CLASS NOTES

'40s As a resident at Pitt's Western Psychiatric Institute and Clinic, Chapman Isham (Psychiatry Resident ’41) remembers walking by an art therapy class and stopping when he saw patients using watercolors. He asked the occupational therapist about painting, and she gave him a book on watercolors that directed him to a lifelong avocation. Now a Distinguished Fellow of the American Psychiatric Association, Isham has retired and is a practicing artist. He teaches watercolor at several Texas community centers. Isham shows his artwork regularly and has the honors to prove it, including a regional “artist of the year” award, several “best of show” awards, and a raft of first-place juried show awards.

His kids always said, “Dad, you’ll never be rich,” but David Flom (MD ‘42) didn’t go into medicine for the money. Flom has been practicing out of the same office in Pittsburgh’s Oakland neighborhood for 60 years. At 88, he cannot envision retiring. “Retiring is for old people. I’ll be practicing till I get it right,” he says. Flom never received his bachelor’s degree because at the time, he didn’t have the $10 required to process the degree. With the help of his family physician, he was accepted into Pitt’s med school and graduated near the top of his class. Since then, he has treated five generations of patients. Flom says he will not charge patients for visits he knows they cannot afford. That may not be the best business practice, but with three children, 25 grandchildren, and 31 great-grandchildren, Flom says his life is tremendously rich.

'70s Forty-six million people in the United States are without health insurance, and Scott Tyson (MD ’79) would like to give them a safety net. As an advisory board member of Pennsylvania HealthCare Solutions Coalition, Tyson advocates for Pennsylvania Senate Bill 1085, the “Balanced and Comprehensive Health Reform Act,” which aims to essentially eliminate private health insurance companies in favor of a common healthcare trust managed by appointed experts. Tyson expects opposition from insurance agencies and, for pleasure, paints his surroundings in Sutton Bay, Mich.

Varma In 1957, before going into medicine, Fred Lamb (Pediatric Critical Care Fellow ’82) began working as a commercial artist. He says he never could have anticipated that 20 years later he would be saving children’s lives as a pediatric critical care physician. Lamb sometimes refers to Detroit as “Murder City.” In one year there, he says, he saw 47 gunshot-wound victims under the age of 17. He remembers another young patient: A girl in junior high had overdosed on a prescribed psychotropic drug. She went into cardiac arrest and was put on life support. Lamb’s team administered a charcoal-filter stomach wash for two-and-a-half days. Three days later, she woke up. After her recovery, Lamb attended her bat mitzvah and later saw her become a pediatric psychologist. These days, Lamb has retired from medicine and is working occasionally as a freelance artist again. He creates medical illustrations for malpractice lawsuits and, for pleasure, paints his surroundings.

'80s As a child in Colombo, Sri Lanka, Ramesh K. Ramanathan (Hematology/Oncology Fellow ’95) accompanied his physician grandfather on house calls. Ramanathan remembers his grandfather’s attentive bedside manner: “He used to sit and just listen, which was a rarity in those days.”

After the tsunami in 2004, Ramanathan, who is an associate professor of medicine and director of the gastrointestinal cancer program at the University of Pittsburgh Cancer Institute, returned to Sri Lanka to assist in disaster relief. He found himself adopting his grandfather’s mannerisms and spending time listening to stories of tsunami victims. Ramanathan and others at Pitt then partnered with the Batticaloa Teaching Hospital in Sri Lanka to establish a program for doctors to train in Pittsburgh.

Located on the east coast of the island, Batticaloa is the only teaching hospital in the United States are without health insurance, and Scott Tyson (MD ’79) would like to give them a safety net. As an advisory board member of Pennsylvania HealthCare Solutions Coalition, Tyson advocates for Pennsylvania Senate Bill 1085, the “Balanced and Comprehensive Health Reform Act,” which aims to essentially eliminate private health insurance companies in favor of a common healthcare trust managed by appointed experts. Tyson expects opposition from insurance agencies and, for pleasure, paints his surroundings in Sutton Bay, Mich.

