

VITAL SIGNS



MASSACHUSETTS
MEDICAL SOCIETY

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Foundation Grants Support Marginalized Communities

BY JENNIFER DAY, CHARITABLE FOUNDATION DIRECTOR

At a time when the health care system faces significant challenges and funding for vulnerable communities is declining, the Massachusetts Medical Society (MMS) and Alliance Charitable Foundation awarded \$183,500 in grants to 16 nonprofit organizations this year. These funds aim to improve health outcomes for more than 23,500 individuals by addressing early predictors of poor health, including access to care, behavioral health services, and food insecurity.

Since its founding in 2000, the Foundation has worked to increase access to quality health care across Massachusetts. These efforts align with the MMS's commitment to health equity, supporting nonprofits that serve historically marginalized and vulnerable communities. "Through these grants, the Foundation empowers organizations that provide essential health services to those most in need," says Hugh M. Taylor, MD, MMS president. "We are committed to bridging care gaps and advancing equitable health access across Massachusetts," says Lee Perrin, MD, chair of the Foundation Board of Directors.

Spotlight on Impacted Organizations

One Foundation grant recipient is the [MetroWest Free Medical Program](#) in Marlborough, MA, which offers adult medicine, women's health, and

ophthalmology clinics. Wendy Parker, MD, a retired internist, is the medical director of the adult medicine clinic where the team of mostly volunteers provides essential care to predominantly Brazilian immigrant populations. The Foundation grant helps cover rent and administrative staffing expenses, enabling volunteer physicians, nurse practitioners, nurses, other support volunteers, and a pharmacist to deliver consistent, compassionate care.



Dr. Wendy
Parker

"For many of our patients, this is the only medical care they can access," says Dr. Parker. "Our patients are tremendously appreciative, and our staff is here because they want to make a difference. Everyone leaves knowing we have helped people get the care they need and deserve."

Rachel Vuolo, MD, a developmental-behavioral pediatric fellow at Boston Medical Center, volunteers her Thursday evenings at [St. Peter's Parish free medical clinic](#) in Worcester, MA.



Dr. Rachel
Vuolo

"It's often the highlight of my week — you know you're making a difference. You're addressing physical concerns they might not know about and ultimately supporting healthier, more productive lives," she explains.

St. Peter's Clinic, along with its sister facility, [St. Anne's Free Medical Program](#) in Shrewsbury, MA, was recently awarded a 2024 grant from the Foundation to support essential lab work and TB testing. This funding is critical, explains Dr. Vuolo, as free medical clinics are facing rising demand and prolonged waits for care at Federally Qualified Health Centers (FQHC). The need for timely care is greater than ever, with the free medical program volunteers providing numerous school and work physicals for patients who can't afford out-of-pocket costs at urgent care centers, especially those still waiting for primary care. Without grants like those from the Foundation, patients would likely endure even longer delays at other health centers or be forced



Illustration by Feodora Chioseva via Getty Images.

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PRESIDENT'S MESSAGE

Dear Colleagues,

My favorite aspect of the holiday season is the opportunity it gives us to relax and spend time with family and friends. I hope that we can all take advantage of this time to celebrate our favorite traditions and to prepare for what the new year may bring.

In the holiday spirit of giving and brightening the lives of others, the Massachusetts Medical Society and Alliance Charitable Foundation this year proudly offered grants to 16 non-profit organizations dedicated to serving historically marginalized or vulnerable communities. I am happy to report that grants will again be made available in 2025. You can learn more about the application process on page 2.

Dr. Eric Reines from the MMS Committee on Geriatric Medicine was kind enough to share with us some important information that affects our patients regarding Massachusetts' transition from Medical Order for Life-Sustaining Treatment (MOLST) to the national Physician Orders for Life-Sustaining Treatment (POLST) paradigm.

We also have a well-written and helpful perspective piece from Dr. Nisha Mehta, who provides expert advice on a question most of us have or will face during a career in medicine: "When is it time to change jobs?"

