



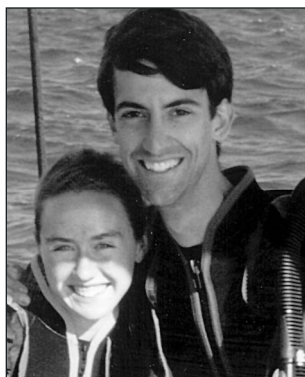
*The Newsletter of  
The Arnold P. Gold Foundation  
A Public Foundation  
Dedicated to Fostering  
Humanism in Medicine  
Spring 2000*

## *And the Winners Are!*

We are happy to announce the winners of our 1999 Humanism in Medicine Essay Contest.

The Gold Foundation sincerely thanks all 285 applicants for their beautiful and thoughtful expressions on humanism in medicine. It is clear that they aspire to be the “good doctors” of the future. The Foundation also expresses appreciation to the exceptionally talented panel of judges for their time and dedication freely given to our first essay contest.

*First Prize (\$2,000) to:* Karl Kirby, a third year student at the University of Iowa College of Medicine. Karl is originally from Salem, OR, and received a BS at Brigham Young University. His essay, “Learning to Care: Lessons from India,” was inspired by a two year mission in India for his church. Karl and his wife Amy, who is pursuing an MAT degree in English, plan to spend two months in Malawi this summer where Karl will work at a hospital, while Amy researches girls’ secondary education. Karl plans to go into Family Practice when he finishes medical school, but he is also interested in international medicine and providing health care to underserved populations.



*Karl Kirby and his wife, Amy*

*Second Prize (\$1,000) to:* Renee Hsia, first year student at Harvard Medical School. Renee is from Arlington, TX, and received her undergraduate degree from Princeton. In addition to an interest in Primary Care, Renee directs the Hepatitis B Initiative which targets Asian immigrants. Her essay discussed learning to become a good doctor from unlikely sources: a shabbily-dressed black man in Cape Town, South Africa, and a malnourished Haitian child.

*Third Prize (\$500) to:* Erin Parrish, a second year student at East Carolina University School of Medicine. She is from Wilson’s Mills, NC, and received her undergraduate degree from the University of North Carolina at Chapel Hill. Erin’s main interest is Primary Care, and she helps run a rural health clinic in her spare time. Her essay, “The Lunch Hour,” is a true life story about one doctor and one medical student caring for and about a drug addict with a gynecological problem who just wanted to help people and needed someone to believe in her.

*Note: The full texts of the First, Second and Third prize winning essays are published on our web site: [www.humanism-in-medicine.org/messageframe.htm](http://www.humanism-in-medicine.org/messageframe.htm), and the First Prize essay is printed in this issue of DOC.*

*Honorable Mention (\$100 Savings Bonds) to:* Mark Foley, Midwestern University, Arizona College of Osteopathic Medicine; Justin Moore, University of Kansas School of Medicine; Suzanne Cullinane, Columbia University College of Physicians & Surgeons; Robert Fuller, University of Illinois, Urbana; S. Yousuf Zafar, Medical College of Ohio; Margi L. Johnson, Lake Erie College of Osteopathic Medicine; Kani Ilangovan, University of Illinois, Chicago; Anita N. Ramsetty, University of Florida; Jason Ryan, University of Connecticut School of Medicine; Patricia Chu, Vanderbilt University School of Medicine. Their essays will also appear on our website.

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## *“Learning to Care: Lessons from India”*

“Some days back, a patient stopped breathing.” Ravi spoke with the dulcet Indian accent my ears had become accustomed to in the past six months I had spent in his country. He sat on his bed with his legs crossed under him, exposing his dry, cracked feet. His sandals rested neatly beside the bed.

“Nobody was going to do anything. We have no equipments to keep people on life support like you do in the States.” I sat three feet away on the edge of a narrow bed that rested against the opposite wall, the soles of my leather shoes shifting the dust that covered the tiled floor as I listened intently.

“I had read in a book about CPR, so I tried it.” A slight but welcome breeze blew in through the window that would soon be latched tightly shut against the torrential monsoon rains. The pictures of his parents and sister taped up above his bed ruffled, and we were provided momentary relief from the damp heat so typical in the coastal towns of Goa.

“But I didn’t do it right. No one ever taught me how to do it properly. I was not able to save him.”

“It was good of you...to try,” I offered awkwardly. He smiled softly.