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Located on the east coast of the island, Batticaloa is the only teaching hospital in a region of more than 1 million people. However, it lacks much modern medical equipment. So UPMC and its employees raised money for relief and donated equipment. This summer, Batticaloa physicians Peethamaram Jeepara, a laparoscopic surgeon, and Sivalingam Naveenakumar, a dialysis specialist, came to Pittsburgh for three weeks. Both doctors hope to improve the standard of care at their hospital. Currently,
developed a “team of four” approach to diabetes, incorporating a physician, support staff, the patient, and the patient’s family. She is collaborating with the University of Pittsburgh Diabetes Institute to demonstrate and publish her results from following 395 diabetic patients for five years. Her patients are given homework: They call once a week to check in with a nurse. They take Varma’s grocery list to the supermarket, not their own. She envisions her paper as a road map for primary care offices to provide observant, participatory care, instead of writing a prescription, dispensing advice, and hoping for the best. “We’re already spending the money on treating the complications,” she says. “We’ve got to invest it in controlling... the ABCs [A1C (blood glucose levels), blood pressure, and cholesterol]. It’s all in the mindset.”

’00s

A toddler ingests cleaning solution. A middle-age heroin addict overdoses. A depressed teen takes too many sleeping pills. Any of these people could be Daniel Brooks’ (Emergency Medicine Resident ’00) next case. As chief of medical toxicology at UPMC, Brooks, who originally considered a career in psychiatry, appreciates the deductive challenges of his field. His patients don’t always tell the truth, and when they deny consuming harmful substances, he tries to approach them with empathy and pragmatism. Currently a Pitt assistant professor of emergency medicine, Brooks is investigating how patients tolerate Acetadote, an acetaminophen antidote.

Richard and Kristen Kuk (both MD ’03) shared the same group of friends during their first year of medical school. Their friendship grew into a romance during their second year and the couple matched to Hershey, Pa.—Richard in internal medicine and Kristen in obstetrics and gynecology. After a year of residency, Kristen decided the obstetrics’ lifestyle was “too crazy.” However, a look at the couple’s peregrinations tells us they haven’t exactly settled down. After they married in 2004, Richard switched to internal medicine at Virginia Commonwealth University. Kristen (née Cobb) took a year to do research in surgical oncology there while she investigated which specialty to pursue. She settled on an ophthalmology residency at Louisiana State University and moved into a first-floor apartment in downtown New Orleans one month before Katrina hit. (Somehow, it did not flood.) Kristen now travels to hospitals across the state. (The hurricane shut down Charity Hospital, the main source of LSU rotations. See related story on p. 39.) And Richard is currently doing a hospitalist year in internal medicine in Covington, La. But don’t expect to see the Kux shopping for a house or furniture anytime soon—Richard begins a cardiology fellowship at the University of Maryland in July 2007.

At Pitt, Ali Radfar (MD ’03) worked on fat cell metabolism research with William Futrell, Pitt clinical professor of surgery, the summer after his first year of medical school. On that project, he was intrigued by the synergistic intersection of technology, medicine, and business—so much so that he didn’t even apply for residency after med school. Instead, Radfar went to work for the venture capital company iNetworks in Pittsburgh. He’s now with Cowen and Company Healthcare Investment Banking in New York City. One hot topic he works on is how to use stem cells from fat for therapy and cosmetic procedures.

—Katie Hammer & Alicia Kopar

patients in need of specialized care must drive seven hours to a hospital in Colombo, the capital.

The doctors learned diagnostic techniques they can put to use in Batticaloa. Jeepara says he was impressed by the minimally invasive surgical and diagnostic techniques he observed at Pitt. In Sri Lanka, for comparison, bariatric surgery and hernia repairs require a sternum-to-pubic-bone incision and a stay of two or three days. Naveenakumar found the efficient system of communications between specialists at UPMC “astonishing.”

The next step for this grassroots project: Ramanathan and his Sri Lankan colleagues hope to give Pitt med students the opportunity to study tropical diseases and tertiary hospital care in Batticaloa. —AK

Leon Metlay (MD ’77, Pathology Resident ’81) was on his clerkship in the Presbyterian University Hospital ICU in July of 1976 when disoriented patients began arriving with fever, chills, cough, and aches. All were men—veterans, in fact, who had attended the American Legion convention in Philadelphia. Metlay, then a third-year med student, remembers it as a scary time but a tremendous learning experience to take part in the care of victims of an unknown infectious agent. Metlay specializes in pediatric pathology and is an associate professor of pathology and laboratory medicine at the University of Rochester, where he has been on the faculty for 24 years. “Anywhere I look I see physicians in practice who used to be my students. Even my doctor used to be one of my students,” Metlay says with pride.

