



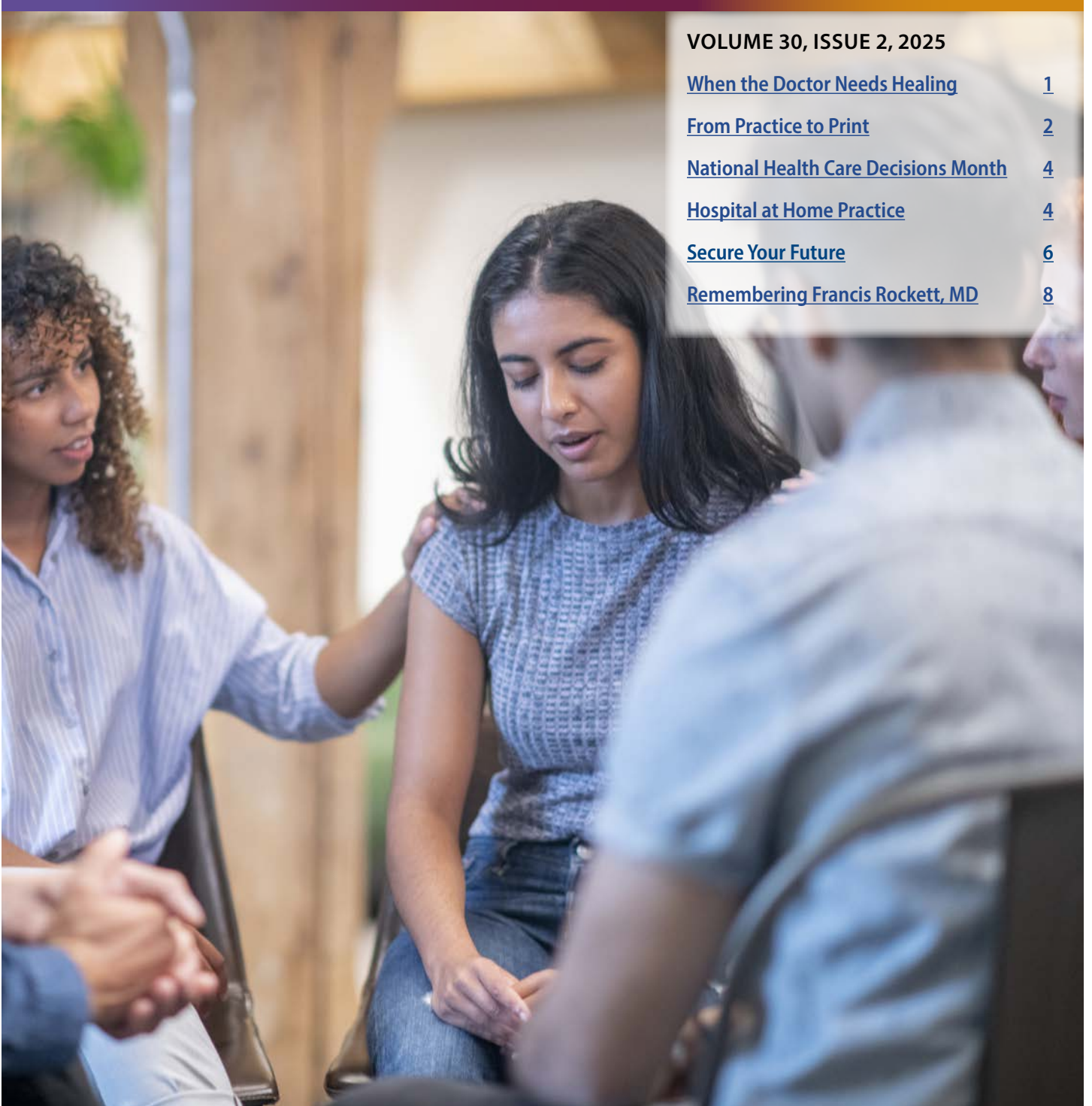
MASSACHUSETTS  
MEDICAL SOCIETY

# VITAL SIGNS

*Vital Signs* is the member publication of the Massachusetts Medical Society.

VOLUME 30, ISSUE 2, 2025

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# When the Doctor Needs Healing: The Life-Saving Impact of Physician Health Services

BY ERIKA MCCARTHY, MMS SENIOR EDITOR AND WRITER

Physicians dedicate their lives to healing others, but when they struggle, finding help can be daunting. For Alicia Morgan, MD (a pseudonym to protect her identity), [Physician Health Services \(PHS\)](#) provided the lifeline that transformed her personal and professional life. Now, a decade into sobriety, Dr. Morgan shares her journey and the invaluable role PHS played in her recovery.



FatCamera/Getty Images.

