

INSIDE Medicine

The Newsletter of the Department of Medicine

Empathy and Failure

A Message from the Chair, Steve Abramson

This issue of *Inside Medicine* features Dr. Jennifer Adams, MD, director of the newly established *NYU Langone Center for Empathy in Medicine*. Dr. Adams, working closely with Dr. Jon LaPook, Professor of Medicine (Gastroenterology) and other NYU colleagues, will bring a concerted program to focus on enhancing the empathic insights and behaviors across our community. While it is generally assumed that the focus of empathy in medical education relates to how physicians connect with their patients, empathy is crucial in our support of each other. Medicine is always a “becoming,” and along the way there are challenges, especially when a physician feels they have failed their patients. Peer groups, coaches, Ombuds and other formal institutional programs are provided to offer support. However, each of us needs to understand the personal challenges inherent in the practice of medicine: under our care patients die, suffer adverse events or do poorly, causing us to question our decisions and abilities. Empathy in this context is not only something we strive to bring to the care of our patients, but also to our colleagues who feel the periodic stresses of perceived failure. Wisdom of this sort came from an unexpected source this past week: Giannis Antetokounmpo, superstar basketball player on the Milwaukee Bucks, whose team had been eliminated from the playoffs. Antetokounmpo was asked in a post-game interview if he considered the Bucks’ season to be a “failure for not winning the championship.” His response rivaled any quote from *Meditations* by the stoic Marcus Aurelius: “*Every year you work, you work towards...a goal – it’s not a failure. It’s steps to success.*” So, as we launch the *NYU Langone Center for Empathy in Medicine*, think of the *steps to success* pursued by each of our colleagues and trainees, and how we can recognize and provide support during the inevitable bumps in the journey.

The Advisor Is In: The Center for Empathy in Medicine



In 2014, Dr. Jon LaPook unveiled the Empathy Project at NYU Langone, backed by an eclectic group of supporters. LaPook, a distinguished gastroenterologist, was ideally suited for the role. As Chief Medical Correspondent for CBS News, his circle included some of the best editors, directors, and script writers in news and entertainment, and the collaboration resulted in a series of Hollywood-quality short films that train healthcare workers to develop more humane relationships with their patients—to connect with them in ways that empower the patient to be effective participants in their own care.

Building on Dr. LaPook’s project, NYU Langone has created The Center for Empathy in Medicine. Its inaugural director is **Jennifer Adams, MD**, an assistant professor in the Department of Medicine, with extensive experience as a clinician and researcher in primary care and medical education. We interviewed her recently about her plans for the new center. Here are some highlights.

WHO HELPED GET THE CENTER STARTED?

I worked with a remarkable group of leaders. Jon LaPook did much of the groundwork and continues to be a marvelous creative force. Steve Abramson, Sandy Zabar, and Marc Triola provided the support and expertise to get us up and going. They believed from the outset that empathy is a core value of our healthcare system.

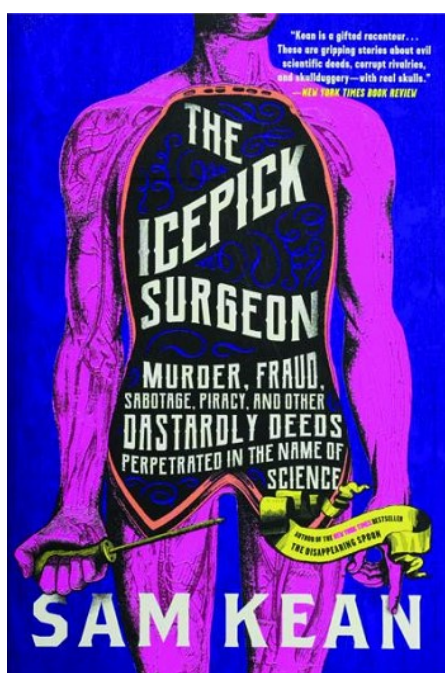
WHAT ARE YOUR IMMEDIATE GOALS?

First, to develop a formal curriculum on empathy for our students, working closely with Dr. Triola’s Institute for Innovation in Medical Education and Dr. Lapook’s Empathy Project. We intend to recruit faculty with a special interest in the subject and to bring in experts to help guide the process. Second, to establish an intensive, two-year fellowship program—five fellows per year—that will provide our institution with a continuous flow of young leaders who understand the value of research and training in empathy. Third, to evaluate our progress through evidence-based methods—to hold ourselves to the highest standards of academic rigor.

