

What's New August 2, 2019

Impressions & Metaphors

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NESBIT SOCIETY
MICHIGAN UROLOGY



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One.

As a medical student, my first impressions of children's surgery imprinted on my brain much like a duckling gets imprinted when it initially sees its mother, or whatever creature first walks by. I went to UCLA for surgery residency in 1971 and then to London for a year in 1976 to learn from David Innes Williams, a founder of pediatric urology (above, Shaftesbury Hospital, 1976). The experience was rich. At first I was as an

observer and later served as a registrar, the UK version of my status in the U.S. Mr. Williams was the consummate professional and his attitude was reciprocated by patients, trainees, and staff. My first impression of “DI,” as we called him, was one of the perfect English gentlemen, with unparalleled expertise and skill in one’s field. I noticed that even the poorest families coming to see him dressed for the occasion, the men often wearing a coat and tie, and the children well-scrubbed up and disciplined. Formality was echoed by kind and polite staff (Sister Fay and Sister Val) and by Mr. Williams himself who invariably offered a proper English greeting.

Mr. Williams was always addressed as *MR. WILLIAMS* – the appropriate title for a surgeon in the British world of medicine since the days of King Henry VIII who chartered the Barber Surgeons Guild in 1544. The physicians (internists) had been chartered in 1522 and were addressed as “Doctor” and the surgeons, a very distinct class of practitioners were “on leave Mr.” back then and remain Mr. to this day. Additional medical customs and traditions persisted in the National Health System and when I was a clueless young American, a colleague then ahead of me in training, Mr. Robert Morgan, took me under his wing and kept me out of trouble. Just as British ways sometimes confused foreigners like me and American ways tended to befuddle the British who, for example, couldn’t understand why Henry Kissinger came to be addressed as *Doctor*.



I returned to London in 1986, as a young UM faculty member on leave under Ed McGuire, to serve as a *locum tenens* for several months. Sir David Innes Williams (above, recently knighted) had retired from a large administrative post in the National Health System (NHS) and his successor Phillip Ransley was the sole pediatric urologist in London. American colleagues were taking sequential turns filling the spot that soon became formalized with a second NHS pediatric urologist, who turned out to be Patrick Duffy, the registrar working with me those months in 1986. I was self-conscious to be sitting in the same chair and at the same desk Mr. Williams had used to see patients, but I seemed to be tolerated by staff and patients.

In the decade between my times working for the NHS, the dress code and sense of formality of the clinic visits had relaxed. Families were more casual in dress, perhaps reflecting acceleration in the pace of life, only occasionally putting on their Sunday best for clinic visits, more likely quickly assembled from work and school to rush to Great Ormond Street Hospital by tube, bus, or cab (rarely by car, because where could they park?). Nevertheless, greetings were not rushed, but rather were moments of catching one's breath on both sides of the table, with casual inspection,

mutual taking measure, and kind acknowledgements. Those first impressions the parents and children have of the physician/health care provider are lasting.

Two.



Life is a social business and medical practice and education are especially social. That’s why we have frequent visiting professorships, like the Duckett Lecture last month, with Chester Koh from Baylor. Chester spoke on medical devices and discussed cases with residents, who also observed his professionalism and communication skills. [Above: Pediatric urology conference with Chester; Below: Kate Kraft, Chester, John Park.]



The first words patients hear often set the stage for their entire relationship with a health care provider. It is no surprise that one of the more offensive introductory phrases patients report is: “Why are you here?” Clinicians never intend any offense, and I myself may have cluelessly used

those words in past days, trying to figure out the needs of a patient. Health care providers have many pressures for excellence, self-education, relevance, academic productivity, and equanimity. Furthermore, they are belabored by systemic pressures that are, perhaps, the greatest drivers of professional burnout: organizational metrics, throughput demands, rigid schedules, mandatory web-learning programs (fire safety, compliance, “high reliability training,” new chaperone rules, opioid regulations, and other modules every year). Electronic health record systems set the stage - demanding entry of a chief complaint at the outset of each “encounter.”

