



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

www.humanism-in-medicine.org

January 2013

Where Are They Now?

APGF wondered how taking a humanistic approach to the practice of medicine has impacted student winners of our [Leonard Tow Humanism in Medicine Award](#) since receiving the award. This Q and A with Dr. Paul Gross, a Tow student winner in 2004, is the first in a new series.

Q. What did receiving the Leonard Tow Award mean to you going forward in your career?

A. It impacted me in three ways that come immediately to mind: It felt very good to be recognized for something I believe dearly in, it helped to reinforce the behaviors that led to the award—because it told me that someone had noticed and it put me in touch with the work and the people of The Gold Foundation.

Q. Has your humanistic approach changed/evolved since winning this award? If so, how and why?

A. The most significant change is that I've been able to devote more time to specific projects that promote humanism, the biggest one being [Pulse—voices from the heart of medicine](#), an online publication that e-mails one first-person story or poem about healthcare every Friday to its 8,000+ subscribers. People in and out of medicine are hungry for compelling medical stories told from a personal, compassionate point of view.

I also think I've become more convinced that humanism needs to be integrated into every aspect of the medical school curriculum—meaning that if we want future physicians to treat their patients humanistically, we need to treat them humanistically from day one as medical students.

Q. Can you give me some specific examples of the successful results of your humanistic approach?

A. *Pulse* is one example. Another is an episode that happened eleven years ago when I was leading a small group as part of a first-year medical student course, "Introduction to Primary Care." We had a meeting scheduled for September 11, 2001, the day after 9/11. There was a curriculum we were to teach that day, but I pretty much ignored it. Instead, I asked each student in the group to talk about how they'd spent 9/11 and whether they knew anyone in the Twin Towers. Months later students told me how grateful they were to have the chance to talk about their feelings and experience of the event.

Q. Do you have a favorite patient story about taking a humanistic approach?

A. I have a patient now that I've been taking care of for a few years. When she first came to me she had uncontrolled blood pressure because she wasn't taking any medications. She knew she had high blood pressure, but didn't like going to doctors. I did not expect her to be a particularly adherent patient—and yet she's been incredibly adherent to her medications. At the same time, she's been very reluctant to do any of the preventive tests that I suggested—a pap test, a mammogram, etc. A few months ago she came in asking for an HIV test, something she'd declined when we first met. She was positive. Now she's on an HIV regimen—and again, being incredibly adherent. Her virus is now undetectable.



Paul Gross, M.D.
Assistant Professor of Family and Social Medicine,
Albert Einstein College of Medicine
Faculty, Montefiore Family Medicine Residency Program

Winners of the APGF Leonard Tow Humanism in Medicine Award are a distinguished group. They are chosen by their peers for their outstanding compassion in the delivery of care, respect for patients and their families, and healthcare colleagues, as well as demonstrated clinical excellence. Since 1991, over 1,400 graduating medical students and medical school faculty from 94 participating medical schools have received this award.

The President's Desk:

The Shape of Things to Come



Electronic record keeping. Robotic surgery. Genetic and microbial maps of the human body. At the beginning of the second decade of the 21st century, the growth of medical science and technological capability is staggering. The pace and nature of these changes has made incorporating these wonders in a humanistic way—a way that maintains the patient at the center of the relationship—a challenge.

This same pace of advancement is providing us with increasing scientific evidence that compassion and empathy are good medicine not only for the patient, but for the practitioner as well.

MRIs light up revealing the regions of the brain that are activated when we give or receive empathy. Studies show us that patients heal more quickly when doctors take time to engage them.

The federal government's implementation of the Affordable Care Act will result in 32 million people previously without health insurance entering into the system at a time when possibly 40% of practicing doctors over 50 are planning early retirement. Increasingly, a visit to the doctor will mean seeing not only the doctor, but a team which includes nurses, physician assistants and other healthcare professionals.

