WORCESTER
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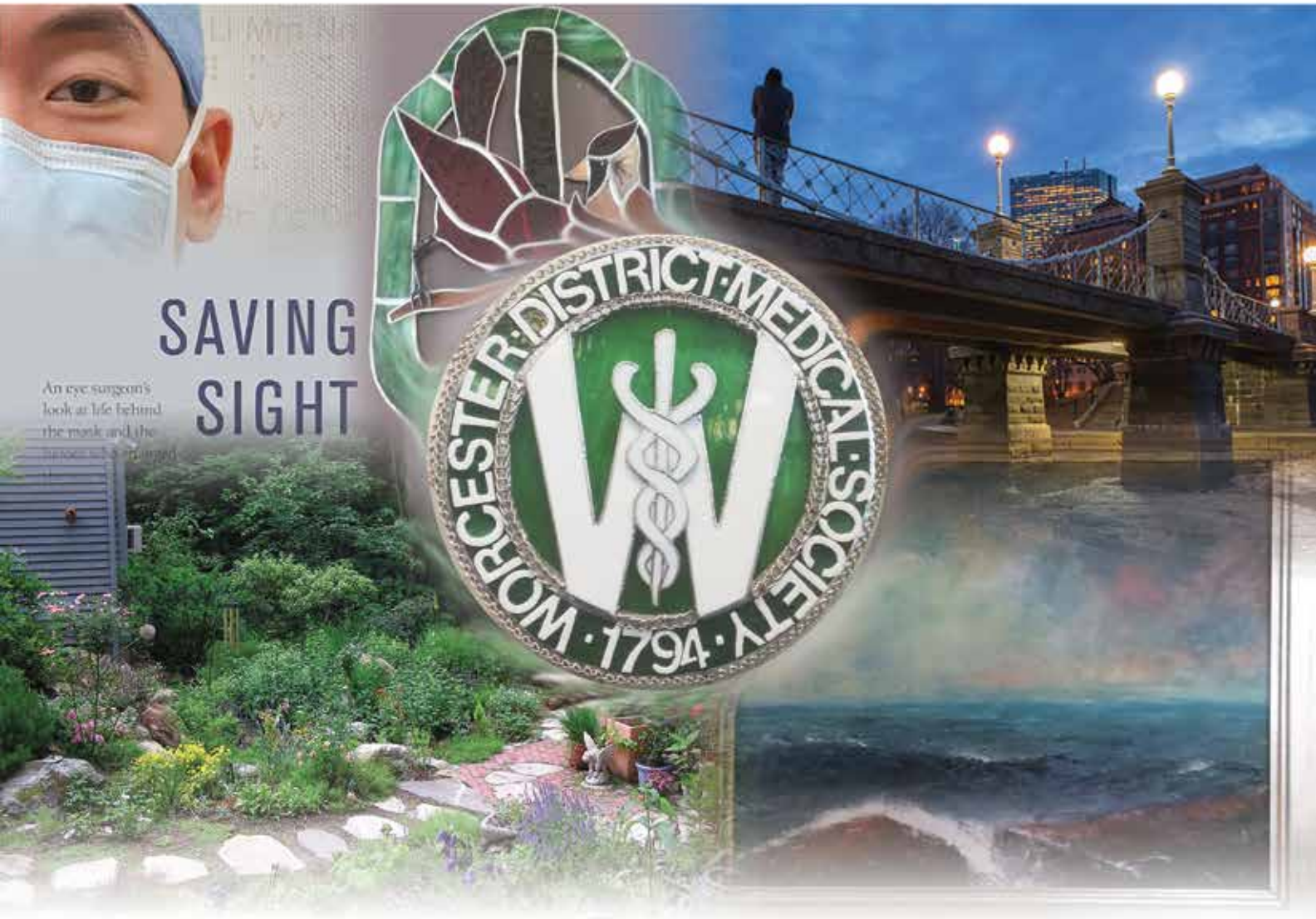

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Vol. 81, No. 2

on the cover: physicians' passions beyond medicine

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Editorial

Jane Lochrie, MD

Jane Lochrie, MD

Many of us believe that hobbies are a way of just passing time, but several research studies have shown that people who engage in hobbies are less likely to develop dementia. In addition, hobbies are also known to decrease depression, lower blood pressure, enhance creativity and improve memory and attention span. So not only do hobbies help you psychologically, they are also good for your health.

Hobbies promote "eustress." Eustress is that positive kind of stress, the kind that makes you feel excited about what you're doing and about life; hobbies are one of the best ways to access this type of stress. When you're doing something you love – something you don't have to do for any other reason other than the fact that you love it – you feel a rush of excitement and joy.

Those who feel overwhelmed at work may also benefit from hobbies because they provide an outlet for "bad" stress and are something to look forward to after a long day at work. Research shows that stressful jobs (low-control, high-demand jobs, such as medicine) contribute to burnout, and hobbies can help buffer the effects of a challenging job and mitigate circumstances that contribute to burnout. This issue of *Worcester Medicine* focuses on the passions that some of our colleagues have engaged in over their lifetimes.

The 221st WDMS Oration was delivered by Dr. Terrance Flotte, the dean of UMass Medical School, on Feb. 8, 2017. He presented his Top 10 reasons for being optimistic about medicine in Worcester. He discussed a wide variety of reasons for hopefulness, from being able to help physicians who are "burnt out" to the No. 1 reason for being positive – our medical students!!!

Dr. Joel Popkin, our WDMS Orator last year, wanted to play the piano at age 4. He opines that classical music pushes us to listen to the fundamental structure of the music and forces us to concentrate on it for its beauty, emotion and spiritualism. He is saddened that the younger generation of medical students and residents are being pushed academically and are missing out on classical music and other arts. He closes by telling us that music is the ultimate international language.

Dr. Paul Steen, the former editor of *Worcester Medicine*, requests that everyone pay attention to what activities energize them. For him, it is gardening, since his parents gave him a section of their backyard to plant, and he never lost that desire to garden. After he retired, he wanted more social involvement and became a Master Gardener.

An ophthalmologist, Dr. Jean Keamy, became obsessed with photography in the ninth grade, which led to her interest with optics and vision in medical school. She describes how the ordinary becomes extraordinary under the night sky and how everything becomes more intense in the dark.

Unlike our previous authors, a retinal surgeon, Dr. Andrew Lam, did not discover his passion for writing until his third decade. As a child, he loved history but had no interest in reading or writing. Now, he is an acclaimed author of two best-selling books, *Two Sons of China* and *Saving Sight.*

The perspective from a cardiology fellow and a busy wife and mother of two very active children is given by my former chief medical resident extraordinaire, Nirmal Kaur. Though she is coming from a totally different point of view (not to mention a different generation), she comes to the same conclusions as all our other authors. She maintains that we must vigorously pursue and make time for anything that excites us. This what keeps us sane, rejuvenated and recharged.

Leave it to a pediatrician to entitle his article "No Such Thing as Too Old." Dr. Timothy Gibson humorously tells us how he will never be figuratively too old to enjoy the "non-adult" things that he loves, but when he will become literally too old for them is far more anxiety producing.

Dr. Hanshaw became interested in art when he was 13. Though he had little time for art during his early career, he took lessons at the Worcester Art Museum for more than 20 years after coming to UMass Medical School. Now that he is retired, he continues to enjoy painting and encourages everyone to enjoy a nonmedical passion.

Similar to Dr. Hanshaw, Dr. Amaral enjoyed hobbies early on in his life and continues to enjoy them during his retirement now that he has more time. He states that hobbies will challenge you, help you relax and yet create a sense of accomplishment.

Once again, please make sure that you read the Society Snippets and Legal Consult before closing the cover on this issue of *Worcester Medicine.*

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A Glass (more than) Half Full: The Top 10 Reasons to be Optimistic about the Future of Medicine in Worcester

Terence R. Flotte, MD

Terence R. Flotte, MD

Please let me begin by thanking the Worcester District Medical Society; its president, Dr. Jay Broadhurst; and all of the officers of the Society for bestowing upon me the wonderful honor of being selected to deliver this year's WDMS Oration. I also want to thank Ms. Joyce Cariglia, Ms. Melissa Boucher and the members of my office team, Kristen Maki and Kimberly Laperle, for assisting me with the logistics this evening. I want to further thank Chancellor and Mrs. Collins for attending, as well as the University of Massachusetts Medical School (UMMS) students and faculty in attendance. I want to very much thank my adult children, Jesse, Lindsay and her friend, Wes, who are a daily support and joy for me. Finally, I want to thank my wife, Kye, for her ongoing support and also for inspiring the Top 10 list format for this talk. Like David Letterman, Kye is a native of Indiana and a "Dave fan" from way back.