## A Wake-Up Call

Like many professionals battling addiction, Dr. Morgan was initially in denial about her drinking. “I thought my drinking wasn’t hurting anybody,” she recalled. “I had this belief that I had it under control.” However, a fender bender brought everything to a head.

Though she hadn’t been drinking at the time of the accident, she had been the night before. While the other driver was found at fault, Dr. Morgan was so rattled she repeatedly questioned the officer about whether she had caused the crash, raising suspicion. When she returned home, she started drinking — her typical response to stress. Later, the police officer at the scene showed up at her home, stating she had been seen driving erratically in her damaged car. Now under the influence, she nervously asked if this would affect her job. The officer then notified the Massachusetts Board of Medicine (the Board), which mandated Dr. Morgan seek help through PHS.

What initially felt like a humiliating and intrusive process turned out to be a blessing in disguise. “I wish I had found them earlier,” Dr. Morgan reflects. “If I had known that I could seek help without my entire world falling apart, I would have done it sooner.” Several years into her sobriety, she would call that same officer and thank him for his part in her intervention.

## Comprehensive Support and Structure

Following her referral to PHS, Dr. Morgan entered an intensive three-month inpatient program in Alabama. “They handled everything — it was like a concierge service,” she recalls of PHS. “It took the thinking

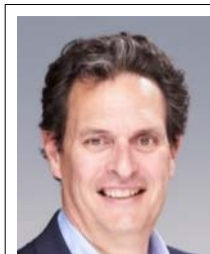
out of it, which was exactly what I needed.” Upon returning home, PHS continued to provide structure, including a portable breathalyzer program, Soberlink, which she used for seven years.

Initially, she resisted the oversight, feeling it was an invasion of privacy. But over time, Dr. Morgan came to appreciate the community and accountability. “PHS support group meetings were life-changing. Being in such a respected group of professionals, who all shared my struggle, removed much of the shame and anxiety. It also gave me so much hope to see that these people who had been or were in the midst of an equally devastating experience were smiling and laughing with true joy and seemed at peace with themselves. These people became my people. I could finally see that there was life after this completely earth-shattering experience.”

## A New Path Forward

Ten years into sobriety, Dr. Morgan has not only rebuilt her life but also found a new calling. Once trained as an internist, she now works in addiction medicine as the medical director of two comprehensive treatment centers.

“I would either be miserable and still drinking, trying to get away with it, or something much worse,” Dr. Morgan acknowledges. “I didn’t think I could live through something so humiliating, but having PHS made all the difference. They build a really special community. You don’t want to let the others down.”



Dr. Gary Chinman

Gary Chinman, MD, assistant professor of psychiatry at Harvard Medical School, clinical advisor at PHS, and one of the program’s previous associate directors, notes that physicians today are facing more challenges than ever. “It’s never been more difficult to be a physician,” he shared. “The environment they are working in — their autonomy is more restricted, and demands are very heavy.” But he’s seen the power of

PHS’s services. “PHS as an organization is very caring of physicians. They will find ways to give a physician the kind of help that he or she needs.”



Dr. Steven Tosi

Steve Tosi, MD, who has been a PHS board member for 12 years and medical director, corporate risk, insurance, and claims at UMass Memorial Health, adds, “PHS offers a unique opportunity for struggling physicians to get the help they need confidentially. It offers a very safe space so they are not out there alone — often, it’s the only place for them to go.”

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## PRESIDENT'S MESSAGE



Dear Colleagues,

As we look toward spring, I hope that you are doing well. To say that health care is facing many current and likely future challenges is an understatement. I encourage all of you, our valued colleagues, to review the recent email

I sent to members on February 14th, on behalf of our Medical Society addressing the concerns we share about executive actions and their potential impact on patient care.

The MMS remains committed to the principle that health care is a basic human right. Guided by this belief and the solid policies established by our House of Delegates, we will continue to advocate for equitable, safe, and quality care for all patients.

In keeping with our commitment to physician well-being and equitable care, this issue of Vital Signs offers particularly valuable insights. I encourage you to read the article on Physician Health Services and its lifesaving impact for physicians in need of help. This vital resource provides critical support to those navigating personal and professional challenges, reinforcing the importance of caring for those who care for others.

Colleague Mary Beth Miotto, MD, MPH, FAAP, authored a short piece about a CME program that began with a policy she wrote. The educational program informs physicians on how to publish an opinion piece in mainstream media. As Dr. Miotto notes, there is no more important time than now for physicians to share their perspectives on health care challenges and opportunities. We so often think of physician advocacy taking place within the walls of the State House, and that's incredibly important to our daily work. But policymakers and key stakeholders often read publications featuring opinion pieces.

I also encourage you to read the recap of the MMS partnership with the Daniel Hanley Center for Health Leadership, which provided a robust program to help women physicians drive positive change in their workplaces and communities.

