



Medicine today may seem to have all too much to do with technology, devices, and numbers. Here, an assortment of DMS alumni and Dartmouth-Hitchcock clinicians make the case for looking to books as a way to retain the art of medicine .

### About this feature

DARTMOUTH MEDICINE invited a couple dozen physicians, all faculty or alumni (or both), to respond in 150 or so words to this question:

**“What nonmedical book has had the greatest impact on your professional life?”**

Their (lightly edited) replies begin on page 38. We also asked a faculty member who has long been a cheerleader for literature in medicine to write the adjacent introduction. And on page 42 is a taste of what DH does to foster appreciation for the insights to be found in books.

## Listening for stories

By Dr. Joseph O'Donnell

We first learn about stories when we're children, from our families. The tales they tell us and read to us take us to new worlds and stoke our imaginations. Stories are important in medicine, too. They help form our values and aspirations, including the aspiration to make a life in medicine. Stories can also help those of us in medicine to become better caregivers. As Dr. Rachel Naomi Remen, who wrote *Kitchen Table Wisdom* and *My Grandfather's Blessings*, says: “We must listen for our patient's stories” and “everyone is a story.”

I owe my own love of stories in part to the profound influence of my friend and mentor Dr. Robert Coles, a Pulitzer Prize-winning author and great teacher of literature in medicine. He opened my geeky, unidimensional, science- and math-oriented mind to the beauty, joy, and wonder of the medical humanities. His books *The Call of Stories: Teaching and the Moral Imagination* and *The Call of Service: A Witness to Idealism* helped form my values as I grew as a professional, teacher, and healer. He urges doing as a part of learning and taking time to reflect in action. His latest book, *Handing One Another Along*, describes his acclaimed Harvard course, Literature and Social Reflection. In the book's appendix is a reading list from that course—a reading list for life, worth tackling for us all.

I find now that when I get the medical journals I read regularly, I am pulled toward the pages that have stories—like the poetry and “A Piece of My Mind” sections in the *Journal of the American Medical Association*, or the “Images in Clinical Medicine” section in the *New England Journal of Medicine*. I especially love what the late, great DMS alumnus Dr. Ted Harris created in the way of stories, poems, images, and other aspects of the art of medicine in *The Pharos*, the journal of the Alpha Omega Alpha medical honor society.

One of my current favorite journal sections is “Medicine and the Arts” in *Academic Medicine*. I was especially moved by a piece that appeared there in May 2007. An excerpt from a short story by Barry Lopez called “Winter Count 1973: Geese, They Flew Over in a Storm,” it described an old Native American teacher of history who had been invited to give a talk in New Orleans. He spoke about a practice of several northern plains tribes called winter counts, in which a memorable event serves as a marker for a particular year and the passing from

*O'Donnell, a 1971 graduate of DMS, is a professor of medicine and the senior advising dean at Dartmouth Medical School. His clinical practice is in oncology, at the Dartmouth-affiliated Veterans Affairs Medical Center in White River Junction, Vt.*

one summer to the next. The events were often recounted pictorially on buffalo hides, creating a calendar of sorts. The old teacher talked about several Sioux warriors' winter counts and the confusion they aroused in translators who tried to make their different versions of the same events conform to each other. The translators failed to recognize the individuality of each warrior's story and the importance in the counts of such concepts as mythic time versus real time. The old teacher said to his audience: “We have too often subordinated one system to another and forgotten altogether the individual view, the poetic view, which is as close to the truth as the consensus. Or it can be as distant.”