I am particularly daunted by the task of delivering this oration, given that this is the 221st oration and the Society has been in existence for nearly 223 years. Given that history, and my relative newcomer status, being here only 10 of those 223 years, I thought myself on safer ground to talk about the future rather than about that storied past, and so I present to you this evening a talk titled "A Glass (more than) Half Full: The Top Ten Reasons to be Optimistic about the Next 220 years of Medicine in Worcester."

Two disclaimers about this talk: First, I do not consider myself an orator. I am more of an idea man. So perhaps we should consider this talk an "ideation" rather than an oration. For you psychiatrists in the audience, let's just hope it is not a suicidal ideation. Second, this talk is about optimism and about the future, but it is not intended to ignore the very real challenges we face. In fact, it is precisely in response to those challenges that I hope to bring you 10 reasons for optimism.

In that spirit, here is Reason No. 10: Burnout. We can name it; we can treat it; we can beat it! I think most of you in this audience are aware of the statistics on physician burnout. Between 40 percent and 60 percent of docs report symptoms of burnout on national surveys. The good news is that the awareness of this problem is also at an all-time high. The AAMC and other national meetings in the last year or two have all featured workshops on this topic. A recent meta-analysis published in the *Lancet* in the last three months synthesized the outcomes of 2,617 articles and 52 separate controlled trials, and cohort studies showed convincingly that interventions for burnout DO work, whether they are focused on individuals or organizations.[1] In almost every study, there were positive effects and the overall effect was an 18 percent drop in the rate of burnout indicators. I know that here, in Worcester, our hospitals are investing in physician wellness and resilience interventions, and the data suggests that this will be worth it.

On to a more positive note. Reason No. 9: Our patients have insurance. It is easy for us here in Worcester to take for granted our very high rate of health insurance coverage. Massachusetts is the best in the nation, and the rate of uninsured is at the lowest level in our nation's history. Furthermore, we know that having insurance is beneficial for patient's health. Insured patients have better access to care, better health outcomes and live longer than uninsured patients. This is truly good news. This has further improved under the Affordable Care Act (ACA). I am not going to make this a political speech, but it does seem clear that Congress has gotten the message from states and hospitals. We do not want to see any ground lost on this issue.

These are going to just get better from here.… Reason No. 8: Respect for physicians remains high. Shown here are some of our wonderful young doctors at the time of receiving their white coats, among other things, a token of that respect. Even in 2016, the Harris Poll showed that 90 percent of Americans rate being a physician as a prestigious profession. Even above firefighters, military officers and police officers. Most of us know this to be true. But it is important to remind ourselves of this at times like these.

Reason No. 7. We are not alone,…The increasing role of teams in health care. Many of us have recognized for many years that patients are best treated not by physicians alone, but by teams of health professionals, including nurses, pharmacists, occupational therapists, physical therapists, psychologists and many others.

The focus on what is best for the patient has prompted professional education groups across all these professions to come together and agree on Interprofessional Education Competencies. Our three-school UMass Worcester campus has fully embraced this, espousing the theory depicted in this IPEC collaborative document that in training we should come together across professions to focus on the learners. The goal is to model the right behavior for learners to then transition to being a part of a team that focuses on the patient.[2] We work to live this out at UMMS as we offer Interprofessional Education Grants (IPEG) every year to support teams of faculty across nursing and medicine and biomedical sciences to develop interprofessional courses.

Perhaps our best example of this is our opioid training course (OSTI) for medical students and nurse practitioner students. Beginning last spring under the leadership of Drs. Pugnaire and Fischer, this program has trained hundreds of learners as teams, combining simulation, standardized patients (the patient actors) and panels of actual patients and families affected by substance use disorders.[3]

Reason No. 6 to be optimistic about the future of Worcester medicine: Women in the physician work force. Of course, this is not new, but it is a trend, and as data from the AAMC report on women in the physician work force show, the diversity of specialties attracting women in their residencies is evolving. Certainly some specialties, such as obstetrics and gynecology and pediatrics, still attract more women, but family medicine and psychiatry are majority female, as well, and previously male-dominated specialties like surgery are also attracting women. And why do I say this is a positive trend? It only makes sense as we grow the work force to not leave out 50 percent of the population. But beyond that, a 2017 study showed that elderly patients cared for by female docs both

had a higher chance of surviving after hospital discharge and a lower rate of being readmitted to the hospital.[4]

But, as with some of the other positive trends, there is a challenge here. A remarkable study, funded by NIH and performed by Reshma Jagsi, a radiation oncologist at Michigan, showed that among recipients of NIH-K awards, the mentored investigator career awards, female recipients earned a full $30,000 per year less than their male colleagues, and nearly 30 percent reported experiencing varying levels of gender-based mistreatment.[5]

The challenge for us, then, is to move forward at the top and address the gender disparities at the leadership levels, especially department chairs, where female representation still lags dramatically. Keep in mind that in the residency data I showed you, the percentage of female chairs remains low, even in majority female specialties – only 20 percent in pediatrics, 22 percent in OB-GYN and 19 percent in family medicine. I am happy to report that here at UMMS, we have increased from one female academic department chair 10 years ago to seven in 2017, a tribute to the faculty who have filled those positions and also to the leadership of Chancellor Michael F. Collins and other senior leaders in our organization. Good news for medicine in Worcester.

We're halfway home now, and I will present another one of my "silver lining" type reasons: Reason No. 5 Electronic Health Records (EHRs) are getting better…we hope. EHRs are ubiquitous. The trend shown on this slide actually predated the meaningful use regulations. Most physicians are using EHRs, and Massachusetts is again first in the nation in physicians who were fulfilling stage 1 of Meaningful Use of EHRs when they first rolled out, according to publicly available data from the CDC. Our clinical partner, UMass Memorial Health Care, under Dr. Eric Dickson's leadership, is making large investments in this area, and the evidence of dividends for quality and patient safety are growing.

Reason No. 4: Science that matters, right here in Worcester. Of course, this group is all quite familiar with the fact that Professor Craig Mello brought home a Nobel Prize to Worcester in 2006. The accolades keep coming and are sure to do so going forward into the future, as our own Dr. Victor Ambros won the 2008 Lasker Award and the 2015 Breakthrough Prize, and we continue to amass members of the National Academy of Sciences and the IOM, now called the National Academy of Medicine, including our own Michael Green, who is a member of both. We are confident that more great science from these breakthroughs will continue in the Worcester biomedical community. The trajectory is only up.

Reason No. 3. We are digital and connected. I suspect we are just scratching the surface on how mobile and other digital devices can be used to affect our health. But just a bit of evidence on how simple digital health monitoring can promote patients to take better care of their own blood pressure (systolic and diastolic)[6] or diabetes. The figures show HgbA1c values improving through a telemedicine intervention.[7] The better we get at harnessing these technologies, the more benefits we can hope to reap.

Reason No. 2. Our patients will live longer. I have to be a little biased here and start with pediatrics. This recent review by Cheng, et al., documented seven changes in health care in pediatrics, any one of which could be considered an amazing breakthrough.[8] These include:

- Immunizations, not for just diphtheria and pertussis and tetanus, but for the invasive bacterial diseases that I trained on in residency, Hib and Pneumococcus.
- Reducing sudden infant death syndrome (SIDS) with Back to Sleep.
- Curing acute lymphocytic leukemia (ALL), the most common childhood cancer.
- Saving premature infants with surfactant replacement.
- Preventing HIV transmission from mother to infant.
- Increasing life expectancy for genetic diseases.
- Saving lives through injury prevention.

Just some sample data: Look at the decline in mortality from ALL. The incidence is the same, but the rmortality ate has dropped four-fold. The percent of decline in mortality after the introduction of surfactant is shown on the figure (a 50 percent decline in the 26- to 28-weekers).

