



# CHART NOTES



*Exploring the*

## MEDICAL MELTING POT

THE HOLMAN RIVERFRONT PARK HOTEL



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JIMMY CARTER AND HOSPICE



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DATING, DANCING, AND WELLNESS



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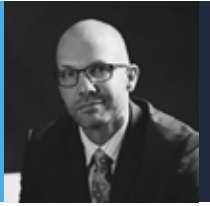
## Stranger in a Strange Health System

At our most recent membership meeting, we had the wonderful opportunity to hear from several members of our society engaged in medical missionary work in various parts of the world, as well as our own backyard. Each of the providers brought a unique perspective on how they cared for their patients based on their diverse backgrounds. In this edition of *ChartNotes*, as well as in future editions, we are going to have the privilege of hearing about some of the amazing physicians who have come to Salem from around the globe to be part of our community. I hope hearing the perspective of these providers will broaden our understanding and provide us with valuable tools to enable us to better care for our patients.

Between the years of '96 and '98, I served an LDS mission in South Korea. One cold winter night, far away from home, I became deathly ill and developed intractable nausea and vomiting. At that time, I served in a city called "On Young" which was far away from any major hospital system. Early in the morning I called our mission headquarters and asked for permission to go to the local hospital (we were only allowed to go in extreme cases. Otherwise, we were asked to travel to Seoul). I waited outside in the cold for the hospital to open since the hours were limited. I spoke decent Korean at the time and was able to

### President's Message

Keith Neaman, MD



explain my symptoms to the physician on call. Next thing I knew, a nurse asked me to pull down my pants and gave me a shot without a word of warning. Obtaining consent was obviously not a common practice, and I found myself drifting off to sleep. I awoke about a day later feeling much better. While this is a simple tale of probable food poisoning treated with a heavy dose of Phenergan—it caused a fright in my (then) non-medical mind. This experience shaped how I interact with my patients from different countries who may lack an understanding of how our medical system works.

Medicine is an art—one that combines hard-earned knowledge with the subtleties of using that knowledge to educate and bless the lives of our patients. It is a privilege to hear the stories of physicians from a variety of backgrounds and hopefully learn how each has honed their art and craft as a physician. And—as we seek to diversify our workforce, we must strive to attract the best and brightest minds available. Diversity and excellence can and should go hand-in-hand, with no need to sacrifice one for the other. By keeping standards high, we enjoy the privilege of continuing to call ourselves a profession dedicated to ensuring the delivery of the quality care deserved by our patients. 📌





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## Some Enchanted Evening

It doesn't get any more romantic than this. As the sun set over the grapes at Andante Vineyards over forty medical society members and guests found happiness on the dance floor at Dancing Date Night. The setting was lovely, the energy was high, and the wine and food were delicious. Our instructors, Dr. Tanie Hotan and Mark Baker were inspirational and enchanting instructors.

These kinds of "out of the box" social activities are uplifting and energizing, not to mention great for making and strengthening our relationships. This is healthy stuff. In this issue of *ChartNotes* check out the pictures from these recent events. We heard from

## From the Executive Director

G. Harvey Gail, MBA



our medical volunteers at the May Dinner that getting out of our comfort zone and helping others that are less fortunate is good for us. Dancing is just a wonderful escape as well.

In September, we have another opportunity to make a difference: volunteer for food sorting at Marion Polk Food Share. Also, check out our community calendar and the "Out and About" column in this issue.

We hope to provide more of these enchanted evenings, volunteer activities, and education opportunities in the future. Let us know if you have any ideas for future events. [f](#)

## In This Issue

This quarter's "Medical Melting Pot" represents the 14th issue of *ChartNotes* where I have served as editor, although I've been a contributor to the magazine for most of the last 25 years. During preparation to bring out "my" first issue, the U.S. went from a single case of COVID in Seattle to lockdown and mask mandates. This is the first issue created after the pandemic officially ended. Instead of medical articles on case counts, we now see ones advising how to manage endemic COVID. It's a start. In celebration of our new reality, I would like to institute a few features I discussed years ago with then-executive director Krista Wood.

