Dear Members,

It’s a pleasure to welcome you to the first Suffolk District Medical Society newsletter, edited by our secretary, Jesse Ehrenfeld, MD. We hope to publish this annually, to keep the membership up-to-date on our activities. The newsletter will be e-mailed to the membership in pdf format, and distributed on paper at our annual meeting. To save postage costs, we do not plan to mail paper copies, except upon request.

The Suffolk District is one of the largest districts within the MMS, and our membership continues to grow:

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We have had another great year. In September 2009 and February 2010, we continued a tradition started by the previous president, Dan Corboy, MD, and hosted receptions at Clery’s to help medical students, residents, and young physicians network with the other members of the society. In November 2009, we had a fascinating dinner speaker, Teo Dagi, MD, who spoke on the limits of medical practice in the context of the bombing at the Atlanta Olympics. We also held our regular evening and breakfast discussions to coincide with the annual and interim MMS meetings; health care reform, public health issues, and many other active topics were discussed.

This year, for the first time, we will combine our annual meeting with our delegate appreciation dinner, and move the venue to the Harvard Faculty Club. At this meeting, we will introduce our Community Clinician of the Year, as well as our first annual Suffolk District medical student scholarship winners. These medical students have contributed thoughtful articles for this newsletter, which follow this letter. Our annual meeting speaker will be Lauren Smith, MD, the medical director of the Massachusetts Department of Public Health. The agenda for the evening also includes our district elections and annual financial report.

The spring of 2010 promises to be just as exciting, with a joint Suffolk-Norfolk legislative breakfast scheduled for the end of April, and the MMS annual meeting in May.

There have been many changes in our district over the past several years, and I hope to see more changes as we lead the way to the future. I encourage anyone who wishes to become more involved with either the Suffolk District or the MMS to speak with me or one of the other executive committee members. We are eager to hear your ideas. We also have openings for new MMS delegates, and other opportunities that we will be pleased to tell you about.

Sincerely,

Peter B. Kang, MD, President

DISTRICT LEADERSHIP

Officers

President ........................................Peter B. Kang, M.D.
Vice President ..............................Henry Dorkin, M.D.
Secretary .................................Jesse M. Ehrenfeld, M.D.
Treasurer .................................Jennifer E. Rosen, M.D.

Delegates

Michael Annunziata, MD  George E. Battit, MD
Marian C. Craighill, MD  Henry L. Dorkin, MD
Heidi Eichenberger, MD  Jesse Ehrenfeld, MD
James A. Feldman, MD  Randall D. Gaz, MD
Allan H. Goroll, MD  Cyrus C. Hopkins, MD
S. Jayasankar, MD  Mildred Jefferson, MD
Douglas Johnson, MD  John N. Julian, MS
Brinda R. Kamat, MD  Peter B. Kang, MD
Mary Kraft, MD  Michael H. Lev, MD
Gilbert R. Lavoie, MD  Bernard Levy, MD
Manuel Lipson, MD  Iolanda E. Low, MD
Robert G. Miceli, MD  Jana Montgomery, MD
Najmosama Nikrui, MD  Stephen W. Parker, MD
Claudia U. Richter, MD  Arnold Robbins, MD
Grant V. Rodkey, MD  J. Rodrigues-Saldanha, MD
Jennifer E. Rosen, MD  Gregory Schwartz, MD
Roger L. Snow, MD  William B. Stason, MD
Melissa Thomas, MD  Louis Vachon, MD
John C. Wain, MD  Arthur Waltman, MD
Charles A. Welch, MD  Ira S. Yanowitz, MD
M. Donna Younger, MD  Robert H. Yuan, MD

PRESIDENT’S MESSAGE

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If you are interested in becoming a delegate please contact Dr. Kang at (617) 355-8235.

Members of State Committees and Board of Trustees

Legislation……. Jennifer E. Rosen, M.D.
   Alternate……. Cyrus C. Hopkins, M.D.

Nominations….. Charles A. Welch, M.D.
   Alternate……. Bernard Levy, M.D.