Another great example is pediatric AIDS, a disease that came and went during my 31-year medical career. And finally, one that I participated in to some extent as a pediatric pulmonary physician, the dramatic increase in the life span of CF patients. By the way, this does not even show the effect of the new Vertex drugs, Kalydeco and Orkambi.

So now on to the net effect of both pediatric and adult medicine interventions on the life span. It is continuing to improve, and the disparities are getting smaller, as these data from the census bureau show. Good news indeed!

Is there any down side to that? Well, there is the issue that if everyone lives longer, they are going to use more health care. Healthy 70-year-olds use more health care than healthy 50-year-olds. So, as you can see from this slide from the AAMC Center for Workforce Studies, every conceivable projection means that there will be a physician shortage, at least in the coming 30-40 years. Which is still a glass half full because it means total job security.

Finally, the Number One reason for being optimistic about the future of medicine in Worcester: Help is coming! The largest cohort of the brightest and most well-rounded people in history is joining our ranks!

National data on applicants to U.S. medical schools – the blue line shows that it is an all-time record. Our UMMS data parallel the trend until last year, when we began talking a limited number of out-of-state students, and the school's enrollment overall has taken an uptick in parallel to the need. We have developed new clinical placements for those students at Cape Cod and Baystate Health in Springfield. And those students are the best qualified ever, as shown by our incoming class grade point averages (GPAs) and MCAT scores. We maintain our top ranking in *U.S. News* rankings, and our students go to great programs when they graduate.

Our students' overall rating of their satisfaction with their education is the best in the nation, as shown by the AAMC graduation questionnaire data on overall satisfaction. But quite simply, if you want to know what the future of medicine is going to look like, just look at the faces of these wonderfully talented, idealistic, dedicated young people! If you had my job and worked with these young people, how could you not be optimistic?

Terence R. Flotte, MD, has been the Celia and Isaac Haidak Professor in Medical Education, dean of the School of Medicine and provost and executive deputy chancellor of the University of Massachusetts Medical School since 2007. In these roles, Dr. Flotte serves UMMS as chief academic and administrative officer of the School of Medicine, overseeing all academic activities of the basic and clinical science departments, including education and research for the School of Medicine, the Graduate School of Biomedical Sciences, and the Graduate School of Nursing.

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When My White Coat Comes Off, My Garden Gloves Come On

Paul M. Steen, MD

Paul M. Steen, MD

A frequent dilemma for physicians is how to manage the competing demands of work and home without letting the negative effects of work spill over into their personal lives. This is so common, it has a label: Work-Life Balance. For me, the idea of balance is not about equal time, but enough activities that bring joy and achievement to offset stress. I want to emphasize that I believe both elements are needed – joy and achievement. Each person needs to discover these activities on his or her own by paying attention to those activities that energize him or her. No two people react the same, so it's essential to make your own observations.

Gardening, it seems, has always been a passionate part of my life. My passion for gardening began when I was 6 years old. My parents gave me a 5-foot-square section of our backyard to garden. Little did I know, but this was full of rocks and had to be cleared. Looking back, I'm sure they thought I would clean this up and lose interest, allowing them to reclaim the area for their own use. That never happened, as gardening seemed like magic. You put this seed in the ground, and magically (for a 6-year-old), a plant appears and grows. They say that inside every adult gardener is a kid that still believes in the seed fairy!

During college and medical school, when outside gardening was impossible, I grew plants under lights. When I moved from New Jersey to Massachusetts to open my medical practice, losing four months of gardening due to our longer winter, I purchased a greenhouse. Three homes later, I'm on my third greenhouse. I mention this only to show that people with a passion for something overcome obstacles to keep the passion active.

That sense of a private kingdom, a playground for our imaginations, is at the very heart of why we love gardens. I even enjoy the winter planning of a garden, looking through seed catalogues and wondering where all the great plants are going to go. Over the years, as we watch our 'grand design' being realized, it is an exciting achievement. In the winter, I also have the pleasure of my greenhouse. It is a great joy to putter around when the snow is about and to see so much in flower. My greenhouse is used for starting seeds and growing orchids and other tropical plants. But its biggest asset for me is a place of peace to sit and enjoy!

How do these activities help us? There is no one reason; it varies for each of us. For those who are energized by gardening, there will be a thrill when your first fresh food hits the table, viewing your garden in

flower or cutting flowers in your living room. Watching leaves bud and flowers blooming is an everyday magic accessible to all. We head to the garden to do a five-minute task, and suddenly, it's dark as time flies by. Time is suspended, and with it, our stress. There is a restorative power that is profound for both physical and emotional health. Importantly, it gives a sense of joy and achievement.

Some see gardening as individualistic, with little social interaction. But there are opportunities for social connections with people of similar interests (e.g., a garden club or volunteering at botanic gardens). After retirement, I decided to add more social involvement and studied to become a Master Gardener. The course was run by the Massachusetts Horticultural Society and took three months to complete. The organization has six membership meetings a year and many educational opportunities to learn about horticulture with like-minded people. It also provides opportunities to interact with the public and gardening projects, either to beautify public places or to educate the public. I also work the Help Line, where people can call in to ask about difficulties in their gardens and we give them solutions.

Gardening may feel intimidating to new gardeners, but it doesn't have to be. Start small; try some house plants or a small herb garden. Then graduate to larger gardens based on available time and interest. Don't worry about mistakes. Remember that you are not a proper gardener until you have killed a few plants. One of the great things about gardening is that it cuts across all boundaries of class, gender, race and age. As you get more involved, you will find that gardeners are a friendly group and love to help newbies. Use our great local resource, Tower Hill Botanic Garden. It offers courses for all levels of gardeners, a great garden library and the opportunity to study the designs of the flower or vegetable beds. Read some books on gardening, especially those specific to New England. Sometimes, the best advice is to just set aside some time and jump right in.

Dr. Paul M. Steen, a retired internist, was editor of Worcester Medicine *from 2005-2011 and served as president of the Worcester District Medical Society from 1981-1982.*

What Beethoven Left Us

Joel H. Popkin, MD

Joel H. Popkin, MD

For reasons that are still obscure to me, I had wanted to play the piano at age 4. With consultation, my mother had felt that lessons at that age were too early and had me wait until age 7. So on my seventh birthday, a very frail, elderly Miss Jacobus began her weekly treks to our home via two buses for her $2 fee. I distinctly remember my mother's first conversation with her, while I was presumably out of earshot, which went something like this: "Look, I don't want him trying for Carnegie Hall. I want him to enjoy music. So don't give him scales or exercises. Just let him have fun." Miss Jacobus stuck to that plan, and my mother's goals were met. I never made it to Carnegie, except as a dedicated audience member, but more than 60 years later, music is still my passion.

In fact, one day, 61 years later, my piano aficionado friend and colleague, our wives and I were strolling toward the most dangerous place – for us, at least – in all of New York City: 58th Street and 7th Ave. While that area is among the wealthiest in Manhattan, it is also known as "piano row," where Zenie and Phyllis promptly and wisely abandoned us for the rest of the afternoon. Peter was actually worse than me. He tried out every piano in the place. Are we both addicted? Probably so, but I'm pretty sure that this is a fixation with societal benefits.

I so often think of Beethoven, who, at 31, began his rapid, devastating course to total deafness. Imagine that happening to a musician – the greatest composer of his time, no less, and maybe the greatest of all time. What he created from within his soul he was never to hear. And yet, he could convey remarkable tenderness and optimism in the midst of heartrending expressions of his pain and torment. His 7th Symphony is a perfect example of that (and, oh, how much solace I've extracted from it since Nov. 8). Beethoven's symphonies exploded every symphonic form that existed prior; each one of them did more and said more than the one before, and quite frankly, often more than what was to be said in the next 200 years.

What classical music does is it pushes us to listen to its fundamental structure of the music. It makes us concentrate on it for its beauty, emotion and spiritualism, and it provides a fundamental refuge. The problem is that it takes a modest investment of cerebral horsepower to appreciate what that's all about. This kind of concentration cannot be crammed into the head overnight any more than four years of medicine and three years of residency the night before the boards.

And here is where we seem to be getting in trouble. Our medical students and residents are constantly thinking about those boards, and if they're not, we in the academic world are just as constantly refocusing them toward what we've made an all-consuming goal. Perhaps as a result, or perhaps for other reasons, classical music and the other arts – as well as their rewards – are slipping away from the youngsters in our profession.

