42nd Annual Northwest Podiatric Consortium Graduation Address
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It is a distinct honor to have been asked to address the graduating residents of two of the most coveted residency programs in the United States. I spend a good part of my professional life speaking to colleagues, residents and students, but never have I dwelled so long on the messages I want to deliver tonight, as the dispensing of life's advice to me is serious business, and I hope I am up to the task.

Like most of my talks, I try to plan out the strategy of the presentation, and tonight is no exception. First, I have been told to limit the speech to 10 -15 minutes. In an unusual act of defiance on my part, I may not be able to so adhere.

There will be no typical inspirational "this is the first day of the rest of your life" type pronouncements. I assume that just being here today means you have honored your parents and families, have led ethical lives, demonstrated perseverance, and have overcome some adversity to achieve your goals – so none of that tonight.

I plan actually to talk about my favorite subject, ME, (LOL), because after all it's my life experiences that shape the tidbits of advice that I will offer, in no particular order of importance, in the remaining few minutes.

So let's get started. The list that follows (projected on screen) includes the names of individuals who have preceded me in this function in recent years. John Schuberth, Rich Bouche', Jeff Page, Sigvard T. Hansen, Kaj Johansen, Michael Copass, Gary Jolly, Ron Ray, James Thomas, Rod Hochman, MD (CEO-Swedish), and Guido LaPorta.

Some of them are sitting in this room right now, icons, along with the many attendings in your program who have achieved with distinction. Some of them I have respected from a distance for many years. In fact, I remember distinctly saying to myself many times, "gee, I will never achieve like them." Some of them were just acquaintances to me some 20 years ago, and now many of them have called on me to speak at their meetings, actually interested in what I have to say. And even better, some have become my good friends. Of anything I can wish for you today, I wish that you achieve a fraction of the enormous professional satisfaction I enjoy that comes from the good fortune of developing relationships with people you have regarded as icons. This for me personally brings incredible sense of achievement. More on relationships later.

But the first rule of graduation speaking is to personalize the moment. So at this time, I would like to ask the following individuals (graduates), Dr. Craig Clifford, Dr. Jeff Robertson, Dr. Kevin

McCann, and Dr. Thurmond Laneir to stand in their place and have all in attendance offer our heartiest congratulations for a job well done (Followed by audience applause for about 30 seconds). Okay guys, you can sit down now.

Experiences while learning your craft have value in all aspects of your life, not just in practice. You will be reminded of this many times in various situations and find a parallel with lessons learned during residency training in podiatric medicine and surgery.

Your chosen profession is still very young, and although technologically we have made great strides, we have a long way to go in simply being nice to each other. While colleagues may marvel at your medical and surgical skills, they will appreciate most that you are generous with your knowledge and respectful of theirs. The word “doctor” is Latin for “teacher.” This is your true obligation from this day forward. Knock someone down based on the fact that they are not trained as well as you is in my opinion an unrecoverable event that will forever negatively brand you in that person’s mind. Hurt one colleague inappropriately and you hurt your entire profession. Encourage, teach, help, and advise, and you will define the concept of fraternity that will also result in everlasting branding of quite the opposite nature. Both scenarios have a strong ripple effect. Choose wisely how you would like to be remembered.

Mentors – You may have had many mentors along the way, but usually one or two stand out, perhaps more. Whether they are from grade school, high school, college, all the way up to this moment, you have at least one for sure. If they are still alive, give him or her or them a call! Tell them what has happened to you and how they made an important difference in your life. I promise that you will be giving a gift that is priceless, not to mention the unbelievable feeling it will give you. Then, you “pay it forward” by striving to affect others that come after you in the same way.

One of my most memorable personal experiences with mentorship follows:

Dempsey Springfield, MD is a world-renowned musculoskeletal oncologist, with whom I had the pleasure to practice with from 1998 through 2005. He was the former chair of Orthopedics at Mount Sinai hospital in New York City, where I am also currently based. He is famous for doing the most complicated and ablative resections for musculoskeletal tumors, while preserving life, limb, and function to the maximum possible. I was fortunate to be asked to see patients with him where the lower extremities were involved. Several years ago, around 2003, there was a case of a young child with a malignant bone lesion in the lower extremity, necessitating a procedure known as a “rotation-plasty” wherein after a wide resection of the tumor, the lower leg is repositioned so that the foot is at the level of what used to be the knee joint, rotated 180 degrees so that the foot would face posterior. In that position, the patient is then fitted for a prosthetic lower leg and the repositioned and rotated foot functions well as a knee joint. This surgery, while obviously traumatic, offers the advantage of sparing nerve tissue so that there is no phantom limb pain, and it eliminates the need for allograft and joint replacement. The only implant is a fixation plate to attach the lower leg to the thigh. As the child grows, the prosthesis

is lengthened. This procedure is done for cancers involving the distal femur and/or proximal tibia. The following photo shows the post-operative result of a rotation-plasty:

