

**DAB What's New December 6, 2019**  
***Mastery***

**2515 words**

**NESBIT SOCIETY**

**MICHIGAN UROLOGY**



DECEMBER 2019						
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**One.**

**Pablo Casals**, master cellist, received the *Presidential Medal of Freedom*, on this December day in 1963, among the first cohort of recipients, in a bittersweet ceremony two weeks after Kennedy's assassination. Kennedy had come up with the idea for the award, but Lyndon Johnson presided at the event by default.

The *Presidential Medal of Freedom* was a successor to the *Medal of Freedom* that derived from Harry Truman's Executive Order 9586 (signed July 6, 1945), establishing an award for notable civilian service during WWII. Over 20,000 such medals were given out, mainly by the secretaries of state, war, and navy up through 1961. President Kennedy re-oriented the award with his Executive Order 11085 (signed February 22, 1963), broadening the name to *Presidential Medal of Freedom* and shifting its scope to include cultural achievements in addition to military ones. Other awardees with Casals that evening December 6, 1963 were architect Ludwig Mies van der Rohe; painter Andrew Wyeth; singer Marian Anderson; writers E.B. White, Thornton Wilder, and Edmund Wilson; Rudolf Serkin pianist; Edwin Land inventor; Edward Steichen photographer; Clarence Randall businessman; educators Genevieve Caulfield, James Bryant Conant, Alexander Meiklejohn, and George Taylor, and others including John Enders for his vaccine work. It was quite a gathering. [Above: Casals at Carnegie Hall, 1917. Bain Collection, Library of Congress.]

Casals, one of the great cellists of all time, at age thirteen had found a tattered copy of the obscure Bach unaccompanied cello suites in a Barcelona shop, mastered the six pieces, and took them to international attention that would inspire generations of cellists such as Yo-Yo Ma. On *Wikipedia* you can find audio clips of Casals playing parts of the *First Cello Suite*. The Casals entry from the same source offers a quote from George Carlin attributed to Casals, who when asked at age 93 why he continued to practice three hours a day. The cellist replied: "I'm beginning to notice

some improvement." *Fact or true fact*, it's a beautiful thought and one certainly in keeping with the artist's persona.

## Two.

**Born in Catalonia Spain in 1876**, Casals died in Puerto Rico in 1973. His life was one of mastery and professionalism, interrupted by a terribly low point around the time of the Spanish Civil War, when he was a refugee in France. Fleeing Franco's efforts to liquidate political foes, Casals learned that he would have his arms cut off if he returned. Anguished over the fall of the Spanish Republic, distressed by its abandonment by democratic nations, fearful of his own safety in France as the Nazi's rolled across Europe, and exhausted by demands of recording the Bach cello suites (the first recording made of them), Casals fell into a deep depression and didn't leave his room in Paris for two weeks. Burned-out, as some people now would say, he rallied and got back to his work. Much later Casals gave his memoirs to a writer, Albert E. Kahn, who published *Joys and Sorrows: Pablo Casals, His Own Story* in 1970.

Kahn, it should be noted, was nephew of the master industrial architect Alfred Kahn who worked with Hugh Cabot in Ann Arbor to plan and build Michigan's acclaimed University Hospital in 1925. Kahn also designed Hill Auditorium, Clements Library, Angell Hall, Betsy Barbour Residence Hall, Burton Memorial Tower, Harlan Hatcher Library, Ruthven

Museum, among other buildings on campus. Kahn's son, Eddie, a contemporary surgical trainee with Nesbit under Cabot, became Michigan's second neurosurgeon. Sixty Kahn buildings are on the National Historic Register list, but it was the Clements Library in Ann Arbor for which Kahn wanted to be most remembered.

Stories of the Bach suites and Casals are interwoven by Eric Siblin in *The Cello Suites* (Grove Press, New York, 2009). Mastery is an aspirational trait that most people seek in one way or another, whether it be mastery of a skill or hobby, mastery of a job, or mastery of parenting. Kennedy's idea for the Presidential Medal expanded a national honor related to war to the mastery of the constructive skills of civilization – the humanities. Kennedy's empathy and respect for those arts reverberates today and marks him as a master statesman, no doubt imperfect as is anyone, but a master of the presidency. [Picture: Casals performing for the Kennedys at the White House, November, 1961.]



**Three.**



**Kennedy had a special link** to the University of Michigan dating from his campaign speech on the steps of the Michigan Union at 2:00 AM on October 23, in 1960 when he proposed the idea of the Peace Corps. The national shock at his assassination only three years later was profound for most people, no matter how they had voted.