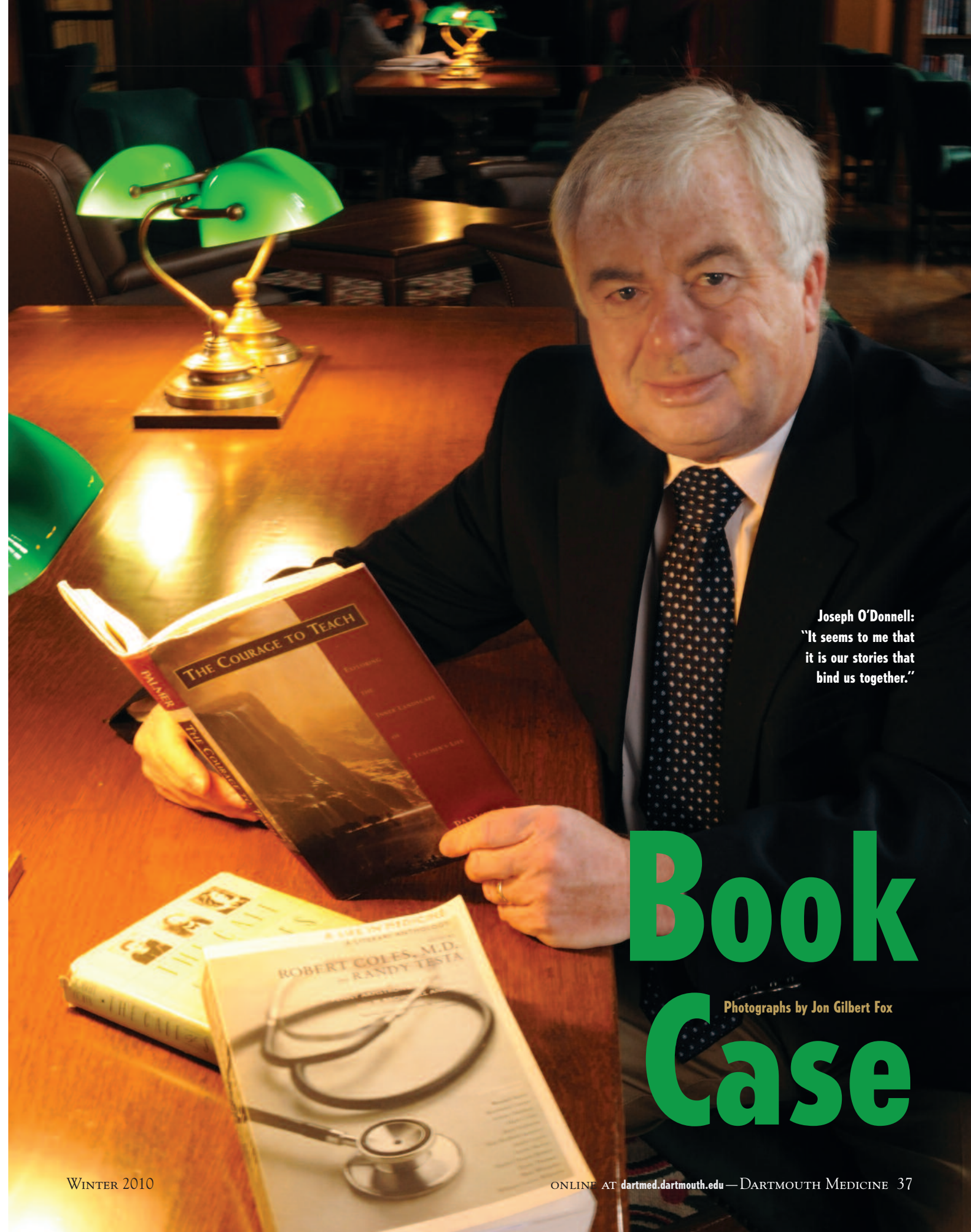
As the teacher left the podium, he realized his audience wasn't getting it. Once outside the classroom, he thought to himself, “Everything is held together with stories. That is all that is holding us together, stories and compassion.”

Accompanying the excerpt was a commentary by a nurse-administrator named Veneta Masson, who for almost two decades had directed a nonprofit primary-care clinic in an inner-city neighborhood in Washington, D.C. Masson recounted that the clinic staff had their own winter counts, recorded not on buffalo hides but in annual reports. These reports contained the definitive numbers—income, expenditures, other facts. However, the reports also included stories, poems, sketches, and photographs—the personal views of the staff about the past year. Upon Masson's retirement, the numbers became much less important to her. What really mattered were the stories—those were the things that held the clinic together, she realized—the stories and compassion.

For those of us who work in medicine, our lives are filled with winter counts—from our premed studies through medical school and training and beyond. Grades, MCAT scores, applications, interviews, tests, productivity measures, promotions, committee materials, CVs, grants, on-call schedules, and such things seem to be of the utmost importance. But if one thinks more deeply, it seems to me that it is our stories that bind us together—our stories and our compassion.

I once heard a friend of mine, Dr. Thomas Inui, a great primary-care internist and guru of the relationship-centered care initiative at Indiana University, say: “The world isn't made of atoms; it's made of stories.”

I couldn't agree more. I've learned that the better we're able to read and listen carefully to stories, the more successful we physicians can be in reading our patients, and we *all* can be in crafting the stories that will be the winter counts of our lives.