To many patients, however, that first question, *Why are you here*, is a slap in the face, interpreted by some as an accusation (“why are you wasting my time?”) or is evidence of an unread letter of referral or poor preparation. Patients may be anxious, looking for reassurance, expertise, and kindness. Parents with sick children will be especially distressed and for them, “Why are you here?” is a poor choice of the starting position for the physician or provider. If you put yourself in the place of the mother in Gari Melchers’ painting after the hassle and expense of getting to the clinic with your baby, you might not respond favorably to that question. If the provider was, perhaps, “burned-out” from a busy clinic schedule, the electronic health record, systemic mandatory demands, and short ancillary staffing, it is very likely that the mother with the sick baby was equally stressed, if not more so.



[*Mother and Child*. Gari Melchers. C, 1906. Institute of Art. Chicago.]

Three.



White Coat Ceremony. The stethoscope, invented in 1816 by René Laënnec in Paris, is not just an effective tool for auscultation, it is an equally effective metaphor for listening, which is itself a metaphor for seeing, hearing, or otherwise sensing the needs of a patient and family. [Above: Laënnec, National Library of Medicine. Below: Laennec's 1819 monograph.]



Laënnec died of cavitating tuberculosis at age 45 on August 13, 1826 in Kerlouanec, leaving a wife but no children. [Ariel Roguin. René Theophile Hyacinthe Laënnec (1781-1826): the man behind the stethoscope. *Clin Med Res.* 4(3):230-235, 2006.]

The meme of the physician as a listener and observer is worth preserving, especially in this day of corporate medicine and formulaic encounters based on electronic medical records. To institutionalize this idea of listening, our medical school began giving all entering medical students top-of-the-line stethoscopes on their first day of school at the White Coat Ceremony on 2004. The instruments were gifts from the clinical departments and some friends of the medical school interested in the actual and metaphoric listening skills of our “next generation” of physicians. Some of the best listeners in health care are themselves hearing-impaired and have trained themselves to go beyond casual vocal encounter with patients to discriminating perception of their patients with all senses.



[Above & below: UM White Coat Ceremony July 27, 2019.]



White Coat Ceremonies date back only to 1989 when, at the University of Chicago, a professor complained that first-year students “were showing up in shorts and baseball caps ... where the patients are pouring their hearts out.” Dean of Students Norma Wagoner responded by starting a ceremony where students were supplied with white coats and instructed: “for any session where we have patients present, we expect you to look like professionals, wear the white coat, and behave appropriately.” [Peter M. Warren. “For new medical students, white coats are a warmup. *Los Angeles Times*. October 18, 1999.] In 1993 Dean Linda Lewis at Columbia University College of Physicians and Surgeons, joined with the Arnold P. Gold Foundation to sponsor a white coat ceremony that is mirrored in medical, dental, and osteopathic schools today, among many other health professional schools. (Today, many of these medical schools bear the new names of their modern benefactors.) The white coat as a uniform of a health care provider is importantly a symbol of personal hygiene and responsibility. [Below: *White Coat Syndrome*, 2008, by Pat Curry, RN.]



The matula was the most prominent symbol of the medical profession for 650 years, as evidenced in art of the times, until Laënnec's stethoscope in 1816 and the white coat even more recently. What the prominent symbols of the healing professions will be a century from now remains to be seen, but with luck regarding human destiny they won't revert to the Aesculapian staff and matula.

Four.



The moral universe. The compelling imagery of a moral universe is a comforting metaphor. In 1958 Dr. Martin Luther King wrote "Let us realize the arc of the moral universe is long, but it bends toward justice," in *The Gospel Messenger*, noting it to be a known aphorism. He used it again in 1964 for commencement exercises at Wesleyan University. The phrase has a deep history, traceable to 1853 and "A Collection of Ten Sermons of Religion" by Theodore Parker, Unitarian minister, American

transcendentalist, and abolitionist. A book in 1918, “Readings from Great Authors,” quoted Parker. A columnist in the *Cleveland Plain Dealer* reiterated the phrase, but omitted the word “moral” in 1932. The phrase has been since repeated on many occasions such as in a 1940 New Year version by Rabbi Jacob Kohn in Los Angeles: “Our faith is kept alive by the knowledge, founded on long experience, that the arc of history is long and bends toward justice.” President Obama used the phrase and credited Dr. King in 2009. [Above: Chagall Windows. Art Institute of Chicago.] Whereas some things in life are described as “soul-crushing,” this phrase is soul-compelling.