This quickly changing healthcare landscape is filled with new challenges and new opportunities. And APGF stands ready to meet them. While we will continue to strengthen our relationships with physicians in training, we will start a new chapter in The Foundation's history by engaging practicing physicians who are experiencing burnout in record numbers, nurturing relationships with other members of the healthcare team, and involving patients more intimately by promoting and amplifying their voices and educating them to the importance of humanistic healthcare.

Humanism, a philosophy where *human* interests, values, and dignity predominate, must remain at the center of healthcare delivery as it changes. And to keep it there, The Arnold P. Gold Foundation will work with the entirety of the healthcare system, for humanism must be continually nurtured and protected if we are to truly heal people.

Richard I. Levin, MD, President and CEO

Keep in Touch!

Thanks for reading *DOC* in print. You can also choose to receive an enhanced version of *DOC* electronically. E-mail Kerry 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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Get involved in the dialog about what's new in medical education, humanistic medical care, and our programs around the country and around the world. Simply go to <http://bit.ly/APGFFacebook>.



Follow us on Twitter

[@GoldCareInMed](https://twitter.com/GoldCareInMed). We tweet links to interesting articles about the doctor-patient relationship, relevant research and news about APGF.



Are You Listening?

We love *Radio Rounds*, a weekly medical radio talk show created by medical students at the Wright State University Boonshoft School of Medicine. The first and only radio show in the US hosted and produced entirely by medical students, it offers a fresh, unique voice to the jumbled cacophony of voices within healthcare media.

APGF learned about *Radio Rounds* at **The Gold Humanism Honor Society's 5th Biennial Conference** this past October, where students from Boonshoft presented a round table discussion about the show. It explores the qualities of humanism in medicine through different perspectives—those of world-renowned physicians, authors, students, patients and healthcare leaders who explore themes including global health, healthcare policy, technology in medicine, and more. In short, *Radio Rounds* tells today's stories in medicine, through the lens of tomorrow's doctors.

While *Radio Rounds* can be heard on select radio stations, its offerings can also be found as free podcasts on www.RadioRounds.org, and iTunes.

What Supporters Are Saying

ABOUT THEIR GOLD DOCS

Here are quotes from patients recognizing their compassionate, caring doctors paired with a few of APGF's [Guidelines for Practicing Medicine with Humanism and Humility](#). Clearly, these docs meet the Gold Standard!



"It is clear with each interaction that she not only understands my children and their needs and developmental characteristics, but she also is in sync with me as both a peer and fellow parent. My children are always excited to visit with Dr. Mirante!"

- Be sensitive to your patients' and their families' psychological well-being.



"I am grateful to all the doctors who attended me during the acute part of this disease, but I will never forget Dr. O'Hearn's supportive demeanor as he walked with me towards the emergency facility. He took a great deal of the trauma out of what was a most terrifying experience."

- Identify and address the emotional concerns of your patients and family members around their health issues.



"She works tirelessly to help patients understand their condition and how they can manage it with the resources that are available to them. Dr. Rankin also assists her patients with other aspects of their lives which could easily be overlooked, such as their economic condition and family worries, and she does her very best to connect them to helpful resources."

- Explore with your patients what might prevent them from adhering to treatment plans.

Do your doctors embody these qualities? Add them to the growing list of Gold DOCS on our website! Visit www.recognizeyourgoldDOC.org to add your compassionate, caring doctor.

When we receive a request for recognition from you or your family, APGF will send your Gold DOC a congratulatory letter, a framed certificate, and a Humanism in Medicine lapel pin.

Please consider making a [donation](#) in honor of your Gold DOCS when recognizing them for their outstanding patient-centered care.

In Memoriam



We mourn the loss of Founding Trustee, Dr. Robert B. Mellins. Bob exemplified the values and mission of The Gold Foundation. His wisdom, integrity, and passion significantly influenced

humanistic patient care in North America and beyond.

A close friend and colleague for over 50 years, Founder Dr. Arnold P. Gold shared these thoughts, "Bob was devoted to both excellence and medicine. For the past quarter of a century, he was a true partner in the development of The Arnold P. Gold Foundation. An inspiring teacher, creative scientist, passionate leader and compassionate clinician role model for all healthcare professionals, he also expressed youthful exuberance for skiing, good ideas, music, literature, intelligent conversation, caring relationships, and meaningful causes."