“Well, I am glad I tried. I had to try. Like with this old man that came to clinic the other day...”

Ravi was a medical student, slightly older than I. I was nineteen years old with a semester of engineering behind

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**FEATURES**

## Using Humanism to Build Community

The count down begins for *Celebrating Humanism: Building Community 2000*, scheduled for Sunday, August 27 and Monday, August 28, at the Columbia/New York Presbyterian Hospital campus.

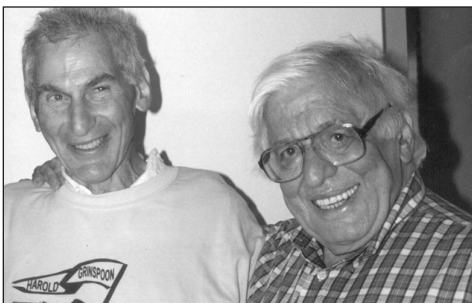
This joint effort of the Campus Community Committee of The Health Sciences Advisory Council, the Hospital and The Arnold P. Gold Foundation, is conceived as a public "thank you" to the staff and the hospital neighborhood, and a way to encourage collaborations and cooperative work on behalf of patients. Upholding the values of humanism and service in the hospital, the "celebration committee" has created an event designed to educate, exhilarate, enliven and inspire.

*Day One* – Sunday's activities will embrace the entire Washington Heights community and will feature a neighborhood health fair, complete with ethnic food and music. The day will focus on utilization of the hospital and city's resources to enhance family life. Health screening tests, a child street safety workshop, planned by the Hospital's Trauma Center, and many informational and wellness workshops will be offered to neighborhood residents as well as members of the medical community. The Hospital Human Resources Department will provide skill workshops on subjects such as how to write a better resume and how to interview.

*Day Two* – Monday's programs are designed to focus on motivating and serving hospital personnel. These will include health screening tests, as well as many of the same programs offered on Sunday. There will also be many other special events and participatory activities.

Celebrating humanism in the community will involve thousands of individuals and scores of companies and organizations. If you would like additional information about this exciting event, please contact Dr. Sandra Gold at (201) 567-4930.

## Friends and Fundraising



Above: Harold Grinspoon with Arnold P. Gold, M.D. Fundraising chair, Angelica Berrie, reports that with the support of Trustees and staff, more than 700 gifts were received last year from individuals and foundations, allowing us to present programs and award grants amounting to nearly \$700,000 during 1999. Our friends Harold Grinspoon and Diane Troderman celebrated Harold's 70th birthday year, 1999, with much festivity and philanthropy, including the endowment of the Steven and Harold Grinspoon/Gold Foundation Ethics Night at The University of Rochester. We are delighted to partner with the Grinspoon Family for the benefit of humanism in medicine.

## Flying High at the Energy Court

The New York Presbyterian Hospital community will soon be flying – here's how.

Artist/Oncologist, Dr. Wilma Bulkin Siegel's dramatic images of the Columbia and New York Presbyterian Hospital staff and neighbors will soon be energizing its Energy Court.

Floating in kite formations high above the front doors, this display is being accomplished with the help of the architectural



Representatives of the Committee: Susan Taylor, Dr. Thomas Morris, Ponchita Pierce, Sandra Gold and Ivy Fairchild.

firm, Pasanella & Klein, Stolzman & Berg, and Debbie Irving, Director of Design and Construction at the Hospital and her expert staff. Specialists in graphic design are grappling with how to create the "uplifting optical

illusion of these images transposed into a kitelike shape." Douglas Riccardi, a graphic designer with interest and expertise in the wonderful world of kites has been engaged to help mount the new permanent exhibition.

Dr. Siegel's vision for her Energy Court kite portraits was inspired by her desire to alleviate the sense of depression she observed on the faces of people entering the hospital. She feels, "These kites represent a sense of inspiration and respect for life, freedom from anxiety and a renewed ability for the individual to take control."

The Gold Foundation is proud to collaborate on this joint project with Debbie Irving, Ponchita Pierce, Chair of the Campus Community Committee Health Sciences Advisory Council, Ivy Fairchild and Eva Matos of the Columbia University Office of External Relations, and Susan Taylor of the Columbia University Health Sciences Development Office. These individuals have provided the project with spectacular leadership.

At a recent meeting with the architects, Audrey Weiderlight, Vice Chair of the Campus Community Committee and President of the New York Presbyterian Hospital Auxiliary, responded to the architect's suggestions by exclaiming, "If we can distract one person in pain or make one child smile, we will have accomplished something special."

