



Thursday Memo – March 26, 2015

Influences - by Rick Sacra

Wow-this is an incredible privilege to be here today with you, and to be receiving this honor, among some of my most respected teachers and colleagues.

As I've joked with many over the past 6 months, I'm in the newspapers and on the 6:00 news because I made a mistake and got sick. And there are many very dedicated physicians who do similar work in hard places all over the world whose work goes unrecognized. And so I would like to accept this award on behalf of all of those who are working quietly and anonymously in West Africa as we speak, serving under very challenging conditions, giving their all to end the Ebola epidemic and the suffering and loss it has brought with it.

I wanted to share just one or two stories with you that have crossed my mind over the last couple of weeks as I've thought about this occasion, and they focus on some of those who have modeled for me what it means to be a family physician.

When I was growing up in Wayland, Mass, our family doctor was Dr. Burke. He made rounds at Emerson Hospital on his patients every day, and saw out patients in an office that was attached to his home. He was kind, gentle, and reassuring. I was fascinated by everything about the doctor's office and the practice of medicine from a very young age. Dr. Burke's character and intelligence were so appealing to me, that I decided from sometime in elementary school that I definitely wanted to be a doctor just like him.

I remember when I was 14, one Saturday morning I developed abdominal pain, and over about 3 or 4 hours it became very intense in the RLQ. My mom called Dr. Burke, and he saw me. He sent me over to Emerson Hospital to see the surgeon, and there I had my appendix out. My hospitalization was the most exciting event of my junior hi years-the only disappointment being that they refused to give me my appendix in a jar of formalin to keep as a souvenir.

Besides Dr. Burke, the other model I had for the kind of doctor I wanted to be, I learned about at home and at church. The model of Jesus as recorded in the gospels was very appealing to me. I'll quote for you from Mark chapter 1: And a leper came to him, begging him, and kneeling said to him, "If you will, you can make me clean." Moved with compassion, he stretched out his hand and touched him and said to him, "I will; be clean." And immediately the leprosy left him, and he was made clean. The compassion and acceptance that Jesus showed to the marginalized, chronically ill, or difficult has always been an inspiration and a model for me.

When I was in my clinical years at UMass in the 80s, I did several rotations at the Worcester City Hospital. I noticed the outpatient care there was fragmented, compared to my experiences with a family doc growing up. When someone would call for an appointment, the person answering the phone would ask "What's bothering you" and when the patient said "I have a headache, a terrible cough, and my knees hurt", they'd reply, "OK, I'll make you 3 appointments; one with neurology, one with pulmonary, and one with orthopedics." Well, at least there's been progress in primary care in downtown Worcester-occupying that same exact space where City Hospital had its outpatient department is the Family Health Center of Worcester, where I have the privilege to work alongside a team that provides excellent, patient-centered, culturally competent care to an incredibly diverse population.

I got my start in my medical career at the Family Health Center of Worcester, and have enjoyed a supportive team of colleagues and staff there over the years, including my first Boss, Dr. Warren Ferguson, and Dr. Lucy Candib, both of whom I considered early mentors and models. They demonstrated how to provide thorough, thoughtful care, taking into account not only the science and evidence but also the social and family context of the patient. They also modeled for me how to balance patient care with teaching residents and students, and how to do it with keen insight into the needs of the learners.

In August of last year, I was asked by SIM to return to Liberia to help at ELWA Hospital, after Dr. Kent Brantly and Nancy Writebol had become ill with Ebola and were in the process of being evacuated to the US. I returned to a city of well over a million people without a functioning hospital. Doctors or nurses had gotten sick with Ebola, and hospitals were closed for decontamination. Staff were afraid to return to work. Other organizations were focused on expanding and improving access to care for patients with Ebola. I had gone to help our medical director, Dr. Jerry Brown, reopen the hospital. We prioritized the need for emergency obstetric care because this seemed most urgent. During the 1st week we delivered 15 women who had been in labor anywhere from 3 to 10 days. Most of them arrived at the hospital with IUFDs, and needed cesarean sections. We only had 2 live births that entire first week. We took care of women who came from up to 3 or 4 hours away, often in desperate condition, weakened by days of labor. With God's help, we were able to save most of these moms. The work was challenging, and each member of the team had to cover multiple roles. We were short staffed. Some days I provided anesthesia, other days I was the surgeon. A couple nights we had no midwife available, so I stayed over with the nurse aid and served medications and provided routine care.

What will it take to end the current Ebola epidemic? There are medical challenges-the need for effective antivirals, the need for a proven Ebola vaccine, and an accurate, rapid test. But the hardest challenges are not the technical ones, but the human ones. Getting to ZERO cases requires health professionals who can understand cultural barriers, who can reach out to frightened people with compassion, who know how to educate patients and communities at an appropriate level and in a culturally sensitive manner. In short, the character traits and skills needed to battle Ebola are the very same ones that define Family Physicians. This is why our key goal for the coming years at ELWA Hospital is to open a Family Medicine residency program for Liberian physicians, because we feel that Family Physicians will be the key to strengthening Liberia's health system for the next crisis.