Dr. Jordan J. Cohen, Chair of the Board of Trustees added, "Bob Mellins was there at the very beginning. One of the handful of visionary leaders who helped fashion The Gold Foundation from its inception, Bob served with selfless dedication throughout the remainder of his life to advance The Foundation's mission. For 25 years, he led our strategic planning efforts and played a critical role in shaping virtually all of our innovative programs. As a soft-spoken but uncompromising champion of humanism in medicine, Bob Mellins leaves an indelible imprint on our profession and will continue to inspire all of us to sustain the care in healthcare."

We extend our heartfelt condolences to his beloved wife, Sue, his children, Claude, Michael and David, his grandchildren and the entire Mellins family. In honor of his memory, donations can be made to the [APGF Robert B. Mellins Trustee Fund for Leadership Development](#).

The Gold Foundation's **Annual Essay Contest** asks medical students throughout North America to reflect on the day-to-day physician-patient encounters that elevate the presence of humanism in medicine. Since 1999, we have received more than 3000 essays. This year, almost 200 essays were submitted in response to the prompt: *"You are now a steward of medicine and it is your job to safeguard the profession."*

"YELLOW HOSPITAL SOCKS" by Carmelle Tsai

There is nothing normal about being a physician, or training to become one. On the second day of medical school, I cut open a dead man's body. Soon thereafter, I found myself in the lab many times over, pulling various body parts out of drawers and staring at them for hours. Alone. Sometimes until midnight.

I have stood in a trauma operating room, wearing a gown splattered with a dying person's blood. I have seen, heard, and smelled things I never thought could come from the human body. I have stuck tubes and needles into other people's flesh. I have put a gloved finger into someone else's rectum more times than I care to count.

It's just. Not. Normal.

It's horrendous, grotesque—plain weird, some of the stuff we do. But it's all in the noble name of medicine, of saving lives, of healing. I know that. We all know that. We even think it sounds heroic. So to soften the somewhat uncouthly nature of what we do, we give procedures benign names and talk about them gently, as if doing so could somehow preserve the dignity of the human beings involved. We kindly write on the chart "Below the Knee Amputation," and we gently explain that we will be doing

a "simple procedure" to remove your cyst. And yet once in a while, I just want to scream:

"It's NOT OKAY!

It's NOT NORMAL!

There is NOTHING NORMAL about SAWING OFF a poor old woman's leg!!!"

It's like something inside of me cries out just for us to call it what it is, and to quit tiptoeing around, pretending that what we do is dignified. Before I entered medicine, I always knew I wanted to heal my patients compassionately by listening, holding their hands, and being present with them. But what I did not understand was how I would learn to steward medicine by healing patients and myself through some less-than-likely moments.

I was wheeling Mrs. N into the operating room.

She was a sweet, middle-aged woman with a husband and three kids. The anesthesiology team and I worked together to be compassionate and kind as we prepped her for surgery.

Though things were chaotic the moment we burst into the OR and were greeted by a barrage of shiny machines and people, we all set swiftly into motion. As we did, we paid attention to Mrs. N's comfort as best we could. My resident smiled as he told her about his own kids. The nurses thoughtfully brought her a pillow. I held her hand as the arterial line was being placed.

"Y'all are so sweet," she said with a tinge of Southern drawl.

I smiled at her through my surgical mask as I gave her oxygen. Soon, Mrs. N was asleep. As the resident began to place her central line, I walked around the monitors, tucked in her blanket, and adjusted the sock on her left foot that had gotten twisted around in the pre-surgery shuffle. As I gave her foot a reassuring pat, I caught

What does it mean to you (and your patients) to be a steward of medicine? - Arnold P. Gold.
 First, second and third place essays are chosen by a panel of physicians and accomplished writers. *Yellow Hospital Socks*, was the 2012 winning essay. [Read the second and third place essays on our website.](#)



Carmelle Tsai
 3rd yr. student
 Baylor College
 of Medicine

myself thinking, “What? You’re ridiculous, Carmelle. She’s asleep. She can’t tell that it’s cold and she’s not awake to be annoyed that her sock is on funny.” For a moment I felt foolish. I mean, really?