First—I've long wanted to work on an issue devoted to our international medical colleagues who bring diverse experiences, cultures, and native languages to the mid-Valley. In the article covering updated OMB and OSBN licensure requirements, you'll see a statement from the OBM website noting a frequent disparity between the demographics of healthcare providers in Oregon and the patients they serve. That difference is not, in itself, a negative, but studies have shown an increased risk of miscommunication that can lead to worse medical outcomes.

One look at the Salem Keizer school statistics reveals our growing diversity with 99 unique home languages spoken. One-third of current students were not fluent in English when they entered school in the district, the so-called "English Learners" (ELs). Of course, each of these students represents an entire family whose lived experience may be very different from someone like me who has spent more than six decades in the Willamette Valley.

## From the Editor

by Nancy Boutin, MD



Fifty years ago, the mention of "doctor" conjured up Marcus Welby, Dr. Kildare, or even Hawkeye Pierce. (If you don't recognize the names—check Wikipedia under "ancient history.") The House of Medicine benefitted, IMHO, from the broadening perspective provided by the inclusion of women and minorities, the expanding role of NPs and PAs, and the increasing numbers of providers with the fortitude and perseverance to leave home and survive the gauntlet necessary to secure a residency position here.

When I approached a colleague at Salem Health with my topic idea, she said a single issue couldn't possibly do justice to the depth and breadth of the local providers who began their medical careers outside the U.S. This quarter's issue will serve as context and introduction. Look for future issues highlighting individuals, groups, and themes. If you have ideas about how to best tell this story, please contact me.

Second—I'd like to see articles on travel. In the distant past, we had pieces on cruising Antarctica to add penguins to a birding life list, golfing in Ireland, following the Tour de France, biking the former Eastern Bloc, and a recurring series on the Mozell family's adventures at the Olympics, all the Olympics. I hope to tap into the MCPMS hivemind to find "hidden gems" of travel opportunities. They don't need to be far or exotic, but someplace that may be off the radar—due to location, time of year, or how it's experienced.

Salem fiber artist, Linda Kirsch, has taken local groups to Umbria over the years, and she shares her hidden gem here—Christmas in Italy. Hope you enjoy. [f](#)

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# Out & About

BY MARY LOUISE VANNATTA, MBA, CAE,  
AND ADDISON ALLEMANN

## Wondering What To Do This Fall?

School is starting and the holiday season is upon us. The flip-flop weather pattern begins, offering rainfall one day and beautiful sunshine the next. But, the changing weather brings some fun activities in the fall.

### Fun with Food: Find Flexibility with Food Carts

Salem and its surrounding neighbors offer many delicious food options, but it can be difficult deciding where to go. You might like spicy food, your friend is vegetarian, and the only food your kids will eat is French fries and chicken nuggets. Why not go to a place where everyone can be satisfied? Salem has four great food venues that allow each diner to pick a favorite.

**BeeHive Station Food Pod:** This food cart court is located on South Commercial on 1510 Fabry RD SE. The owners have lived their entire life in South Salem and opened the BeeHive in hopes of helping the area develop, grow and expand. This dog-friendly hangout only hires local vendors at their fun, energetic, and sustainable gathering place. Popular choices are Dalia's Taqueria, JoJo's 2 Soul Food & Memphis BBQ, a tap house, and various international offerings. On Sept. 29 from 5:30-7:30 pm, you can hear the Roundhouse Duo playing music from multiple genres using bluegrass instrumentation. Check hours and current carts at [beehivestationfoodcarts.com](http://beehivestationfoodcarts.com).

**Fork Forty Food Hall:** Downtown Salem's first food hall is located at 440 State Street in the historic Gray-Belle building. The Hall boasts six of Salem's best chefs, and The Best Goose bar is located in the back of the building. Try Italian-style pizza from La Lucciola, Ojisan's Ramen, The Syrian Kitchen with its Aleppo-style cuisine, or the Chubby Bao House's Asian fusion. Finish up with Slick Licks ice cream. Check out hours and



*BeeHive Station Food Pod*

current offerings at [www.ForkForty.com](http://www.ForkForty.com).