I hope that you have time to unwind in the coming weeks, and I look forward to seeing you soon at the 2025 MMS Annual Meeting.

Meanwhile, please contact me with concerns or ideas.

Kind regards,

Hugh M. Taylor, MD, [president@mms.org](mailto:president@mms.org)

**VITAL SIGNS** is the member publication of the Massachusetts Medical Society.

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## When the Doctor Needs Healing

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### Advice for Struggling Physicians

For physicians hesitant to seek help, Dr. Morgan has a clear message: "You're very much in denial when it's your own substance use. But PHS is a compassionate place, not a scary one. We are all angry and horrified at the beginning, but with time it gets better. You get what you thought you wanted from alcohol and so much more."

She stresses the importance of facing reality before it's too late. "I tell people the stories of those who never made it to recovery. The scary depths that this disease can take you to. I found that recovery gave me all the things I had unsuccessfully tried to obtain from drinking and actually so much more: appreciation of simple pleasures, deeper relationships, enjoyment of passions I had no time for when drinking, and beautiful ways to cope with stress and find comfort."

PHS didn't just help Dr. Morgan recover; it gave her a second chance at life. "It takes a village, and PHS created this very loving, caring, yet strict village for us. I feel so lucky to have had access to it — most people don't get this kind of support."

For any physician struggling in silence, Dr. Morgan's story is proof that hope, help, and a fulfilling life await on the other side of recovery.

To learn more about PHS, please visit [massmed.org/phshome](https://massmed.org/phshome). If you'd like to donate to PHS, please visit [PHS Donation](#).

## From Practice to Print: Empowering Physicians to Share Their Voices

BY MARY BETH MIOTTO, MD, MPH, FAAP



Dr. Mary Beth Miotto

Physicians are natural storytellers, entrusted with the narratives of their patients and communities. Whether caring for patients, leading health care teams, educating future physicians, conducting research, innovating health care, or influencing policy, physicians identify challenges and feel a strong responsibility to advocate for meaningful change. The MMS has long welcomed advocates to its House of Delegates, Committees,

Sections, and Districts. Here, physicians can turn a single idea into a policy proposal that impacts the Society and our Commonwealth.

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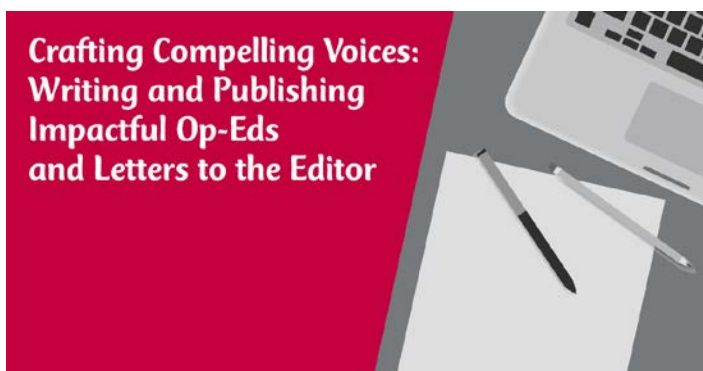
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While MMS policies shape opinions within the medical community and beyond, individual physicians' stories and arguments deserve a wider audience. Though members often wish to bring their message to the public and policymakers more urgently, they may lack confidence in composing a message for media publication. To address this, the MMS offers an online course entitled "[Crafting Compelling Voices: Writing and Publishing Impactful Op-Eds and Letters to the Editor](#)." This four-module online activity provides a step-by-step guide to mastering persuasive writing, empowering physicians with the skills to create and publish impactful op-eds (opinion editorials) and letters to the editor.

Member physicians should not speak or write publicly on behalf of the MMS without explicit permission from MMS officers and staff. However, they are encouraged to publish insights under their own names. By refining their writing skills and sharing their expertise, members can increase their chances of publication and potentially bring about change.



The course guides participants through researching media outlets, structuring content for specific audiences, and pitching articles. Interviews with MMS past president Dr. David Rosman and members, Drs. Kate Atkinson, Lash Nolan, and Deeb Salem, who have successfully published opinion pieces and letters, offer valuable insights into their relatable experiences, motivations, and strategies. On-demand self-paced modules cover content development strategies, how to organize thoughts for impact, maneuvering in today's media environment, and tactical media placement. Each module's guidance and resources enhance your media competence and confidence.

There has never been a better time for physicians and trainees to speak out on health-related issues. By articulating problems, clearly explaining their importance, and proposing solutions, participants develop skills to amplify their voices effectively as physician citizens. After dedicating years to mastering the art and science of medicine, MMS members now have a valuable resource to amplify their voices, reach a broader audience, and offer impactful solutions to their communities.

