Myles Sheehan '81: Writing straight with crooked lines

By Laura Stephenson Carter

"God writes straight with crooked lines," says Myles Sheehan, M.D., S.J., in describing the career path that led him to his post as senior associate dean at the Stritch School of Medicine, where he is an expert in end-of-life care and one of only a handful of individuals anywhere who are both a doctor and a Jesuit priest.

Sheehan grew up thinking of medicine as a career possibility—his father was a physician who would talk about the *New England Journal of Medicine* with his young son. But when Sheehan came to Dartmouth as an undergraduate, he thought he didn't stand a chance of ever becoming a doctor. "I remember during orientation week at Dartmouth College, in September of '74, that they had a meeting of people who thought they might be interested in medical school," he says. "I guess there were 1,200 people in the class, and 800 people showed up." Figuring it was far from certain that he'd get into medical school with that kind of competition, Sheehan deliberately avoided premed courses his first semester. But he did so well that Dartmouth's premed advisor suggested he consider DMS—which at that time meant replacing his senior year of college with the first year of medical school. So he applied and was accepted.

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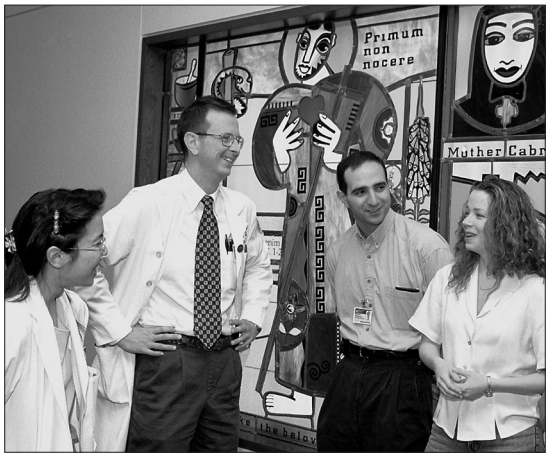

Sheehan can sometimes be seen wearing his doctor's white coat (above, second from the left), sometimes his clerical collar, and sometimes, for a workout with Loyola medical students, a t-shirt and running shorts (facing page).

But after a year of medical school, Sheehan decided to take some time off. "Between my first and second years at DMS, I took a fellowship with the pathology department," Sheehan wrote in the Fall 1980 issue of this magazine. "My motivations were mixed: I was sick of school, I needed some money, I wanted to try something different, although I, like my fellow students, thought 'path' was pretty dull. To my surprise, I found myself, as my year of autopsy and surgical pathology unfolded, falling in love with pathology. Now no one in his right mind likes to do an autopsy, but the quiet discipline, the gathering of information, the collecting of details to make an inexplicable case clear, was deeply satisfying."

"Myles was an extraordinary student, my best student, intelligent and inquisitive and with a genuine interest in both medicine and humanity," says Miguel Marin-Padilla, M.D., a professor of pathology emeritus. "He had a unique sensitivity for human needs and an unusual willingness to understand human nature."

When Sheehan returned to medical school, during his first clerkship in surgery, he met a woman who was being treated for a large cancerous tumor in her abdomen. "I had, in a sense, 'met' her before," he wrote in the same 1980 article. During his pathology fellowship, he had dissected another large tumor—hers. "More memorable than that pathologic encounter was meeting the living woman: a small woman in her mid-sixties with short, frizzy grey hair and eyes that moved and shone out of sockets made deep by weight loss." Sheehan helped to care for her, developed a friendship with her, and was deeply saddened when she died. "But in a way, she has been a beginning for me," he wrote. "The approach to disease I learned in pathology coupled with my experience with this woman has confirmed in me the desire to know more and to help."

After completing his M.D. in 1981, he went on to a residency in medicine at Boston's Beth Israel Hospital. He made another foray into pathology in 1984, doing a residency in anatomic pathology. "The pathology was quieter and more contemplative than doing internal medicine and running around and dealing with families and all the insanity of a hospital," he says. "I think I had burned out to a certain extent during my [medicine] residency and needed a little bit of that quietness. I realize in retrospect that I had found, during my residency, that I was profoundly moved by the number of patients who died. You'd spend time with them in your heart and it would hurt to lose patients. I thought I wanted to move out of internal medicine because I was too beaten up by end-of-life issues."

But during his pathology residency he began to realize that something else was going on in his life. "A lot of the things that I had kept at bay during medical school and residency was really, I think, that the Lord was, is, calling me to be a priest."

