



The Arnold P. Gold Foundation
*Working to keep the **care** in healthcare*

www.humanism-in-medicine.org

Fall 2012

Passing the Torch in the Century of Biology

*The Gold Foundation names Dr. Richard I. Levin
as new President and CEO*

A Message from Sandra

Like William James, I deeply believe that "the use of life is to spend it on something that will outlast it." That's why I am so delighted to announce that Richard I. Levin, M.D., an internationally recognized medical scholar and most recently Dean at McGill Medical School in Montreal, has joined the leadership of The Gold Foundation as President and CEO. I feel assured that the humanistic mission of the Foundation will significantly advance under his wise direction and its future is now secure.

–Sandra O. Gold, Ed.D., Senior Counselor to the President

A Message from Rich

I am delighted to join in the incredibly important work of inventing the future of the foundation. Standing on the shoulders of founders Sandra and Arnold Gold, I am deeply honored and excited about my new position and feel certain that my passion for the mission – critical to the citizens of our nation, if not the world – will move us rapidly forward to write the next chapter.

Medicine in America is at a tipping point, and has begun a revitalization that will transform healthcare and make the patient-doctor relationship even more important than it has been. Just as the Renaissance allowed the establishment of humanism as a philosophy, this renaissance in medicine in the Century of Biology will require an even greater focus on humanistic aspects of care. The Gold Foundation is perfectly positioned to lead this revival.

Interdisciplinary science and the transferring of the "secret" knowledge of scientists to the public will be key. Equally key is what the Foundation has begun and succeeded at so well – developing rituals and opportunities to push the pendulum back toward a balance between technologist and healer. Many physicians will need to become capable of explaining, with compassion and wisdom, what the secrets of their patients' genetic heritage imply. The Foundation can be the nexus for such change.

Long before joining the Foundation, I have had a personal history with it. As a student, practitioner, and Dean, APGF's mission was my personal ethos. It began philosophically with my training at Bellevue in the 70's, in the pre-technological age, where I learned the importance of the physician as trustee for each patient. Holding the patient's hand was often the only therapeutically useful tool we had. Then, as teacher and mentor of generations of students, a highpoint of the academic year was delivering a keynote address at the White Coat Ceremony. And, in a moment of pride and celebration beyond the sublime, in 2008, I stood as Mentor when my daughter, Jennifer, was elected to the GHHS at Dartmouth.

Throughout my life, I have been dedicated to and passionate about excellence. We are in a period of great reformation and potential, and while our models and resources are under tremendous pressure, this is an extraordinary era in which striving for excellence is the key. The opportunities are exceptional but are well within our reach if we act collaboratively, creatively and efficiently to invent the future and "keep the care in healthcare."

–Richard I. Levin, MD, President and CEO



L to R: Dr. Sandra Gold & Dr. Arnold P. Gold,
Dr. Richard Levin & Jane Levin, Esq.

Dr. Richard I. Levin **A Short Biographical Timeline**

This biography represents an attenuated version of Dr. Levin's accomplishments.

1970

B.S. in Biology, Honores in Biologia, Yale University

1973

M.D., New York University School of Medicine

1974

Elected to Alpha Omega Alpha

1979-1983

Postdoctoral Fellowship, Vascular Biology,
Cornell University Medical College

1983

Fellow, American College of Cardiology
Fellow, American College of Physicians

1986-1989

Councilor, Eastern Section, American Federation
for Medical Research

1995-1996

President, American Heart Association, NYC Affiliate

1996-2006

Attending in Medicine, Tisch Hospital,
NYU Medical Center

1998-2000

Board of Directors, American Heart Association, National Organization

2000-2006

Vice Dean for Education, Faculty and Academic Affairs, NYU School of Medicine

2001-2004

President, American Heart Association,
Heritage Affiliate

2006-2011

Dean, Faculty of Medicine & Vice Principal for Health
Affairs, McGill University

2006

Attending Emeritus in Medicine,
Bellevue Hospital Center

2011-2012

Senior Scholar in Residence, Association of Academic Health Centers

2012

President & CEO of The Arnold P. Gold Foundation

[Click here to review Dr. Levin's CV](#)

The value of a Lapel Pin:

A recent exchange with APGF

“My husband's Humanism in Medicine lapel pin recently broke, with the face of the pin separating from the fastener. Is there any way to replace the pin?” - M.