## Help Prevent Wrongful Malpractice Suits — and Get CME Credits!

BY LIZ ROVER BAILEY, MMS SENIOR LEGAL COUNSEL

Medical malpractice litigation can be a complex and emotionally taxing process for physicians. To help ensure that only meritorious claims proceed to trial, Massachusetts law requires a tribunal — composed of a judge, an attorney, and a physician — to review each case before it moves forward. This important screening mechanism helps protect physicians from the undue burden of defending against frivolous lawsuits while maintaining fairness in the legal process. Massachusetts law (both statutory and regulatory) requires the Massachusetts Medical Society (MMS) to play a key role in this system by maintaining a list of physicians willing to serve on tribunals. Volunteering as a tribunal physician is a meaningful way to support your colleagues, uphold the integrity of medical practice, and contribute to a fair legal process—all with minimal time commitment.

The tribunal reviews the plaintiff's claims and allegations to decide whether the case may proceed. If the tribunal rules against the plaintiff, the plaintiff must post a bond to proceed to trial. Defense counsel and their clients value the role of the tribunal in the medical liability litigation process for two primary reasons: (1) the tribunal helps to 'weed out' spurious claims that would otherwise subject the defendant to the needless strain of litigation, with its adverse effect on the physician defendant's time, emotions, finances, and professional well-being; and (2) the timing of the tribunal early in the litigation process allows defense counsel to review the plaintiff's offer of proof (the 'facts' the plaintiff alleges to support their case, including the opinion(s) of any expert witness(es) and theory of the case before the case goes to trial).

The physician member of the tribunal is responsible for guiding the tribunal in determining whether, even if everything happened exactly as the plaintiff claims, the defendant(s) nevertheless met the standard of care. Because such an inquiry is specific to the area of medicine in which the (alleged) injury occurred, the physician member of the tribunal must have some expertise in the same area as the defendant(s).

Participating allows you to help eliminate lawsuits, helping your peers avoid malpractice litigation's emotional, financial, and professional strain. Your time commitment for the hearing can be anywhere from fifteen to forty-five minutes, with approximately another fifteen minutes of preparation time. Several hearings may take place on the same day, often back-to-back. The courts provide a \$50 stipend per hearing to the physician member of the tribunal. Additionally, after the hearing, *AMA PRA Category 1 Credits* (with risk management) are available by going to [massmed.org/tribunal/participate](https://massmed.org/tribunal/participate) and following the instructions.

In recent years, all tribunal hearings have occurred via Zoom, so physicians may attend from home or office or wherever is most

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## Prevent Wrongful Malpractice Suits

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convenient for them. Please join your colleagues in the implementation of this important screening tool by signing up at: [massmed.org/Practice-Support/Legal-and-Regulatory/Medical-Malpractice-Tribunal-Volunteer-Sign-Up-Form](https://massmed.org/Practice-Support/Legal-and-Regulatory/Medical-Malpractice-Tribunal-Volunteer-Sign-Up-Form).

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## Empowering Patients: The Importance of Health Care Planning During National Health Care Decisions Month

BY CANDACE SAVAGE, MMS SENIOR PUBLIC HEALTH OUTREACH MANAGER

April is National Health Care Decisions Month, with April 16 designated as National Health Care Decisions Day (NHDD). Established in 2008 by health law attorney Nathan Kottcamp, NHDD educates and empowers health care professionals and patients to discuss and document their care preferences and designate a health care agent. It also serves as a reminder to review and update existing health care proxies as needed.

For the past several years, the Massachusetts Medical Society (MMS) has partnered with Honoring Choices Massachusetts and other key organizations, including the Massachusetts Health and Hospital Association, the Home Care Alliance of Massachusetts, Massachusetts Senior Care Alliance, LeadingAge Massachusetts, Hospice and Palliative Care Federation of Massachusetts, and Mass Home Care in the Simple Step Campaign. This initiative encourages all Commonwealth residents aged 18 and older to designate a health care agent and complete a health care proxy.

Recognizing the critical role of advance care planning, the Massachusetts Department of Public Health recently encouraged hospital leadership and staff to actively encourage patients to take these steps. By naming a health care agent and completing a proxy document, patients ensure that their wishes are honored and that timely care transitions can occur should they become unable to advocate for themselves. This not only supports patient-centered care but also helps alleviate capacity constraints within the health care system.

The MMS provides information and a [free, downloadable health care proxy document](#) along with discussion questions. This Health Care Proxy document, provided free of charge, presents a clear explanation of the responsibilities of a health care agent and simple directions on how to fill out and sign the form. There are also instructions on how to revoke or cancel the document later, if necessary. Further information for health care professionals, including an FAQ, can be obtained at [Massachusetts Health Decisions](#).