**The Yard Food Park:** For a more extensive variety, full bar/coffee bar, and entertainment venue, try The Yard at 4106 State Street. About 17 carts with every type of cuisine will satisfy everyone in your party. You can make



*The Yard Food Park*

reservations for ten or more; they will even set up stanchions or walls to make your event more private. No dogs, but there are outdoor games and a play area for kids. Starting in September, you can play bingo/trivia, attend a comedy show, listen to your favorite band, or attend the Halloween Party of the Year on Oct. 28, featuring the rock band JFK. Check out hours and current offerings at [www.theyardfoodcart.com](http://www.theyardfoodcart.com).

**Checkpoint 221:** A food cart pavilion is one of Salem's newest attractions at 1233 Riverbend Road NW. It features 16 food carts, an indoor dining area, a covered patio, an open patio, and a light bar serving wine and craft beer. The pavilion joins the mixed-use neighborhood hub at Riverbend and Wallace Road NW. Parking is available off the sidewalks along the food trucks or pavilion, retail lot, and on Riverbend Road. Check out hours and current offerings at [www.checkpoint221.com](http://www.checkpoint221.com) or Facebook.



*Bauman's Farm and Garden*

### Fall Treats:

Thought we forgot about fall? We saved the best for last! One of the best parts of fall is cider and donuts. Don't forget to check out EZ Orchards and Bauman's Farm and Garden for some delicious donuts and apple cider.

*...continued on next page*

# What To Do This Fall?

...continued from previous page

## Cozy Up:

Fall brings out our cozy side: hot drinks, warm blankets, fires, and time with your loved ones. Here are some ideas for those wanting a special time with their significant other. As the name suggests, downtown Salem's Cozy Taberna has a welcoming, cozy atmosphere, and their food is tapas/family style. Are you looking for a fun date for two? Check out Lullu's Tutto Cucina, where Lullu, the 100% Italian owner, teaches you to cook a romantic Italian dish. While the Willamette Valley offers many vineyards, we want to highlight Coria Estates. You can enjoy wine and two great views; the gorgeous landscape and your significant other.

There are still so many fun fall activities, so check out the Travel Salem Website, Salem Art Association, Facebook Events, and your Marion-Polk County Medical Society website.

## Runs, Outing, Festivals, and Annual Events:

- Mt. Angel Oktoberfest: Sept 14-17, 2023 ([oktoberfest.org](http://oktoberfest.org))
- Marion Polk Food Share: Farm to Table, Sept. 22, 2023 ([marionpolkfoodshare.org](http://marionpolkfoodshare.org))
- St. Francis Shelter: Saddle Up for St. Francis, Crystal Springs Ranch, Sept 17, ([www.sfssalem.org](http://www.sfssalem.org))
- Alzheimer's Association: Walk to end Alzheimer's Greater Salem- Sept 16, Riverfront Park, (<https://act.alz.org>)
- Catholic Community Services Annual Luncheon, Sept. 26, Salem Convention Center ([ccswv.org](http://ccswv.org)).
- Willamette Valley Hospice: Walk-n-Wag, Sept. 23, Minto Brown Island Park ([www.WVH.org](http://www.WVH.org)).
- Bridgeway Recovery Services Run for Recovery 10th Annual 5-10K/walk: Sept. 30, Riverfront Park ([bridgewayrecoverywalkrun.org](http://bridgewayrecoverywalkrun.org)).
- Liberty House: Champions for Children's Luncheon, Sept. 21, Salem Convention Center, ([libertyhousecenter.org](http://libertyhousecenter.org)).
- Family Building Blocks: Gala of Trees, Dec. 1, Salem Convention Center ([www.familybuildingblocks.org](http://www.familybuildingblocks.org)).
- Salem Community Markets: Holiday Market, Dec. 8-10, Oregon State Fairgrounds ([www.salemcommunitymarkets.com](http://www.salemcommunitymarkets.com)).

*Mt. Angel Oktoberfest*



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# Your Trusted Counselor

By Eden Rose Brown, JD

School is back in session, signaling the return of new school supplies, homework, and pop quizzes. Try your hand at this estate planning pop quiz to see if your knowledge of estate planning makes the grade.