He says others did it more often, but like many of his classmates Metlay occasionally took notes for Thomas Kavic (MD ’77, Radiology Resident ’81, Imaging Fellow ’82). On clinical rounds, Metlay might reach over and jot down important information about a patient in Kavic’s notebook. Kavic had lost his hearing at age 1 because of nerve damage from meningitis. He worked on his speech with the help of a therapist and learned to lip read on his own at a regular public school. Today, Kavic is a radiologist working in Western Pennsylvania and Ohio. He is active with the Association of Medical Professionals with Hearing Losses. Kavic says that, as a med student, he always explained his hearing loss when he met with a new patient. His clinical professors sometimes said that patients opened up to him more than to others, perhaps because he paid such close attention to their faces as he read their lips. Kavic’s specialty is ultrasound, for which he’s pursuing a bachelor’s degree online at the University of Arkansas for Medical Sciences.

THE WAY WE ARE
CLASS OF ’77

Ramanathan (third from right) with colleagues in Batticaloa, Sri Lanka.
James Zehner (MD ’77, Family Practice Resident ’80) just celebrated 25 years in private practice near Titusville, Pa. “In the rural community, I end up wearing an awful lot of hats,” Zehner says. In the mornings, he rounds at Titusville Area Hospital, visiting referred patients and checking on newborns. Then he’ll see 25 to 30 patients at his office, where he provides a lot of geriatric care.

Janet Waller (MD ’77, Radiology Resident ’81) met Zehner in anatomy class. They were seated alphabetically, so Mike Wusylko (MD ’77), now a primary care physician in private practice in Cranberry, Pa., and a few other classmates separated them, but not for long. Waller and Zehner married immediately after their first year of med school. She considered a specialty in primary care, then switched to radiology. It made it easier for her to work part-time when her three children were young. Nine years ago, she joined Northwest Medical Center (now UPMC Northwest), in Seneca, Pa.

Freddie Fu (MD ’77, Orthopaedics Resident ’82) is the standard-bearer for his class. Chair of Pitt’s Department of Orthopaedics, Fu is the guru of anterior cruciate ligament (ACL) repair. His department is doing pioneering work exploring anatomical reconstruction of the ACL as a “double bundle” of fibers, rather than the standard single bundle. As president of Pitt’s Medical Alumni Association a few years ago, Fu once remarked that admission to the med school has become so competitive that he would not have been accepted by today’s criteria. Dean Arthur S. Levine immediately offered to give Fu’s application a second look.

James McLaughlin
SEPT. 18, 1918–JULY 13, 2006

Shortly before his death at age 87 on July 13, James McLaughlin (MD ’41) made his way from Pittsburgh to Washington, D.C., to talk about his new book, The Healer’s Bent: Solitude and Dialogue in the Clinical Encounter, at a psychoanalysts conference.

Those in attendance, including some who had known him for decades and considered him a mentor and inspiration, were pleased that McLaughlin completed a work they see as the culmination of his career as an analyst and his life as a learner and teacher.

McLaughlin’s colleague Mervin Stewart (MD ’53) says, “If you want to know what he was like, you ought to get a copy of this book. It’s a marvelous insight into him as a human being.”

McLaughlin was the first director of the Staunton Clinic, originally part of the Falk Clinic, and directed the Pittsburgh Psychoanalytic Institute.

His 1981 paper, “Transference, Psychic Reality, and Countertransference,” has become a classic in the field. It posits that in the realm of psychoanalysis, as McLaughlin put it, “transference is a matter of equal rights, both on and behind the couch.” — Joe Miksch

William Cooper
JAN. 12, 1919–SEPT. 12, 2006

It’s unusual for physicians to solicit charitable donations from their patients, but William Cooper had known Henry and Elsie Hillman for decades. He was their friend, their physician, and the chair of the Shadyside Hospital Foundation, which was planning a home for the University of Pittsburgh Cancer Institute (UPCI) adjoining the hospital. Cooper approached the Hillmans for their support, which resulted in a $10 million gift and the completion of UPCI’s Hillman Cancer Center in 2002. Cooper was instrumental in raising an additional $35 million for the center; its clinical wing was named the Cooper Pavilion in his honor. He died in September after a long illness.