The Society offers a two-hour online education course, [Mastering Compassionate Conversations: Essential Skills for End-of-Life Care](#), which provides information and examples for physicians to hold serious illness conversations and navigate advance care planning

with patients and their loved ones. The course addresses ethical issues that may come up along the serious illness trajectory and highlights Ariadne Labs' Serious Illness Conversation Guide.

To assist your patients further, the MMS and its Committee on Geriatric Medicine offer a brochure, [Planning Ahead: What Are Your Choices?](#), in English, Spanish, and Portuguese. Information includes resources and education for patients across the lifespan and various stages of health or advancing illness. The brochure also highlights how palliative care differs from hospice. This valuable resource empowers patients and their families to make informed decisions about their care, ensuring they receive the support and guidance they need at every stage of life.

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## Hospital-at-Home Practice Emerging as a Growing Venue for Physician Practice

**As the nascent model becomes more entrenched, physicians are playing key roles and appreciating the experience**

BY BONNIE DARVES, A FREELANCE HEALTH CARE WRITER

Physicians who are eager to expand their practice horizon and are interested in using innovative technologies to deliver comprehensive virtual care beyond the video sessions that proliferated during the pandemic may find a good fit in the emerging hospital-at-home programs that health systems are implementing. Physicians who have at least a few years of hospital-based practice experience are being tapped to serve as chief care facilitators or medical directors for hospital-at-home programs, and the demand for such expertise is predicted to grow in the coming years.



Hospital-at-home programs enable patients to receive high-acuity care in their homes, with the clinical oversight of physicians, typically hospitalists, and a combination of remote and onsite care providers. Most models operate from command centers and feature a robust equipment and technological backbone for vitals monitoring and patient communication. In an ideal scenario, hospital-at-home

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## Hospital-at-Home Practice

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care is intended for patients who are sick enough to warrant hospitalization but stable enough to be safely cared for at home.

Primary candidates include patients with chronic-condition exacerbations or infections, those undergoing cancer treatment, and immune-compromised individuals at high risk for contracting infections. Some hospital systems are also exploring using the model for post-surgical patients. In many current models, patients who present to the emergency department or are already on medical-surgical units are evaluated by physicians for their potential to be safely treated at home instead of admitted to the hospital.

Hospital-at-home programs are not new. In Canada, England, Australia, and many European countries, such care models are well established, in part because they're easier to implement with single-payer models. In the United States, hospital-at-home programs were relatively rare until the COVID-19 pandemic push came to shove — catalyzing virtual care implementation in 2020 and spurring hospitals to create new programs on the fly.

Johns Hopkins pioneered the hospital-at-home model in the mid-1990s, but a movement didn't ensue. Most of the programs in place today are nascent. However, as the U.S. Centers for Medicare & Medicaid Services continues to grant approval for hospital-at-home programs that meet its criteria — as of June 2024, 331 hospitals in 37 states had been authorized to provide such services, according to the American Hospital Association (AHA) — the model is expected to become more prevalent. AHA, which has 5,000 members, reports growing interest among members in establishing hospital-at-home programs.

The recently formed Hospital at Home Users Group has more than 100 active members, and an additional affiliate group includes hospitals and health systems that are considering establishing programs. These developments will increase demand for physicians, primarily hospitalists, who can help launch and direct hospital-at-home programs.

*The above is an excerpt from "Hospital-at-Home Practice Emerging as a Growing Venue for Physician Practice" by Bonnie Darves. To read the full-length article, [click here](#).*

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## ANNUAL MEETING

Connect. Learn. Act.



#MMSANNUAL2025

## 2025 Annual Meeting

The 2025 Annual Meeting will consist of virtual and in-person events taking place at MMS Headquarters and the Westin Hotel, Waltham. Hotel reservations may be made online at [massmed.org/annual2025/reservations](https://massmed.org/annual2025/reservations).

### SCHEDULE AT A GLANCE

#### VIRTUAL EVENTS

##### Wednesday, April 30

7:00–9:00 PM

House of Delegates (HOD) First Session  
(Online Reference Committee Testimony Site opens following HOD)

##### Thursday, May 1

7:00–9:00 PM

Virtual Reference Committee A Hearing

##### Monday, May 5

6:00–8:00 PM

Virtual Reference Committee B Hearing

7:00–9:00 PM

Virtual Reference Committee C Hearing

##### Friday, May 16

Time TBD

2025 Annual Education Program  
Physician Unions: Opportunities, Challenges, and Impacts

##### Tuesday, May 20

7:00–8:00 PM

Ethics Forum

#### IN-PERSON EVENTS

##### Friday, May 16

4:30–9:00 PM

President's Reception, Nancy N. Caron Annual Member Art Exhibit, Presidential Inauguration and Awards Ceremony

##### Saturday, May 17

Prior to HOD

District/Caucus Meetings

9:00 AM until Close of Business

HOD Second Session

10:00 AM–12:00 PM

Alliance Annual Meeting, Officer Installation, and Program

12:00–12:30 PM

Annual Meeting of the Society

12:45–1:45 PM

135th Annual Shattuck Lecture

GLP-1: Discovery and Impact on Health

(For in-person attendees only, lunch will be served at 12:30 PM.)