WHAT WILL SUCCESS LOOK LIKE IN FIVE YEARS?

We have two fundamental yet complimentary missions: to encourage better patient outcomes and to develop physicians who understand that their own well-being—their health, confidence, and productivity—is tied directly to the satisfaction they derive from their work. I believe that we have ways to accurately measure these outcomes. And I’m confident we have the resources, technology, and enthusiasm to succeed.

What They're Reading

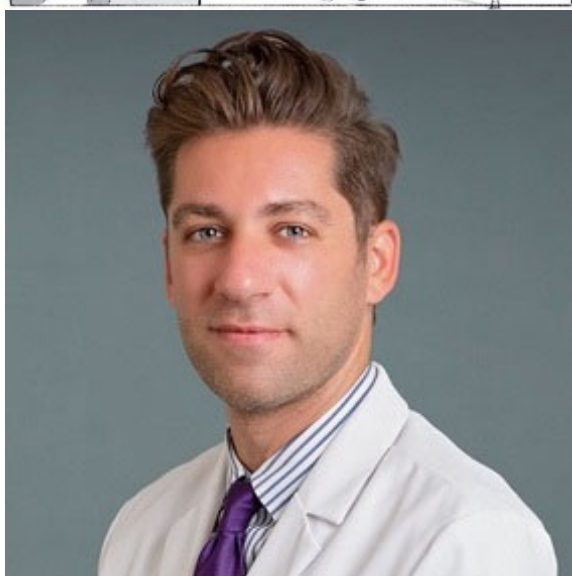
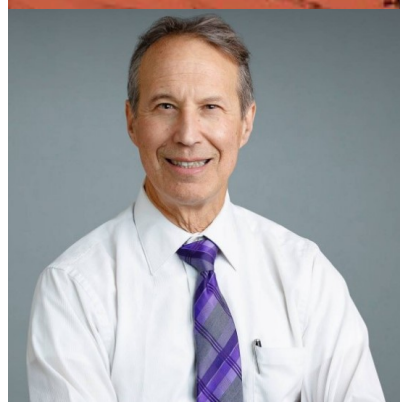
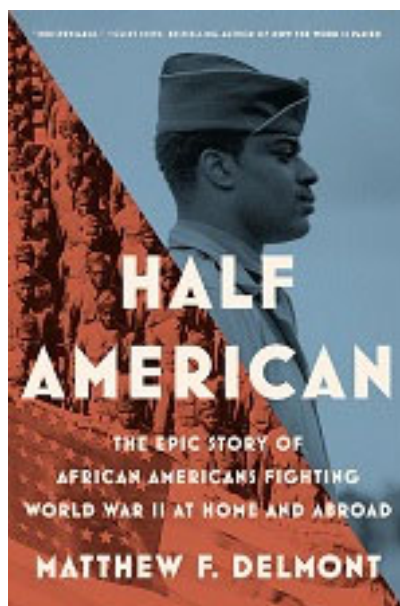


In his latest offering, science writer **Sam Kean** once again masterfully weaves together vignettes from the history of science with the overlooked but integral cultural, social, environmental, and human aspects of these stories. *The Icepick Surgeon* coalesces around the sinister theme of scientists who disregarded ethical boundaries and displayed a stunning lack of consideration for humanity in the name of science while in pursuit of their intellectual goals. Some of these featured stories may be familiar—such as the horrors of the Tuskegee experiments or the widespread adoption of the frontal lobotomy—while others are less well-known—including an in-depth recounting of how the transatlantic slave trade is inextricably linked with the advent of modern scientific inquiry. Throughout, Kean accomplishes two goals: he illuminates some of the most morally reprehensible actions in the history of science (lest we are doomed to repeat them, as the saying goes) and vividly illustrates Albert Einstein’s wise observation: “Most people say that it is the intellect which makes a great scientist. They are wrong: it is character.”