Joseph O'Donnell:  
“It seems to me that  
it is our stories that  
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# Book Case

Photographs by Jon Gilbert Fox



**I was a voracious reader as a child. . . . Books are my escape and keep me balanced, renewed, engrossed, and reminded that there is a bigger view of the world than the clinic and the hospital.**

**Dr. Lin Brown | Rheumatology  
Associate Professor | Dartmouth-Hitchcock**

The most influential books in my life are works of young-adult fiction, and I feel vaguely concerned about what that indicates about me! *Warlord of Mars* by Edgar Rice Burroughs is one choice. It is about life on Mars (a sort of future Roman world), strong heroes, heroines, and romance. I spent many happy hours acting as the heroine, Dejah Thoris.

*The Yearling* by Marjorie Kinnan Rawlings is another book I love. It is the story of a young boy who raises a deer. It is touching, sad, and set in lovely outdoor surroundings. It is a powerful tale of human suffering and beauty.

I was a voracious reader as a child—lots of science fiction. I felt empowered by such books. Books are my escape and keep me balanced, renewed, engrossed, and reminded that there is a bigger view of the world than the clinic and the hospital.

**Dr. Seung Bok Lee, DMS '01 | Physical Medicine and Rehabilitation  
Assistant Professor, Johns Hopkins | Baltimore, Md.**

At age 18, while training with the Korean Olympic Gymnastics Team, I suffered a spinal cord injury that rendered me tetraplegic. Soon after, I picked up an orange paperback titled *A World to Care For* by Dr. Howard Rusk. Each day, upon returning to my hospital room after a day of intense therapy, I immersed myself in his account of soldiers maimed in battle. They were left to die in their sickbeds, he wrote, with no one to help them resume their lives.

Dr. Rusk's frustration with this suboptimal care moved me deeply. His desire to rehabilitate these soldiers gave birth to the specialty now known as physical medicine and rehabilitation. I was so moved by Dr. Rusk's compassion and bravery—in offering care that no other physician did in his time—that I decided to follow in his footsteps. I, too, wanted to help people with spinal cord injuries.

As a wheelchair-bound physician, I have confronted and overcome myriad obstacles. *A World to Care For* provided much-needed inspiration early in my recovery. Today, I continue my endeavor to be the best wheelchair-bound physician in the world, striving to represent personal pride, heritage, and all who have contributed to my success.

**Dr. Andrew Torkelson | Cardiology  
Assistant Professor | Dartmouth-Hitchcock**

I have always enjoyed books, and I have always encouraged residents and medical students who work with me to read books outside of medicine. I remember reading *The Man of La Mancha* while memorizing *Gray's Anatomy of the Human Body*,

perhaps hoping to retain a portion of Don Quixote's romantic vision as well as the practical viewpoint of Sancho Panza! Although I have enjoyed hundreds of books, if not more, by authors ranging from Russian novelists to modern writers like Malcolm Gladwell and Abraham Verghese, it's a poem that has affected my practice of medicine more than any other nonmedical text.

Years ago, a patient of mine, Everett Wood, DC '37, brought me the poem "Old Man Hoppergrass," by Stephen Vincent Benet, and commanded, "Memorize this poem!" I followed his order, and I am pleased that I did, as the poem is a sensitive reflection on the process of aging, which "Woody" (as he was called) was struggling with at the time he gave it to me. Thanks to Woody, I have recited that poem many times from memory. Each time, people are moved, and I learn a little bit more about the poem and my patients.

Woody's roommate in college was David Bradley, a physician who later became an English professor at Dartmouth and a best-selling author. All physicians may not be able to attain that lofty goal; however, each of us can take a little more time to read the things that matter.

**Dr. Frederic Jarrett, DMS '65 | Vascular Surgery  
Pittsburgh Vascular Surgical Associates | Pittsburgh, Pa.**

Most of us are not sufficiently aware of the impact of chronic disease on patients and their families. *Journey*, by biographer Robert Massie and his wife, Suzanne, describes their struggle to care for and raise a talented child with hemophilia.

This book was written in 1972, at a time before specific factor therapy was available. Their son, Bobby, suffered frequent hemarthroses and bleeding episodes from minor trauma. His hemophilia also caused frequent school absences, intermittent wheelchair dependence, and multiple hospitalizations, which caused major alterations in the family's lifestyle.

Bobby eventually learned to self-administer fresh frozen plasma and, with enormous courage and motivation, maximized his rehabilitation and became a strong swimmer and successful student. His parents fought tirelessly against Byzantine insurance regulations and intransigent hospital financial requirements.

Although our treatment of hemophilia has improved remarkably since then, hospital billing practices and insurance companies' recognition of the needs of people with chronic disease have not. Robert Massie's criticisms of our health-care system remain valid and underscore the need for patients and their families to—in the words of Dylan Thomas—"not go gentle into that good night."