At that time in 1963 the Section of Urology of the Department of Surgery at the University of Michigan was in the final stage of Reed Nesbit's leadership. Hugh Cabot, Nesbit's mentor, was an undisputed master of the subject of *modern urology* in the early 20<sup>th</sup> century, while Nesbit subsequently became the undisputed master of many of its skills, most notably transurethral resection of the prostate. Nesbit was also a master educator, training at least 83 residents and additional fellows, although we are still trying to get a precise count (demonstrating once again how elusive true facts and actual history can be).

In December 1963, as Nesbit was winding up another good year as chief of urology at Michigan, he undoubtedly read of Casals and the other Presidential Medalists the following day in the Ann Arbor and national newspapers. The only other senior faculty member in the Section of Urology faculty with Nesbit in the Section of Urology in 1963 was Jack

Lapides who was Chief of Urology at the VA and at Wayne County General Hospital (since 1950). Joe Cerny (N'62) was a junior faculty member. Harry Lichtwardt was Vice Chair of Urology at Wayne County General Hospital, since 1951. The three new residents in 1963, halfway through their year at this time of the season were Dale Alkema, Larry McDonald, and Bernie Sloan, while the chief residents were Robert Bishop, Dewey Heetderks, and Harold McDonald. Nesbit was likely starting to think about his annual Christmas letter around this time. Meanwhile I was in my first year of college, oblivious to the field of urology and wondering if I would master anything at all.

The news cycle, one hundred years ago, centered around the daily papers with a 24-hour rhythmicity. The national news for December 6 contained little information that today's newshounds would recognize, except perhaps for mention of the Warren Commission in the *New York Times*, an Oswald reference in the *Ann Arbor News*, and a Big 10 athletic scholarship limit reported in the *Michigan Daily*. [Thanks to Katie Baxter for finding these.]





The inaugural Presidential Medals of Freedom winners were not revealed to the public until the next day, December 7, in addition to other newsworthy items, including the 22nd anniversary of Pearl Harbor.

## Four.

**Senait Fisseha.** Not every week does *The Lancet* feature an article on a Michigan faculty member, but that happened recently with a profile on Senait Fisseha, Clinical Professor of Obstetrics and Gynecology. [Lane R. Profile. *Senait Fisseha: empowering women through reproductive health. The Lancet.* 394:1405, 2019.] Medical Director of the University Center for Reproductive Medicine in 2008, Director of the Division of Reproductive Endocrinology and Infertility in 2011, and creator of the University of Michigan Center for International Reproductive Health Training, Senait has developed a partnership between Michigan and St. Paul's Hospital Millennium Medical College in Addis Ababa, Ethiopia.

Another shout-out for *The Lancet* relates to Ella Doerge, who

graduated from our program last year and is currently pursuing further training in a London fellowship with Tim O'Brien. She recently sent me the following comments and picture she took at *The Lancet* Library.

Hi Dr. Bloom,

Just dropping you a line to see how things are going back on the homefront in Michigan. I'm a month or so into working at my fellowship at Guy's and am getting more and more familiarized with life in the UK, both in the health care system and in the city at large. While we share the English language with the English, there have been more differences in culture and conversational conventions than meet the eye that I've been uncovering. While it's been good here, I think I'm irrevocably American, in mentality, how I prefer to practice medicine, and how I interact with my environment.

Anyway, I thought of you in particular a few weeks ago because I had the opportunity to spend a day with one of the lead editors of *The Lancet*. I got to peruse the library with volumes dating back to their first publications which I'm sure you would have found particularly interesting (photo attached). I also sat in on their weekly editorial board meeting with their editor-in-chief in which they made all the decisions for papers to include in the coming week's issue.



[Below: Ella with Duncan Morhardt during their days at Michigan.]



## **Five.**

**Burnout is a hot topic.** It rightly focuses attention on our students, residents, and colleagues who are struggling more than usual. It offers many opportunities for blame, administrative burden, the electronic record, mandatories, administrators in general, third party payers, regulations, fee-for-service systems, RVUs, corporate medicine, throughput demands, constrained schedule grids, and the gray days of winter. It provides new opportunities for talks, papers, and even jobs. But let's not blame burnout, per se; many physicians lose a sense of the magic in their profession and others are truly overwhelmed by "TMI" and conflicting responsibilities. And, of course, some organizations provide poor workplaces.