Alexandra Imperato, MD
Fellow, Pulmonary/Critical Care

I knew that the US armed forces tasked with fighting against the bigotry of the Nazi regime was in fact guilty of many of the same policies—after all, it took until the late 1940s for a Missouri politician named Harry Truman to finally end segregation in the military. *Half American* by **Matthew Delmont** describes the emotional and sometimes physical abuse endured by Black men who volunteered or were drafted to fight in the Second World War. The author is a professor at Dartmouth and I heard him describe his work while being interviewed on the PBS evening news. While much of this history was familiar to me, there is value in being reminded of where we were as a country 75 years ago. The heroes of this history are those Black soldiers who came back and began a second fight for equality in our own country.

Ira Goldberg, MD
Director, Division of Endocrinology, Diabetes and Metabolism



I recently read *In*, a beautifully-crafted graphic memoir by **Will McPhail**, an accomplished, hilarious, and talented artist of *New Yorker* cartoon fame. In brilliantly-drawn panels that read more like a cinematic film than a comic book, he tells the story of his young adulthood as a struggling, lonely, and socially awkward artist. He has a mastery of comedic timing and banter; in particular, a series of pages where he depicts a first date with a woman he meets at a bar—combining what is going on his head with what is actually transpiring in reality—was hilarious. McPhail also, rather uniquely, incorporates a hyper-realistic and colorful style in a few pages interspersed between the more traditionally illustrated panels, which adds to the depth of this masterpiece of a book and highlights the juxtaposition of what he is feeling inside and what is expressed outwardly. While I found myself marveling at the incredible artwork of each panel, I also surprised myself by laughing aloud at many of the humorous interactions he depicts. Though I chuckled through each page, I turned the last page in tears, as this complex graphic novel touches on a very real, very emotional twist that we learn at the end, making the journey of reading this book a deeply emotional and meaningful experience that I would recommend to everyone and anyone.

Michael Natter, MD
Clinical Assistant Professor of Medicine, Division of Endocrinology, Diabetes and Metabolism

The Historian Is In



Marica and Jan Vilcek



Currier McEwen

Five years ago, the Arnold P. Gold Foundation and the Jan and Marica Vilcek Foundation created an annual award to honor “a foreign-born individual who has had an extraordinary impact on humanism in healthcare.” Previous winners include Dr. Mona Hanna-Attisha, the pediatrician whose relentless efforts drew nationwide attention to the widespread lead poisoning of children in Flint, Michigan; and Dr. Vivek Murthy, the 19th Surgeon General of the United States, who led the federal government’s multi-faceted approach to the exploding opioid crisis. I am honored to be one of the jurors who selects the recipient.

This dual award is a testimonial to the personal life and professional career of Dr. Jan Vilcek. Born into a Jewish family in Czechoslovakia, Jan spent much of his childhood years hidden in a Catholic orphanage to protect him from the Nazis. When the war ended, Czechoslovakia came under Communist rule as part of the Soviet bloc. After receiving his medical degree, Jan fled to the West with his wife, Marica, an art historian and museum curator. Arriving in New York City in 1965, he joined the faculty of the NYU School of Medicine, where he became a global leader in microbiology and immunology. In 2000, with royalties from the sales of Remicade, a revolutionary medication co-developed by Dr. Vilcek to treat autoimmune diseases such as rheumatoid arthritis and ulcerative colitis, the couple created their foundation to highlight the contribution to immigrants to healthcare, biomedical science, and the arts. In 2005, they donated more than \$100 million to our medical school for basic research; five years later, they gave an additional \$21 million to renovate the medical school dormitory and provide scholarships for the students.

The Vilcek’s story is part of a larger narrative regarding NYU’s remarkable relationship with immigrant physicians. It is well known that each of our four Nobel Prize winners—Austria’s Eric Kandel, Germany’s Otto Loewi, Spain’s Severo Ochoa, and Venezuela’s Baruj Benacerraf—were foreign-born, and that Kandel, Loewi, and Ochoa were political refugees. Less well known is the fact that our medical school has long been a haven for physicians seeking refuge from tyranny.

It began with Dr. Rudolph Ehrmann, a prominent medical researcher who, by fortunate coincidence, happened to be Albert Einstein’s family physician in Berlin. (Einstein, of course, was part of the scientific exodus from Nazi Germany and Fascist Italy that included Hans Bethe, Neils Bohr, Enrico Fermi, Leo Szilard, and Edward Teller, among others.) In 1939, Einstein received news that Ehrmann, having been offered a one-year fellowship at NYU Medical School, would have to return to Germany, and certain imprisonment as a Jew, unless his stay could be extended. Knowing that the State Department, then a bastion of anti-Semitism, would not intervene, Einstein penned a note to Ehrmann’s son, Rolf, directing him to “go immediately to Dean Currier McEwen [of NYU Medical School] and give him this letter.” McEwen responded immediately, offering Ehrmann a position as a clinical professor of medicine.