The "Interests" graph is telling. There are few, if any, data that report medical student and resident hobbies in the literature, and to the best of my knowledge, this survey of our UMass students is the all that is available relating to medical student interest in the arts. What students are turning to is the gym and Netflix, neither of which I believe can provide a meaningful or sustained relief from the immense challenges that medicine can bring.

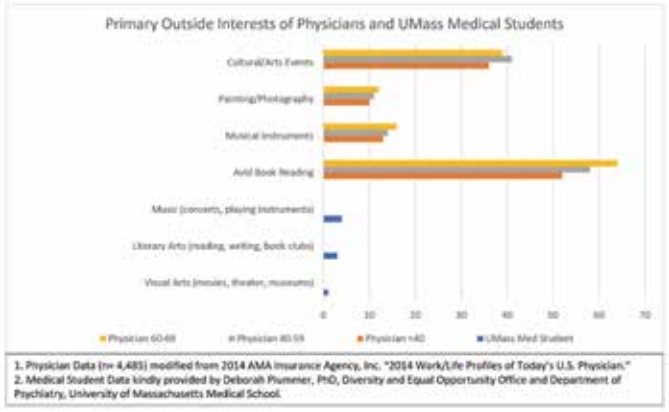
The unrelenting surge of burnout in trainees and practicing physicians is well documented. I do strongly believe – albeit, purely opinion-based – that burnout isn't only related to how medicine has evolved to smother us (another story), but that increasing challenges to coping – and inadequate fixes by Netflix – are not only temporally, but causally, related to the decline of creativity-based diversions and associated tangibles.

Is it frustrating to acquire hobbies and passions that compete with the day's tasks? Absolutely. But creative hobbies don't require a schedule. With infinite patience, they await attention only when it's available for them – ever-faithful friends on call 24/7. The music component of the arts is particularly convenient. Simple buttons select what's appropriate for any particular mood, while digital keyboards (they're now remarkably acoustic-like in touch and sound) with built-in and external computer-based instruments infinitely expand the joy of creativity. And if not in the mood for music, why not on that same computer – using Lightroom, Photoshop or the like – conceive unique images that speak for you? Like musical notes, pixels are also great friends to have – yet more tangibles to foster.

Music is a living art. It is continuously recreated and, when in real time, springs to life before an audience. With its power of nature, spirituality and love, it is impossible to remain unchanged once under its spell. And as opposed to theater, music is the ultimate international language: a true lingua franca that speaks to everyone.

Classical music can even give us a different vision of the world, and in so doing, we can tune out the depressing morning newscast, disregard the intimidating message that was the morning's first greeting at the office, or ignore my rambling about why listening to rap just isn't the same as listening to Beethoven – although Beethoven really is going to make you and your children much richer people. (In about 10 years from now, I fully expect every uninitiated reader to thank me personally for this message.)

But the greatest news about music is this: You don't have to look good in a tutu to do it.



1. Physician Data (n= 4,485) modified from 2014 AMA Insurance Agency, Inc. "2014 Work/Life Profiles of Today's U.S. Physician."
2. Medical Student Data kindly provided by Deborah Plummer, PhD, Diversity and Equal Opportunity Office and Department of Psychiatry, University of Massachusetts Medical School.

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Photography: An Obsession with Vision

Jean E .Keamy, MD

Many of us have a favorite sense. My obsession with vision began in the ninth grade at Phillips Academy in Andover. My early photography experience emulated Ansel Adams. I hiked through Andover's bird sanctuary in search of the perfect landscape. I lugged around a 4x5 film camera, making one negative or image at a time. My compositions and exposures were thoughtful and slow. I carefully developed one sheet of black-and-white film per picture. Then, I spent hours trying to perfect details in both highlights and shadows. Over the years, I have continued to formally study photography at Princeton University, International Center of Photography and New England School of Photography. I have had interests in portraiture, dogs and landscapes.

Most recently, I have honed my skills in digital night photography. Night presents an opportunity to create something surprising and wonderful. Often, I use a flashlight and color gels on flashes to create a mysterious and seductive mood. Night photography echoes my early days of photography with the 4x5 film camera. One exposure at night may take up to an hour. Creating just one good image on any night is a productive evening.

The ordinary becomes extraordinary under the night sky. Often, I travel to remote places where there is no ambient light. I have traveled to Iceland to capture the Aurora Borealis. In below-zero temperatures, atop a glacier, I have waited patiently for the elusive Aurora to light up the sky. Near the Eastern Sierras, Bodie Ghost Town offers an old, abandoned gold rush town. Many of my favorite photos were created by light-painting these old western buildings. The lack of ambient light allows for stars to be brighter. On a moonless night, the Milky Way may be seen. Longer exposures can give rise to star trails. The process of taking the photo at night is sacred. Eyes adjust to the night light. Things that may never be noticed in the daytime can become the focus of a night photo. For example, I was obsessed with photographing an old rusty tube in Bodie Ghost Town on two trips. No one would even have found it interesting in the daytime. Not only is vision more keen, but the senses of hearing and smell intensify at night. The sounds of coyotes or crickets intensify. The smell of sage bushes permeates the air. Even quiet seems solemn and magical. The night offers an opportunity for meditation and self-reflection.

Cities also offer uniqueness at night. Cityscapes, boardwalks and parks glimmer and radiate at night. The glow of street lights and lights of passing cars create an other-worldliness. Often, it is a surprise to see the beauty of the images in post-processing. Often, I will pack my tripod and camera when visiting a new city. Venturing out alone in the dark is not wise. Often, I team up with other night photographers or have had friends play photography assistant.

In medical school, my passion for optics and cameras drew me to the eye. My professional life and hobby revolve around vision. Ophthalmology was a logical choice for my medical career.

I still continue to exhibit my work locally. My most recent portfolio is on display for the month of March 2017 at the 1717 Westborough Anniversary Store at 18 Lyman St., Westborough. Some of my work can be seen at www.jkeamyphoto.com.

Jean E .Keamy, MD, is an ophthalmologist, Keamy Eye & Laser Centre in Westborough.

My Twin Passions: Writing Books and Saving Sight

Andrew Lam, MD

Andrew Lam, MD

Author of *Saving Sight* and *Two Sons of China*

I have no doubt that my high school English teachers were shocked to learn that I became an author. This is because, for the first three decades of my life, I showed no significant interest in writing, and in high school, I devoted more time to CliffsNotes than to the assigned novels. But if there's one thing I've learned in life, it's that finding and pursuing one's passion can enable each of us to accomplish surprising things.

All of my friends have passions, though some might decline to classify them as such. These passions may include their careers (if they're lucky), being an outstanding parent, experiencing new cultures through travel, coaching youth sports or physical fitness – to name a few. I was lucky to discover my own passion at a very young age.

It was history.

I'm not joking. In elementary school, I read all the history and biography books I could find. Visiting Civil War battlefields with my family felt like a trip to Disneyland. Watching historical films, especially war movies, was the best.

There was no doubt that I would study history in college. I dreamed of writing historical tomes like David McCullough, or perhaps creating documentary films like Ken Burns.

But there was a problem.

My father was a doctor. An interventional cardiologist. And in the small city in central Illinois where I grew up, it wasn't unusual for random people to approach me and my dad on the street or in the mall and thank him for saving their lives or the lives of their loved ones. Those experiences left an indelible mark on me. It was obvious that being a physician was something very special.

So when it came time to decide whether to go to graduate school in history or medical school, I chose the latter. And I've never regretted it because I love being an ophthalmologist. But – I never gave up my desire to share my passion for history with others.

One night, as a resident staffing the graveyard shift in the Emergency Department, a thought occurred to me. I'd learned a lot about America's war in China during World War II, and I'd often wished there were more books on the subject. I knew I didn't have the time to write one myself – yet – but that night, I realized there was something I had plenty of.

Imagination.

What if I wrote a historically based novel set in China during World War II? I could dream up an exciting story, full of action, adventure and romance, and, in the process, highlight this period in history, as well as the stories of a few real-life, unsung American World War II heroes. I had plenty of time for something like this; I could think about the story anywhere – in the car, in the shower or in the middle of the night sitting in the ER.