**YOUR  
CONTRIBUTION  
COUNTS!**



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## Carrying on a Tradition – The Home Visit Program Grows

Home visits are in Dr. Alex Okun's blood. His mother was a social worker who made home visits as part of her work with Community Service Society and Jewish Board of Family and Children's Services throughout New York City.

After residency, Dr. Okun and his wife worked for two years in Southeast Kentucky. There, home visiting is not "a thing of



*Dr. Alex Okun*

the past." According to Dr. Okun, "I accompanied family docs and family nurse practitioners on home visits to their patients and realized how valuable it was. We'd draw up the week's insulin for someone who couldn't see well, and she'd sing songs for us. Storytelling thrives in Appalachia, where many people speak in allegory. We visitors were treated to some amazing tales."

This past July the Home Visit Program at the Albert Einstein College of Medicine/Children's Hospital at Montefiore, directed by Dr. Alex Okun, Associate Professor of Clinical Pediatrics, joined The Foundation's pilot program. Dr. Okun had learned about our program from his wife, Dr. Mary McCord, Director of the Community Pediatrics program at Columbia, also a participant in our Foundation's Home Visit pilot program.

Today, Dr. Okun takes residents to see their patients, and sometimes his own, on Wednesday afternoons from about 1:00 to 6:00 pm. "Our patient population is diverse socioeconomically and culturally, making for interesting contrasts many days. The neighborhoods we visit vary from treelined streets with attached houses to desolate streets with many boarded up walk-ups. We go to lots of projects.

"Families come from Puerto Rico, the Dominican Republic,

Mexico and other Latin American countries; Bangladesh, India and Pakistan; many West African countries; the Balkans; and third-generation Irish-American and Italian-American households. Most families live in crowded conditions, and about 10% of the homes are in sort of a shambles, with little seating space.



*A resident in the Home Visit Program intrigues a young patient with his stethoscope.*

"In the Bronx, I learned from nurse practitioners caring for children with chronic illness, that home visits had tremendous value. I love giving residents the chance to learn what I have learned from home visiting."

Dr. Okun stresses the value of seeing how "families really get by day to day. There is no better place to teach and learn about home care and cultural health beliefs and practices."

In addition to the 60 residents in his pediatrics program, Dr. Okun does "extra home visits" with 14 residents in the Social Pediatrics Program. He emphasizes visits to homes of children with chronic illness, most often asthma, and/or developmental disabilities, newborns, families with large numbers of children, families from far off parts of the world, and families with teenaged or limited moms. He plans to develop a comprehensive, multidisciplinary primary care program for children with special health care needs at the new Children's Hospital at Montefiore.

The four-year-old Home Visit Program is currently being evaluated at the pilot schools and will soon be ready for replication nationally.

**Victoria B. White**

*Director of Programs*

## When Humanism Counts!

How does one evaluate humanistic qualities of the young doctors applying for residency positions? This question was posed by Leigh Donowitz, M.D., Associate Professor of Pediatrics and Infectious Diseases at the University of Virginia School of Medicine, and originator of The Arnold P. Gold Foundation (APGF) Home Visit Program, in discussions with Drs. Arnold and Sandra Gold.

Dr. Donowitz's concerns resonated with our Foundation and were reiterated subsequently at each of three national "Barriers" symposia convened by The APGF. The Robert Wood Johnson Foundation, America's largest funder of

health care programs, granted our 1999 request for support in researching the creation of a new honor society in medical schools to recognize both humanism and scholarship.

The goal of the *Humanism Honor Society* is to provide a new mechanism for identifying and acknowledging those "complete" doctors devoted to both science and service.

Gold Foundation Trustee and Dean of Students Norma Wagoner, Ph.D., from the University of Chicago Pritzker School of Medicine, and Senior Associate Dean for Medical Education Edward Hundert, M.D., from the University of Rochester, are co-chairs of the committee that will generate

guidelines for the new society. Twelve of their colleagues at medical schools throughout the country were invited to discuss and review a working outline for the program at a meeting on March 30 at Columbia College of P&S. Seven schools have expressed interest in establishing pilot projects in the coming year.

Once again, with the help of The Robert Wood Johnson Foundation, which supported our advocacy efforts for the *White Coat Ceremony*, The Gold Foundation is shaping what we expect will become an important initiative to reinforce the value of compassion in medical education.