McEwen would serve as dean from 1937 to 1955. A distinguished rheumatologist, he encouraged his top faculty members to offer numerous “life-saving appointments” to German-Austrian physician/researchers, including Otto Loewi. Working quietly, McEwen told a friend that because “no one school could afford to keep all the Jewish scientists and physicians on its faculty permanently, NYU offered them two-year appointments to satisfy the State Department and get them away from the Nazis quickly. This gave them time to establish a private practice here or to get themselves onto other faculties.”

McEwen lived to the age of 103. His many obituaries do not include his selfless humanitarianism during the darkest period of the 20th century. But a later piece in the [Jewish Standard](#) perfectly described him as “a little-known hero of the Holocaust.” Amen to that.



David Oshinsky, PhD

Director, Division of Medical Humanities
Professor of History, NYU

News & Awards

Several investigators in the Department of Medicine recently received NIH awards. We spoke to select PIs about their novel study designs and research plans.



Genetic and Immuno-inflammatory Drivers of Post-acute Pulmonary Sequelae of SARS-CoV-2. Steven Abramson, MD (Rheumatology), Rany Condos, MD (Pulmonary). The goal of this proposal will be to study the frequency, chronicity and etiology of post-acute sequelae of SARS CoV-2 with protocols designed to characterize genetic and immuno-inflammatory factors that influence post- COVID complications. Our longitudinal studies will evaluate progressive pulmonary and neurocognitive dysfunction following acute COVID-19 infection, assessing host genetic, inflammatory and autoimmune causes that will enable the development of future treatments.

Sarcopenia as a Preoperative Risk Stratification Tool Among Older Adults with Inflammatory Bowel Disease. Adam Faye, MD, MS (Gastroenterology). Surgery is often deferred for older adults with inflammatory bowel disease due to the high risk of an adverse surgical outcome. We have developed a preoperative risk stratification tool to better understand which factors contribute to adverse surgical outcomes among older adults with inflammatory bowel disease—particularly focusing on the different measures of sarcopenia.

Mechanisms of atherosclerotic cardiovascular complications in COVID19. Chiara Giannarelli, MD, PhD (Cardiology). Using complementary and clinically relevant human and hamster models of SARS-CoV2 infection, coupled with molecular imaging of atherosclerosis done at the NIH-NIAID Integrated Research Facility at Fort Detrick (MD), this award intends to identify the molecular basis for the increases the risk for acute CV outcomes in COVID19 patients and CV long-term complications.

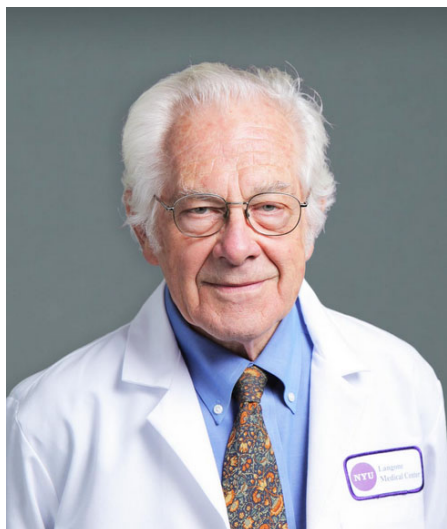
COVID-19 shutdown: impact of healthcare disruptions on cardiovascular health disparities among people with multiple chronic conditions in New York City. John Dodson, MD, MPH (Cardiology). This grant is a collaboration between myself (Cardiology) and Dr. Lorna Thorpe (Epidemiology) and uses electronic health record data from both the INSIGHT Clinical Research Network and NYC Health and Hospitals Corporation (NYC H+H) to study the impact of healthcare disruptions related to COVID-19 on cardiovascular health disparities in people over age 50 in New York City.