Please visit [massmed.org/annual2025](https://massmed.org/annual2025) for more information.

## Webinar Wrap-Up: Navigating Difficult Conversations with Patients and Families to Prevent Board Complaints

BY CHEW-HOONG KOH, MEMBER PROGRAM AND MARKETING SPECIALIST

On January 29, 2025, the Massachusetts Medical Society hosted the webinar “Navigating Difficult Conversations with Patients and Families to Prevent Board Complaints.” Legal expert Megan Grew Pimentel, JD, of Alder, Cohen, Harvey, Wakeman and Guekguezian, LLP, shared key strategies for handling difficult interactions, setting boundaries, and terminating patient relationships with confidence.

### Key Takeaways

#### Managing Difficult Patients and Families

- Listen intently, use open body language, remain calm, and set clear boundaries.
- Slow down when speaking, prioritize patient concerns, and encourage participation.
- Confirm with the patient before discussing Protected Health Information with family members.

#### Chaperones and Documentation

- Chaperones serve as witnesses and help prevent misunderstandings.
- Detailed, contemporaneous documentation is your best defense — record key interactions thoroughly.

#### Terminating the Physician-Patient Relationship

- Physicians owe patients a duty of care and must avoid patient abandonment. Ending an unhealthy relationship, however, can prevent larger legal issues.
- Some provider contracts (e.g., Medicare, Medicaid, private insurers) may require accepting certain patients or dictate dismissal procedures.
- Proper termination includes:
  - Providing adequate advance notice per AMA guidelines.
  - Clearly communicating an endpoint and emergency care instructions.
- Seeking legal counsel to avoid potential pitfalls.

#### Handling Board Complaints

- Physicians have only 30 days to respond — consult a qualified attorney immediately.
- Professional liability policies may offer limited coverage for board investigations. MMS members can utilize the **Legal Advisory Plan (LAP)** for \$95/year, preserving funds for expert defense if needed.

### Accessing the Webinar

A recording is available for registrants and MMS members [here](#). For questions, contact Chew-Hoong Koh at [ckoh@mms.org](mailto:ckoh@mms.org) or (781) 434-7312.

## Empowering Women Physicians: A Transformative Leadership Program

BY LIZA MARTIN, MANAGER, JOINT PROVIDERSHIP PROGRAM, ACCREDITATION, RECOGNITION, AND EDUCATION

The Massachusetts Medical Society (MMS), in partnership with the Daniel Hanley Center for Health Leadership, recently held a leadership program designed for women physicians. The dynamic, three-session series provided 30 participants with valuable tools and insights to strengthen their leadership capabilities and foster positive change in their workplaces and communities. Each session focused on key areas crucial to the development of effective and inclusive leaders in health care.

Facilitated by Executive Coach Corinne Eisenman, MS, the first session centered on identifying communication styles and building upon individual strengths to foster collaboration, trust, and stakeholder buy-in. Through interactive discussions and practical exercises, participants gained an understanding of their unique communication styles, learning how to leverage these strengths to influence and inspire colleagues, patients, and other stakeholders.

The second session focused on increasing emotional intelligence and empathy — key components in building impactful, meaningful alliances and connections. Participants explored how emotional awareness and empathy can shape leadership decisions, enhance relationships, and inspire greater teamwork.

In the final session, the program turned its attention to building a culture of inclusion and equity. Participants were challenged to apply their newfound competencies to create environments where all individuals feel valued. The session provided actionable strategies for fostering inclusive leadership practices that can help eliminate barriers in the health care field.

Program guest speakers included Olivia C. Liao, MD, FACS (MMS President-Elect), Barbara S. Spivak, MD (MMS Immediate Past President), Jennifer Potter, MD, and Alice T. Tolbert Coombs, MD, MPA, FCCP (MMS Past President).

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## Secure Your Future: Trusted Legal and Contract Services for Physicians

BY ERIKA MCCARTHY, SENIOR EDITOR & WRITER

Navigating employment contracts and compensation structures can be daunting, even for the most experienced physicians. To help members make informed career decisions, the MMS offers expert legal guidance through our [Corporate Partnership](#) program — at a discount.

This is a new offering for the Society’s members. The MMS has received high praise regarding Pierce & Mandell, P.C., a firm that has served the legal needs of physicians and medical practices

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## Secure Your Future

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for 30 years. Two non-member physicians shared how these legal services have positively impacted their practice.