**Question #1: True or false? You must name the same person to make both your financial and medical decisions on your behalf.**

**Answer:** False. When choosing who should be your trusted decision makers, you should select individuals based on their strengths. In other words, you should consider what characteristics or traits each decision-making role requires and select the people who have those traits. For example, if one of your children is a doctor and another child is a certified public accountant (CPA), then it makes sense that the doctor would make medical decisions on your behalf and the CPA would make financial decisions on your behalf. It is also a common misconception that you must choose the same person to be your children's guardian and to handle the money that you leave for your children. This is false: you can choose the person who you think will make the best and most loving guardian for your children and choose another person to handle the finances.

You may also need to consider that choosing the right person for the job could mean going with a professional. If none of your children have the organizational skills or focused temperament to handle administering your estate, or if your children are type A personalities that would second-guess every decision made by a sibling, then perhaps the best option would be to appoint a professional to act as one of your trusted decision makers. This could end up preserving your property and family relationships.

**Question #2: True or false? If I do not create my own estate plan or if my plan fails to provide for my current situation, my state's law will decide what happens.**

**Answer:** True. Every state has default laws (called intestacy laws) that kick in if a person has not made their own estate planning choices. These laws are designed with a "one size fits most" situation in mind. For example, if you are married, your spouse will usually have priority with regard to making decisions and receiving your property because most married people would choose their spouse. However, there are innumerable reasons why you may not want your spouse to make certain decisions or receive certain items of property. For this reason, it is essential that you create your own estate plan and make your own decisions. If you have not created or finished your estate plan, now is the time to stop procrastinating and make an appointment with us to complete it.

If you have an estate plan, consider reviewing it in case your existing estate plan does not accurately reflect your current situation. For example, perhaps one or more of the people you chose as your trusted decision makers or beneficiaries is no longer living or able to serve, or there may be other people (e.g., a new child or a new spouse) who you want in those roles instead. When you experience a significant life event such as a marriage, divorce,


retirement, change of occupation, or birth or death of a loved one, a change to your estate plan may be necessary.

Further, the ever-changing laws governing taxes and estate planning may necessitate an update to your estate plan. Even if no change is required, aperiodic review with your estate planning attorney will give you peace of mind knowing that your plan will work as anticipated when the time comes.

**Question #3: True or false? A will accomplishes all of the same goals as a trust, but a will is cheaper.**

**Answer:** False. While both a will and a trust can give instructions about how you want your property to be distributed upon your death, one of the biggest differences between a will and a trust is that a will has no effect until the time of your death. A trust, on the other hand, can be utilized to deal with a period of incapacity (a time where you cannot make or communicate your wishes) that may occur prior to your death, which can be very helpful for loved ones trying to care for you. For example, Son wants to sell Mom's home to help pay for the cost of an assisted living facility for her. If Mom only has a will, then Son has no power to sell the home and must go to court to be given the authority to act on Mom's behalf. This situation might be avoided if Son was named as an agent under Mom's financial power of attorney, but relying on this as the only method can sometimes be problematic. On the other hand, if Mom's home was owned by her trust, then Son, acting as successor trustee, would have the power and authority to sell Mom's home without court intervention.

In addition, a will guarantees that your loved ones will have to go through the probate court process upon your death. The executor or personal representative who you have named in your will must be approved and appointed by a probate court to have the power to deal with the property in your estate. On the other hand, when you use a trust and properly fund it, your successor trustee can immediately step in and deal with the property in your trust without any court intervention.

No matter your score on this estate planning pop quiz, you can be an A+ student by ensuring that you have a specially tailored plan in place with carefully chosen trusted decision makers. We can help you create or update your plan to ensure that it will work as you intend when the time comes. 

1 What Is "Assisted Living" and How Much Should It Cost?, AssistedLiving.org, [https://www.assistedliving.org/cost-of-assisted-living/#an\\_overview\\_of\\_assisted\\_living](https://www.assistedliving.org/cost-of-assisted-living/#an_overview_of_assisted_living) (last visited May 24, 2022).

