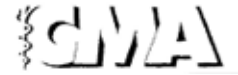




North Coast Physician



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Cover Photo

"LOADING THE BARGE"
 JEANETTE RICHARDS, M.D.

The Editorial and Publications Committee encourages our member's comments for publication.

Please submit electronically prior to the 15th of the month preceding publication.
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CONGRATULATIONS BILL HUNTER, M.D.

2016 CMA FREDERICK KM PLESSNER MEMORIAL AWARD FOR OUTSTANDING RURAL PHYSICIAN

As a graduate of the prestigious UCLA School of Medicine, Willard M. Hunter, M.D., could have gone anywhere to practice family medicine, but he chose rural Humboldt County, where the natural beauty inspired him.

In the 1980s, he started his practice in Redway, a town with a population of less than 1,000, at a time when there was a “serious shortage” of obstetrical services.

"When I first started out, I wanted to be a doctor for people who didn't have a doctor," said Dr. Hunter.

Dr. Hunter not only delivered babies, but he also set broken bones, treated chain saw injuries and cared for the dying. His talent and versatility have made him a standout to patients and referring physicians alike.

Family medicine is particularly challenging in a rural area, said colleague John A. Montgomery, M.D., a general, vascular and thoracic surgeon. Family practitioners in rural areas must have an extensive and broad knowledge base because it's hard to refer patients out of the area to specialists. “In this regard, Dr. Hunter is superb,” said Dr. Montgomery. "I have watched him tackle difficult medical problems with logic, tenacity and insight."

Since 1989, Dr. Hunter has served as medical director of the Open Door Community Health Centers. Through his leadership at Open Door, what was once a small health center for the very poor is now a group of 13 clinics, and three mobile clinics, spread throughout Humboldt and Del Norte counties, serving approximately 50,000 patients a year and employing over 500 members of the community. Dr. Hunter has also been a key figure in providing compassionate health care to people with HIV. During the 1980s and 90s, with the discovery HIV disease, Dr. Hunter showed true talent in providing state-of-the-art treatment to patients in Humboldt. “He was willing, when many other providers were not, to do what was needed for a desperate and marginalized population,” said colleague Mary Meengs, M.D., who has worked with Dr. Hunter at Open Door for the past 14 years. "He cared for these patients with respect and grace.”

For the past 10 years, Dr. Hunter has also led the Humboldt community's work in providing medication-assisted treatment for opiate dependent patients. “He took the time to get trained and has remained on the leading edge of national standards,” said Dr. Meengs. According to 2015 U. S. Census data 21 percent of Humboldt county residents live in poverty — the median household income is \$40,000 and the area has a 7.4 unemployment rate. “[Dr. Hunter] had taken on the neediest segment of our population, those without insurance and who are disenfranchised by poverty, geographic isolation, mental illness, and substance dependence. He has provided direct care and been a leader and an inspiration to other providers,” said Dr. Meengs.



This versatile and compassionate man has become a vital part of his North Coast community, providing quality rural care. “We started out taking care of so many marginalized people and now we have become a big part of the primary care network in Northern California,” said Dr. Hunter.

His patients travel long distances to get his care. Many of them dress up, just to see me, he says. “I feel lucky to be a physician,” he said. “I feel honored to be a physician — this is a huge honor and a privilege that I never take for granted."

Dr. Hunter was the 2016 recipient of the California Medical Association's (CMA) Frederick K.M. Plessner Memorial Award, which honors a CMA member who best exemplifies the practice and ethics of a rural practitioner.

The award video is available on CMA's YouTube channel,
www.youtube.com/cmaphysicians.

On When Breath Becomes Air and Being Mortal: Honoring the Dragon

Scott Sattler, M.D.



Winter has come to the north coast bringing blustery weather marked with cold wind and rain, begging me to build a fire in the woodstove, grab a good book and a cup of whatever, and settle in relative repose to catch up with a bit of reading.