About nine years later, that idea led to the publication of my first novel, *Two Sons of China*, which won a Foreword Reviews' Book of the Year Award, has been published in Europe and has attracted interest in a film based on the story. There were long gaps in that period when I didn't think about the book at all. Along the way, I completed a busy retina fellowship and my wife and I had four children. But I'd keep coming back to the book, writing, revising and editing. I eventually got a literary agent to represent it, and finally, a publisher.

Meanwhile, during my ophthalmology residency, I became curious about how our surgical techniques had been developed. Who had devised modern-day cataract surgery? It was such an elegant and life-changing operation. How had LASIK, our most futuristic sight-saving procedure, been invented?

As I learned more about the innovators in my field, I was blown away by their stories of serendipity, perseverance, courage and defeat. I'd unearthed a half-dozen medical heroes that most people knew nothing about. A man who'd been inspired to invent the artificial lens after examining the eyes of a wounded pilot during the Battle of Britain. A doctor whose inspiration for phacoemulsification came from seeing an instrument at his dentist's office.

I went to my literary agent and told her I was really excited to do a nonfiction book on ophthalmology's heroes.

She turned me down flat.

People aren't likely to buy a book about medical nonfiction, much less ophthalmological nonfiction, she thought.

I was crestfallen, but I didn't give up. What if I blended the history with exciting stories from my surgical training? I could take readers into the operating room to see what it's like to save a patient's sight, or perhaps more interestingly, what it's like when things go wrong or when a surgeon isn't sure what to do.

Doing this helped the book, *Saving Sight,* get picked up quickly. It's been a best-seller on Amazon, and ultimately, I think this honesty about what it's really like to be a surgeon is what has helped the book become so popular.

Many people ask me how I find time to write. I think if you have passion for something, you just make time. It's especially important for physicians to make time to develop and pursue interests outside of medicine, because our work is becoming increasingly stressful and – some would argue – less satisfying. Physician burnout is a real and increasing phenomenon. In today's climate of increasing government regulation, third-party payer demands and a public that is more likely than ever to view physicians as mere technicians, we are all susceptible to emotional fatigue, lack of independence and dissatisfaction that can ultimately lead to a diminished view of ourselves and our accomplishments.

When we make a point to enjoy our lives beyond medicine, and especially when we strive to learn new things, we become healthier people and far better doctors.

Dr. Andrew Lam is a retinal surgeon, assistant professor at Tufts University School of Medicine and attending at Baystate Medical Center in Springfield. He is the author of two award-winning books: Saving Sight and Two Sons of China. His articles have appeared in The New York Times and the Washington Post. Learn more about Dr. Lam's books at www.AndrewLamMD.com.

I Does What I Likes and I Likes What I Do

Nirmal Kaur, MD

Nirmal Kaur, MD

Chim chiminey, chim chiminey
Chim chim cher-oo
I does what I likes and I likes
what I do
– Mary Poppins

"Mommy, can you please watch *Mary Poppins* with me? I've already seen it three times; it's really nice, and you should watch it with me."

Tired and post-call, I tried not to look up while single-mindedly preparing a presentation for a room full of cardiologists the next day. After a brief awkward silence, I looked up to see an unforgettable face, almost in tears. The PowerPoint would have to wait.

Was I glad that I watched the movie! Not only did it soothe a weary, post-call brain, but giving me an opportunity to participate in my daughter's joyful moments helped once again to put life into perspective. (Needless to say, 3 a.m. saw the completion of the presentation.)

A robin feathering his nest
Has very little time to rest
While gathering his
Bits of twine and twig

Though quite intent in his pursuit
He has a merry tune to toot
He knows a song
Will move the job along

Our lives as doctors sometimes leave us precious little time to dedicate to our core responsibilities without feeling torn between different desires and feelings – our presence at a moment without being distracted.

What I have learned over these years is that we need to refurbish our "on and off switches" – to insulate "on" from "off." Preventing these short circuits, it seems to me, is the best way to seize the moment so that everything else will fall in place. And, by God's grace, so far it has.

I believe that, outside of medicine, the forces that keep one sane, rejuvenated and recharged are the honest and simple things that rekindle a tired spirit with optimism, creativity and enthusiasm. It is how we get back in touch with and give back to ourselves.

This "recharging" can involve anything that one is passionate about. Perhaps as nominal as lying in bed, gazing at the stars through a moon roof; or sitting alone in a balcony with a coffee, collecting one's thoughts; or being refueled by the theme music from *Game of Thrones*. After all, what is life without passion? Sometimes passion in one sphere rekindles and rejuvenates passion in another. "I does what I likes and I likes what I do."

I am passionate about cardiology. The pressure-volume relationships make me marvel at the beauty of the human heart – that impeccable, powerful-yet-fragile machine. However, anything in excess can drain one's spirit (not passion!), and that's when to activate the "on-off switch. " Case in point: The exhaustion and neuronal fatigue from the slam of an overwhelming on-call is negated by writing this piece while drawing inspiration and feeding creativity with the marvelous *Game of Thrones* theme in the background (by none other than a musician with synesthesia).

I feel that in our lives as doctors, we always wish to clone ourselves to get more accomplished. And within the realms of possibility, we need to keep our multi-tasking skills as beefed up as possible until we figure out a way to do this.

What also keeps my big-picture view of life intact and, hence, gives me more acceptance of some harsh challenges is my investment into spiritualism. I enjoy attending spiritual discourses that hone perspectives and explain evolving puzzles.

I love to write poetry, and someday, I hope to write a book. For now, just thoughts and a rough outline excite and sometimes awaken me in the middle of the night.

It's so important to be surrounded by people who have similar wavelengths as yours, as our lives don't leave us much time to expend on trial and error. Hence, I like to surround myself with people who help me grow, whose company I enjoy and who inspire me to think. I love to have home parties and love to have the kids hang out for sleepovers – chats with them are so full of amazing concepts. Who on earth but kids can come up with, "Mommy, the cushion needed a haircut, so I gave it one."

I feel that we must vigorously pursue – and make time for – anything that excites and keeps us feeling more alive and more ourselves. That's what will give us our 100 percent back – doing what we enjoy doing most. Be it watching movies, having a pillow fight with the kids before bedtime, playing poker with friends, teaching our kids to play chess or just binging on *Game of Thrones.*

What matters in the end is "I does what I likes and I likes what I do," and there is a lot that helps me do it. Chim chiminey, chim chiminey, chim chim cher-oo…

A former chief resident in the Department of Medicine at St. Vincent Hospital, Dr. Kaur is a first-year cardiology fellow at SVH.

No Such Thing as Too Old

Timothy Gibson, MD

Timothy Gibson, MD

I remember the first moment that I realized that I'm "getting older" (quotation marks on purpose). It was the day after I graduated from college. Not having a job, I moved back in with my parents in Billerica, my hometown. I was a serious cyclist at the time, logging 100 miles a week or more. Since I had nothing but time, I suited up and headed out: initial steep uphill into the center of town, through the lights, and accelerate towards the downhill going north. Just as I was getting up a head of steam, I hit a pothole and went over my handlebars. Luckily for my head, I was wearing a helmet, but the blow was deflected to my face, and I had deep abrasions to the right side of my face, my shoulder and hip. I had no major injuries, but was bloody and dazed enough that an ambulance was called and I was taken to our local community ER. I was given the once over, and my tattered cycling shirt was cut off as the ER staff picked and scrubbed gravel out of my wounds. Upon discharge, I had to swallow my pride, there in my buttocks-less hospital gown, and have the nurses call my father to come to collect me. His shocking first response to the ED staff was, "How serious is it? Can he wait a few hours?" It was my sister's senior prom night, and he didn't want to miss the photo opportunity. When he did come, while he was thankful that my injuries weren't serious, he did say to me, "You're getting too old for this kind of stuff."

I'm certain that he meant it as a figure of speech, and I am sure that he did not mean for me to contemplate his passing statement as vigorously as I did. Was I really too old? And what kind of "stuff" did he mean? I reasoned to myself that I was certainly not literally too old. I was in decent shape; I was easily physically able to participate in the activities that I enjoyed. I had a harder time pondering whether I was figuratively too old. Should someone my age not be a cyclist anymore? Of course, that was ridiculous; I was only 22. But at what age should someone stop cycling? 30? 40? What about activities other than cycling? What about things other than physical activities that adults "get too old" for? Eating Spaghetti-Os and Lucky Charms? My obsession with electronic dance music? When would I figuratively be too old for all of these "non-adult" things that I loved?