**Dr. Julia Nordgren, DMS '99 | Pediatric Lipidology  
Cholesterol Treatment Center | Concord, N.H., Hospital**

Since childhood, I have felt a kinship with Julia Child. We share a first name, a love of France, a delight in cooking, and an unreasonable passion for butter. Until recently, I assumed Julia had always cooked. I imagined her as a cheeky toddler, scrambling up on a step stool to get her wooden spoon into a *beurre blanc*.

So imagine my surprise when her memoir, *My Life in France*, revealed that she knew nothing about food until her husband's job brought the couple to France. She recalls ambling into a restaurant in Rouen, where the fragrance from the kitchen captivated her. When told it was a shallot sauce, she asked "What is a shallot?" She was 36 years old and had yet to mince a shallot!

The story that ensued was about her absolute delight in France. Thankfully, Julia gave little attention to those who doubted that convenience-obsessed Americans would embrace French cooking. What I now love about Julia is that she never plotted the path to her eventual success. She was driven by a love of creating exquisite food and the incredible people who surrounded her. I, too, find myself driven by a love for my work and the inspiring people who surround me. Odd as it may sound, Julia helped give me the courage to make the leap from general pediatrics to my current specialty in pediatric lipidology. While medicine can be so linear, perhaps there is another way to enjoy some delicious success. After all, I am not far from 36.

**Dr. Tenagne Haile-Mariam, DMS '88 | Emergency Medicine  
Co-Chief of Wound Care and Hyperbaric Medicine, George Washington University | Washington, D.C.**

I first read Lorraine Hansberry's *A Raisin in the Sun* when I was a high school student, in a place where a bloody backstory to the Cold War was being played out. Nobody cared enough to know what was happening in Ethiopia, so nobody helped. To read that in the world's richest, most peaceful country there were people like mine—fearful, defiant, clinging to bits of hope as light as air, seeking the most ethereal human connections that might render them relevant—helped me to understand that the disempowerment that comes with marginalization is universal.

Rereading this powerful play now, I am reminded that this kind of marginalization manifests itself in the clinical presentations of our most vulnerable patients. To provide meaningful therapies, we have to care enough to listen to their backstories. What we hear from our patients can only make us better people and better doctors. What we learn from our great writers is that this listening is expected of us.



**Julia Nordgren:**  
"Julia [Child] helped give me . . . courage."

**Dr. Athos Rassias, DMS '89 | Critical Care Medicine  
Associate Professor | Dartmouth-Hitchcock**

The singular novel *All the King's Men* by Robert Penn Warren portrays the broad canvas of human emotions, strengths, and failings. Warren, a poet, wrote only a handful of novels. All of them examined particular aspects of human nature when exposed to certain sociological pressures, and all of them are very much related to the American experience: slavery, tobacco wars, and union fights, for example. *All the King's Men* examines the phenomenon of political power and abuse of power, and it takes this examination to remarkable depths. Much like the opening few pages—a description of driving on a hot, sunny day along a straight highway while fighting to keep from falling asleep at the wheel—the book takes you on a long and powerful ride. It doesn't glorify, and it's certainly not uplifting, but you do get to ride along with a creative mind.

A physician needs an intimate understanding of the human condition, and Warren is a guide like no other for that endeavor.

**Dr. Margit Berman | Psychiatry  
Assistant Professor | Dartmouth-Hitchcock**

I have grand ambitions: I do the work I do because I want to change the world. And yet, even on my best days, I inspire change only one patient, one article, one student at a time. Sometimes, at the end of the day, I read the (bad) daily news and feel as if I'm trying to empty the ocean with a teaspoon. So it's wonderful that Paul Loeb's *The Impossible*

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*Will Take a Little While* suggests that with persistence there is hope. The essays in this book show how individual voices and visions can add up to a powerful force: Nelson Mandela describes how he survived the brutality of the Robben Island prison camp only because he was aware of the many others fighting alongside him all over the world. Susan Griffin tells a story about the poet Robert Desnos. As he was waiting in line for a Nazi gas chamber, he began looking at the palms of those near him and telling their fortunes—and exuberantly predicted long life for each one. The guards, unnerved or inspired at the unfolding spectacle, sent the prisoners back to their barracks unharmed.

Imagination, boldness, an unwillingness to be broken: I try to remember as I work with my patients that these, as much as any medicine, have the power to save lives.

**Dr. Robert Martensen, DMS '74 | Emergency Medicine**  
Director, National Institutes of Health Office of History and Museum | Bethesda, Md.