My resident looked at me and raised an eyebrow.

I shrugged. In a few moments, a surgeon would be cracking open Mrs. N’s chest. Then we would put her heart on bypass. Then her entire aortic valve would be replaced. A turned-around sock hardly seemed like a big deal. Plus, the groggy and awful dry-heaving that would precede her extubation, and the pain from having her insides all cut, moved around, and put back together would surely distract her from the ugly yellow hospital socks. And I was right. Later when I saw Mrs. N post-op, I wasn’t even sure if she was wearing socks.

I pondered about Mrs. N and her socks on the way home that day. It reminded me of my first day of anatomy. Before we were about to unzip the bag and remove our cadaver, I made all my teammates stop and just breathe for a moment. I wasn’t really sure why—again, what does it matter, right? The man was already dead and his body had been in formaldehyde for months.

But I realized it did matter. I understand now that my humanity is why I do these things. It is not for the dead man, for Mrs. N, or for anyone else. It is for me. And because it matters to me, in some roundabout way, it matters to Mrs. N, and to all my patients. Because in medicine I am meant not only to heal, but to be healed.

And that, I have found, is what it truly means to be a steward. It is to invest in my patients by



being humbled enough to recognize that they offer me something too. As much as medicine gives physical healing, and the holding of hands and compassionate silence give emotional healing, it is part of my own healing to maintain that same humanity in the moments that patients neither see nor experience. I am not any less broken just because I know more about the human body. Just because my normal involves everything that most people think is crazy or disgusting does not mean that I am any different. I also don’t like being cold. I don’t like wearing my socks backwards. I am scared of foreign situations. I am in need of healing.

And so if reminding myself that what seems cruel and abnormal is still compassionate means that I will kindly refer to sawing someone’s leg off as a “below the knee amputation” or tuck in the blankets on a sleeping patient, damn right I’m going to do it. There is no way we can steward medicine if we cannot allow ourselves to be healed, too. Yellow hospital socks and all.

Interview continued from page 1

I don't think that I did anything magical, merely something that doctors do all the time—which is to build a relationship with a patient based on mutual respect, trust and even affection.

The problem is that such a relationship, which I believe is at the heart of healthcare, is hard to study and is often not accorded the same scientific respect that a new pill or procedure is.

Q. What kind of feedback have you received from your patients regarding how you treat them?

A. A 55-year-old patient of mine with lymphoma was receiving a bone marrow transplant. When I went to visit him in the hospital he told me that I was like a father to him. I was terribly moved. We forget the impact we have on our patients—and they on us.

Q. How do you incorporate humanism in your practice in a system that does not always support it?

A. It's hard. I run late. People talk about a “quick, 10-minute visit.” I don't know how to do that. Looking people in the eye and listening takes time.

An average visit takes a little more than half an hour. And that doesn't count finishing up notes and other paperwork associated with a visit. This is definitely slow-cooking medicine.

Q. What are five ways in which you would change the healthcare system to make it more humanistic?

A. We should treat medical students from day one the way we would like our students to treat their patients, we should make sure that compassion is acknowledged and rewarded as much as fact accumulation is. We should design hospitals to be places of healing, and hospital care to be a healing experience, which means more human contact, more listening, more touch. We need to set realistic time expectations for physician-patient encounters. As a primary care physician, I know that I need more time than my schedule says I do. We need to learn how to make patients full partners in their healthcare, which means asking them about their health needs and asking them how we can help them.

Q. Have you observed a humanistic approach among your colleagues? How would you suggest encouraging other healthcare providers to take a humanistic approach?