Trustee………….Charles A. Welch, M.D.
   Alternate……..Cyrus Hopkins, M.D.

Suffolk Executive Committee
   (including roles on other MMS committees)

Henry Dorkin, MD
   Member, Committee on Preparedness, MMS

Jesse Ehrenfeld, MD
   Vice-Speaker, MMS House of Delegates
   Chair, Committee on Lesbian, Gay, Bisexual, & Transgender
   Matters, MMS

Cyrus C. Hopkins, MD
   Member, Committee on Quality of Medical Practice, MMS

Peter B. Kang, MD
   Member, Committee on Finance, MMS
   Chair, Ad Hoc Committee on Medical Student Debt
   Reduction, MMS
   Member, Committee on Young Physicians (Past Chair)

Bernard Levy, MD
   Member, Committee on Finance, MMS

Jennifer R. Rosen, MD
   Member, Committee on Young Physicians, MMS

Charles A. Welch, MD
   Past President, MMS

Donna Younger, MD
   Member, Committee on Information Technology, MMS

IN MEMORIAM

It is with deep sadness that we share with you the passing of the following members:

2009
Carl E. Cassidy, M.D.
Sang I. Cho, M.D.
Leon Eisenberg, M.D.
John H. Fisher, M.D.
Donald L. Mahler, M.D.
Charles V. Pryles, M.D.
Philip I. Salib, M.D.

Congratulations!

DR. ARNOLD ROBBINS OF CAMBRIDGE NAMED SUFFOLK’S 2010 COMMUNITY CLINICIAN OF THE YEAR

We are pleased to introduce our two scholarship winners, Jonathan Herman and Laura D’Addese. When we established this first annual medical student scholarship, we felt it would be important to hear more from the talented students in our district, and thus included a newsletter article submission requirement for the scholarship. They will each be awarded $2,000, to be used to defray their tuition costs. We felt that it was important for our district, with its large medical student population, to demonstrate support for our students as they tackle the major problem of their educational debt.

SUFFOLK DISTRICT 2010 SCHOLARSHIP Awardees

Local Medical Students and Nephrologist
meet the need in Chinatown
Jonathan Herman
MD/PhD Candidate at Harvard Medical School

Within months of moving to Boston, Dr. Li-Li Hsiao started getting calls from mandarin-speaking strangers asking for medical advice.

“People called me at home,” Hsiao said. “They heard that I was a doc and spoke mandarin. To my surprise (when I looked up the US Census data) I saw there are over 200,000 Asians in the
greater Boston area. Of the 200,000 Asians, 170,000 are Chinese.”

Hsiao saw the unmet medical needs of Boston’s Chinese community and opened the Asian Renal Clinic at Brigham and Women’s Hospital.

Now ten years later Hsiao has partnered with an array of students to form The Community Kidney Disease Detection Program (CKDDP). With students from local high schools, undergraduates from Harvard College, and medical students from Harvard Medical School, Hsiao has started a monthly kidney-screening program in the heart of Chinatown.

“The goal (of creating a monthly Chinatown screening station) was to complement the services with the existing health care providers,” said Albert Chiou, one of the first Harvard Medical Students to become involved and current Albert Schweitzer fellow. “It became clear that all the basic services were available to them so we saw our mission to attract people into a more accessible place.”

Chiou stressed the connection between CKDDP’s outreach and South Cove Community Health Center. “We (see) our mission (is) to attract people into a more accessible place – the CCBA (Chinese Consolidated Benevolent Association of New England) a place for social events – and do educational programs and screenings to get people connected to a primary care physician at South Cove.”

The Chinatown community called and Dr. Hsiao and students answered.

Back in 2007, Hsiao and student volunteers traveled to Chinese-American community centers and churches. Community leaders in Chinatown heard by word of mouth of the health screenings and invited her to start one in Boston.

Gilbert Ho, former CCBA president, offered the Benevolent Association’s office on Tyler Street for the screenings and has since been the CKDDP’s Chinatown community liaison.