Finally, I would like to thank all our fellow Society members who contributed to our successful 2024 Interim Meeting and helped shape and guide the Medical Society's policies, goals, and initiatives aimed at improving the lives of our patients, our physicians, and our health care teams.

Please know that the opinions and concerns of every member are incredibly important to me and to the health and success of our organization and mission. I welcome the opportunity to hear from you.

Kind regards,

Hugh M. Taylor, MD
president@mms.org



Foundation Grants Support Marginalized Communities

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to seek emergency room care for chronic conditions such as diabetes, hypertension, mental health concerns, and thyroid disorders, Dr. Vuolo adds.

Another Foundation grant recipient, [Gratis Healthcare](#) in Framingham, MA, has used its grant to expand services to a diverse and growing population in the MetroWest area. "With the Foundation grant, Gratis Healthcare has been able to outfit exam rooms, obtain gynecology beds, and support interpreter services, enabling us to provide excellent health care to a community where 65 percent of patients are Brazilian and 25 percent are from South and Central America," says assistant medical director Kristin Howard, MD.



Gratis Healthcare in Framingham provided more than 650 children back-to-school visits through the Foundation grant.

Application and Support

Grants are given to organizations that address one or more of the following key areas:

Access to Quality Health Care for the Uninsured and Underinsured — Clinics and organizations that provide free or subsidized health care to those who may otherwise go without care are prioritized for funding. Preference is given to physician-led volunteer initiatives and programs that engage medical students and resident physicians. These services often go beyond basic care, including case management, education, and referrals.

Behavioral Health Services — Recognizing the gap in access to behavioral and mental health services for vulnerable populations, the Foundation aims to expand these critical resources. Grants in this category support initiatives focused on substance use intervention, counseling, and other behavioral health services across the Commonwealth.

Grants typically range from \$5,000 to \$20,000. To qualify, organizations must meet the following criteria:

- Be a nonprofit with 501(c)(3) tax-exempt status
- Hold assets of less than \$1 million
- Receive little or no state or federal funding

Interested organizations must submit a Letter of Intent (LOI) by January 15, 2025. For more information, please visit the Foundation's [website](#). If you have specific questions about eligibility, please contact Jennifer Day, charitable foundation director, at jdjay@mms.org.

As the demand for health care services rises, the Foundation continues to play a critical role in bridging the gap for those who need it most. [Donate today](#) and support the Foundation's mission of increasing access to equitable health care for all.

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Addressing Food Insecurity with the Healthy Incentives Program: A Resource for Physicians

BY ANGELINA CICERCHIA, MD CANDIDATE, CLASS OF 2027, UMASS CHAN MEDICAL SCHOOL MEMBER, COMMITTEE ON NUTRITION & PHYSICAL ACTIVITY



Angelina Cicerchia

For many patients, especially those facing systemic barriers such as financial challenges and living in under-resourced areas, accessing nutritious, affordable food can be a continuous struggle. As physicians, we often find ourselves in a dilemma — how can we recommend [a plant-based or whole-foods diet](#) when the very foods we advocate for are often out of reach for these populations?

One powerful tool at our disposal is the [Healthy Incentives Program \(HIP\)](#) in Massachusetts. HIP provides additional funds to Supplemental Nutrition Assistance Program (SNAP) each month, enabling them to purchase fresh produce from participating local farms. There is no additional enrollment process; patients automatically qualify if they are already receiving SNAP benefits. Monthly allotments are determined by household size, and the funds can be used at farm stands, farmers markets, and indoor winter markets. The Department of Transitional Assistance (DTA) has a [farm finder tool](#) on its website that allows people to find local farms that participate in HIP. Not only do patients get access to fresh, nutritious produce, but they are also reimbursed up to their monthly allotment, thus making this farm produce free.



Photo by LukaTDB via Getty Images.

As physicians, we can be key advocates in connecting our patients with this valuable resource, especially since awareness of HIP remains low. A recent [review](#) of short-chain value systems — mobile markets, food hubs, farm stands, and farm-to-school programs — highlights that underutilization is often tied to a lack of awareness about these programs. As physicians, this provides an opportunity to bridge the gap between using nutrition as a means of health promotion and offering patients a financially sensitive solution. Individuals receiving SNAP benefits already represent at-risk populations, making the promotion of HIP a vital part of comprehensive care.