A. When I was a third-year medical student on my first clinical rotation I remember seeing a physician crouched at the bedside of a patient with pancreatic cancer. He was speaking to her at eye level, in a warm and gentle tone, about how her cancer might be causing her depression. I was astonished. In my month in the hospital I hadn't seen anyone speak so directly and so compassionately to any patient. It turned out that this “physician” was a classmate of mine—a fellow third-year student, who hadn't yet unlearned the humanism he brought with him to medical training. I hope that he still hasn't unlearned it.

Now I'm lucky to work with many humanistic colleagues. It makes a huge difference to me that they put a premium on being human beings. It makes me feel supported. It inspires me. The way that I concretely encourage humanism among other healthcare providers is by encouraging them to write honestly about their experiences—and to share those writings. In my experience, such writings are often powerful, far more powerful than vitamins.

Q. Do you feel that having a humanistic approach has proved to be valuable from a therapeutic standpoint? If so, how?

A. Most definitely. When I'm a patient, I have a hard time following the advice of anyone who doesn't treat me compassionately, whether they're a doctor or a car mechanic. I'd like to think that my patients are more likely to follow my suggestions because I first take the time to listen to them.

Q. How would you advise the patient population to encourage a more humanistic, communicative approach by their doctors?

A. I'd encourage patients to keep looking—and get recommendations from friends—until they find a doctor who listens. I've had to do a fair amount of looking myself, but I can say from personal experience that it's worth it when you find the right person.

Q. How has being a humanistic doctor impacted your personal life?

A. Being humanistic to me implies having a similar approach to my own life, which means not just being a listening doctor, but also being a listening father, a listening husband, a listening member of my community. It also means trying to find compassion for myself—often, the hardest person to find compassion for!—when things aren't going as well as I'd like. Being humanistic is a lifelong challenge for all of us, everywhere.

Q. How do you avoid burnout?

A. I'm lucky to have a job that's divided into thirds—seeing patients a third of the time, supervising residents a third of the time and doing administrative work a third of the time. That means I have variety, which is helpful to me. Of course, the three thirds often add up to more than one, but I try not to take on more than my anxiety level can handle.

At the same time, I work hard at a few things that I feel passionately about, like *Pulse*. I also feel passionately about music, which is another big part of my life. I write songs and play in a band. Family and personal relationships are critical for me. Oh, and mental health self-care is also critical. Doctors don't talk much about psychotherapy, but let's just say that in my own life journey I've found it incredibly helpful.

The GHHS Biennial, 140 Characters at a Time

The 2012 GHHS Biennial and 10th Year Anniversary Celebration was infused with the energy of the attendees. This selected Twitter feed gives a flavor of the event. See the full feed at www.bit.ly/GHHSBiennialFeed.

- 

RT@GoldCareinMed: Over 250 people, the largest group ever, are registered to attend #GHHS10yrs 5th Biennial. Can't wait to see everyone!

04-Oct-12 20:19 | katellington
- 

RT@GoldCareinMed: Take care of your mind, body & spirit at #GHHS10yrs Biennial w/ wellness workshops. Tai Chi, Meditation and Yoga ...

04-Oct-12 20:45 | suzanakm
- 

Note: find "Measure of Our Days? By JR Groopman and read it. Sandra Gold says so ;) #ghhs10yrs @GoldCareinMed

04-Oct-12 20:59 | aganza79
- 

"Many areas of medicine fall into a gray zone – there is no one right answer for everyone" –Dr Hartzband #ghhs10yrs @GoldCareinMed

04-Oct-12 21:42 | aganza79
- 

#ghhs10yrs "the practice of medicine is fundamentally still a human encounter." George Thibault, president of Josiah Macy Foundation

05-Oct-12 02:16 | GoldCareinMed
- 

#ghhs10yrs Breakfast was combined with "Gold Mining" – tables with short presentations on projects with discussion. A lovely format!

05-Oct-12 14:38 | GoldCareinMed
- 

Dr. William Mobley, prof of neuroscience, begins: How Do We Educate Physicians to be Skilled in Empathy and Compassion? Ghhs10yrs

05-Oct-12 17:55 | GoldCareinMed
- 

RT@suzanakm: "your vocation is the place where your deep gladness collides with the world's deep needs." #ghhs10yrs #meded #compassion ...