The one book that's influenced me the most? The Bible, no question. Why? Several aspects come to mind: I've known it the longest, its range is huge, and its depths profound. From the slutty fecundity of Genesis through the affirmation, comfort, and joy of the Psalms to the voice of Jesus in the Gospels, I go back and back again. Yet I'm not sure I'm a Christian.

As for contemporary works, I have many favorites, but Anton Chekhov (in English translation) is probably the writer I feel closest to. He once wrote—I'm going from memory—that "Life is like an onion. One peels off a layer and imagines one sees through it, only to find another layer." With humor, respect, and compassion, he presents his characters and their situations in complex ways, while conveying that he—and we—can see into others only dimly, that human life remains mysterious, and that progress can be at once real and illusive. [For an excerpt from one of Martensen's own books, *A Life Worth Living*, see the Fall 2009 DARTMOUTH MEDICINE or [dartmed.dartmouth.edu/f09/f02](http://dartmed.dartmouth.edu/f09/f02).]

**Dr. Lee Witters | Endocrinology**  
Professor | Dartmouth-Hitchcock

Reading and listening to the words of individuals beyond the boundaries of medicine and science has been more important to me than reading within those lines. The civil rights movement of the 1960s taught me the importance of social justice. Words everyone should read include Martin Luther King Jr.'s "Letter from Birmingham Jail" (published in his book *Why We Can't Wait*) and his April 1967 speech at Riverside Church in New York

City, "Beyond Vietnam: A Time to Break Silence."

Taylor Branch's superb trilogy about the civil rights movement—*Parting the Waters*, *Pillar of Fire*, and *At Canaan's Edge*—is also a must-read for anyone interested in current issues of social justice.

I have also always explored the boundaries between the rational (the sciences) and the romantic (the humanities). A good place to set out on this journey toward truth and quality of life is Robert Pirsig's *Zen and the Art of Motorcycle Maintenance*.

**Dr. Ronald Dixon, DMS '98 | Internal Medicine**  
Director, Virtual Practice Project, Massachusetts General Hospital | Boston, Mass.

The first book that comes to mind for me is *Blue Ocean Strategy* by W. Chan Kim and Renée Mauborgne. This is a book about strategic innovation and business creation. Its basic premise is that breakthrough businesses are developed by creating uncontested market space—known as blue oceans—thereby making the competition irrelevant. The most captivating example of this strategy is the success of Cirque du Soleil, which redefined "circus" and created novel demand for its entertainment offerings. The book has guided how I look at health care and the opportunities that are provided when we start looking for blue oceans.

Health-care business strategies are dominated by competition-based red ocean strategies. Hospitals aim to dominate market share by filling more beds. Device vendors try to get more of their devices implanted. This red ocean strategy has contributed to a fragmentation in the cycle of delivering care and to a hesitancy to share medical information in any meaningful way with those who would benefit most—patients and those who care for them.

The book stresses that to create a blue ocean, one has to focus on something called value innovation. Instead of focusing on what competitors are doing, you instead focus on providing a much improved value while simultaneously incorporating enough innovation that you drive buyers into a new and uncontested market space. I try to incorporate this thinking into the work I do on a daily basis.

**Dr. Joel Lazar, DMS M.P.H. '07 | Family Medicine**  
Assistant Professor | Dartmouth-Hitchcock

My professional work has been deeply influenced by a wise and wonderful book, *Getting to Maybe: How the World is Changed*. In this chronicle of large and small social change movements, coauthors Frances Westley, Brenda Zimmerman, and Michael Quinn Patton offer a dynamic framework for interpersonal transformation in general, and health-care transformation in particular.

Whether I'm coaching an individual patient toward better health, or guiding students to some new understanding, or collaborating with colleagues to improve local systems of care, the process of change is invariably messy, inherently unpredictable. Westley, Zimmerman, and Patton have challenged me to embrace that messiness and to leverage uncertainty. "Social innovation," they write, "demands simultaneously that we set a course, move to action, and relinquish the idea that we can control the outcome." This relinquishing is humbling, but also unexpectedly empowering. "Maybe" (the book, and the word itself) is a playful paradox, suggesting both uncertainty and possibility, and, in the end, compelling my simultaneous acceptance of both.

**Dr. Patricia Glowa | Family Medicine**  
Assistant Professor | Dartmouth-Hitchcock

Ursula Le Guin, the daughter of a writer and an anthropologist, imagines tribes, cultures, languages, whole worlds. In each of her works, she stretches my understanding of human potential and, hopefully, my acceptance of difference alongside similarity.

Her novel *The Left Hand of Darkness* has been especially important to me. The peoples of the world in this book are non-gendered until they enter the state of kemmer—a season of sexual differentiation and potential procreation. At that time, an individual may become male or female at random, so an individual may become a mother or a father. This concept challenges me to step back from all the gender stereotypes and assumptions we are not usually consciously aware of.