Information about HIP may be incorporated into the office visit flow in a variety of ways. One access point could be during the social determinants of health screening, an ideal touchpoint to assess patients food access and SNAP participation status, allowing for a tailored discussion about HIP and other community resources.

“Unfortunately, many of my patients who receive SNAP are either unaware of the HIP benefit or believe shopping at a farmers’ market would be too expensive. However, one patient, after learning about HIP this year, has become a local advocate. She’s thrilled to be able to get fresh produce for her family from the mobile farmers’ market that visits our office weekly. She mentioned that it now feels easier to justify purchasing a wider variety of fruits and vegetables for her children to try.”

— Melanie Gnazzo, MD, Family Medicine Physician at an urban federally qualified health center in Worcester, MA

Patients from marginalized backgrounds deserve to have access to fresh, nutritious foods. HIP empowers physicians and other clinicians to recommend viable ways for patients to achieve healthy diets with minimally processed plant-predominant foods, ultimately creating a healthier, more equitable future for our patients.

Massachusetts’ Transition from the MOLST to the National POLST Paradigm

BY ERIC REINES, MD, FACP, COMMITTEE ON GERIATRIC MEDICINE

The Massachusetts Medical Society has long supported the Commonwealth’s shift to the national Physician Orders for Life-Sustaining Treatment (POLST) paradigm — a standardized approach that translates care and treatment preferences into medical orders recognized across states that honor POLST. Unlike the state’s current Medical Order for Life Sustaining Treatment (MOLST) form, which lacks a structured “Medical Interventions” section and includes only general questions, the POLST form provides clear guidelines that improve understanding and effectiveness in honoring patients’ wishes.



Dr. Eric Reines

In 2021, the Department of Public Health convened a group of experts representing organizations across Massachusetts, including the Society, as the MOLST to POLST Advisory Group. This group critiqued the existing MOLST form, considering the POLST paradigm to ensure a powerful and meaningful medical order for patients and physicians. Their efforts focused on ensuring the transition process was efficient, effective, economic, and transparent.

Like the paper-only MOLST, the POLST is intended for individuals of any age with serious and advancing illness. As will be the case with the POLST, physicians may propose a MOLST order with patients, but it is ultimately the patients’ decision to complete the form. The physician, nurse practitioner, or physician assistant and the patient and their family discuss the patient’s goals of care, responding to questions to understand the likely outcomes of treatment choices.

Currently, the bright pink MOLST form stays with the patient to be made available should emergency services be called or when entering a health care facility. As the Advisory Group worked with the Executive Office of Elder Affairs (EOEA), surveys and focus groups were conducted to determine positive aspects and areas for improvement. It became clear that

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Transition from the MOLST to the National POLST Paradigm

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most MOLST forms are not readily available and that clinicians and emergency responders do not always know if a MOLST exists or how to access the form. Further, many MOLST forms are completed hastily, for example, with older patients in an emergency department or any patient entering a skilled nursing facility. This negates any knowledge of the patients' values or an understanding of their treatment choices and goals of care.

In 2022, legislation passed granting the EOEA responsibility for the POLST transition. As the Commonwealth moves toward the standardized POLST, the focus is on best practices learned from research and from existing POLST programs around the country. The secure, single sign-on electronic registry (e-registry) will be integrated within the most used electronic health record systems in the state, or within a stand-alone platform so that first responders, emergency department clinicians, and long-term care facility professionals will be able to search for existing documents. A paper copy of the completed POLST is also provided to the patient. The POLST e-registry will also allow for reciprocity with other states using the national POLST.

Priscilla M. Ross, RN, POLST program director, explains that "we are engaging with stakeholders across the care continuum in a variety of ways to ensure that the POLST Program development is based on best practices and the real-world experiences of our health care providers." The e-registry will also have a consumer portal where the patient can access their POLST form and upload their health care proxy or other advance directive.

