy Harpham

Hope is an image of goals,
Planted firmly in your mind.
When looking at life before you,
Hope lines the paths you find.

Hope is a well of courage,
Nestled deep within your heart.
When faltering in fear and doubt,
Hope pushes you to start.

Hope is an urge to keep going,
For limbs too tired and weak.
When apathy stills all desire,
Hope sparks the fuel you seek.

Hope is a promise of patience,
As you wait for distress to wane.
When all you can do is nothing,
Hope pulls you through the pain.

Hope is a spirit that lifts you,
Should heaviness pull at your soul.
When torn apart by losses,
Hope mends to keep you whole.

Wendy Harpham is a doctor of internal medicine, long-term cancer survivor, and award-winning author and regular columnist for Oncology Times. Her 8 books include Healing Hope--Through and Beyond Cancer and an eBook available for free download, Finding Hope That Heals. Her work has received many national recognitions, including the 2018 American College of Physicians Nicholas E. Davies Memorial Scholar Award for her contributions to the medical humanities.



OPINION

Hope

Articles expressing opinions on contemporary issues related to the medical humanities, ethics, and practice of medicine will be presented in this section.

“Hope”, such a simple four letter word that used as noun suggests, “the general feeling that some desire will be fulfilled” and as a verb, “to expect or wish for some desire to be fulfilled.” The Hebrew word for “hope” (Tikvah) is more concrete and means, in addition to expectation, “cord” or “rope” from a root word that means to “bind” or to “wait for or upon.” Given the current dark state of the country and world, “hope” seems at times to be all we have to hold on to in looking for a better day.

Shakespeare had several memorable quotes concerning “hope”:

“The miserable have no other medicine, but only hope.” *Measure for Measure* (1604) act 3, sc. 1, l. 2

“True hope is swift and flies with swallow’s wings.” *Richard III* (1591) act 5, sc. 2, l. 23

“Hope is a lover’s staff; walk hence with that, and manage it against despairing thoughts.” William Shakespeare (2016). *The New Oxford Shakespeare: Modern Critical Edition: The Complete Works*, p.94, Oxford University Press

This issue of the *Oslerian* offers several essays and a poem full of hope. Lenexa Morias a fourth year student at the University of Texas Medical Branch reviews the impact of Osler on her training. She notes medicine’s move from the paternalism of the past and the Oslerian tradition of moving towards earlier clinical training. She expresses her commitment to the “art of medicine” which “inherently relies on humanism and genuine care for another, this is developed when we engage patients and build upon that relationship.” She notes, “Osler encouraged his students to be professional, but also compassionate. We are more than students to our patients, we are healers.” Lenexa leaves us with “hope” as she concludes, “I hope to one day have the opportunity to do the same with students and teach them the Oslerian principles of hands-on practice, being with our patients in suffering, and upholding the integrity of our profession as we have learned in medical school.

Michael Stanley, currently a neurology resident at Mass General, reviews the darkness of this

Christmas in the midst of the Pandemic. He then describes the “hope” which has maintained us and will carry us through these difficult times. He states, “Hope is the straw in our bricks, and without it, the American credo crumbles. I’ve heard people say they hoped they’d get the vaccine soon (there are many trainees like me who are still waiting), or they hoped for another recovery check (that the president has now vetoed), but I’m beginning to wonder if we’re really hoping or merely wishing?” Nevertheless, he continues, “It will be hope that graces healthcare workers with the strength to go on when there’s no PPE, no vaccine, no hazard pay, no time off, and no consideration from the society we serve.” And concludes, “The pandemic Winter is cold and lonely, but inside these walls I have more friends here than I realize, and Spring will always follow Winter.”

Finally, Wendy Harpham in her poem, “Hope” reviews for us all facets of “Hope”. Hope as “well of courage,” Hope as, “a promise of patience”, and Hope, “as a Spirit that lifts us.”

As I write this short piece I have been viewing the inauguration of Joe Biden. Regardless of your politics, I did find “hope” in the process and words spoken at this transition of administrations. We can only “hope” that along with the political dissention, the Pandemic will begin to wane and some degree of a new normalcy will evolve.

And speaking of “hope” springing eternal, February may or may not mark the beginning of Major League Baseball (MLB) Spring Training. Where will MLB be with their season? Will they have a shortened season like last year. Will they all be vaccinated and play on. Alas, the Mudville Team (Houston Astros) have lost their “spark”, George Springer, who sold out to Toronto for \$150 million. What a bum, but then again our hope is in that new player who will jump in to replace him and fill our attention with the frivolous distractions of baseball. Here’s hoping for a better year!