**Rebecca Sullivan**

*Research Consultant*

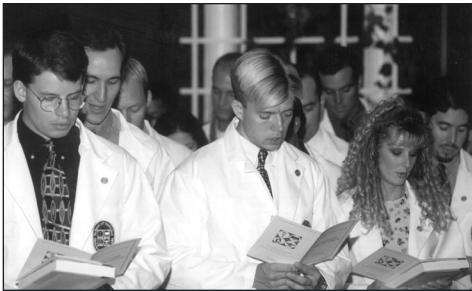


## Positively Overwhelming!

More than 100 schools of medicine and osteopathy throughout the U.S. and Israel annually host The Arnold P. Gold Foundation *White Coat Ceremony (WCC)*, a rite of passage for their entering students. Does it make a difference?

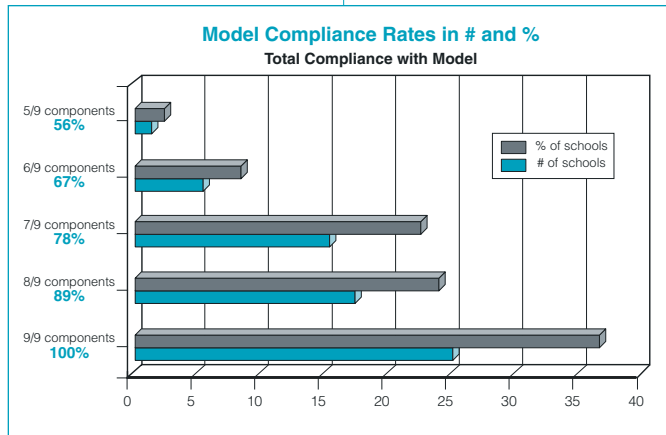
Last year The Gold Foundation conducted a two-part survey in order to ascertain: #1, if the model we had created in 1993 for the WCC was being followed, and #2, whether this event was eliciting positive responses from the students for whom it was created. We are pleased to report that the results of the survey are overwhelmingly positive.

*Part I* was designed to be completed by the Dean's office, and to determine whether participating schools of medicine and osteopathy included the recommended components and followed the guidelines articulated by The Arnold P. Gold Foundation for the WCC. Of the 97 schools who received the survey, 70 responded, for an impressive return rate of 72%.



University of Nevada School of Medicine White Coat Ceremony, August 1999.

Even more notable was the fact that 37% of these schools included all nine original components of our WCC model, and 100% of the responding schools included more than half of the essential components. From the data gathered through *Part I* of the survey, it is clear that the system of building a model for schools to follow does work.



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Even more notable was the fact that 37% of these schools included all nine original components of our WCC model, and 100% of the responding schools included more than half of the essential components.

*Part II* was distributed to approximately 12,500 first year medical students at the participating schools. More than 2,000 students responded to the survey, which consisted of eight yes/no questions and invited comments.

This part of the survey is a tool to measure both the extent to which the students felt that the ceremony emphasized

humanism and caring in medicine, and the overall impact of the ceremony. Of the two surveys, *Part II* is the more difficult to evaluate, because much of the impact of the ceremony depends on substantive and content decisions made by the individual schools, such as the keynote speaker, the timing of the event, and other logistical factors.

The results of *Part II* also were positive. When asked if the ceremony made students feel welcomed into the medical community,

98.7% of respondents said yes. Eighty-eight-and-a-half percent of them felt more positive about choosing a career in medicine after the ceremony, and 90.5% viewed the speakers as role models to emulate.

Negative responses to questions about sensitivity and humanism were often accompanied by comments such as, "I was already sensitive, but it was nice to see that the school emphasized the importance of sensitivity in medicine." Although the impact of the ceremony varies from school to school, and person to person, the clearest example of the success of the program is from a student who wrote,

*"When it is late at night and I'm tired from the day's activities, but I know I need to study and prepare for the next day, I go into my closet, put on my white coat and stethoscope, go look in the mirror and remember the oath I took at the White Coat Ceremony. This really gives me a lift!"*

**Margot Eves**

Program Assistant

## The Norbert Goldenberg, M.D., Ethics Night 2000 at Columbia P&S

More than 100 students and faculty discussed bioethical issues during dinner following a well-attended keynote speech by Dr. Jerome Groopman, one of the world's leading researchers on cancer and AIDS, and a strong advocate for The Gold Foundation. The event was once again sponsored by Eva and Leo Gans, in memory of Eva's father.