The physical universe and the universe created by the collective brains of *Homo sapiens* overlap and the human one increasingly changes the other, at least for the present in the Anthropocene moment. The change is simultaneously creative and destruction – think Mona Lisa or the miracles of contemporary health care versus genocide and environmental deterioration. But if we accept the fact that the human universe is ours to create, then we must recognize that it is (it should be or it can be) a moral universe, thus validating the aspiration of King and those who came before and after him with this belief.

The idea of a universe is a human construction and belief in a moral universe is a particularly human invention. Not eager to invite liturgical criticism, few can deny that *Homo sapiens* has built extensively around concepts of spiritual faith. But such is the nature of our species to imagine, discover, plan, and pass the information we find and create along to

successive generations. In that sense, it is up to us to build that moral universe within the gargantuan amoral physical universe around us.

Five.



Ann Arbor August. In much of the northern hemisphere, August is a time for vacation, although the modern workplace of 52 weeks and 354 days per year, and 24 hours per day, requires some people at work every minute such that August is no longer a month of universal leisure time. I recall that when the yearly calendar was unveiled to my surgical internship group at UCLA in July, 1971, the first vacation assignment (namely July), went to the most hyperactive of our class, who was expecting to dive immediately into the world of operating rooms, intensive care units, conferences, and clinics. He went ballistic at being told to “stand down” for his first month. The rest of us, I suspect, would have been more accommodating. In the end, he accommodated just fine, and over the course of a distinguished career, Ron Busuttil ended up as chair of the surgical department at UCLA himself.

Summer or winter today, the life of a resident provides more downtime and one expects that our new PGY1s will have time for the pleasures of Michigan this month and next. The Ann Arbor Farmers' Market (above), operating since 1919, is a lovely feature of our community – a perfect example of Adam Smith's second-best quotation:

“It is not from the benevolence of the butcher, the brewer, or the baker that we expect our dinner, but from their regard to their own self-interest. We address ourselves not to their humanity but to their self-love, and never talk to them of our own necessities, but of their advantages.”

[Below: top, local farm sales; local idiosyncrasy – *Wolf Man*; bottom, *Sweet Dirt* – Melissa Richard's Ann Arbor ice cream]



Michigan Urology has its own centennial this year. We begin this

celebration next month, 100 years after Hugh Cabot came to Ann Arbor, recruited by Dean Victor Vaughan, and will conclude it in the autumn of 2020, to coincide with Cabot's first academic year at the University of Michigan. Cabot brought modern urology to Michigan in the multiple dimensions of clinical care, education, research, and the international stage.

Postscript



Gari Melchers (1860-1932), whose *Mother and Child* was shown earlier, originally from Detroit, was awarded an LL.D. from UM in 1913. His impression of Victor Vaughan was presented to the university in 1916.



Melchers's Theodore Roosevelt, originally in the Detroit Freer Collection, is now at the Smithsonian Freer-Sackler Galleries. [Donaldson BM. An Appreciation of Gari Melchers (1860-1932). *Michigan Alumnus, Quarterly*

Review. 1934. P. 506-511.]



As you enjoy August we prepare for the Michigan Urology Centennial, to celebrate the first year of modern urology under Hugh Cabot.

- Centennial Celebration launch, Nesbit Society Annual meeting October 3-5, 2019, Ann Arbor.
 - AUA Nesbit Society reception May 17, 2020, Washington, DC.
- Centennial Gala Celebration. Nesbit Society Annual Meeting, September 24-26, 2020, Ann Arbor.

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