Burnout cannot be detected by biomarkers and as of yet has no ICD 10 diagnostic code. Once it was considered a binary phenomenon – you either have it or don't, just as Casals in his darkest days couldn't leave his room to re-engage with the world. Individuals, at some point, may be overwhelmed by work and can't continue it. Surveys and questionnaires ("instruments") allegedly diagnose "degrees of burnout" which seems to have been externalized, from an internal or personal condition, to a workplace fault. No responsible leader can avoid discussing the topic and

“measuring” their teams for it with further surveys, thereby adding counterproductively to the enlarging ambient administrative burden. By medicalizing burnout and viewing it as a “disease,” like a generalized form of carpal tunnel syndrome, we gas-light the matter, conveniently obscuring leadership a causal factor, but no matter how we frame it we, as leaders, are responsible for workplace conditions that heavily contribute to the condition.

It is unreasonable to expect successful people, even the masters of their arts to be “on fire” every day. Pablo Casals had days of tedium, frustration, annoyance, and – as is well documented – anger and embitterment over the political realities of his nation. His dysfunctional interlude in Paris was multifactorial in origin - the recording process was particularly alien and painful for him - but he rebounded. Could *intrinsic motivation* be the converse of “burnout” or provide a “vaccination” against it? Daniel Pink’s book, *Drive*, caught my attention in my early days as chair and affected my world-view. I gave out numerous copies of it and had many productive discussions on it with executive coach David Bachrach and faculty colleagues. The ideas integrated beautifully with concepts of lean processes that Toyota, John Shook, and locally Jack Billi, Jeanne Kin, and Malissa Eversole have shown me. The key features of *intrinsic drive*, or *self-motivation*, that Pink teaches are purpose, mastery, and autonomy.

**Purpose** envelops healthcare professions, you shouldn’t have to look far to find it, although it can become obscured in crowded and tense modern workplaces. **Mastery** is a matter of training, life-long learning, and

deepening maturation of perspective. Our residencies and fellowships get us started, our practice and continuing education hone our skills, and hard-won wisdom opens the door to mastery, which is never complete, as Pablo Casals lightly noted in 1964 when he said: “I’m beginning to notice some improvement.”

**Autonomy** is the challenge, in these times of complex health care teams. Of course, no person is an island – we are members of a deeply interwoven eusocial species and rely on others to bake our bread, brew our beer, and prepare our meats and tofu. Autonomy is relatively conditional. In rare instances, some people can effectively bully their way into great degrees of autonomy and achieve wonderful things, although usually with a personal toll – e.g. Steve Jobs. The challenge for leaders, whether at single unit levels or presiding at large systemic levels, is to understand and protect the autonomy needs of workers under their authority. The complex teams of modern medical practice preclude absolute autonomy of any one person. Everyone reports to someone from custodian to CEO, yet members of most teams function best when driven by their own *intrinsic motivation* rather than external carrots or sticks, targets or incentives; the challenge is unleashing that intrinsic motivation. When employees understand their contribution is valued, when they have freedom to improve that work, and when they feel fairly compensated, then intrinsic motivation can thrive – and that is the best inoculation against burnout.

**Postscript.**

**Dick Dorr passed away last month.** He was an iconic figure in Michigan Urology and a pillar of the community, leader of St. Joseph's Mercy, and faculty member in the University of Michigan Department of Urology in his later career. Richard Paul Dorr was born 8/17/1936 in Saginaw and became a loyal Spartan at Michigan State prior to coming to the University of Michigan Medical School to obtain an MD in 1961. After surgical internship at Wayne County General Hospital he served as Captain in the U.S. Army Medical Corps and Commander of an Airborne Division Medical Company at Fort Benning, Georgia. Dick returned to Ann Arbor in 1964 for urology residency at the University of Michigan that began under Reed Nesbit and concluded under Jack Lapides in 1968, when he went across the street to St. Joe's to begin urology practice and develop a superb team with Tim McHugh and Hugh Solomon. Dick served as chief of the medical staff from 1980-82. He became a member of the American College of Surgeons, in the tradition of Dr. Nesbit. A master of urology, and ever the student, Dick completed a fellowship in pediatric and reconstructive urology with the

cutting-edge team at East Virginia Medical College in 1984. Following that he had important corporate roles in the St. Joe's system before returning to fulltime practice in 1990 with Tim and Hugh. In the last six years of his career he worked at the University of Michigan Medical Center during the leadership period of Jim Montie. Dick died on 11/6/2019 and these pages cannot do justice to that master of urology. He is survived by two siblings, his wife Jane, and children Richard, Susan Dorr Goold (colleague in Internal Medicine here at UM), and Mark. Dick and Jane have five grandchildren, two step-grandchildren, and three great-grandchildren.