Having just turned seventy last month and steered by the recommendations of several good friends and my physician daughter Amelia, my hands turned to the pages of two profoundly relevant books. Both of these works spoke to the metamorphic changes that accompany human aging, whether this aging is induced unexpectedly by disease or trauma, or gradually by the accumulated frailty of cellular apoptosis, the primary physiologic process that leads to ‘growing old’. Both books are unique because they are written by physicians and address not only the inevitable progressive deterioration of the physical body but also the deep-seated psychosocial-spiritual aspects of ways to appropriately and functionally deal with the final stages of the lives of our patients and ourselves.

The first book, *When Breath Becomes Air*, was written by Paul Kalanithi, a 36-year-old Stanford neurosurgery resident who, in his final year as chief resident discovered that he had widespread metastatic lung cancer. He died from it at the age of 37. Kalanithi had also earned a masters degree in English literature at Stanford and for years, drawn to exploring the issue of what makes life meaningful, he had wanted to become a writer. When his lung cancer was discovered

he wrote his best friend “The good news is I’ve already outlived two Brontës, Keats, and Stephen Crane. The bad news is that I haven’t written anything.” During the course of his illness he fulfilled that dream by his diligent writing. The result is an inflected book written with intense honesty, clarity, insight and literary acumen. He died in March 2015. This book is a must read for medical students, physicians and all those drawn to expand their capacity to attend to their own mortality and to that of those they love and care for.

The second book, published in 2014, is Atul Gawande’s *Being Mortal*. Gawande is a surgeon practicing at the Brigham and Women’s Hospital in Boston and a professor at both Harvard Medical School and the Harvard School of Public Health. This, his fourth best seller, focuses on society’s need to acknowledge and prepare for the inevitability of human mortality and of physicians’ need to restructure the way they professionally and personally deal with this reality. I quote Gawande from the book’s epilogue:

“Being mortal is about the struggle to cope with the constraints of our biology, with the limits set by genes and cells and flesh and bone. Medical science has given us remarkable power to push against these limits, and the potential value of this power was a central reason I became a doctor. But again and again, I have seen the damage we in medicine do when we fail to acknowledge that such power is finite and always will be.

“We’ve been wrong about what our job is in medicine. We think our job is to ensure health and survival. But really it is larger than that. It is to enable well-being. And well-being is about the reasons one wishes to be alive. Those reasons matter not just at the end of life or when disability comes, but all along the way. Whenever serious illness or injury strikes and your body or mind breaks down, the vital questions are the same: What is your understanding of the situation and it’s potential outcomes? What are your fears and what are your hopes? What are the trade-offs you are willing to make and not willing to make? And what is the course of action that best serves this understanding?”

“... Sometimes we can offer a cure, sometimes only a salve, sometimes not even that. But whatever we can offer, our interventions, and the risks and sacrifices they entail, are justified only if they serve the larger aims of a person’s life. When we forget that, the suffering we inflict can be barbaric. When we remember it the good we do can be breathtaking.”

Being Mortal’s chapter headings well describe the scope of topics Gawande addresses in depth: The Independent Self, Things Fall Apart, Dependence, Assistance, A Better Life, Letting Go, Hard Conversations, Courage. He insightfully addresses the difficult task of discerning the difference between extending life and prolonging death, and in doing so he shines light upon the need for integrating the patient’s vision of a good life and a good death into the decision-making process, giving specific suggestions on how to approach such conversations.

“DRAGON”, Continued on Pg. 20

SOMETHING ON YOUR MIND? WANT TO SHARE YOUR THOUGHTS WITH YOUR COLLEAGUES? PLEASE SEND THOSE THOUGHTS FOR PUBLICATION IN THE NORTH COAST PHYSICIAN OR IF YOU’RE INSECURE ABOUT YOUR ABILITY TO WRITE - LET US HELP YOU.