How do you reach across worlds to understand a person who is neither he nor she but both? This effort helps me receive my patients as they are: complex and deep, pluripotent, both different from and the same as all of us.

**Dr. Richard Mamelok, DMS '72-3 | Internal Medicine and Clinical Pharmacology**  
Consultant to the Pharmaceutical and Biomedical Industries | Palo Alto, Calif.

I think literature has not actually influenced what I've done professionally, in any sense obvious to me, but literature *has* influenced how I have thought about what I've done.

I read in a very synthetic fashion, exceedingly conscious of how one work relates to others, within my imagination and worldview. Thus I find it impossible to pick just one book as most influential, and I have found plays and poems to be as influential as longer works of prose. My list includes: *The Book of Revelation* in the Bible, *The Sound and the Fury* by William Faulkner, "For Whom the Bell



Patricia Glowa:  
"Ursula Le Guin . . . stretches my understanding of human potential."

Tolls" by John Donne, "A Refusal to Mourn the Death, by Fire, of a Child in London" by Dylan Thomas, and *King Lear* by Shakespeare. As a personal canon, these works illustrate that the range of human personalities and plights is wide; that physicians, researchers, and patients are all subject to petty cares and grand creations, tragedy, and reconciliation; and that the mission of the medical profession in all its manifestations is to ease suffering, informed by the notion that each patient solipsistically thinks of himself as special.

**Dr. Emily Transue, DMS '96 | Internal Medicine**  
The Polyclinic | Seattle, Wash.

Twenty books would have been easier to pick than one, but I have to choose Jane Kenyon's poetry collection *Otherwise*. She writes simple, vivid, lyrical poems about the small moments that make up our lives: flowers in the frost, ironing a tablecloth. Her musings on depression, and the relief from it, come to me every time I see a depressed patient; in a few words she draws the reader completely into an otherwise inaccessible state of mind. Many of her poems are on themes of illness—her parents' deaths, and her own ultimately fatal leukemia (she lived in New Hampshire and was treated in Seattle, both resonant settings for me).

But these poems are hopeful and warm as well as sad. Her words have taught me tremendous lessons about empathy and the strength of the human heart in the midst of grief—both themes I carry with me daily through my professional (and personal) life.

**Jane Kenyon draws the reader completely into an otherwise inaccessible state of mind. . . . Her words have taught me tremendous lessons about empathy and the strength of the human heart in the midst of grief.**

## Creating space for human connections

A frequent complaint about modern medicine is that it moves so quickly there is little time for meaningful interactions between patients and caregivers. The same holds true among those who work in health care. Conversations among caregivers are often limited to the exchange of essential information about patients, schedules, treatment regimens, and hospital policies. So perhaps that's why the Literature & Medicine program—a sort of book club for caregivers—generates such enthusiasm from participants.



**The Literature & Medicine program—a sort of book club for caregivers—is “a good antidote to burnout.”**

This hospital-based, scholar-led reading and discussion program is officially called Literature & Medicine: Humanities at the Heart of Health Care. Since its creation in 1997 by the Maine Humanities Council, it has spread to 24 states with support from the National Endowment for the Humanities. DHMC has a Literature & Medicine program that's run in collaboration with the New Hampshire Humanities Council. The Vermont Humanities Council oversees the program at the White River Junction VA, which helped pilot the program within the VA system; 14 VAs nationwide have since signed on.

The program offers “a safe way to talk about things that are happening in the workplace,” says Mark Fitzsimmons, director of community programs for the Vermont Humanities Council. “There are all sorts of reasons not to talk about the things that . . . are having an impact on you” as a caregiver. But “those issues will find their way into the conversation when one is talking about . . . literature.”

That's exactly what happened during an evening session at the White River VA in early November, when about 15 caregivers met to discuss *Broken for You* by Stephanie Kallos. Scholar Suzanne Brown, a Dartmouth English professor who has also facilitated Literature & Medicine sessions at DHMC, led the group in a discussion of the novel's characters and their resistance to change.

“You see that here in patients all the time,” said one participant, an oncology nurse. “They won't budge. They won't budge. They won't budge. But then, all of the sudden, you see them budge. Then they start to grow and thrive.”

Helping health-care professionals grow and thrive, personally and professionally, is a specific aim of the Literature & Medicine program. “The program is particularly successful at creating space for those human connections between providers to be made,” says Fitzsimmons. According to feedback gathered by the program, “the empathy that participants have for each other is also translated into their work with patients,” he explains.