05-Oct-12 20:09 | MrsMarkOndo
- 

Just finished a "poverty simulations" highlighting the challenges & frustrations for families and service providers alike. #ghhs10yrs #meded

05-Oct-12 22:18 | GoldCareinMed
- 

Pedro "Joe" Greer is about to tell us "Why We Should...Save the World" #baitedbreath #meded #ghhs10yrs

06-Oct-12 14:41 | GoldCareinMed
- 

"It's fun to make good change. It's fun to leave a better world for our kids and grandkids." #advocacy #ghhs10yrs

06-Oct-12 15:22 | GoldCareinMed
- 

Incredible experience at GHHS Biennial. Thank you for having us from NJMS! Let Humanism Reign #ghhs10yrs @goldcareinmed

06-Oct-12 17:29 | njms_stuco

1²34⁵ **Medicine** by the numbers

Communicating with Patients on Healthcare Evidence*

- 82%** of patients want their providers to listen to them
- 62%** of patients said their providers do
- 68%** of patients want their providers to explain risks and options
- 55%** of patients said their providers do
- 54%** of patients want their providers to take the time to understand their goals and concerns
- 47%** of patients said their providers do
- 47%** of patients want their providers to discuss the option of not pursuing a test or treatment
- 38%** of patients said their providers do
- 62%** of patients want coordinated care
- 42%** of patients said they receive it

**Participants in the Evidence Communication Innovation Collaborative of the IOM Roundtable on Value & Science-Driven healthcare.*

Survey polled nationally representative sample of 1,068 U.S. adults who had seen at least one healthcare provider in the previous 12 months. The poll, conducted in March 2012 was designed by ECIC participants in conjunction with Consumer Reports.

Authors: Chuck Alston, Lyn Paget, George Halvorson, Bill Novelli, Jim Guest, Patrick McCabe, Karen Hoffman, Christopher Koepke, Melissa Simon, Sharyn Sutton, Sally Okun, Paul Wicks, Tresa Udem, Valerie Rohrbach, and Isabelle Von Kohorn

The 3rd Annual

GHHS Solidarity Day for Compassionate Patient Care

February 14, 2013

Join our 103 GHHS Chapters
in celebrating the power of compassion.

What is your organization planning
in 2013?



The Arnold P. Gold Foundation
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Staff Picks

Advice to the Healer: On the Art of Caring. Richard Colgan, M.D. This collection of teachings introduces the origins of important teachings that form the basis of medicine as it has been taught by some of history's greatest educators in medicine—it includes writings by Hippocrates, Maimonides, Osler, Peabody, Schweitzer and others. *Advice to the Healer* reinforces the humanistic side of patient care. It is a short but rewarding sampling of 4,000 years of medical wisdom sprinkled with practical advice for the modern day doctor.

Dr. Richard Colgan is an Associate Professor and Vice Chair of Medical Student Education and Clinical Operations at the University of Maryland School of Medicine, as well as a 2007 faculty inductee in The Gold Foundation's Gold Humanism Honor Society.



Pulse – voices from the heart of medicine: More Voices – a second anthology. Paul Gross, M.D. and Diane Guersey. Written by patients and doctors, nurses and caregivers, students and mental health professionals, these intimate and beautifully crafted pieces capture the authentic voices of people whose lives have been changed by their healthcare experiences. This anthology is the second published collection of *Pulse* writing—it contains every story and poem published in *Pulse* magazine between April 24, 2009 and December 31, 2010.

Dr. Paul Gross is founding editor of Pulse—voices from the heart of medicine. A family physician in the Bronx, he is on the faculty at Montefiore's Residency Program in Social Medicine and at Albert Einstein College of Medicine. He is also a 2004 winner of the Gold Foundation's Leonard Tow Humanism in Medicine Award and a member of the Gold Humanism Honor Society.



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