Dr. Kenneth Prager, photo at left and Dr. Samuel Silverstein, Foundation Trustee, photo at right, with first and second year students at Ethics Night at Columbia P & S.

## Foundation Associates "Swing" Into Action

On Wednesday, May 10, The Associates Committee of The Arnold P. Gold Foundation hosts a "Swing into Spring" evening at Swing 46, a dance club on Manhattan's West Side. This energetic and enthusiastic group of young adults interested in fostering humanism in medicine expects 200 people in their twenties and thirties to dine and dance for the benefit of The Foundation. The event features a live band and swing dance lessons as part of the festivities.

Funds raised by The Associates Committee support programs such as Patch Adams' lecture on February 25 at Columbia University's College of P & S.

## Guiding our growth – Myron Rosner: A dedicated leader

Keen lawyers well versed in the structure of the law generally are not thought of as visionaries. Fortunately for us, attorney Myron Rosner, Secretary of The Arnold P. Gold Foundation (APGF), defies that perception.

From the very first conversation about creating The Foundation, to the present, Myron's (Mike's) expertise and wisdom have guided the process. It is he who formulated the cooperative and original arrangement with the late Dean Donald Tapley, and maintained by Herbert Pardes, M.D., C.E.O. of the New York Presbyterian Hospital, that allowed us to begin an innovative collaboration between the renowned Columbia University College of Physicians & Surgeons and The Gold Foundation, a new entity with no endowment, minimal resources and the amorphous and ambitious mission of "fostering humanism in medicine."

Somehow Mike was able to establish a productive "partnership" in which The Foundation was able to originate and cultivate experimental and innovative programs at Columbia P&S, many of which are now replicated nationally and internationally. Innumerable times since then, Mike, responsible for legal oversight of Foundation operations, has masterfully guided our philosophical focus as well. It was his plan that The Foundation become a public charity and he proceeded to

help us achieve that status. His contribution of talent and legal services, all completely pro bono, has been invaluable.

Modest as always, when asked what motivates him to put so much effort into The APGF, Mike answers, "maybe we can even do a little more to help doctors care about what their

patients need, not what their patients can afford. In a small way, I feel I am being productive in influencing doctors to be more sensitive and responsive. Doctors should treat very sick patients for living not for dying...maybe we can help somebody!"

Very active on the Associates Committee, daughters Ellen and Randi, with their respective spouses David and Jeff, have joined Mike and his wife Liesa in providing enthusiastic leadership for The Gold Foundation.

We are grateful for the time, steadfast commitment and good counsel Mike continues to provide for us. And we further thank him for introducing his colleague at Wilentz, Goldman and Spitzer, Brett Harris, to The Foundation's work, thereby securing her sound legal counsel and talented leadership for the future.



*Mike and Liesa Rosner enjoy the Berrie musicale.*

## Patch Who? Patch What? Patch Where?

Anyone interested in wordplay? Try cavorting with "Patch" as in Patch Adams, M.D.

If you think that the word "patch" means to cover a hole, to mend a tear, to strengthen a weak place and/or to protect a wound, you have earned an A+. Patch Adams, M.D., does all that and more in his lifelong unrelenting very personal laugh-in method of healing the sufferers among us. Is the hole, the tear and the weak place that he mends and protects in his patients, or in himself? Perhaps both, because here is a man who personally empathizes with those in need of comfort, respite from agony and relief from fear.

In his patched cotton doodads, patterned multi-box print shirt, orange striped balloon trousers, black and white patterned tie, blue sock on the right foot and yellow sock on left, long pony tail streaked with orange, green, blue and yellow stripes of color and oh, yes, the famous bulbous red nose, Dr. Patch Adams addressed 600 medical students, faculty and friends of The



Arnold P. Gold Foundation Friday, February 25, in Alumni Auditorium at Columbia University College of Physicians & Surgeons.

Addressed? Well, maybe "chatted with" is a better description of what transpired between Patch Adams and his enraptured audience. There were dialogues, questions and responses, comments and repartee, levity and studied concentrated replies.

Particularly poignant was what one might designate the "show and tell" segment of Dr. Patch's message. From a drawstring sack he extracted a colorful fabric conglomeration of pockets, sections, flaps, buttons and velcro parti-

tions. In studied detail Patch Adams demonstrated exactly how he might utilize this handmade "Shaman's Pouch" with its guarded, tiny, secret magic items to be s-l-o-w-l-y extracted from above mentioned partitions and then presented s-l-o-w-l-y to a child who suffered from unremitting pain.