By Michael Malloy



OBITUARIES

AOS Obituary for Joe Lella (1936 – 2020)

Joseph William Lella was AOS president in 2008-9 and received our Lifetime Achievement Award in 2019. He combined his theater skills and his teaching interests when he created the superb play, *Willie: A Dream*, a dramatic monologue in which he played Sir William in a dream that McGill medical student Marvin Sharpe had when he fell asleep in the Osler library. He played the part in several live productions, including one for McGill's 1999 sesqui-centennial celebration of Osler's birth. It was made into a video and was published in 2000 with commentary and references as Number 6 in the Osler Library Studies in the History of Medicine. He served on the Library's Board of Curators for many years; that board and his affiliation with the AOS, he said, were the joys of his retired life.

Joe was a polymath, renaissance man whose *joie de vivre* was contagious. He loved to act, to sing, and to direct. He sang Gilbert and Sullivan, starred in *The Music Man*, and even played the demanding, non-singing role of Roy Cohn in *Angels in America*. He was also an erstwhile artist who did cards and watercolors. His sister-in-law Anne tells of his drafting a Christmas Card:

Ellen and I were in the house making Christmas cards when Joe came in. He sat at the table where we were working, watched us for a while, took a piece of paper, and started making his own card. When he was done, the cover featured a small reindeer lying on its back in a straw-filled manger, sucking a baby bottle. Its shiny red nose appeared at the top of the manger, two tiny hooves at the bottom. Santa was standing nearby, shaking his finger admonish-ingly, saying, "Rudolph, if I've told you once, I've told you a thousand times to stay out of that manger." Inside, the message read: "Put Christ back in Christmas."

That bent was not surprising for a man who was born in the Bronx with Sicilian and Italian American grandparents, who began his education at St. Joseph's Seminary and College (NYC). But he chose sociology over the priesthood, got an MA in

sociology from Fordham followed by a PhD from Chapel Hill. He began a long career teaching sociology, especially as it relates to medicine.

He taught at McGill from 1965 to 1987 in the Department of Social Studies of Medicine and thereafter joined the faculty at King's College at the University of Western Ontario as Academic Dean. While at McGill his interest in Osler was whetted, and in 1998 he joined the AOS. Although he retired from collegiate teaching in 2002, he became increasingly active in our Society, giving over a dozen papers and serving as co-moderator with Clyde Partin for many of the Francis Neelon Readings/Recitations sessions.

Joe died peacefully on October 28, 2020. He had suffered with spinal stenosis that left him bedridden, and from a cancer that initially responded to immunotherapy. Despite the pandemic, his wife Elisabeth was able to visit him daily in the small Ontario hospice during his final months. His son Matthew, married to Fredrika, is an architect in Toronto, and Joe's daughter Cristina and her husband Rob have a yoga studio in North Bay. Matthew and Cristina were an enormous help and support to Elisabeth during Joe's illness.

By Joe VanderVeer



Memorials may be sent to: "Friends of the Osler Library - McGill University, McLennan Library Building, 4th Floor, [3459 McTavish Street, Montreal, Quebec, Canada H3A 0C9](https://www.mcgill.ca/osler/visiting)

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The AMERICAN OSLER SOCIETY exists to bring together members of the medical and allied professions, who by common inspiration are dedicated to memorialize and perpetuate the just and charitable life, the intellectual resourcefulness, and the ethical example of Sir William Osler, who lived from 1849 to 1919. The OSLERIAN is published quarterly.

Looking Forward to Galveston, TX



Uh-Oh!!!!!!! Hold the vision of these images. You will not see them in 2021, but we are hopeful the Pandemic will have waned, a vaccine will be available, and the weather in the Spring of 2022 in Galveston will be beautiful as always.

Zippity-Do-Da
We Are Zooming for 2021

Attention: Because the in-person meeting in Galveston for 2021 is being moved forward to 2022 and because the majority of abstracts scheduled for presentation at the 2020 AOS Meeting were carried over to the 2021 only a few abstracts were accepted for this year (2021). Queries were sent to all those who indicated they wanted to present their 2020 abstracts at the 2021 meeting as to whether or not they would like to do a Zoom presentation at the AOS Zoom meeting that is planned for April 2021. As of now 37 authors have indicated they would be willing to present via Zoom. The dates for the Zoom meeting will be April 11-14. The exact format and timing have been worked out and are further described on page 4 of this edition of the *Oslerian*. The Program Committee will continue to make final changes for the meeting and the exact format, and will communicate that information to the membership and presenters via email.

***Thank You for Your
Patience***

We're on the Web!√ us out at: www.americanosler.org

AOS Members — Please forward to the editor information worth sharing with one another as well as "Opinions and Letters". - MHM (mmalloy@utmb.edu)