That wasn't the first time Sheehan had given serious consideration to the priesthood. When he was a junior at Dartmouth, he'd met Jesuit priest Joe Devlin, the chaplain at Aquinas House, the Catholic student center. At Devlin's suggestion, Sheehan went to Boston to talk to the Jesuit vocations director; he describes the exchange: "He said, 'Do you want to be a doctor?' And I go, 'Yeah.' He said, 'Go be a doctor and then if God wants you to be a priest, he'll bug you about being a priest later on. So just go and be a good doctor.'"

By 1985, after completing the pathology residency, Sheehan was ready to begin the process of becoming a priest and entered a Jesuit order. During the two-year novitiate period, he first spent a few months doing clerical work for a peace and justice group in Boston. Then he went on a 30-day retreat—something that Jesuits do at least

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twice in their lives—and next spent five months in Jamaica making nonmedical calls on sick people in a poor neighborhood. Later, he taught disadvantaged children and worked with a chaplain at Northeastern University. After his novitiate was completed, he embarked on what Jesuits refer to as the scholastic period. In 1989, he earned a master's degree in philosophy and health-care ethics from Loyola University in Chicago. And in 1994, he was granted his master's of divinity from the Weston School of Theology in Cambridge, Mass., and was ordained to the priesthood.

While he was working toward becoming a priest, Sheehan continued his medical career. He worked at Creighton University Medical Center in Omaha in 1987, at Loyola from 1987 to 1989, and at Harvard's teaching hospitals from 1989 to 1995. He also did a fellowship in geriatrics at Harvard, from 1989 to 1991. He had started to become interested in medical education—curriculum design and development—too.

It's important to demystify death, Sheehan adds, noting that it's a natural part of life.

In 1995, he left Harvard to become an assistant professor of medicine at Stritch, which is outside Chicago, and an attending physician at Loyola University Medical Center and a nearby VA Medical Center. In 1998, he was made director of Loyola's Division of General Internal Medicine and Geriatrics. Recently, he was named senior associate dean of the medical school—a role in which he is responsible for student affairs, student life, admissions, the curriculum, and the registrar's office.

Not surprisingly, given his background in pathology and geriatrics, Sheehan has a particular interest in end-of-life issues and frequently writes and speaks about the "grace of a happy death. People don't want to die alone," he says, "they don't want to be a burden, and they don't want to die in pain. Those three things [embody] to me part of what a happy death would mean, and then the fourth thing is that I would want to be reconciled and ready to meet Christ. I think it's pretty hard to do the fourth if you're screaming in pain, feeling abandoned, and feeling as if you're making people miserable taking care of you."

It's important to demystify death, he adds, noting that it's a natural part of life. "A lot of working with end-of-life care is simply developing reasonable communication skills," says Sheehan, who teaches residents and medical students how to talk to dying patients. It's important "to be able to recognize how you negotiate with people about their goals for the end of life," he says. "None of it's really rocket science. It's an attention to detail that I find very common with other parts of internal medicine. Just as in taking care of somebody with kidney failure—you have to be rigorous about the electrolytes, and look very carefully at urine output, and be really careful about what their volume status is—when you're dealing with somebody who has a general illness, you have to be asking questions [such as] are they depressed, are they in pain, what's their breathing like, what are they feeling in ways that go a little bit beyond the physical and the mental as they approach the end of life. . . . It's attention to detail."

Sheehan feels that even if students have not experienced death in their own families, they can be taught to communicate with people who are dying. Yet students may not realize the relevance of what they're being taught, he adds, until they actually have to put it into practice.

He recalls a lecture when he was at DMS in which the late Joshua Burnett, M.D., a rheumatologist, "was supposed to talk to us about arthritis, and he had an older patient there. He ended up talking about their function, their ability to do their things in daily life, and how they were cared for. I was very impatient. I said, 'Why am I listening to this? This is dull and boring.' And, you know, that was the lecture that hit me when I was a resident taking care of older patients." Likewise, Sheehan knows—when he talks to "medical students who look as if they're bored out of their minds when I'm trying to explain that the more important thing, sometimes, with an older patient is not some esoteric lab test but who's going to cook their dinner and is there someone to make sure that they're not lying on the floor the next morning"—that later on, they'll understand.

"One of the most gratifying things that happens is when medical students come back and tell me that they were with someone who was very ill, or had very bad news, or was dying, and the team had no idea what to do. [The students] had the beginning conversational, communications skills to talk to the person and to facilitate the person's care in ways that stunned the residents," says Sheehan. He sees such incidents as having several benefits. First, he says, "it's wonderful that the person was cared for—the most important thing. Second, it makes me feel good. Third, I'm happy that the student was able to get that reinforcement. Fourth, the residents learned something.

"Right now you have a number of people in medicine who are just wonderful people," Sheehan says, "and yet they feel awkward or un-

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