Fitzsimmons admits that the effects of the Literature & Medicine programs on patient care and professional satisfaction may not be directly measurable. “I guess getting to the heart is not necessarily an efficient enterprise,” he says. But the program works because, as he puts it, “it's really human interactions that keep people going.” Human interactions, and well-told stories. JENNIFER DURGIN

[Transue has herself written two books. See [dartmed.dartmouth.edu/w08/103](http://dartmed.dartmouth.edu/w08/103) for an excerpt from her most recent one, *Patient by Patient: Lessons in Love, Loss, Hope, and Healing from a Doctor's Practice*.]

**Dr. John Porvaznik, DMS '56 | General Surgery  
Indian Health Service and U.S. Assistant Surgeon General  
(retired) | Chesterfield, Mo.**

I join generations of physicians who have been influenced by the essays of Sir William Osler. In “Aequanimitas,” he speaks to physicians at all stages of their careers, from intensely focused medical students to harried practitioners to physicians in their later years. His essays have provided inspiration, sustenance, wisdom, and guidance to me, and I continue to find them ever-fresh.

As a physician serving American Indians from 1962 to 1991, I also found inspiration in the writings of John Collier, a sociologist, advocate for Indian rights, and commissioner of Indian Affairs from 1933 to 1945. His book *Patterns and Ceremonials of the Indians of the Southwest* was based on his experiences in and out of government. In the book, he discusses the Navajo, Hopi, Apache, Pueblo, and Zuni peoples. While Collier clearly acknowledged the material poverty of these tribes, he also recognized the richness of their culture. Collier has his critics, but his writings reflect respect and admiration for the tribes and a desire for Anglo-Americans to partner with the tribes instead of trying to dominate them.

The message I took from his writings was that while we non-Indian physicians brought invaluable, often life-saving skills and knowledge to the Indian people, our efforts could be enhanced by an understanding and respect for their culture and traditions—a message that prevailed through my 29 years with the Native Americans.

**Dr. Susan Pepin | Ophthalmology  
Associate Professor | Dartmouth-Hitchcock**

Different books influenced me in different ways on my path to becoming a physician. In college, I read *The Man Who Mistook His Wife for a Hat and Other Clinical Tales* by Oliver Sacks because I was taken with the title. I found much humanism in his clinical vignettes of patients with neurological diseases, and the book sparked my interest in neurology and ultimately neuro-ophthalmology. Sacks also inspired me to try to become a physician as well-read and caring as he portrayed himself.

As a medical student on the verge of becoming a spouse and mother, I read with keen interest *Other Women's Children* by Perri Klass. Told in the first and third person, the novel follows the struggles of pediatrician Amelia Stern to take care of children

with AIDS and maintain her home life. After reading this book, I began to ponder how individuals balance the conflicting needs of professional responsibilities, personal health, and family.

During my residency, Nelson Mandela's autobiography, *Long Walk to Freedom*, gave me a stronger understanding of his struggle against racism and apartheid. Many years later, Mandela remains an inspiration for those of us who work to end inequities in health care.