After learning about this procedure and discussing it at length with Dr. Springfield, I was having a hard time accepting the visual outcome, fixating on what a young child would have to endure from a societal perspective with such a deformity, completely overshadowing the fact that this surgery could cure the patient of bone cancer. Being a parent myself, I was actually almost in tears while discussing this case. Dr. Springfield explained to me that these children do very well, and that the reactions of the parents, relatives and friends are what become problematic both pre- and post-operatively. He taught that the key to a successful emotional outcome for the child was modifying the response of the family first and to whatever extent possible, the extended circle of relatives, friends, teachers, and others. Done correctly, these patients grow and thrive as well as any others. Although certainly not earth-shattering, I found this information drastically reduced my impression of unending torture for the child, and however selfishly, made “me” feel better. I also remember feeling glad that this type of situation would never be part of my normal day. But never say never.

Now fast forward to July 2006, some three years after the case just described. A young child from Brooklyn, NY, develops a severe respiratory infection which causes respiratory failure, septic shock, and actual necrosis of part of her lungs, necessitating extracorporeal membrane oxygen therapy (ECMO). ECMO is a special procedure that uses an artificial heart-lung machine similar to the bypass equipment used during open-heart surgery to perform the work of the heart and lungs. It is not available in all hospitals. The child was transferred to a major teaching institution in New York City (not mine) for this therapy. It saved her life. She went on to have part of her lung removed, and eventually was stabilized enough to breathe on her own and survive the infection. While on ECMO, due to the use of pressor drugs to keep up her organ reserve, she developed dry, frank gangrene of the distal aspect of several fingers and both of her feet involving the distal toes up to just distal to the ankle articulations. The surgeons at the hospital planned to perform bilateral below–knee amputations, as well as the tips of several fingers, because they wanted to decrease the possibility of more infection, and the family was advised that this would provide the best recovery from a prosthetic point of view.

Naturally, the family was grateful for the child's survival, but they began to concentrate on the realities of the child living as a bilateral lower extremity amputee as well as losing the tips of several fingers. They demanded a consultation for a second opinion.

Through a set of personal and professional connections, I and an orthopedic hand and plastic surgeon in my group were asked to go to the hospital and perform a consult with the family that would be focused on "saving" the child's legs. This was agreed to by her treating doctors at the institution she was in. We first visited her at bedside. She had obviously been through a tough battle, but was alert, could smile, and obviously was on the mend. Her feet were jet black from just anterior to the ankle to the tips of the toes, as if her feet were spray painted with black paint. Several fingers on each hand revealed distal gangrene, but it was clear that grip function would be preserved, and she would be able to write and do most things with little limitation. There was clearly no infection present. As a parent, even as a doctor, I was devastated. To this day I cannot explain how I avoided breaking down at that moment. We then went outside the room and met with the child's mother and grandmother, also clearly battle-worn. The mother looked at me in the eyes and with speech intermittently broken up with cries, asked if I knew how the world will react to a double amputee, and how her life would be so diminished? How will she marry? I was somewhat embarrassed by this focus, being that the child's life was spared, but I also knew at that moment there was nothing I could do to undo the cultural realities that so occupied their minds. I prayed silently for something meaningful to say. In an instant, like magic, and unconsciously, Dr. Springfield's words flowed into my mind.

In somewhat of an emboldened fashion, I told the mother that her child was going to be fine. Whatever the final surgical outcome, I explained that the resiliency of children is remarkable, and it is the reaction of the family and extended community that is problematic, and that it is their problem, not the child's. I explained that the details are burdensome and shocking to any parent, but that they would have to be their child's strong advocate, and inform and teach those who come to know her how normal she is, and not how disfigured she is. I went on to say that that would ensure her success and that I would be pleased to one day receive a wedding invitation. Then a tear escaped my right eye, which unintentionally added some credibility to what I was saying. I will never forget the change in their facial expressions, clearly manifest of an absolute "paying it forward" moment. My colleague went on to echo my comments and promise them that we would do everything to try to preserve what we could.

We were able to convince the physicians at the hospital to cancel the surgery and see what the final demarcation points would be. In the meantime I consulted with a world renowned prosthetic specialist who stated that children can actually walk on their distal tibias, and if we could get some fat or muscle underneath the ankle mortise after disarticulation of the feet, she would grow normally and have full activity with the correctly fabricated foot prosthesis. Below-knee amputations actually would be unnecessary. A few weeks later, the patient was transferred to our hospital, where our foot and ankle orthopedic surgeon and hand/plastic surgeon removed the involved fingers as required, and disarticulated the feet, where both distal tibias were found to be viable, as well as enough soft tissue to place underneath. She

then went on to get her prostheses and actually be “normal.” For me, the fundamental nature of doctoring will never be clearer. Thank goodness for our mentors, and the opportunity to capture their mentoring and pay it forward.