Regulations will be developed and informed by the pilot program at Fairview Hospital in Great Barrington, Cooley-Dickinson Hospital in Northampton, and long-term care and emergency services within those communities. POLST leadership envisions a soft, controlled launch tentatively scheduled

for 2026, with continuous improvement post launch. Eventually, the MOLST form will be retired.

The POLST Steering Committee will create extensive training modules on serious illness conversations, discussing the POLST with patients, understanding the various fields within the POLST, and documentation. There will also be a campaign for the general public geared toward individuals and their loved ones who may want to complete a POLST order.

Three advisory groups will participate in the next phase of the POLST e-registry, the membership of which includes physicians, technicians, faith leaders, nurses, social workers, and several state agencies. The groups include a chief information officer/chief medical officer cohort of clinical and technical leaders who will test the e-registry and a Continuum of Care group, within which the Society will be represented. This group of clinicians, social workers, hospice, clergy, and others directly involved with serious illness will advise on workflow, protocol, policy impact of transition, system access and integration. A consumer advisory group is already up and running.

Dr. Reines is a past chair and current advisor to the Committee on Geriatric Medicine. He is the MMS representative to the MOLST to POLST Continuum of Care group and previously served on the Department of Public Health's MOLST to POLST Advisory Group. Dr. Reines is chief medical director of PACE at Element Care (a program of all-inclusive care for the elderly) on the North Shore.

Resources:

MOLST Transition to POLST

mass.gov/info-details/molst-transition-to-polst

National POLST Paradigm

polst.org

FUTURE HEALTH BEST
Practices for Advancing Care

Presented by the Massachusetts Medical Society and supported by NEJM Catalyst

Photos from 2024 conference.

WEDNESDAY, MARCH 19, 2025
Waltham Woods Conference Center, Waltham, MA
Details coming soon: FutureHealthBest.org

SAVE THE DATE

When Is It Time to Change Jobs?

BY NISHA MEHTA, MD

Statistically, the majority of physicians will change jobs within their first five years out of training. Additionally, even at later stages of physician careers, an increasing percentage of the physician population considers changes in their career. Physician turnover is an often talked about issue amongst hospital administrators and practice owners.

Why is this? Well, part of it has to do with the challenges associated with being a physician in the current health care landscape. My father, a cardiologist, spent four decades of his career with the same group. Many of his friends can say the same. On the other hand, I know a far lower percentage of colleagues who could say with confidence that they see themselves with the same group for the remainder of their careers. Aside from practical drivers of physician turnover, such as a desire to be closer to family or a change in the job of a significant other, many are finding their workplaces increasingly challenging. As consolidation within the health care space increases, physician demographics change, and the pressure to do more with less increases, more physicians find themselves asking if their situation is sustainable.

We all have aspects of our jobs that are pain points, and the expectation that any job will be perfect is unrealistic. How do you know you're not

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just trading one set of pain points for another — which in a worst-case scenario, is potentially worse elsewhere?

When considering a job change, I always recommend writing down the pain points at your current job, delineating which ones are dealbreakers and which ones could potentially be changed if discussed openly with the employer. If you are planning on leaving anyway, it's advisable to first see if the current situation can be fixed. Although these conversations can be uncomfortable, ultimately if you're planning on leaving regardless, it may be that there's little to lose in trying. Similarly, ensuring that these same pain points are not present at the new job is prudent.



Illustration by Chris Twitchell.

Factors such as salary, flexibility in work hours, opportunities for growth or promotion, dissatisfaction with the current job environment and the direction a company is going in, burnout, or

other non-salary aspects of the compensation package are all examples of things that lead to job turnover that could potentially be negotiated with the current employer.

There are other factors that many see as writing on the wall that a change is inevitable. Sometimes these can be related to changes in ownership or management structure of a group, a confirmed trend towards cutting physician compensation or hiring patterns that suggest the physician's time at the job is limited, or administrative mandates that have been challenged and upheld, which leave the physician with the conclusion that they can't practice medicine in a way that they enjoy or feel is best for the patient.