He explains that he cannot cure the child's disease; he cannot terminate the pain. What he can do, and does do, is interrupt the pain, engross the child in unfamiliar articles which, by their mysterious presentation, become the child's focus for as l-o-n-g a time as possible.

Do you recall that proverbial pin that might drop during an engrossing hypnotic interlude?

On February 25 that pin would have been thunderous.



*Patricia Caplen Greenky  
Foundation Supporter*

## And the Winners Are!

(continued from page 1)

Certificates of Merit will be mailed for the top 100 essays.

*The panel of judges included:*

**Rita Charon, M.D., Ph.D.**, Associate Professor of Clinical Medicine and Director of the Program in Medical Humanities at Columbia University College of Physicians & Surgeons.

**Jerome Groopman, M.D.**, author of *The Measure of Our Days* and *Second Opinions*, Recanati Professor of Immunology at Harvard Medical School, and Chief of Experimental Medicine at Beth Israel Deaconess Medical Center.

**Diane Kaufman, M.D.**, author of many poems including "America's Children are Singing," Newark Chairperson to the Washington, DC-based non-profit violence prevention program, *Do The Write Thing*, and Assistant Professor of Psychiatry and Pediatrics at UMDNJ-New Jersey Medical School.

**Robert Klitzman, M.D.**, author of *A Year-long Night* and *In A House of Dreams and Glass*, and psychiatrist at Columbia University.

**Colin Macpherson, M.D.**, editor of *Must I Think About Death? Now?* and Professor Emeritus in the Department of Pathology and Laboratory Medicine at the University of Cincinnati School of Medicine.

**Susan Mellins**, author of the story "My Son Gives Me Jewels" published in the journal *Confrontation* in 1998, and an, as yet, unpublished novel. Her husband and children are in the healing professions.

**Rachel Naomi Remen, M.D.**, author of *Kitchen Table Wisdom* and *My Grandfather's Blessings*, Assistant Clinical Professor of Family and Community Medicine at the University of California San Francisco School of Medicine, and Medical Director of the Commonwealth Cancer Help Program.

**Samuel Shem** (Steven Bergman, M.D.), teaches psychiatry at Harvard Medical

School. He is the author of novels including *The House of God* and *Mount Misery* and several plays including "Bill W. and Dr. Bob," the story of the founding of Alcoholics Anonymous. He is co-author with his wife, Janet L. Surrey, of *We Have to Talk: Healing Dialogues Between Men and Women*.

**Marcia Soltes, M.A.**, author of *Menopause and Madness: The Truth About Estrogen and the Mind*, and long time teacher of 12th grade advanced placement English in Great Neck, NY.

**John Stone, M.D.**, author of *In the Country of Hearts*, editor of *On Doctoring*, and Associate Dean for Admissions at Emory University School of Medicine.

**Lucy Waletzky, M.D.**, holistic psychiatrist and Assistant Director of the Stress Medicine Group, Pleasantville, NY. Board member of Memorial Sloan Kettering Foundation and the Audubon Society. She is Founder and President of Date-Abled, a dating service for people with and without disabilities.

## "Seeking the Care in Managed Care"

*Excerpts from Dr. Sandra Gold's speech to members of the American Medical Students Association (AMSA) at their national conference March 17 in Washington, D.C.*



Sandra Gold, Ed.D.

Illness is society's great equalizer. Rich or poor, you or me – we will all one day face the crisis of illness. Illness reduces a human being in every sense – it rips away a person's autonomy, destroys dignity and diminishes personhood. What a sick person most needs when illness strikes is a scientifically excellent and compassionate caring doctor, one who is an advocate for the patient – a partner with the patient in health care choices. *Not so easy in the year 2000.*

Today, the delivery of health care often relies on a powerful key player, an intermediary between doctor and patient called *managed care*. As our nation struggles to redefine its health care industry, managed care has been touted as the panacea for achieving an economically feasible quality medical system.

The managed care system, developed by people who are healthy and concerned with cost containment, works best when people stay well. Sick people often need more than their health plans provide, but they don't learn this until illness strikes.

By definition, good medical practice addresses the psychological comfort of the patient. Complete evaluation of a patient includes his/her emotional and physical status. Does managed

care accept this definition? If and when it does not, *you* must correct it.