Now there is some sage advice you will undoubtedly hear that I actually disagree with. Pronouncements like “Don't be defined or limited by the steps you have taken in life or the profession you have chosen. “ Or “Take time to smell the roses.” And perhaps “Don’t become the richest doctor in the cemetery.” Of course these are all about life balance, which most doctors struggle with. I believe that it is enormously positive to be defined by your chosen profession. All the icons sitting in this room are defined by their life’s achievements in the performance of podiatric surgery. Yes, they may have other interests, but honing their skills and developing new procedures and teaching unequivocally defines them to us, their patients, and yes, their families. In addition, the medical world you are entering is not the same as it was even ten years ago.

Almost daily there is another assault on the autonomy of medical practice and it will only get worse. The days of working 9 to 5 are over in most places if you want to do better than just scratch out a living. Therefore, if you want to coach little league, or be a scoutmaster, make every ballet recital, or whatever else, something will have to give on the practice side and you will need tremendous support whichever way you choose or whichever way works for your family. I just ask that you take the time necessary to decide these issues with those closest to you with careful reflection so that when conflicts arise you will be able to make adjustments without feeling that some aspect of your life is being shortchanged. This indeed may be the most important advice I can give.

Next, David Foster Wallace tells the following story: An atheist guy and a religious guy are sitting in a bar in the remote Alaskan wilderness, arguing passionately for and against the existence of God. And the atheist says: “Look, it’s not like I don’t have actual reasons for not believing in God. It’s not like I haven’t ever experimented with the whole God and prayer thing. Just last month I got caught away from the camp in that terrible blizzard, and I was totally lost and I couldn’t see a thing, and it was fifty below, and so I tried it: I fell to my knees in the snow and cried out ‘Oh, God, if there is a God, I’m lost in this blizzard, and I’m gonna die if you don’t help me.’” And now, in the bar, the religious guy looks at the atheist all puzzled. “Well then you must believe now,” he says, “After all, here you are, alive.” The atheist just rolls his eyes. “No, man, all that was a couple Eskimos happened to come wandering by and showed me the way back to camp.”

What Wallace is illustrating here is the ability of people on opposite sides of an issue to be certain of something with no real evidence of their respective positions. It does not matter which side of belief you are on, but the broader issue is adopting “blind certainty” which Wallace defines as a “close-mindedness that amounts to an imprisonment so total that the prisoner doesn’t even know he’s locked up.” As you develop in your practice life, early on you are bound by the teachings of your mentors but soon you will find that there is more than one way to do things. Don’t be rigid when it comes to medical and surgical decision making, as you will become “locked up” as Wallace describes, rendering you unable to learn, improve, and grow. Flexibility is better.

Back to relationships. Michael Dell has stated “Try never to be the smartest person in the room. And if you are, I suggest you invite smarter people … or find a different room….. my own growth as a leader has shown me again and again that the most rewarding experiences come from my relationships.“ My own experiences absolutely support this notion. I have had the great fortune to be surrounded by experts in virtually every field in medicine. During my training in the department of Dermatopathology at the New Jersey Medical School in the early 90’s my mentor, Dr. Clark Lambert took me to my first national pathology meeting where I was introduced to internationally prominent scientists in many sub-specialties in pathology. I remember a dinner where I was introduced to them as a podiatrist. What followed was remarkable……people who I was in awe of discussing their foot issues with me! Since that moment, I never hesitated to seek the presence of brilliant accomplished people in medicine, and it has served me very well as many extraordinary personal and professional experiences have resulted and are ongoing. Michael Dell is totally correct.

Now, I would be unable to conclude without imparting some podiatric medical advice to you. So here goes:

Never remove a soft tissue mass without making an effort to know its biology, by doing an open incisional biopsy and/or frozen section. Why?

1) Removal of a malignancy before knowing it was malignant is substandard and may be severely detrimental to the patient.
2) Leaving a patient in this situation may require extensive surgical resection of normal tissue because margins are undefined
3) Removal of benign and malignant tumors leaves residual tissue 50% of the time. The aim of orthopedic surgical oncology is to remove the tumor in the surrounding bed of normal tissue and not otherwise touching it
4) Some malignancies require chemotherapy and/or radiation before surgical excision.
5) In the case of malignancy, the disease should be staged before definitive local surgery is done

If you adhere to this principle, by getting a biopsy before you excise, you (and your patient) will never get in trouble during the initial management of a soft tissue mass.

Read a newspaper every day. This was advice my father gave me, even though he mostly read the horse racing results. Out of respect to my father, I give it to you.

This is an art piece depicting a spoon casting a shadow as a fork. Each of us may have their own particular interpretation of this. For me it portrays my last bit of advice: Be yourself. Stay true to your sense of ethics no matter how high the temptation not to. Don't try to be what you are not. Don't attempt procedures for which your experience dictates that someone can do it much better. Approach your colleagues as a podiatrist, just like they are, and make them want to be around you by acting fraternal, respectful, and by mentoring. Your program has a deep culture in the mentoring process and you owe it back in the future just like the debt you may have incurred in securing your education. Honor these commitments and I am sure that you will one day be able to reflect on a life well lived.

Congratulations to the four of you, and congratulations to your families on this very special night.