“I would be happy to send him a new pin! Please reply with his name and address and I will send it right out. Thanks for contacting us!” - Kerry, APGF

“Thank you so much! He is a 4th year student, and I believe he received the pin at the White Coat Ceremony – he was so upset when it broke! I can ask him for details if you need them - thus far, I was hoping to surprise him with the replacement.” - M.

“No, that’s fine. Would you like me to send it to your attention so that you can surprise him?” - Kerry, APGF

“That would be fantastic, thanks! I've made a small donation to the foundation to express my gratitude, not only for the replacement pin, but for the work you do.” - M.



If your “Humanism in Medicine” lapel pin is lost or broken, we’d be happy to replace it. Contact ian@gold-foundation.org and let us know when and where you received your original pin, and we’ll send you a new one. Wear it always and wear it well.

Humanism’s Future in Healthcare

“What concerns you most about the direction you see American healthcare taking in relation to assuring the caring relationship between patient and doctor?” is the question we asked guests to discuss at this year’s White Coat Ceremony Dinner.

Here are some of the most common concerns identified, with responses provided by our new President and CEO, Dr. Richard Levin, and the Chair of APGF’s Board of Trustees, Dr. Jordan Cohen.

QUESTION: Do today’s physicians have a communications problem?

Rich: Yes, on several levels. Most physicians are now salaried employees and efficiency is demanded by the system in which they practice. Time is limited and record keeping is becoming electronic, which does take time away from interacting with patients. On another level, there is perception that the narrative, caring interview is not of value. The Foundation’s focus is to change that perception. Jordan, do you agree?

Jordan: I do agree. And that’s why I’m pleased to see medical schools paying a lot more attention to nurturing students’ communication skills. New techniques, such as the use of standardized patient simulation, which involves the use of individuals trained to portray the roles of patients, family members or others, are being used to teach and to evaluate the ability of future doctors to talk and listen to patients.

QUESTION: How much pressure do doctors feel to see more and more patients? Can’t technology help with this?

Rich: As payors have reduced payments for standard, “cognitive” care in favor of procedural care, doctors have been forced to squeeze in more visits to try to maintain income. Also, there is a physician shortage which doesn’t help. Unfortunately technology and the new media are only just developing in this arena. They are “half-way technologies” as Lewis Thomas called them, and can’t yet save time for most physicians.

Jordan: Most doctors are still subject to financial incentives to see as many patients as they can because most insurance companies still use the fee-for-service method to pay doctors for what they do. Happily, we are seeing a shift toward different financing methods that value the quality rather than the quantity of patient care. We are also depending more and more on new technologies to provide good measures of quality care.

QUESTION: Will the shortage of physicians lead to a crisis of access? Is it true that more doctors are retiring now?

Rich: Recent surveys suggest that doctors will retire at an earlier age, partially because of the large number of doctors who are part of the baby boom generation. Surveys indicate that many doctors have become dissatisfied with practicing medicine and desire to retire early. The Gold Foundation will begin programs to help improve practice conditions to fight this trend.

Jordan: Whether or not doctors choose to retire earlier, we are likely to face a shortage of doctors as our population ages and as demand for healthcare services increases. In order to avoid a “crisis of access” we need to enlist the help of other healthcare professionals – nurses, physician assistants, pharmacists, and others.

QUESTION: Has “corporatization” of care depersonalized medical practice?

Rich: These issues are not necessarily automatically linked. Some large practices have made patient centrality and humanistic care part of the plan.

Jordan: Rich is right, creating integrated healthcare systems, i.e., corporatizing care, need not depersonalize medical practice. But such organizations must recognize and reward humanistic physicians if we are going to retain the focus on patients and keep the care in healthcare.

Watch Dr. Levin's video interview on the [Center for Building a Culture of Empathy](#) website.

APGF Initiates New Research Institute for Humanism in Medicine

Many people believe that while empathy and compassion are admirable traits in a doctor, strictly speaking, they are a nicety. However, science is now beginning to demonstrate that being a humanistic doctor has a direct and positive impact on patients’ healthcare outcomes. With the increasing number of individuals entering the already strained healthcare system as a result of the Affordable Care Act, the practice of humanistic medicine could become a casualty.

To ensure that the importance of key elements in the doctor-patient relationship is not diverted in the implementation of the ACA, The Gold Foundation is developing an institute for research on humanism in medicine. The institute will facilitate and disseminate research to better define the role of compassion and respect in the delivery of high quality health care.