All too often medical science cannot save or cure. But experience indicates that our health care system largely ignores the need to pay for "care" without "cure."

Cost containment often limits doctors to 15 minute office visits, which ignores the importance of establishing meaningful doctor/patient relationships. A good case history can provide essential clues to diagnose complicated medical conditions. Many studies conclude that patients who enjoy good communication with their physicians are more likely to follow the advice given and to be compliant about medication regimens.

Certainly, there were serious economic abuses in the old medical delivery system, but we have replaced them with new even more costly abuses. Lives, limbs and livelihoods have been irreparably damaged through a "one-size-fits-all" health-care delivery system.

Insurance companies have to understand that, in the end, good relationships promote healing. It might even cut down on the litigious trend today and save medical dollars now spent in the courts.

What will you do when a claims reviewer, who has never seen your patient, denies permission for a procedure you view as necessary, or refuses to pay a claim? What will be your role in a care delivery system that is often perceived as antagonistic and divided in its approach to the ultimate goal of caring for patients in a compassionate yet economically responsible way? Failure to be concerned about escalating medical costs would be irresponsible; *failure to be equally concerned about quality and compassionate care is unconscionable.*

(continued on next page)



## “Learning to Care: Lessons from India”

(continued from page 1)

me and had come for two years of service in India, yearning to make a difference in the world.

“He really needed a medicine,” Ravi continued, “but had no money. I felt bad for him. So, yesterday, I bought it myself, got on a bus and took it to his village.”

I knew those crowded, sticky buses and the bumpy, winding ride. I could picture Ravi standing calmly, holding the overhead bar. There was amazement on the frail old man’s face when Ravi brought him not only the medicine, but also an assurance that he had a friend who cared about him.

A year later, I found myself in a dimly lit home in the city of Hyderabad. The house was half the size of the bedroom I had shared with my brother at home, but it sheltered six. As the guest, I was given their best chair while others sat on the bed or stood. We were talking and savoring freshly cooked rice and dahl when we heard a crash. Praveen jumped up and ran outside. He was a shy, gangly thirteen-year-old with sunken cheeks, sleepy eyes, and self-conscious speech. But when he burst back through the failing wooden door, his eyes were bright with alarm, and he called for us in a hurried voice.

“Come quickly, there’s been an accident!” I ran out after him, up the dusty dirt path, past several small dwellings that shared common walls. When we reached the road, I saw that the usually chaotic traffic had come to a stop. I rushed toward the small crowd that had gathered, but stopped short when I saw what they were all looking at. I hung back, but could not look away. Between

the men’s subdued blue, brown, and gray shirts and the women’s bright flowing saris, I caught glimpses of a young boy writhing in pain. Red blood pooling on the hot pavement. A mangled bike, handlebars askew. The once-round

wheel folded over like a taco. The second wheel turning slowly. The large green bus he’d collided with loomed all too near in the background. I anxiously looked on, shifting my weight from foot to foot.

“Why does no one help?” I thought as we all stared. But no one moved. “Shouldn’t I do something? No, shouldn’t get involved. Someone else will know what to do.”

After an uncomfortably long minute, someone hailed a three-wheeled auto-rickshaw. I caught a glimpse of the boy’s brutally damaged face as he was carried into the vehicle. A sick feeling came over me as the traffic un-mournfully lurched forward again, the crowd dispersing too quickly. Such accidents were all too common here. But it wasn’t just the sight of him that turned my stomach, it was also the shame I felt for looking on without trying to help, and the knowledge that my fear had kept me from moving to help the boy. A few days later, Praveen told me the boy had died in the hospital.

Now, as a third year medical student, those experiences, though distant, continue to shape my definition of the good doctor. As I watch frustration speak over HMOs, reimbursement paperwork, or stingy insurance companies, I think of

Ravi compassionately purchasing medicine with his own money and delivering it personally to a man in need. When I hear residents casually betting beers over whether a patient will be alive come morning, I see a young boy in