Turns out, the answer is a lot easier when considering whether I'm figuratively too old. I will never be figuratively too old for any of these things that I enjoy. My interest in things I loved as a teen may wane, but it certainly won't be because "I'm not supposed to like this anymore." This life is all about smiling and having fun in everything that you do, and it's way too short to care about what others think about that. I also have been unbelievably fortunate to have a job that I love to go to each and every day and to have a happy and healthy family with whom I love to spend time.

The question of when I'll literally be too old is far more anxiety-producing. Without question, there will come a day when my body breaks down and I'm not able to keep up with my medical-student teammates on the soccer field or make it over the Berlin Walls at the Tough Mudder. Honestly, I anticipate a bit of a depression when this inevitable day arrives, and I don't see myself handling it gracefully. A small part of me hopes that it's an injury instead of slow decline, so that I have a pseudo-excuse. Some of that '80s music I still listen to says "It's better to burn out than fade away." While I am 100 percent sure that I'll never be too old figuratively, I have worked hard to stave off the day where I'll literally be too old to do the things I currently love to do.

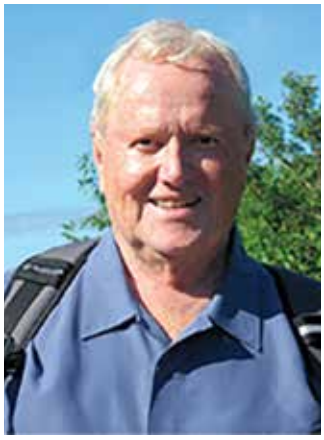
Luckily, as a father, I've had a bit of a shift in what brings me enjoyment. I'm realizing that it brings me as much joy to see my own children having a good time as it does to participate in an enjoyable activity myself. It's a bit "grandfathery," I know! Until I had children, I did not realize that "takes your breath away" is an actual physiologic phenomenon. I will occasionally have a spontaneous and sometimes embarrassing gasp of air when I see my children smile: when Andrew won the Pinewood Derby; when Abby had her first dance recital. Yes, having your breath taken away actually happens. I take solace in knowing that I never will be literally nor figuratively too old for these kinds of happiness.

An advisee of mine recently told me, "You are setting the bar high for physician-as-person." I hope that achieving personal satisfaction, and indeed having fun, in everything that I do, both personally and professionally, makes me a better father, husband, friend and, yes, a better doctor. One is never too old to strive for that….

Timothy Gibson, MD, is a clinical associate professor of Pediatrics at the University of Massachusetts Medical School.

A Late-Blooming Passion

James Barry Hanshaw, MD



James Barry Hanshaw, MD

I was about 13 years old when I first became interested in art. I did figure drawings (my parents were not yet into nudes) and portraits. I remember doing a portrait of Winston Churchill. It turned out well and produced a surprising amount of positive reinforcement from my parents: "Not bad for a kid." I continued my interest in high school, taking one art course with good feedback but not producing much beyond that.

Before, during and after medical school my time for art was very limited, but I do remember doing watercolor snow scenes outside of the University of Rochester Medical Center. I painted the wintry landscape from the front seat of the car with my wife, Chris, and our infant son, Tom, in the passenger seat. Shortly thereafter, the Medical Center sponsored an art exhibit for all medical personnel. I entered my two snow scenes, and they each sold for $25. This was the equivalent of my monthly salary as an intern!

Due to the pressures of a medical career, art was put aside except for an occasional picture every year or so. Some years later, when I became dean of UMass Medical School, Chris suggested I take art lessons at the Worcester Art Museum. I took lessons there for more than 20 years and enrolled in workshops throughout New England with many outstanding artists. I also started collecting a library of art books, developing a particular interest in Monet and American artists like Winslow Homer.

From the beginning, I loved Ella Delyanis's course in pastel landscapes at the Worcester Art Museum. The medium was not especially popular at the time. Many galleries did not carry pastel paintings because of framing and shipping problems. But I liked the fact that pastels were all about drawing and allowed lots of room for rich color variation, detail and texture.

I found that I did pictures rather quickly, and, to my great surprise and delight, people wanted to buy them. I had three one-man shows early on (1971-1972) in sought-after venues and about 60 shows thereafter. I sold about 300 paintings.

Eventually, I tried oil painting with the very talented Bill Griffiths, also at the WAM. I did this because, after 15 years of working with pastels, I noted that I began having shortness of breath. I had no proof that it was related to the fine particles involved in pastel technique; nothing substantial in the literature could back up my suspicions. Regardless, I proceeded to have numerous tests and was then diagnosed as having idiopathic pulmonary fibrosis. Most people with this uncommon diagnosis die in five years. I have had it for well over 15 years. I am severely impaired now and require oxygen 24/7. My breathing is significantly worse than it was three years ago. I stopped doing the pastels more than 15 years ago and then worked in oils exclusively. I was never able to determine if pastels caused the fibrosis. For the past 18 months, I have been unable to paint.

In 2015, I started on a new drug called Esbriet. This does not cure the disease, but it is believed to slow down the fibrotic process. I believe it has given me a measure of stability.

Working in oil was quite different from pastel. It had advantages and disadvantages. The main advantage is that it is more forgiving than pastels. I found that it was more difficult, however, to achieve the detail of drawing allowed by pastel.

I joined the Westboro Art Gallery in 2000 and had quarterly shows there and elsewhere for 15 years. There were other galleries that presented my work in New England, but none were as satisfying as being represented at the Gallery of Boston Artists on Newbury Street. This is as close as I have come to feeling like a real artist.

Although most of my paintings have been sold, I do like to give paintings as gifts and donate them to medical or educational exhibits such as the Family Health Center's Art in the City, the Massachusetts Medical Center's annual art show, and the colleges and hospitals in the Worcester area.

I am 88 years old now. I retired from medicine completely at 81. I now find myself looking back over the years in medicine and art and feeling fortunate to have had so many years of satisfying work. Although I am significantly disabled, I am relatively stable and still find much enjoyment in daily living. I especially enjoy my children and grandchildren, who do everything possible to make life easier. I am also fortunate in having two wonderful physicians: Dr. Michael Galica, my very special primary care doctor, and Dr. Richard Irwin, one of the finest pulmonologists in the country.

I am grateful to my wife for reigniting my passion for art. It has made my later years so much more interesting and rewarding.

In 2009, I decided to publish a book with 40 of my paintings. I mixed it with autobiographical memories of our lives traveling and living in Japan and England. I often give the book to friends and use it to raise money for worthy causes. Now that I am unable to paint, I am pleased that the book was produced while I could still manage it.

I can say in closing that reigniting a lifetime passion in my later years has meant the world to me, and I would encourage anyone who has a longstanding interest in a craft, in music or other nonmedical passion to do the same.

An emeritus professor of Pediatrics, Dr. Hanshaw served as the chairman of the Department of Pediatrics and the provost and dean of the University of Massachusetts Medical School.

Get a Hobby, You Will Never Be Sorry

Edward Amaral, MD

Edward Amaral, MD

As you progress in your medical career, be it as a student, trainee, junior staff or senior attending, you will find that time is at a premium, especially leisure time. You will need to get involved with something completely different, something that will get your mind off anatomy and chemistry, off pneumonia or cancer workups and off staff meetings, sick patients and bills. But having the mind of a physician, it will be necessary to keep it active. I can't think of a better way to do this than by becoming involved in a hobby. A hobby will challenge you, help you relax and yet create a sense of accomplishment. It may take development modalities to reach your goal, such as doing something creative, something educational and something completely unrelated to medicine or some athletic endeavor that varies with the season. The most important thing is to get started! Many school systems have "Nite-Life Courses" available to the citizenry of their region. The Internet can also be a valuable source of information. In short, "If there is a will, there is a way." Make up your mind, and forge ahead.