### A Physician's Perspective



Dr. Liam Hurley

Many physicians excel in medicine but lack expertise in contract law. Liam Hurley, MD, a urologist practicing in Gardner and Winchendon, MA, sought guidance from health care attorney William Mandell of Pierce & Mandell, P.C. "As a doctor, I have very specific training that does not include legal measures such as contracts. I did not want to navigate the intricacies of an employment contract alone," said Hurley. "Job responsibilities, compensation structures, benefits, and other terms may change over time, as well as the laws and regulations governing employment relationships. Mr. Mandell provided me with valuable insights, identified potential pitfalls, and helped me negotiate favorable terms."

responsibilities, compensation structures, benefits, and other terms may change over time, as well as the laws and regulations governing employment relationships. Mr. Mandell provided me with valuable insights, identified potential pitfalls, and helped me negotiate favorable terms."



Dr. Drew Crapser

Orthopedic surgeon Drew Crapser, MD, echoed this sentiment: "Never attempt to negotiate a physician contract without an attorney. The real risk lies in what's missing from the contract. Having a lawyer — especially one with expertise like Mr. Mandell — can ensure the best possible terms."

### Expert Legal Advice

"Whether it's your first contract or your fourth, information is power," says Mandell.

"Physicians need a skilled health care lawyer to review offer letters and agreements, ensuring clarity in compensation and legal terms. Physicians often underestimate their leverage. In 2025, with a physician shortage, doctors are in demand. Employers expect negotiations, and having multiple offers increases bargaining power. The key to securing the best terms and work-life balance is seeking expert legal guidance."

### Take Control of Your Career

Another local firm and MMS corporate partner, Ankner & Levy, P.C., authored "An Overview of Physician Employment Agreements and Negotiations" — available for MMS Members ([Download PDF](#)). The MMS also offers preferred pricing on contract review services through four corporate partners: Pierce & Mandell, Panacea Legal, Ankner & Levy, and Resolve, a national employment contract review and salary data service.

Learn more about the MMS legal and contract services program at [massmed.org/contractandsalary](https://massmed.org/contractandsalary).

## MMS Corporate Partners Offering Employment Contact Review Services

Ankner & Levy, P.C.

Panacea Legal

Pierce & Mandell, P.C.

Resolve

## Member News and Notes

Congratulations to Hannah Slattery, MMS Medical Student Section chapter officer at Tufts University School of Medicine, and her colleagues from the Association of Native American Medical Students, who met with over 20 congressional offices in Washington, D.C., on February 21 to push for federal graduate medical education funding for the Indian Health Service — currently receiving \$0 compared to the Veterans Health Administration's \$874 million. Their goal is to build sustainable physician pathways and address the severe provider shortage in Native communities.



From left to right: Anna Klunk, Philadelphia College of Osteopathic Medicine; Hannah Slattery, Tufts University School of Medicine; Lena Fortun, George Washington University, Partners in Health Engage; Rosie Poling, Partners in Health

## Across the Commonwealth

### STATEWIDE NEWS AND EVENTS

**Worcester** — Celebrating over 240 TV programs, [Health Matters](#), produced in a half-hour interview format, offers valuable information on disease prevention and treatment options. Our publication [Worcester Medicine](#) is published quarterly and offers educational and interesting articles from our medical community. For more information, please email [MWright@wdms.org](mailto:MWright@wdms.org).

### ARTS, HISTORY, HUMANISM & CULTURE MEMBER INTEREST NETWORK

**New England Wildflowers Lecture** — Tues., Mar. 25, 7–8:15 PM. Virtual only. [Click to register](#). Observing wildflowers is a joy. From early March

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## Across the Commonwealth

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through mid-October, one can find wildflowers with an amazing variety of blossom forms and colors, leaf shapes, and fruits. The spring ephemerals break winter's spell with short-lived, but glorious blossoms. You will see examples of the important plant and blossom parts and illustrations of important keys to identification. The identification process will be reviewed using *Wildflowers of New England* by Ted Elliman. Bill Gette, speaker and guide, will discuss the different strategies wildflowers have evolved to exploit their environments.

**New England Wildflowers Field Trip** — Sat., Apr. 26, 10:00 AM–2:00 PM. Location: Newburyport. [Click to register](#). A carpool from the Parker River National Wildlife Refuge Headquarters in Newburyport will travel to several local areas. Throughout the field trip, you will learn about important field marks key to identification, discuss the environmental conditions the wildflowers need to flourish, and discuss the special relationships the wildflowers have with other organisms (e.g., ants, fungus).