2 California Probate Fees 2020, Velasco Law Group Blog (Feb. 14, 2020), <https://www.velascolawgroup.com/california-probate-attorneys-fees-and-court-costs/#:~:text=Statutory%20probate%20fees%20under%20C2%A7,2%25%20of%20the%20next%20%24800%2C000>

A former MPCMS board member and *ChartNotes* contributor, attorney Eden Rose Brown provides comprehensive, highly personalized counsel in wealth preservation strategies, family legacy design, estate, tax, and charitable planning. Honored by her peers as an Oregon Super Lawyer and named one of the Top 100 Attorneys in the United States, Eden's innovative planning strategies maximize client control, minimize taxes, and preserve family wealth and harmony for generations.

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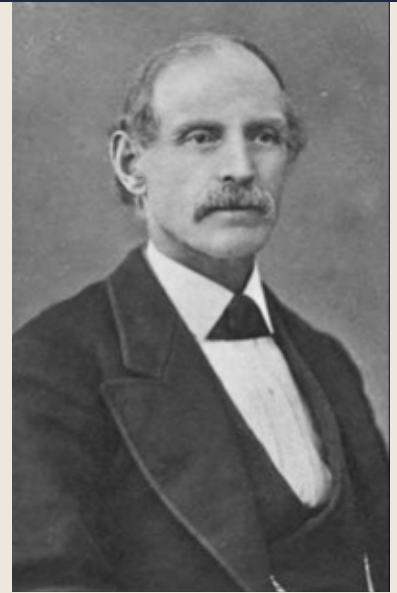
Howard Baumann, M.D

# THE HOLMAN RIVERFRONT PARK HOTEL

## Your Pop Quiz:

1. Before you read this article, can you write down the first name of Mr. Holman?
2. Did the original Holman Building ever serve as a hotel?
3. What famous person back East motivated Mr. Holman to relocate to Oregon?

As you nestle into the tastefully designed lounge and restaurant area at the new Hilton 4-star hotel, The Holman Riverfront Park Hotel Salem, and order your plate of Willapa Bay oysters at the food bar, you should maybe brag that this hotel is located on the original site of the historic 1859 Holman Building, where in 1870 the Marion-Polk County Medical Society was founded over 150 years ago.



Joseph Holman, 1840.  
(Courtesy Oregon Historical Society, #ba000616)

That first meeting of our Medical Society was held on October 14, 1870, with fourteen of our twenty-four members attending. Officers were elected, by-laws passed, and a code of ethics was adopted based on those of the American Medical Association. Our Society's first name was the Medical Society of the Third Judicial District. This somewhat awkward name was employed to legally incorporate the surrounding counties of Linn, Polk, and Yamhill due to the small number of doctors. The history of our Medical Society's founding has been detailed in a past issue of *ChartNotes*.<sup>1</sup>



The Holman Riverfront Park Hotel Salem, 2023. (Author's personal collection)



The Holman Building, 1940s. (Courtesy Salem Public Library Historic Images)



# THE MARION-POLK COUNTY MEDICAL SOCIETY

So, what do we know about the original Holman Building and about Mr. Holman himself? My research led me to an incredible gentleman who was a pioneer, missionary, community leader, and businessman whose personal life and accomplishments paralleled that of the early development of our state and of the City of Salem.

When the Oregon Territorial Capitol, then located in Salem, burned down on December 30, 1855, it was necessary to transfer all governmental business to the Nesmith Building in downtown Salem. By 1859, when Oregon became the 33rd State of the U.S., it became evident that a much larger facility was needed to house the State Legislature. About this time, Joseph Holman was planning to build a three-story hotel on the NW corner of Commercial and Ferry Streets but changed his floor plans to multiple office spaces and large assembly rooms to accommodate the State Legislature. The Holman Building served in this capacity for seventeen years from 1859 to 1876, when the second State Capitol was completed.<sup>2,3</sup>

Joseph Holman was born in 1815 in Devonshire, England, came to America with his family in 1833 at age 19, and eventually settled in Indiana. In 1839, Joseph attended a lecture given by the Rev. Jason Lee as part of his Great Reinforcement Tour from Oregon to the East Coast to recruit more missionaries. Following the lecture, he became a member of the Peoria Party that arrived at the Methodist Mission at Mission Bottom in 1840. He was immediately employed as a mission carpenter and teacher. That same year, the ship *Lausanne* arrived at Fort Vancouver bringing Rev. Jason Lee back to Oregon with forty missionary recruits. One of those followers was Almira Philips, whom Joseph married in 1841. They would have four children.