Cooper (Internal Medicine Resident ’48) was the first medical director of the Central Blood Bank of Pittsburgh, which he helped create in 1951. He joined the Pitt faculty in 1954 and became chair of medicine at Shadyside Hospital in 1980. Ten years ago, he was named a Distinguished Clinical Professor of Medicine.

At age 69, Cooper graduated from Pitt’s law school. “There were days that he went to law school, saw patients, chaired the department of medicine, and drove his granddaughters to school,” said Louise Brown, director of the Shadyside Hospital Foundation. “He was an extraordinary man.” — Chuck Staresinic
It has been more than one year since the storm called Katrina raked and swamped the Gulf Coast of Louisiana and Mississippi, but Barry Riemer has emphatically not moved on. The storm raised too many questions for him, few of which have been resolved. The storm’s enduring turmoil is a part of who he is now. This is clear from the way he introduces himself as someone who works in a hospital that no longer exists.

“I’m the chairman of orthopaedics at LSU in New Orleans,” says Riemer (MD ’75, Orthopaedic Surgery Resident ’80). “I’m also the chief of surgery at Charity Hospital.”

Charity was a linchpin for health care in southern Louisiana and the primary teaching hospital for Louisiana State University. With more than 3,000 beds, it was the only public hospital in a city where tens of thousands lacked health insurance. Eighty-five percent of its patients earned less than $20,000 annually. By chance, Riemer was not on the schedule as Katrina approached, so he evacuated to Lafayette, La.

Conditions at Charity became nightmarish. No electricity or water. No functioning toilets. Humidity became nearly unbearable. Sealed windows were shattered to provide ventilation. The mercury rose above 120 degrees in some rooms, Riemer says. Patients previously on mechanical ventilators needed someone to squeeze a bag, breathing for them 24/7, without pause. Riemer’s orthopaedic residents and others carried patients up and down more than 10 flights through pitch-black stairwells in sweltering heat.

Other stairwells were filled with the bodies of the dead, because the morgue had flooded. Charity was evacuated five days after Katrina. Some escaped by boat as snipers fired from windows and desperate, armed people demanded food and water.

“Some of the residents still have difficulty talking about that trip,” Riemer says. “There were bodies floating in the water. There was one body with seven bullet holes that they tied to a telephone pole.”

Why?

“Just to get it out of the way,” he says. “I wonder, after all this time, what else is there to do? How do you make decisions in those kinds of times?”

The big issues Katrina blew open run the gamut: civil rights, crime, poverty, martial law, ethics, ecology, racism, and the millions of uninsured in this society. In addition, Riemer was moved to rethink his relationship to the residents in his department and their role in a disaster. He climbed into a car with his wife and four residents to retrieve personal items and check for damage at each of their homes.

“I have a picture of me and one of my residents looking very nervous while I hold his M 16,” Riemer says. “I’d say that the number one rule of orthopaedics is, ‘Never arm your chair.’ It’s a dumb thing to do. The guy dates my daughter.”

But Riemer agonized over the unequal power balance between a resident and a department chair in such an environment. He voiced his insistence that they were equals that day and no one should feel coerced to go anywhere or do anything he or she felt was unsafe. He still wonders whether residents should be staffing a hospital as a city is evacuated, because they essentially have no freedom to say yes or no to those who supervise them. These are important questions, he says, when hospitals must plan for natural disasters, pandemic flu, and radioactive “dirty bombs.” His personal experience indicates that residents are selfless and heroic in a disaster, he says, but that doesn’t mean they should be required to stay in a worst-case scenario.

One thing is clear to Riemer: Charity Hospital will never reopen.

“We are running a trauma center with only two operating rooms and 34 total beds, and that’s the best that we can do,” Riemer says. “If you had ever asked me, ‘Would that be a reasonable thing to do?’ I’d have said, ‘No.’ But here, it’s a godsend. It’s the only trauma team in the metropolitan area.”