I relate the following history to show that life's events can and often do alter one's interests and needs as life goes on. Being the son of a dad who had active TB, sports were forbidden when I was a child back in the late '30s – unless done covertly. As a result, I became involved with "hobbies" early on. These included playing the piano, all aspects of photography, including processing and printing, and building things out of wood. I even built my own table saw. I joined the U.S. Air Force after my surgical residency and added ceramics and golf to my interests while there. Upon entering private practice, I switched from piano to the electronic organ and added skiing and tennis to my repertoire. At this point in my life, my time was totally consumed by my practice, my family (two boys and a girl) and meetings. When time and finances permitted some years later, my wife and I traveled.

If it were not for my family, my friends and my hobbies, there were times when I would have gone mad, especially after losing my wife of 35 years! With retirement, one can have too much time on one's hands. The kids are gone and one cannot play golf during New England winter, but you can still have different hobby to fall back on. Having reached retirement age and despite maintaining honorary hospital staff appointments, the significance of having hobbies in my life has become more apparent. I cannot emphasize this enough to the readers.

A life devoted to caring for patients with advanced cancer and their families has been a relentless challenge. Most of my family has died from cancer, including my mother when I was 12 years old. Even I had cancer! There are three things that kept me going through the years – the love of family, friends and colleagues; the sense that I was truly there for my patients and good at caring for them; and my art.

Dr. Edward Amaral, a retired general surgeon, served as president of the Worcester District Medical Society from 1996-1997.

Affordable Care Act - From Repeal and Replace to Regulatory Reform?

Peter J. Martin, Esq.

Peter J. Martin, Esq.

Health care providers who have grown used to a new landscape shaped by the increased availability of health insurance coverage for their patients, made possible by Massachusetts health reform efforts and the federal Affordable Care Act, are understandably nervous about how to keep their footing in the shifting sands of the Trump administration. Will the rules be radically changed in the near future? A recently proposed set of federal rules suggests otherwise. These rules (which may be revised after the end of the public comment period on March 7, 2017) tweak various aspects of the ACA with an eye toward stabilizing the individual and small group health insurance markets in the near term. The question is, will marginal changes such as these remain grafted on to an enduring ACA structure and, in effect, replace the "repeal and replace" approach advocated by the Trump administration and others?

The proposed rules address two large and related issues facing the ACA marketplaces – the threat of adverse selection and upward pressures on health insurance premiums. Encouraging younger, healthier individuals to enroll in health plans is critical to maintaining risk pools that can also accommodate those who are older, sicker or have chronic conditions. Increasing the flexibility of health plan design is considered by some to be an important tool in restraining premium and patient cost-sharing increases. The proposed rules take small steps toward both goals.

One means by which the ACA seeks to reduce adverse selection is through guaranteed availability of health insurance policies. In practice, this means that every individual and employer who applies for coverage must be accepted unless an exception applies. If an individual applies for one insurance plan and is terminated for failure to pay the premium, he can apply for the same or a different plan and be enrolled under the Guaranteed Availability Rule. In that case, the insurer could attribute premium payments under the new or renewed plan to the unpaid premium obligations under the old plan, but not deny coverage under the new or renewed plan. It is feared that this rule encourages individuals to take up and then drop coverage based on whether, and when, they experience illness or injury.

The proposed rule seeks to reduce this type of gaming of the system and encourage continuous coverage by permitting insurers to attribute current plan premium payments to the previous plan offered to the individual by that insurer and refuse to enroll the individual in the new plan until the past debt is paid. (The rule does not, however, prohibit an individual from going from insurer to insurer by failing to pay premiums at the end of a benefit period.) A variant on this proposed new rule would permit insurers to allow enrollment in a subsequent plan if the individual pays a specified portion of the unpaid premium under the prior plan.

Another aspect of the proposed rule addressing adverse selection through individuals signing up for partial-year coverage is to reduce the open enrollment period from the current Nov. 1 to Jan. 31 timeframe to a six-week period from Nov. 1 to Dec. 15 in the year prior to the benefit year. It is thought that this will reduce the number of persons signing up for coverage only if they have a health condition arising in late December or January. Query whether this proposal, as well as other proposed provisions, will be criticized as disguised efforts to reduce accessibility to health insurance coverage for lower-income individuals, who may have difficulty paying even subsidized premiums.

Similarly, under current ACA rules, special enrollment periods are offered to those with prior health insurance coverage who have experienced certain events requiring changes to that coverage or enrollment in a new plan. These events include marriage, the birth of a child or a permanent move. Currently, individuals seeking to take advantage of a special enrollment period self-attest as to their eligibility. Again, the concern has been raised that individuals take advantage of not having to prove they have experienced a qualifying event entitling them to a special enrollment in order to sign up for coverage only when they have experienced illness or injury, leading to adverse selection.

The proposed rules would require that those seeking special enrollment prove their eligibility by submitting documentation within a 30-day period, during which their proposed new plan enrollment would be pended. Also, the proposed rules would prohibit individuals from changing the type of plan – the "metal" level – except in limited cases and, in many cases, only to a plan in an adjacent metal level. Finally, the proposed rules would significantly reduce the availability of "extraordinary circumstances" that currently permit individuals to seek special enrollment. One can anticipate criticism of these proposals as deterring healthy individuals from buying health insurance coverage by requiring additional paperwork.

In addition to addressing the adverse selection problem, the proposed rules seek to give insurers additional flexibility in designing health insurance products. Currently, the various metal levels of plans in the ACA marketplaces are distinguished by the estimated percentage of total medical costs covered by the plan. For example, a bronze-level plan would have an "actuarial value" of 60 percent; a platinum plan would have an AV of 90 percent. Insurers are currently permitted to offer plans that vary from these AVs by plus/minus 2 percent. The proposed rule would change that variance to minus 4 percent/plus 2 percent. For a bronze-level plan that either covers and pays for at least one major service other than preventive services without deductible, or is a high-deductible health plan, the increased AV flexibility would be negative 4 percent/plus 5percent. (This increased flexibility would not apply to silver-level plans.) The anticipated effect of the increased flexibility is to enable insurers to respond to market forces by developing new plan designs, adjusting cost-sharing provisions and potentially reducing premiums while keeping the plans within the same metal level.

Insurers are required under the ACA to ensure that the provider networks within their plans are adequate to ensure accessible services without unreasonable delay. The adequacy of plans' networks has thus far been assessed by the ACA marketplaces. The proposed rule would permit network adequacy to be determined by the accreditation status of the insurer, by a state review process, if available, or by adhering to National Association of Insurance Commissioners' standards. In addition, current rules require that a network consist of at least 30 percent "essential community providers," such as community health centers or critical access hospitals. The proposed rule would reduce that requirement to 20 percent. These proposals are sure to be criticized as causing the creation of health plans that do not include enough providers who predominantly serve low-income and currently underserved populations.

These proposed tweaks, together with the speculated retention of other ACA provisions, such as the ability of parents to keep children up to age 26 as dependents on their family plan, may characterize the near-term future of the ACA, rather than a wholesale "repeal and replace." The continued viability of the marketplaces under a "reformed" ACA may very well determine how long that future will last. What is not speculative is that the health insurance industry is in for an ongoing period of turmoil that will inevitably affect health care providers.

Peter J. Martin, Esquire, is a partner in the Worcester office of Bowditch & Dewey, LLP, his practice concentrating on health care and nonprofit law.

Robert D. Blute, Sr., MD

June 25, 1921 – October 25, 2016

Robert D. Blute, Sr., MD, died on Oct. 25, 2016, at the age of 95. Like everyone, his life's history was as unique as his fingerprint. I knew him well and appreciate why he was so greatly admired. Bob and his late wife, Ann-Marie, were surrounded by 11 loving and successful children.

Two sons followed his career in medicine. For 20 years, Bob practiced with his son, Robert D. Blute, Jr., MD, who said, "It was a privilege to work with my father for so many years as a urologic surgeon. He was held in such esteem and was loved by his surgical peers, colleagues, nurses and, most importantly, patients. He had a true gift of interacting with an abundance of confidence, sincerity and surgical skill that made patients feel secure when they felt most vulnerable." Another son, Michael L. Blute, MD, lives in Boston.