**Dr. Timothy Takaro, DMS '42 | Thoracic Surgery  
Chief of Staff | Asheville, N.C., VA Medical Center (retired)**

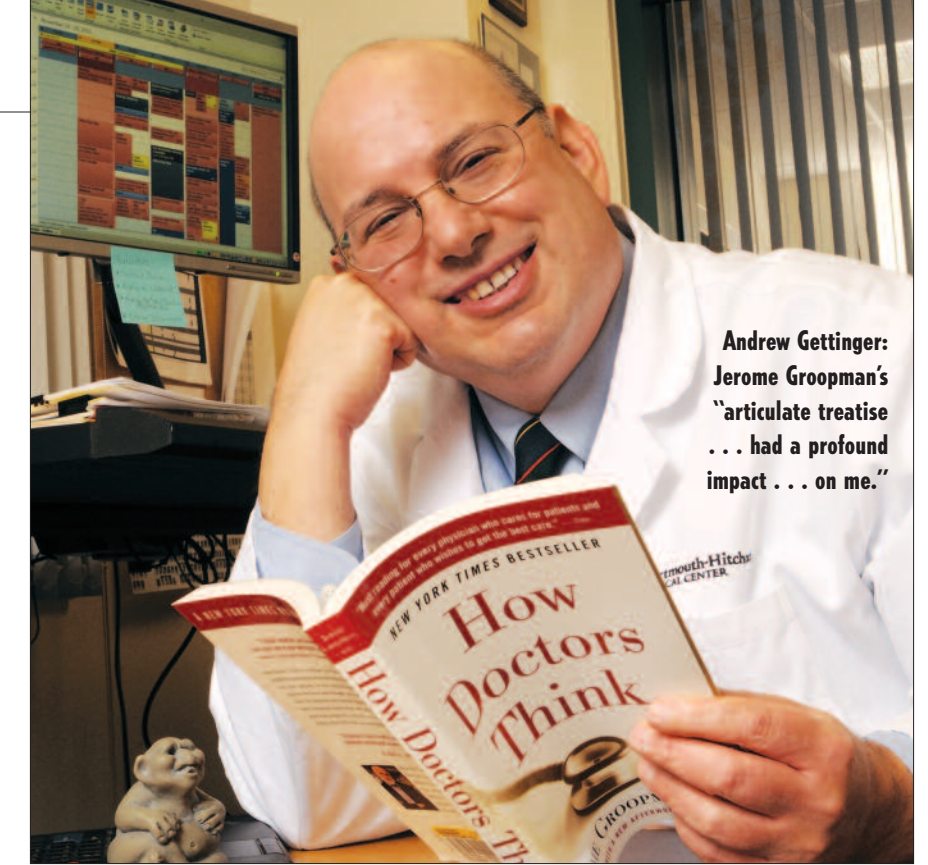
It is a magazine article rather than a book that I had the greatest impact on me. The July 11, 1949, cover story in *Time*—titled “Religion: Reverence for Life,” about Albert Schweitzer—was heady stuff. Here was a man who had chucked established careers in music (he was a famous organist), musicology (he wrote the definitive study of Bach), philosophy, and theology to take up medicine at age 30. He thought he owed society a debt for his privilege and good fortune, which he would try to repay by service to humanity, becoming a doctor in equatorial Africa.

The story profoundly changed the direction of my own thinking. I was newly married and a surgical resident at the Mayo Clinic, about to begin training in thoracic surgery. Marilyn, my wife, was a surgical nurse. We decided that we, too, had an obligation to spend at least part of our lives in service to humanity. Dr. Schweitzer's primitive facilities in Gabon could not support thoracic surgery, so we set our sights on India and found a sympathetic sponsor in the Presbyterian Church USA. For the next three years, our family (by then we were four) worked in a tuberculosis sanatorium in Bombay State, treating patients and setting up a training program in thoracic surgery so the work could continue after we left. These were among the most rewarding years of our lives. [For more about Takaro's experience in India, see [dartmed.dartmouth.edu/sp08/103](http://dartmed.dartmouth.edu/sp08/103).]

**Dr. Andrew Gettinger, DMS '79 | Critical Care Medicine  
Associate Professor | Dartmouth-Hitchcock**

Jerome Groopman's *How Doctors Think* is an articulate treatise on the frequently flawed thought processes that physicians use to translate a series of symptoms and physical findings into a diagnosis. Groopman documents what happens when incorrect early impressions lead to misdiagnosis and subsequent treatment failures. He eschews the current movement toward protocols and rails against the undue influence on practice by the pharmaceutical industry.

His even greater insight comes from his descrip-



**Andrew Gettinger:**  
Jerome Groopman's  
“articulate treatise  
. . . had a profound  
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tions of his own medical care and the difficulties he experienced. A series of well-regarded physicians struggled to diagnose and identify a treatment plan that addressed his condition.

His critical portrayal of these encounters will resonate with anyone who has had challenges receiving medical care. I suspect that his personal experience had a profound impact on his own practice and believe this book can have a similar impact on any physicians who read it—as it did on me.

**Dr. David Goodman, DMS M.S. '95 | Pediatric Allergy  
Medicine and Clinical Immunology  
Professor | Dartmouth-Hitchcock**

When I was 12, I stumbled upon *Arrowsmith*, the Pulitzer Prize-winning novel by Sinclair Lewis. Published in 1925, it is set in vivid pre-Depression America. Part satire, part tragedy, the book chronicles Martin Arrowsmith through several stages of his life—medical student, intern, general practitioner, and medical researcher. Arrowsmith struggles with a medical profession riddled with quackery and commercialism, as Lewis takes aim at medical education, clinical practice, and research institutes.

There is much that is humorous in the book, but its dark currents carry the reader on a disquieting journey through a medical landscape where science is often the poor relation to physician autonomy and financial self-interest. In the end, Arrowsmith seeks reconciliation through research, where an occasional success is worth the daily failures. ■

**I found much humanism in  
Oliver Sacks's clinical  
vignettes. . . . He also  
inspired me to try to  
become a physician as  
well-read and caring as  
he portrayed himself.**