When Jason Lee decided to relocate the Willamette Mission to Salem, Joseph's first assignment was to help build the Mission's Indian Manual Labor School where he would also be a teacher. As a delegate to Champoege, Joseph voted in favor of Oregon's first provisional government. Later, he became a founding member of the Board of Trustees of the Oregon Institute, soon to be renamed Willamette University. He would serve as Director of the Willamette Woolen Manufacturing Company and would be appointed as one of three commissioners to supervise the construction of the State Penitentiary. He was also selected as the Superintendent of Construction of the new State Capitol.<sup>4</sup>



Oregon Institute, Willamette University, 1842.  
(Courtesy Salem Public Library Historic Images)

Following the death of his first wife, he married Miss Libbie Buss in 1875. Joseph died in 1880 and was buried at Salem Pioneer Cemetery. In my opinion, we owe a great deal of gratitude to Joseph Holman. Hilton did so by appropriately naming their new hotel in his honor. The hotel placed a nicely done historical plaque on the front corner of the hotel, and they named their first-floor conference rooms after early woman pioneers, one of them being a past member of our Medical Society, Dr. Mary (Bowerman) Purvine. You should seriously consider taking the time to go downtown to look over the new four-star Holman Hotel as you reflect on the earliest days of our Medical Society.<sup>5</sup>

- 1 Baumann, HW. Oregon's First Medical Society is Born. *ChartNotes*, July 2013, 14-15.
- 2 William Allen Bentson, *Historic capitols of Oregon. An Illustrated Chronology.* (Salem, Oregon: a publication of the Oregon Library Foundation, 1987), 1-13.
- 3 Caroline C. Dobbs, *Men of Champoege, 1932.* (Reprint Cottage Grove, Oregon: Emerald Valley Craftsmen, 1975), 102-103.
- 4 Short Biography of Joseph Holman. *Quarterly Journal of the Oregon Historical Society*, Vol. 4, Dec., 1903, 392-394.
- 5 Baumann, HW. Dr. Mary (Bowerman) Purvine Pioneer Doctor. *ChartNotes*, Spring 2022, 6-7. [f](#)

#### Pop Quiz Answers:

1. First name: Joseph.
2. The Holman Building never became a hotel.
3. The Rev. Jason Lee.

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# Jimmy Carter and Hospice: *Lessons for All of Us*

by Cheryl MacDonald, MD

As a board-certified hospice and palliative care physician, I have the privilege of accompanying many patients and families on their end-of-life journeys. Each experience is unique, with its own challenges and triumphs. The disclosure of former U.S. President Jimmy Carter's decision to enter hospice earlier this year brought attention to what we offer.

President Carter's hospice decision was one of courage and vulnerability. It debunks misconceptions and offers insight to providers by showcasing the importance of early advance care planning, personalized care plans, and the significance of family involvement and support.

## A Testament to Early Conversations:

After "a series of short hospital stays," Carter announced his decision to admit to hospice. He had been successfully treated for metastatic melanoma, undergone surgery for a fractured hip, and lived longer than any other American president. He and his family explored choices with his providers and decided hospice care best aligned with his needs. For them, prioritizing quality of life over potentially life-prolonging treatments made the most sense.

Exploring patients' goals and wishes begins in the primary care setting where a relationship of trust exists. Engaging in these discussions early empowers patients to make informed decisions and express their preferences, leading to better outcomes and reduced emotional distress for all involved.

I hope Carter's openness about his hospice choice encourages others in similar situations to consider hospice earlier in their illness. Currently, only slightly more than half of eligible patients are receiving hospice care. Studies have shown that patients who choose hospice earlier experience a higher quality of life, longer life in many cases, and reduced healthcare costs.