Many people stay with jobs out of comfort or fear of change. Unfortunately, this leads to burnout and ultimately is a threat to career longevity. If you're feeling unhappy with your job, it's time to either advocate for change within your current position or consider other options.

Nisha Mehta is a physician leader whose work focuses on physician empowerment, community building, and career longevity in medicine.

This article originally appeared on [NEJMCareerCenter.org](https://www.nejm.org/NEJMCareerCenter.org) and is produced by a freelance health care writer as an advertising service of NEJM Group and should not be construed as representing the views of the New England Journal of Medicine, NEJM Group, or the Massachusetts Medical Society.

Webinar Wrap-Up: Dietary Supplements — Science or Snake Oil? Offers Expert Insights on Safety and Efficacy

BY CHEW-HOONG KOH, MEMBER PROGRAM AND MARKETING SPECIALIST

On October 9, 2024, the Massachusetts Medical Society's (MMS) Committee on Senior Physicians hosted an insightful webinar titled "Dietary Supplements: Considerations for Safety and Efficacy — Science or Snake Oil?" The virtual event brought together health care professionals and guests to explore the

complexities of dietary supplements, their safety, and their effectiveness in promoting healthy aging.

The webinar covered a broad range of topics that are particularly relevant as people age and their nutritional needs shift. The discussion was led by Phil Yeager, PhD, JD, DABT, CHRC, director of the Division of Research and Evaluation at the FDA's Office of Dietary Supplement Programs; Uma Naidoo, MD, director of Nutritional & Lifestyle Psychiatry at Massachusetts General Hospital and renowned author; and Andrew Budson, MD, chief of Cognitive Behavioral Neurology at VA Boston Healthcare System, professor at Boston University, and international author, each bringing unique perspectives from their fields of research and expertise.



From left to right: Dr. Phil Yeager, Dr. Uma Naidoo, and Dr. Andrew Budson.

KEY HIGHLIGHTS:

1. FDA Guidelines and Supplement Safety

Dr. Yeager provided a foundational overview of the regulatory landscape for dietary supplements. He outlined the role of the US Food and Drug Administration (FDA) in overseeing supplement safety and discussed how consumers can assess product claims, bioavailability, and potential risks. Dr. Yeager emphasized the importance of understanding that not all supplements are created equal, urging attendees to be savvy consumers by verifying scientific backing for any health claims.

2. Supplements for Sleep, Anxiety, and Depression

Dr. Naidoo explored how certain dietary supplements can impact mental health. She shared valuable insights into the use of supplements for managing sleep disorders, anxiety, and depression, particularly in older adults. Dr. Naidoo's background as a psychiatrist, nutritional biologist, and professional chef allowed her to approach the topic holistically, offering practical recommendations while cautioning against the potential for adverse interactions with medications.

3. Vitamins, Supplements, and Lifestyle Factors for Cognitive Health

Dr. Budson discussed current research on how certain vitamins and lifestyle factors can influence brain health, particularly in the context of aging and diseases like Alzheimer's. He emphasized that while some vitamins may offer benefits, maintaining a balanced lifestyle — including proper diet, physical activity, and mental stimulation — is key to supporting cognitive health.

The webinar concluded with a reminder that while dietary supplements can be useful tools for enhancing health and well-being, they should be approached with caution and knowledge. The event underscored the necessity of being informed consumers and consulting health care professionals before introducing new supplements into one's regimen.

A recording of the webinar is available to registrants and MMS members and can be found [here](#). For further questions, please reach out to Chew-Hoong Koh, member program and marketing specialist at ckoh@mms.org or by calling (781) 434-7312.

Stay tuned for similar events that support healthy aging and informed decision-making in health care.

Rochelle Walensky, MD, MPH, Headlines the 134th Annual Shattuck Lecture

BY KATHERINE UDDEN, DIRECTOR OF COMMUNICATIONS

The 134th Annual Shattuck Lecture, "Challenges to the Future of a Robust Medical Workforce in the US," took place on September 10 at the Brigham and Women's Hospital Bornstein Family Amphitheater in Boston.