“DRAGON”, Continued from Pg. 4

In his closing, for those wishing to investigate or pursue issues he has raised, Gawande annotates a broad array of his resource material ranging from Tolstoy’s *The Death of Ivan Ilyich* (1866) to Oregon’s *Death with Dignity Act 2013 Report*. I came away from reading this book with a deep appreciation of the time and energy he had put into studying this complex subject; he is a master of the art of communicating through the written word.

I also came out of this reading reminded of the old Sufi wisdom-school adage “Honor Your Dragons”. It speaks to the fact that we are constantly being confronted by ‘dragons’ throughout our lives. Some appear on the physical plane like the chronic leaky faucet on the back porch or the constant stiff neck from knitting too much or the persistent need to deal with your diabetes. Some dragons hang out more on the mental plane: that relative whose politics you find intolerable, the recurrent memory of when you blew your temper years ago and still wish it had never happened, that recurrent fear that the constant ache in your back is cancer, not just arthritis. And yet other dragons hang out more on the spiritual plane, as in ‘I’m not in good spirits these days’ or “Nothing I do makes me happy any more” or “What am I supposed to do with my life now that I’ve retired?” or “What gives my life value now?”

Such dragons have a lot in common. They are powerful and persistent. They carry destructive potential. They follow you wherever you go. So how do you deal with dragons? You can’t turn your back and ignore them or they will fry your backside. You can’t fight them because they’re professional dragons and you’re at best an amateur, part-time dragon fighter. You can’t go around them or run away because they follow you. So how do you deal with dragons??? You have to honor them.

Honoring a dragon means that you

have to treat it with respect and give it something you value, frequently your time and attention, and often, it turns out, a piece of gold now and then. You have to look at the leaky faucet and realize it’s going to rot your deck if you don’t address it, then take time to pay attention to it, disassemble it, replace the washer and put it back together. You have to figure out how to substitute a non-painful activity and give your knitting posture a break. You have to pay a significant amount of time and attention to the dragon of diabetes to keep it in control. Sometimes you need to seek counseling for recurrent mental dragons, trusting others to give you help. You may need to set aside time to focus on the existential questions of life through vacation, retreat or meditation. This is how you de-dragon dragons. You show them honor.

When it comes to end-of-life care of the frail and the debilitated, as physicians we have focused almost exclusively on the fantasy of the defeat of the dragon of Death. And this is a fight we cannot win. Death always wins. Dealing with death is not a battle, it’s a massacre. The real dragon, Gawande points out, is the patient’s fear of the horrification of one’s life experience during one’s final days, strapped and immobilized onto an ICU bed, intubated into silence, sedated into semiconsciousness, isolated from the loving touch of friends and family, body kept alive by fluid-filled tubes, heart kept beating by the electronic wizardry of a pacemaker. This is the patient’s dragon. This is the dragon that needs to be faced. Fear of this scenario arises from the fact that, on the whole, many physicians do not countenance contemplation, let alone open discussion with their patients of the timely option to support natural death. Before the weight of mortality can grow lighter, it must become more familiar. Gawande’s book offers a compass to help guide the way. §

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A self-supporting committee of the HDN Medical Society, our Consortium for Continuing Medical Education is accredited by the CMA Institute for Medical Quality to plan and accredit local programs to meet the needs of our physicians. Credit is provided for Grand Rounds, Tumor Board, Cardiac Cath Lab, UCSF Case Conference, Neo-Natal Resuscitation, etc. In addition to coordinating programs based on the feedback we get from the membership, we also work with the Humboldt IPA, Hospice, Public Health and other local agencies in coordinating CME credit for physicians.

HELP IDENTIFY LOCAL EDUCATIONAL NEEDS

HELP SUPPORT LOCAL EDUCATION - BE A CONSORTIUM MEMBER

Interested in speaking at Grand Rounds?
Contact CME Coordinator, Terri Taylor
442-2353
ttaylor_hdnems@sbcglobal.net

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