## Emphasizing Quality of Life Through Personalized Care Plans:

Hospice care focuses on enhancing the quality of life when patients choose to discontinue disease-directed treatment. Carter's decision to prioritize comfort, symptom management, and emotional well-being exemplifies hospice philosophy. By shifting to this emphasis, hospice involvement can provide personalized support, creating a more peaceful and fulfilling end-of-life experience.

President Carter's example demonstrates to us as providers the value of a holistic approach to care. Addressing pain and symptom management is crucial, but equally essential



is providing emotional, psychological, and spiritual support. Integrating these elements into a comprehensive care plan allows patients to experience comfort and dignity on multiple levels in their final days and months.

## Family Involvement and Support:

Throughout President Carter's hospice journey, the unwavering presence and support of his family have been evident. A patient's trusted provider has the advantage of understanding the dynamics of their support system. Encouraging early open communication and offering resources for family members can help strengthen their ability to provide care and support their loved ones' decisions. As hospice physicians, we must consider the needs and concerns of the entire family unit as they navigate this challenging phase together.

## Shifting Perceptions of Hospice Care:

Carter's extended stay in hospice is not unusual. Patients follow their own timelines, and some, like Carter, stabilize after leaving the cycle of medical interventions, leading to improved emotional and physical well-being. The six-month prognosis required for admission to hospice is a guideline, not a time limit to care. Hospice will continue to provide compassionate support throughout the patient's progression toward death.

President Jimmy Carter's public hospice announcement brings awareness to choices in end-of-life care by facilitating conversations about death, dispelling myths, and emphasizing the importance of prioritizing quality of life. His positive experience serves as a model for the public, challenging the notion that these matters should remain private and unspoken. We providers can use his example to educate the public about hospice care as a compassionate, beneficial approach we do not need to delay until the last days of life, ensuring patients and families receive the care they need and deserve.

Medical providers have a unique opportunity to help shift the perception of hospice care. When aggressive interventions no longer meet patients' goals and desires, a comfort approach may offer a more positive experience. By creating a safe space for open dialogue, we can help them understand that hospice care enhances the quality of life, supporting a peaceful and dignified transition. [f](#)

# The Magic of Christmas—in Italy

BY LINDA KIRSCH

Many years ago, I worked for a biotech company in Germany. Relocating to the States took a little getting used to, especially when it came to the winter holiday season. Even back then, “Rudolph the Red-Nosed Reindeer” started playing in stores shortly after Halloween. A quick trip to Umbria seemed like a great alternative to a *National Lampoon’s Christmas Vacation*. Not only did I have a lovely time with friends, I discovered what may be the best-kept holiday secret—December is a magical time in Italy. Temperatures in Tuscany, Marche, and Umbria are cool, like in the Willamette Valley, but with a little less rain and a few more cloud breaks.

Travelers are primarily Italian families reuniting for the holidays, either from overseas or from other cities in Italy. There are few foreign visitors and it’s a great time to visit the often-crowded museums and tourist attractions. Some are even free on holidays. It’s a great time for all genres of music, also often free. Walking down the street I would follow the sound of music to find a group rehearsing for an upcoming event and be invited in as an impromptu audience. One year I attended a performance by the Harlem Gospel Choir, with a crowd spilling out to the streets.

In the past, Christmas decorations did not appear in the smaller cities and villages until a few days before Christmas, typically, small trees in flag posts, or decorative flowerpots, with simple decorations. Strings of white light show up in big cities and small towns. I especially like to visit towns

hosting nativity scenes. They may be very small or actual live nativities with the cast of characters in costumes, including a baby in a manger. Some cities have mechanized rising moons, thunderstorms, etc., requiring you to put a fee into a coin box to start the show. They can be very elaborate and beautiful. Some have live animals and showcase local brewers, weavers, potters, shepherds, and so on, who demonstrate their skills. Christmas markets are more modest than in some European cities, mostly handmade items and products that particular area is known for—olive oil, honey, truffles...

And then it’s Christmas Eve, which I experienced as the primary religious event—Midnight mass, often followed by fireworks, corks popping, toasts, and merriment in the streets, but quickly moving into homes. The major focus is planning meals, as is always to custom for every Italian gathering, but Christmas is BIG. I went to a dinner that lasted nine hours, in other words, the entire day. Food and family; parents, children, friends, and even an ex-wife! We planned and shopped for the meal for an entire week. We prepared a course, ate it, slowly, with lots of conversation, and then began the next course. In between the five or six courses we did activities—games, walks outside, all kinds of things.