David A. Bloom

University of Michigan, Department of Urology, Ann Arbor

## Profile

### Senait Fisseha: empowering women through reproductive health

It is a long way from Addis Ababa, Ethiopia, to Omaha, Nebraska, USA, but for Senait Fisseha, Director of International Programmes at the Susan T Buffett Foundation, it is where she exerts great influence in global reproductive health. "I came here to have impact. At the Foundation I oversee grant-making for reproductive health programmes on a global scale, an incredible opportunity for me to contribute to the reproductive rights and health of women around the globe", she says. Fisseha is clear about the Foundation's role. "We do not design reproductive health programmes, our job is to support initiatives and partners who do so, including academic institutions, NGOs, and health ministries on the ground", she explains.

Fisseha grew up in Ethiopia at a turbulent time in the country's history—her father was imprisoned after the 1974 revolution for working under Emperor Haile Selassie. Despite the political problems, getting a good education and developing an international perspective were priorities for Fisseha. She took a dual degree in medicine and law in the USA at the Southern Illinois University. "This was the era where medical malpractice in the US was being exposed, with many neurosurgeons and obstetricians closing their practices due to the cost of medical malpractice. I wanted to learn more about the legal system around medicine, and how this could relate to the reproductive health rights of women", she recalls. Her legal studies took her briefly, in 1994, to Magdalen College at the UK's University of Oxford, which was "a magical learning environment", and a return to Ethiopia, "a time of deep reading, and validation that women's rights from an Ethiopian perspective would become a very important area of my future work", she says.

Meeting Timothy Johnson, Professor of Obstetrics and Gynecology at the University of Michigan, Ann Arbor, USA, was transformative. "Tim mapped out how I could develop a role where I could gain top clinical experience, while also doing overseas work with partners in Africa to develop reproductive health training and services", she says. A rapid clinical career at the University of Michigan followed, Fisseha completing residency there before training in obstetrics and gynaecology. She became Medical Director of the University's Center for Reproductive Medicine in 2008, ruffling a few feathers on the way. "I was taken aback by how poor the clinical experience was for patients in the University's fertility clinic. I fought hard to not only improve the quality of services and patients' experiences, but also in getting the University to fund key fertility services, including IVF", she says. Fisseha took the role of Director of the Division of Reproductive Endocrinology and Infertility in 2011, and became Clinical Professor of Obstetrics and Gynecology at the University of Michigan Medical School 4 years later.

A key partnership between the University of Michigan and St Paul's Hospital Millennium Medical College in Addis Ababa, Ethiopia, done in parallel with her clinical work, has been a hallmark of Fisseha's career. While teaching at Addis Ababa's Black Lion Hospital, Fisseha realised the potential for widening medical education and for the development of reproductive health training. "I got to know Tedros Adhanom, who when I first met him was the Head of the Regional Health Bureau in Tigray Province", Fisseha recalls. "Tedros invited me to collaborate to develop a new medical education programme at St Paul's Hospital. This included postgraduate education, which was non-existent, a result of the brain drain affecting countries like Ethiopia at that time", Fisseha says. Tedros Adhanom Ghebreyesus, who is now WHO Director-General, recalls: "I could immediately see Senait's passion, commitment, and energy; she wanted to do something important for her country. Her persistence and intelligence makes her highly effective—she gets things done". Today, St Paul's Hospital is a leading clinical and postgraduate training centre in Ethiopia, with a well established postgraduate reproductive health training programme. The success at St Paul's led to Fisseha creating the Center for International Reproductive Health Training at the University of Michigan, with partnerships extending beyond Ethiopia, into other African nations.

When Fisseha heard, in 2015, about the vacancy for a new Director-General at WHO, "I immediately thought Tedros would be an ideal candidate. He wasn't at all interested at first, saying that Ethiopia needed him. I told him that our country was indeed important, but so was the world", she says. Tedros comments: "it is true that I was at first a reluctant candidate for Director-General. Senait brought all the arguments together for the importance of serving a global community through international health leadership. She was right, and in her ongoing advisory role, Senait continues to provide me with invaluable insights across global health."

Clearly Fisseha has had considerable impact across many spheres in her diverse career. How does she see her future? "One of my guiding principles is the belief that we cannot accept the status quo. Although a lot has been accomplished in our efforts to empower women and girls, access to reproductive health services remains elusive in many parts of the world. Given the recent commitment of world leaders to include sexual and reproductive health as part of universal health coverage, there is a real opportunity to push for integration of quality and comprehensive reproductive health services into primary health care; this will be my focus in the immediate future", Fisseha says.

Richard Lane



Christopher William Black