Dr. Blute graduated from Boston College and went on to Tufts University Medical School. Following a residency in surgery at Boston City Hospital, he served in the U.S. Army Medical Corps in Germany. He returned to complete a residency in urologic surgery at Boston City Hospital. After finishing his training, he and Ann-Marie settled in Shrewsbury, and Bob started a 45-year career providing care to the Central Massachusetts community, during which time, he was Chief of Urology at St Vincent Hospital, as well as president of the medical staff (1974-75). In 2008, he was made an honorary graduate of St. John's High School.

Bob and I frequently met for lunch at St Vincent Hospital, and by that time of day, he had already read two or more newspapers, including all of the Boston press. Bob, in his very gentle manner, offered his judgment on the issues of the day. I would become so engrossed by his splendid bent on matters that I would have to rush out for fear of not being on time for my afternoon office hours. Robert D. Blute, Sr., MD, will be remembered with great admiration.

– Leonard J. Morse, MD

H. Brownell Wheeler, MD

July 21, 1929 – November 22, 2016

A generation of colleagues, patients and students at UMass Medical School fondly remember and pay tribute to H. Brownell Wheeler, MD, as a visionary – a formative architect of the Commonwealth's only public medical school. Dr. Wheeler passed away in November 2016, at the age of 87, following a long career, in which he contributed profoundly to surgical practice and our institution.

Raised in Kentucky, educated at Vanderbilt and Harvard Medical School and trained at Peter Bent Brigham Hospital, Dr. Wheeler's distinguished career in academic medicine began with his appointment – at age 33 – as chief of surgery at the West Roxbury Veterans Administration Hospital. A rising star, Dr. Wheeler made a bold and fateful decision to join Dr. Lamar Soutter, newly named as the inaugural dean of UMass Medical School, as the first paid faculty consultant. By 1976, Dr. Wheeler would be the founding chair of surgery who, with the agile confidence of a surgeon's hands, provided pivotal guidance during the medical school's formative years.

Dr. Wheeler's partnership and shared vision with Dr. Soutter formed the foundation upon which so much has been achieved. Today, UMass Medical School serves as a hub for world-class medical, nursing and scientific education; is home to an innovative and uniquely collaborative biomedical research enterprise; and provides a pathway to service and success for our graduates, faculty and staff.

Dr. Wheeler's principal professional interests included vascular surgery, deep vein thrombosis and pulmonary embolism; he also focused on medical history and the medical humanities. In retirement, Dr. Wheeler concentrated on improving end-of-life care, lecturing extensively, ensuring its inclusion in the medical students' curriculum and founding two organizations devoted to the issue. He also drew upon decades of experience to pen the book *One Life, Many Deaths: A Surgeon's Stories.*

In 2014, with his wife of 60 years, Betty, and their family by his side, our medical school was privileged to present to Dr. Wheeler an honorary degree, citing his "profound legacy, which continues to be pervasive and, undoubtedly, will be permanent."

– Michael F. Collins, MD

Richard H. Seder

September 17, 1938 – December 19, 2016

Richard Henry Seder, 78, of Grafton (previously of Southborough), died on Dec. 19, 2016, at the Rose Monahan Hospice Home in Worcester, after a decade of dealing with progressive Parkinson's Disease.

Richard is survived by his beloved wife of 33 years, Susan Cotter, DVM; and his sons, David and Jonathan; daughters-in-law, Nisu and Vanessa; as well as three grandchildren; his service dog, Brady; and a number of cousins. He was predeceased by his older sister, Rachel Goldstone.

Having received his Bachelor's Degree from Harvard College (1960), an MD from Harvard Medical School (1965) and MPH from the Harvard School of Public Health (1966), Richard became a commissioned officer in the U.S. Public Health Service in 1966, serving as an epidemiologist at the National Institute of Mental Health and the National Institute for Child Health and Human Development. In 1970, he returned to Boston and served as the director of the Office of Planning at the Massachusetts Department of Public Health until 1972.

From 1972-1976, Richard completed clinical pathology residency programs at the Brigham Hospital and the Boston VA Medical Center. He specialized in transfusion medicine and served as medical director of the Blood Bank at the Boston VA Medical Center from 1976-1988 and at Boston University Hospital from 1989-1992. He later was director of Transfusion Services at UMass Memorial Hospital from 2002-2004. In the interim years, he served as clinical lab director at a number of Massachusetts facilities.

Richard remained in the Public Health Service Reserve until 1980 and then served in the Army National Guard Reserves from 1980-1998. He was deployed to Germany during the Bosnian crisis in 1996.

I met Richard in the late 1970s and was struck by his many interests. It was later, in 2003, that he shared with me his interest in international negotiations. Actually, he invited me to participate in a dialogue group of American Jews and Arabs at Harvard, which met regularly to share ideas for a peaceful solution to the Israeli-Palestinian conflict. I saw Richard's skill in keeping the discussion on track by using his sense of humor, his insights and his ability to respect different points of view. When he found travel to Boston too difficult, he established a similar group in Worcester. Despite his progressive illness, Richard remained involved in the work of the Center for Nonviolent Solutions in Worcester and in the activities of the Worcester District Medical Society. Richard touched many lives and will be missed keenly by many of us who had the good fortune to know and admire him as a dear friend.

– Leo Stolbach, MD,FACP, FRCPS

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Bach-Busoni, Beethoven, Mussorgsky 4/22
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Bach Cantatas 4/23
WamsWorks Concert Hall

Latitude 41 Piano Trio
All Brahms Program 4/1
Shapiro Concert Hall

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Brooks Hall
College of the Holy Cross

WORCESTER DISTRICT MEDICAL SOCIETY

2016-2017: A YEAR AT A GLANCE

2016 ANNUAL BUSINESS MEETING

Warren Ferguson, MD
2016 Community Clinician of the Year

25 Year Members

50 Year Members

25TH ANNUAL WOMEN IN MEDICINE BREAKFAST

PERSPECTIVES IN HEALTH CARE: PRE AND POST 2016 ELECTIONS

Speaker: Alex Calcagno
Director of Advocacy, Government and Community Relations for the Massachusetts Medical Society

11TH ANNUAL LOUIS A. COTTLE MEDICAL EDUCATION CONFERENCE

PREVENTING PHYSICIAN BURNOUT: UNDERSTANDING AND ADDRESSING THE UNDERLYING CAUSES

Speaker: Diane Shannon, MD, MPH
Award Winning freelance physician-writer focusing on solutions to the infrastructure problems of the healthcare system

FALL DISTRICT MEETING & AWARDS CEREMONY

2016 Scholarship Award Recipients

Alan Albert, MD
2016 Career Achievement Award

Michael Hirsh, MD, FACS, FAAP
2016 Annual Dr. A. Jane Fitzpatrick Community Service Award

221ST ANNUAL ORATION

A GLASS (MORE THAN) HALF FULL: TOP TEN REASONS TO BE OPTIMISTIC ABOUT THE NEXT 220 YEARS OF MEDICINE IN WORCESTER

Orator: Terence Flotte, MD
Celia and Issac Haidak Professor in Medical Education
Dean of the School of Medicine and Provost and Executive Deputy Chancellor of the University of Massachusetts Medical School

WORCESTER DISTRICT MEDICAL SOCIETY

ANNUAL BUSINESS MEETING

WEDNESDAY, APRIL 12, 2017 • 5:30PM
BEECHWOOD HOTEL, WORCESTER

"WORCESTER'S TIME IS NOW"

SPEAKER
CITY MANAGER EDWARD M. AUGUSTUS, JR.

AWARD PRESENTATIONS:

2017 COMMUNITY CLINICIAN OF THE YEAR
SARA SHIELDS, MD, MS

25 & 50 YEAR MEMBER AWARDS

Shrewsbury Street Nurses Day Pub Crawl

Saturday, May 6th, 2017 | 2PM

Join us on National Nurses Day for a pub crawl celebrating the health care professionals of Worcester. Participation is open to the public (21+). Each group will visit around 7 bars. All groups will end at a mutual afterparty location.

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shrewsburystreetpubcrawl.com

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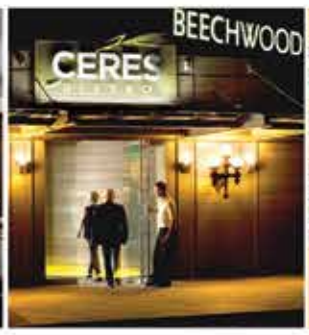

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