“We try to educate the people that it is most important to take care of their health and not to wait till the last minute to see a doctor – to get them into the habit to see a doctor,” Ho said. Otherwise the financial and language barrier (stop them) from going to the doctor.”

Since October, CKDDP has held three screening days and seen 120 patients.

In addition to kidney health screening and education, the screening location distributed the seasonal flu vaccine with the Boston Public Health Commission.

Mentorship is a key to the success of CKDDP.

CKDDP has provides mentorship for the students involved. High School students from Quincy and Brookline, often the only Cantonese translators, work side by side the college and medical students.

“We were nicely able to provide the kind of mentorship (for the) high school students involved,” Hsiao said. “Medical students work with undergraduate students and high school students. Everybody has a big brother and big sister.”

Hsiao started with the Chinese community because she saw an immediate need but she sees a need to expand into other communities in Boston.

“At the beginning, we focused on the Asian population. And in the future (we will help) any underserved population – specifically the Hispanic population and African American population.”

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Wellness and Balance in Medical School
Laura D’Addese
MD Candidate 2012
Boston University School of Medicine

As future physicians, we medical students brace ourselves against the inevitability of loss. We are trained from the very first day of anatomy lab to leave our emotions in our lockers and exchange them for scrubs and scalpels. We quickly learn to separate our personal life from our academic life for fear that one will adversely affect the other, and we begin cultivating a clinical detachment to our future interactions with patients. This approach seems both logical and necessary. How else could you face a hysterical parent who has just lost a child? Or bring yourself to administer a painful treatment to a patient already in agony? The problem with this method is that one’s emotional responses do not exist independently of the practice of medicine. As a result, medical students learn to think and act objectively at the expense of developing appropriate mechanisms with which to cope with their stress and emotional pressures.

The road to becoming a physician is a long and arduous one. It requires intelligence, determination, and inexhaustible energy. The amount of material to be learned is endless and the time in which to do it inadequate (unless you give up sleep completely). The pressure to do well on exams, score highly on boards, and match into a good residency program is unrelenting. It is generally acknowledged that this high-intensity environment is enough to cause even the most poised student serious anxiety. However, many medical students vehemently deny this assertion. We fall prey to the fallacy that physicians do not experience mental duress or emotional exhaustion because their ability to heal others is contingent upon their indestructibility. Subsequently, we compartmentalize our feelings and persevere at all costs. We focus on enzymatic pathways instead of emotions, we study at the expense of sleeping, and we design mnemonic devices in lieu of exercise routines. Anything else is often considered an admission of weakness.
These tactics enable the majority of students to endure the rigors of a medical education, but they do not ensure that students survive mentally unscathed. Countless studies have shown that burnout – consisting of emotional exhaustion, a low sense of personal accomplishment, and depersonalization – affects up to 50% of U.S. medical students. Moreover, rates of depression and suicide are higher in medical students than in the general and age-matched populations. These indicators of poor mental well-being do not regress when one advances to residency and beyond. In fact, an estimated 15% of physicians will, at some point in their career, become emotionally impaired. So, in light of the evidence, why is not more being done to promote health and wellness amongst medical students? It should be obvious that if students adapted healthy eating, sleeping, exercising, and stress reducing habits they would be better equipped to handle stressful situations. This is especially important when aspects of “real” life, such as divorce and death or illness in the family, interfere.

A large part of this problem involves concerns about confidentiality. Most students who finally decide to seek help are dissuaded by fears of academic consequences or social stigmatization. Even when services are available, access is commonly limited. And, all too often, we see our peers struggling, but do nothing. Instead of offering to listen or suggesting they seek help, we enable their denial because acknowledging their vulnerability exposes our own.

The issue of medical student wellness is vast with far reaching implications. The stresses inherent to medical school are many and, arguably, learning to navigate them is vital to developing ways in which to cope with the physical and emotional strain one will experience as a physician. But this in no way necessitates that students should compromise their health in order to maintain the façade that we are unflappable. Our white coats are not impenetrable to the realities of life. Unless we start openly acknowledging the issue, access to services and ideas to promote healthy living will remain stifled.