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



## In Memoriam

**Donald M. Barnett, MD**; 91; Brookline, MA; McGill Medical School; died October 18, 2022.

**Hugh N. Boroson, MD**; 97; Richmond Heights, Ohio; NYU Medical School; died October 17, 2023.

**William "Bill" Michael Carleton, MD**; 83; Harvard Medical School; died November 11, 2023.

**William Francis Doyle, MD**; 88; Greenfield, MA; New York Medical College; died February 1, 2025.

**Donald Feldman, MD**; 95; Alameda, CA; New York University Medical School; died May 11, 2024.

**Joseph "Joe" John Jankowski, MD**; 88; Needham, MA; Tufts Medical School; died September 23, 2024.

**Robert L. Jedrey, MD**; 91; Gloucester, MA; University of Rochester School of Medicine; died July 19, 2024.

**Jacob "Jack" S. Kriteaman, MD**; 83; Peabody, MA; SUNY-Buffalo Medical School; died January 10, 2025.

**Robert Leone, MD**; 72; Arlington, MA; UMass Medical School; died December 29, 2023.

**Kenneth F. MacDonnell, MD**; 88; Weston, MA; Seton Hall College of Medicine; died December 26, 2023.

**Charles Mahanor, Jr., MD**; 96; Milton, MA; BU School of Medicine; died February 18, 2024.

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## In Memoriam: Francis Xavier Rockett, MD (1930–2024)



Dr. Francis Xavier Rockett

The Massachusetts Medical Society (MMS) mourns the loss of Francis Xavier Rockett, MD, a distinguished neurosurgeon, educator, and past president of the MMS, who passed away on December 26, 2024. His legacy of dedication to medicine, education, and patient care leaves an indelible mark on our profession and community.

Dr. Rockett earned his medical degree from Harvard Medical School and completed his neurosurgical training as Chief Resident at Children's Hospital, Boston, and the Peter Bent Brigham Hospital. His commitment to advancing the field of neurosurgery led him to serve as a clinical instructor at Tufts University School of Medicine and Harvard Medical School. He also provided expert consultation in neurosurgery for Boston College, Harvard University's Department of Athletics, and the Boston Red Sox.

A proud veteran, Dr. Rockett served as a lieutenant in the US Navy Medical Corps. His distinguished medical career included positions on the neurosurgical staffs of numerous Boston-area hospitals, including Children's Hospital, Brigham and Women's Hospital, New England Baptist Hospital, St. Elizabeth's Hospital, and Newton-Wellesley Hospital. He served as Chief of Neurosurgery at

Newton-Wellesley for over 40 years, a tenure marked by exceptional leadership and patient advocacy. In recognition of his extraordinary service, he was honored with the George L. White Award, the hospital's highest accolade for devotion and commitment.

Dr. Rockett was deeply engaged in organized medicine at local, state, and national levels. He was a dedicated member of the American Medical Association's Brain Trust (Neurosciences Caucus) and made a significant impact at the Medical Society, serving as Chair of the Committee on Sports Medicine, Chair of the Board of Trustees, President of the Norfolk District, and ultimately as MMS President. "His contributions to the advancement of medical practice and health care policy were invaluable," said Hugh M. Taylor, MD, current MMS president.

Beyond his professional achievements, Dr. Rockett was a devoted family man. He was predeceased by his beloved wife of 63 years, Barbara Rockett, MD, also an MMS past president, and his brothers, Thomas J. and John F. Rockett Jr., and his sister, Agnes Rockett-Bolduc. He is survived by his brother Richard and his wife Donna, and by his sister-in-law Sarah. His legacy lives on through his children — Francis X., Jr. and wife Marianne, Peter and wife Amy, Bill and wife Maureen, Sean and wife Ronda, and Julie and husband Patrick — and his cherished grandchildren: Francis Thomas, Paul, Julia, Morgan, Catherine, MaryBeth, Emilie, Connor, Declan, Brin, Shane, Casey, Barbara, Ronan, and Emmett.

The MMS extends its deepest condolences to the Rockett family and honors the memory of a man who dedicated his life to healing, teaching, and service. Dr. Rockett's impact will continue to inspire generations of physicians and health care professionals.

## In Memoriam

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**Morgan Francis Mahoney, MD**; 97; Needham, MA; Tufts Medical School; died January 21, 2024.

**Georges Peter, MD**; 85; Brookline, MA; Harvard Medical School; died January 11, 2024.

**Francis Xavier Rockett, MD**; 93; Brookline, MA; Harvard Medical School; died December 26, 2024.

**Rosario A. Scandura, MD**; 96; Winchester, MA; BU Medical School; died January 16, 2025.

**Carmela A. Sofia, MD**; 67; Fall River, MA; University of Maryland Medical School; died January 30, 2025.

**Ludwik Stefan Szymanski, MD**; 92; Newton, MA; Hebrew University Medical School; died November 22, 2024.

**Michael S. Wiedman, MD**; 97; Weymouth, MA; Vermont College of Medicine; died December 27, 2024.



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