Keynote speaker Dr. Rochelle Walensky, executive fellow at Harvard Business School and Harvard Kennedy School and former director of the Centers for Disease Control and Prevention (CDC), addressed the evolving challenges of maintaining a well-trained health care workforce, focusing on demographic shifts, technological advancements, and policy changes. Dr. Walensky also explored the critical issues of burnout, strategies to improve health care professionals' well-being, and the role of policy reforms and innovations like telemedicine and AI in shaping the future of health care.

The event, held in person for the first time since the pandemic, served as a crucial platform for addressing the urgent challenges confronting the US health care system. Earn CME credits by accessing the online version [here](#).



From left to right: Eric J. Rubin, MD, PhD, editor-in-chief, NEJM Group; Rochelle Walensky, MD, executive fellow at Harvard Business School and Harvard Kennedy School, former director of the Centers for Disease Control (CDC); Hugh M. Taylor, MD, MMS president; Olivia C. Liao, MD, FACS, MMS president-elect; Lois Cornell, MMS executive vice president.

Across the Commonwealth

STATEWIDE NEWS AND EVENTS

WORCESTER — [Worcester Medicine](#). Celebrating over 230 TV programs, *Health Matters*, produced in a half-hour interview format, offers valuable information on disease prevention and treatment options. Click here to view our programs: [Health Matters](#). For more information, please email MWright@wdms.org.

ARTS, HISTORY, HUMANISM & CULTURE MEMBER INTEREST NETWORK

Exploring Costa Rica's Pacific Lowlands Lecture — Mon., Dec. 30, 7–8:15 PM. [Virtual Only](#). This discussion will include photographs of incredible birds that thrive in Costa Rica, as well as tropical wildflowers, butterflies, and mammals. There will be bird photos that will include Boat-billed Heron, Common Black Hawk, and Black-necked Stilt; wildflower photos of heliconias, Hot Lips, and ginger; and mammal photos such as the Spectacled Caiman and the raccoon-like Coati.

Contact Cathy Salas, West Central Regional Office at (800) 522-3112 or csalas@mms.org.

Dr. Ellen C. Perrin Receives 2024 LGBTQ Health Award at Annual Boston Event; Nominations Open for 2025

BY ERIN TALLY, SENIOR MEMBER RELATIONS ADMINISTRATOR

On November 7, 2024, medical students and physicians from around the state gathered at the Annual LGBTQ Networking and Awards dinner at Club Café in Boston. Dr. Ellen C. Perrin, a longtime pediatrician at UMass Memorial Medical Center and Tufts Floating Hospital for Children and professor of pediatrics at UMass Medical School and Tufts University School of Medicine, was honored at the event. [Dr. Perrin was presented with the 2024 LGBTQ Health Award](#), an honor recognizing an individual who has made outstanding contributions to LGBTQ health. Over 50 people were in attendance.



From left to right: LGBTQ Committee Member Andrew Jorgensen, MD; Award Winner Ellen Perrin, MD; LGBTQ Committee Member David Norton, MD; LGBTQ Committee Member Christopher Velez, MD; LGBTQ Committee Member, Justin Yang, MD; and LGBTQ Committee Member Arpit Jain, MD.

In Memoriam

Richard A. Alemian, MD; 90; Cohasset, MA; Hahnemann Medical College of Philadelphia; died March 10, 2024.

Augusto "Gus" Galicia Asinas, MD; 90; West Springfield, MA; Medical School of the University of Santo Tomas, Manila, Philippines; died October 27, 2024.

Eileen (Wolf) Feldman, MD; 70; Framingham, MA; Albert Einstein College of Medicine; died August 11, 2024.

Stephen R. Fish, MD; 85; Lexington, MA; Miami Leonard M. Miller School of Medicine; died November 28, 2023.

Astrid O. Peterson, MD; 77; Burlington, MA; Boston University Medical School; died September 16, 2022.

Mayer Rubenstein, MD; 89; Clearwater, FL; Tufts University School of Medicine; died November 14, 2022.

Stephen Byron Shohet, MD; 90; San Francisco, CA; Harvard Medical School; died March 1, 2024.



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