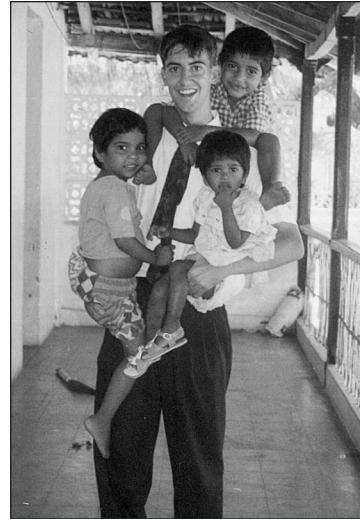
the arms of a stranger, carrying his broken body to the hospital. When I hear talk of “turfing” the difficult patient to another physician, I remember my own reluctance to take responsibility that day on the streets of Hyderabad. At times, I hesitate with fear in uncomfortable new situations, but then I think of Ravi administering CPR despite the fact he had no training. When I am reluctant to get close to a suffering patient whose pain I don’t wish

to share, I am reminded of a time when fear kept me from a young boy who needed my help. If I become overwhelmed with the rigors of school and the task of learning endless facts, I imagine myself running to help the young boy writhing in pain, my hesitation overcome by knowledge and experience. When I get discouraged by the obstacles standing between me and the good doctor I hope to become, I think of a young doctor in India practicing medicine at its best, making a difference by touching lives one patient at a time.

### Karl Kirby

Third year medical student, University of Iowa College of Medicine

First Prize Winner, 1999 Humanism in Medicine Essay Contest



Karl Kirby at the Goa, India, orphanage in 1992.

## “Seeking the Care in Managed Care”

(continued from page 6)

Managed care is here to stay. But its future will be influenced by you – our doctors of tomorrow. So how can you seek care in managed care?

First, understand you will not be alone. Many practicing doctors have assumed leadership on behalf of their patients and you, their students. And of course, the best of your allies will be your patients themselves. Work to include them as your partners in getting more care into managed care. You also have us, The Arnold P. Gold Foundation.

Second, be sure to look for creative ways to work within the system to provide better communication and preserve time for actually listening to patients and examining them.

Third, protect your patients from any system that tempts doctors to put the bottom line above the patient’s needs.

At the *White Coat Ceremony* you made an oath which you will repeat at completion of your studies – to *do no harm*. You will find yourself managed, challenged and bombarded by obstacles and barriers to fulfilling the obligations and responsibilities of that oath. Persevere, be true to your profession and its mission. And be true to yourselves in the face of tremendous odds and economic pressure.

## *In Memoriam: Hilde Schonfeld*

There was only one way Hilde could do things...the right way. The needs of others were central to Hilde's very being. She was always with outstretched arms to members of her family, colleagues and friends.



*Tribute to our much loved Hildegard Schonfeld, voluntary staffer.*

A constant friend, and loyal supporter of multiple community endeavors, Hilde gave new definition to the meaning of the word *magnanimous*; one who is noble and giving of heart and mind. Her generosity of spirit *motivated* many of her involvements, including becoming a regular and loyal volunteer for The Arnold P. Gold Foundation.

Her bright blue eyes were a reflection of who she was: a woman of few words and lots of action, a woman who knew no short cuts or mediocrity, only excellence. A person whose soft smile and gentle voice melted barriers and enhanced communication. Embracing *modernity*, Hilde's facility for new technology made her an exceedingly valuable asset to The Foundation staff.

In appreciation for Hilde's devoted participation, The Foundation is establishing "The Hilde Schonfeld Student Summer Research Fellowship Fund," a permanent memorial in her name to enable a medical student each year to explore community health issues.

We will miss Hilde everyday, but especially on Wednesdays, her regular day at The Foundation.

## *The Rewards of Doing Good*

Through a variety of Planned Giving Programs, many generous friends of The Foundation are learning to make better use of the assets they own. One such program is the *Life Income Plan* which permits any number of assets to be donated to The Foundation (cash, real estate or appreciated securities, etc.), while providing guaranteed annual income for yourself and your spouse for the rest of your life.

This type of plan allows you to receive income from assets that may have risen sharply in value, but which, if sold, would incur a large tax on the capital gain. In addition to providing income, this can also save some of what you and your heirs would otherwise sacrifice to estate taxes.

The tax deductible charitable benefit of Planned Giving is determined by many factors, including a discount that calculates the current value of what The Foundation will ultimately receive in the future. The higher the discount rate, set by the U.S. Treasury, the more benefits the giver receives from the "Planned Gift."

The rates in effect currently are the highest in several years and a full 3% higher than the rate a year ago. The discount rate through June 30 is projected at 8%.

Please call The Foundation to see how taking advantage of the higher discounts currently in effect can work for you, your family, your heirs and The Foundation.

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