“Substantiating the impact of compassion, empathy, good communication, and cultural awareness on the outcomes of care is critically important as we embark on fundamental reforms of our healthcare system. We must not lose sight of these invaluable aspects of high quality care as we explore more efficient and less costly models of healthcare delivery,” said Gold Foundation Board Chair, Jordan J. Cohen MD, immediate past President of the Association of American Medical Colleges.

The institute will provide a source of funding and technical assistance for investigators interested in understanding how humanistic care contributes to patient outcomes. Special emphasis will be placed on identifying or creating valid and reliable tools for evaluating patient care provided by individuals and teams of healthcare professionals. The institute will also assemble relevant research results from other sources and will serve as a central resource for updated information about humanism in medicine.

“Now, more than ever, evidence of the impact of humanistic, relationship-centered methods and models of healthcare must inform how we practice and educate the next generation of health professionals,” said Elizabeth Gauferberg, MD, MPH, Gold Foundation Professor and an Associate Professor of Medicine and Psychiatry at Harvard Medical School/Cambridge Health Alliance. Dr. Gauferberg will serve as the institute’s founding director.

In addition to Dr. Gauferberg, current staffing plans include a health sciences research librarian. The research housed on the institute’s website will be available to policy makers, healthcare professionals, journalists and the public.

Currently in development, the institute is seeking financial support, including a naming opportunity. Stay tuned for further information.

Keep in Touch!

Thanks for reading the printed version of DOC. You also have the option of receiving DOC by e-mail. Drop Kerry an email at kerry@gold-foundation.org. No need for a note – just put “Go Green” and your name in the subject line and Kerry will do the rest!



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12345 Medicine by the numbers

Physicians Experiencing Burnout at Higher Levels Than General Population*

- 37.9%** of physicians said they experienced burnout symptoms
- 27.8%** of those in the general U.S. work force said they did
- 40.2%** of physicians said they were dissatisfied with their work-life balance
- 23.2%** of those in the general U.S. work force said they were
- 37.9%** of physicians reported working 60 hours weekly or more
- 10.6%** of those in the general U.S work force did
- 29.4%** of physicians reported high depersonalization
- 15.0%** of those in the general U.S. work force did
- 45.8%** Nearly half of the physician respondents reported at least one burnout symptom

*Shanafelt TD, et al "Burnout and satisfaction with work-life balance among U.S. physicians relative to the general U.S. population" Arch Intern Med 2012; 10.1001/archinternmed.2012.3199. The study evaluated rates of burnout and job satisfaction among 7,288 U.S. physicians and compared scores between specialties and with a sample of the U.S. general work force. Respondents tended to be older and graduated from medical school longer ago than the total physician population.

For enhanced content including links to articles and additional information, view the e-version of DOC at www.humanism-in-medicine.org/DOC_Fall_2012.



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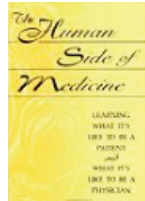
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Staff Picks

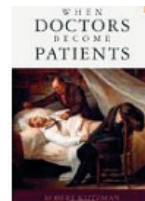
The Silent World of Doctor and Patient. Jay Katz.
Baltimore, MD: The Johns Hopkins University Press, 2002.
In looking at the doctor-patient decision-making process, physician and law professor Jay Katz examines the time-honored belief in the virtue of silent care and patient compliance. Historically, the doctor-patient relationship has been based on a one-way trust—despite recent judicial attempts to give patients a greater voice through the doctrine of informed consent. Katz criticizes doctors for encouraging patients to relinquish their autonomy, demonstrates the detrimental effect their silence has on good patient care, and advocates for a new, informed dialogue that respects the rights and needs of both sides.



The Human Side of Medicine: Learning What It's Like to be a Patient and What It's Like to be a Physician. Larry Savett.
Westport, CT: Greenwood Publishing Group, 2002.
This book presents case studies about what it is like to be a patient, a day in the life of a physician, the doctor-patient relationship, and teaching the human side of medicine.



When Doctors Become Patients. Robert Klitzman.
New York, NY: Oxford University Press, 2007.
The purpose of this book is to illustrate the complicated lives of doctors when they become ill; their emotions, their need for balance, and their identity. The author successfully breaks down the myth of invulnerability, opens readers up to the preciousness of life, and provides firsthand accounts of 48 doctors coping with their own mortality.



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