NIH K24 Mid-Career Mentoring Award. John Dodson, MD, MPH (Cardiology). The award supports my mentoring activities with a particular focus on trainees with an interest in digital health and aging-related syndromes. In parallel the award will support further development of the GeriKit smartphone app for geriatric assessment, which was designed at NYU in collaboration between Dr. Dodson and Dr. Nina Blachman (Geriatrics).

ALKBH5 and nickel-induced lung carcinogenesis. Hong Sun, PhD (Environmental Medicine). Nickel compounds are well-established human lung carcinogens. This proposal aims to investigate the functional role of N6-methyladenosine (m6A) and its demethylase ALKBH5 in nickel-induced malignant transformation and lung carcinogenesis. Two specific aims are proposed to address the key events involved: The success of this research proposal will improve our understanding of the mechanism underlying nickel lung carcinogenicity and provide new aspects on m6A demethylase as a prognostic biomarker or therapeutic target to improve clinical outcomes of lung cancer.

Chylomicrons and endothelial biology. Ira Goldberg, MD (Endocrinology). After a meal, chylomicrons containing dietary triglycerides and fat soluble vitamins interact with endothelial cells lining the arteries. Both chylomicrons and LDL are internalized by vascular wall endothelial cells via similar receptors. This grant will define the epitopes on apoB, the major structural protein of these lipoproteins, that interact with endothelial receptors and will test whether non-lipid-containing fragments of apoB will compete for chylomicron and LDL uptake and transcytosis and will reduce atherosclerosis.

Jerome Lowenstein, MD, Keynote Speaker



Jerome Lowenstein, MD
Firm Chief, Department of
Medicine

To say that I was honored to have been selected as the keynote speaker for the tenth anniversary graduation of the Xavier School of Medicine would be an understatement. I had been the keynote speaker at the first graduation of the school in 2012, which took place at a high school in Queens, NY.

In responding to the suggestion that I address my remarks to “Medicine: Past, Present, and Future,” I found myself describing my experience at NYU School of Medicine and Bellevue Hospital, beginning in 1953. I spoke of lectures delivered by dedicated physicians who combined their teaching with clinical or basic research, and caring for patients, and described in some detail my relationship with Dr. Saul J. Farber, a dedicated teacher and researcher. As chief medical resident, for one year I made daily rounds with Dr. Farber and witnessed his dedication to teaching and the direct personal care of Bellevue’s sickest patients; more

than once I stood watching him fasten their robe or replace their dentures. I tried to convey to these new graduates the gratification I found in combining a life of patient care, research, and teaching at NYU School of Medicine and Bellevue Hospital.

Predicting the future, I quoted the famous NY Yankees catcher, Yogi Berra, who said “the future is not what it used to be.” I expressed the hope that the Biomolecular Revolution, the identification of diseases by their gene defects would not replace the rewards that come with the direct care of a patient who presents with an illness and often evolves into a rewarding relationship. I tried to convey to the graduates my belief that medicine will continue to be a noble and rewarding profession.

Copies of my book, *The Midnight Meal*, initially published in 1997, were distributed to all of the graduates.

Appointments, Promotions, and Achievements



Mel Rosenfeld, PhD, was among the recipients of this year’s NYU Distinguished Teaching Award, chosen for “his stellar contributions as an educator and innovator in undergraduate medical education and for his leadership as an advisor to our medical students.”



Alina Kasyanova was appointed Senior Division Administrator for the Division of Cardiology.



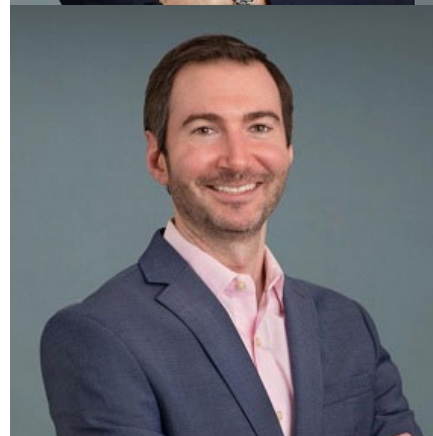
James M. Lai, MD, ScM, MHS, joined the NYU Grossman School of Medicine as the inaugural Associate Director, Clinical Services in the Division of Geriatric Medicine and Palliative Care.



Richard Greene, MD was promoted to Professor of Medicine within the Division of General Internal Medicine.



Marc Triola, MD was promoted to Professor of Medicine within the Division of General Internal Medicine.



Adam Faye, MD, MS received an ACG Career Development Award.

Nominations for Faculty Mentor of the Year

In 2020, the Department of Medicine created the Faculty Mentor of the Year awards to recognize outstanding DOM faculty who contribute their expertise, time, and energy to supporting junior faculty in their professional development. These awards cover three categories: Education, Clinical, and Research. Last year's recipients were Doreen Addrizzo-Harris (Education); Doug Bails (Clinical); and Judith Hochman (Research).

The Department is now soliciting nominees for the 2023 Faculty Mentor Awards. Criteria for selection include excellence in mentorship and professional development of the Department of Medicine faculty. It may also include excellence in design or execution of innovative and impactful mentoring programs and/or

Featured Student Essay

I had a patient who died.

I had a patient who lived.

I had a patient who wanted to leave but we wouldn't let him.

I had a patient who we wanted to leave but she wouldn't go.

I had a patient who was a mother, who was a father, who was just like me.

I had a patient who gave me the creeps. I had a patient who treated me like a son.

I had a patient who couldn't understand me but still smiled every time I talked with him.

I had a patient who went missing but had only left to go get a snack from downstairs.

I had a patient who ate a whole bag of candy because she felt like it.

I had a patient who scolded her husband for taking her to the hospital on Valentine's Day.

I had a patient who sang through the interpreter but the interpreter didn't sing.

I had a patient who walked to the CT scanner and forced them to scan him instead of waiting another day in the hospital.

I had a patient who yelled and screamed and pooped and then cried because they were "sorry".

I had a patient who sent us a card and some pie for helping her feel better.

I had a patient who got housing because of an HIV diagnosis.

I had a patient who survived a complicated pregnancy and delivery.

I had a patient whose family thanked us for honoring their wishes as they died.

I had a patient who finally got discharged after living at the hospital for months.

I had a patient who wouldn't wear any clothes while staring me straight in the eye.

I had a patient who would fake cry whenever my senior came in.

I had a patient who wouldn't let us touch him but would complain when he felt worse.

I had a patient whose whole family died in a war.

I had a patient who will just come in again next month because he can't get his meds.

I had a patient who has stage 4 breast cancer—she's 47 with two kids.

I had a patient with [insert rare disease here].

I had a patient with nonclassical symptoms.

I had a patient that was a walking case report.

I had a patient with a heart murmur (that I heard!).

I had a patient who we didn't know what they had, and we didn't figure it out until later.

I had a patient who could tell me more about their disease than I could tell them.

I had my first patient!

I had a patient who had a disease that wasn't really related to this conversation but what you just said made me think of it.

I had a patient who I think of every time COPD comes up.

I had a patient who made me question my competency.

I had a patient who made medicine feel like it was worth it.

I had a patient and they called me doctor.

Samuel Lee was born in Philadelphia, Pennsylvania, and grew up in St. Paul, Minnesota. He graduated with a BS in biochemistry and a minor in anthropology from Washington University in St. Louis and is currently a 2nd-year NYU Grossman School of Medicine student. He has enjoyed clinical clerkships so far and plans to apply to ophthalmology residency, with specific clinical interests in neuro-ophthalmology and cornea. Outside of school, Sam enjoys reading fantasy novels, improving at chess, and playing basketball or spikeball with his friends.



Events & CME

Medicine Research Day

The Department of Medicine will hold its annual Research Day on Wednesday afternoon, June 7th. This is a wonderful opportunity to present your most exciting research to your colleagues in the areas of basic discovery science, translational research, data sciences and digital health, clinical and population research, implementation science and education research. Top-ranked submissions will be invited to give ultra-short oral presentations.

AHA 2023 Wall Street Run & Heart Walk

Join your colleagues to raise funds, celebrate survivors, and have fun along the way at this year's Heart Walk. Sign up for one of NYU Langone's teams to support the AHA in its efforts to defeat heart disease and stroke.

Thursday, May 18, 5:00-8:00pm

Brookfield Place, NYC

Register [here](#)

The Division of Hospital Medicine held its second annual CME Course: Transforming Hospital Medicine Through the Care Continuum—Leveraging Health IT on February 22nd and 23rd with 208 registrants.



Copyright © 2023 NYU Langone Health. All rights reserved.

Our mailing address is NYU Langone Health • 550 First Avenue • New York, NY 10016