St. Stephen’s Day, the equivalent of Boxing Day, is like Thanksgiving all over again. If you’re visiting from the States and don’t already know people, you probably won’t have the

*Fireworks at Florence*




*Assisi Saint Francis Basilica*



same sitting-around-the-table experience, but you never know. Italians are extremely hospitable. It helps if you take a small dog with you to Italy. It'll be a great icebreaker. People will remember your dog's name from year-to-year, even if they don't remember yours!

New Year's Eve is an all-night, all-comers bash in the town square, no matter which town or city you find yourself in. There's music and dancing and fireworks. Italians love fireworks. One year all these grandmas insisted my adult sons come into the square to dance. Little kids sat on their dads' shoulders. It was really lovely. People don't have big houses, so if you want to celebrate with the community, you do it in the piazza.

January 6th is the closing public holiday of the season, the twelfth day of Christmas, before everything closes down. The Epiphany, commemorating the day three Magi found baby Jesus in the manger, is one more excuse for good food with friends and family and presents for the kids. *La Befana*, a sort of elderly female Santa Claus, rides a broomstick, sweeps out the old year, and leaves gifts for good little boys and girls. Naughty children get coal and bad vegetables in their stockings. It's complicated.

Italy has charms in every season, but Christmas is a secret worth experiencing. 



*Tuscany market*



*Umbria*



*Province of Perugia Umbria*

*Roman Colosseum*



# Fulfill Licensing Requirements and

**BY NANCY BOUTIN, MD**

In the fall of 2023, the Oregon Medical Board will begin auditing providers for documentation of two hours of approved cultural competency training as a requirement of licensure. Physicians and PAs who have **not** accrued those hours will be fined \$250. After four months, the fine escalates to \$1000. If the licensee hasn't completed the continuing education at six months, they face suspension for "a minimum of ninety days." NPs must attest to completing two hours of Cultural Competency Continuing Education to renew their licenses with the Oregon Board of Nursing.

The medical board recognizes that the concept of cultural competency is "currently in flux and controversial," but asserts that "Disparities in health outcomes related to various demographics are indisputable."

Additionally, "Oregon health care providers frequently do not match the demographics of their marginalized patients. This accounts for miscommunication and discomfort and perhaps exacerbates health disparities. Because the impacts are happening right now, and demographic changes are constantly evolving, we must take action with limited information and incomplete conceptions. Healthcare providers have tremendous power to transform patient experience, health, and lives by increasing their own skills in cultural competence.

"Engagement in ongoing professional development around culturally competent practice is therefore essential."

A provider of any license may satisfy the requirements of Oregon Administrative Rule (OAR) 847-008-0077 by "cultural or

linguistic immersion, volunteering in a rural clinic, completing an employer's cultural competency training, a training on implicit bias in health care, attending an event with members of an underserved community to discuss health care access issues, or courses approved by the Oregon Health Authority."

As luck would have it, your medical society is planning a two-hour session with an OHA-approved instructor, tentatively scheduled for Saturday, October 21, 2023, from 10 am to noon. Although courses do not require CME credit to qualify under the boards of medicine or nursing, we are working with the Salem Health CME committee in hopes of offering CME for the event. More to follow.

Amanda Wheeler-Kay, our proposed trainer, reports she is "a bilingual social worker and community interpreter who has worked in the Portland area for over fifteen years. She is co-chair of the education and training committee of the Oregon Council on Health Care Interpreters, an advisory council to the OHA. Her session will focus on recognizing and overcoming communication barriers with patients and families whose values and norms that may not conform to those in the dominant culture."


Additionally, "All Oregon Medical Board licensees must complete the Oregon Pain Management Commission's (OPMC) continuing education course 'Changing the Conversation About Pain,' at initial licensure and every two years." Find the module at <https://www.oregon.gov/oha/HPA/dsi-pmc/Pages/module.aspx>.





# Save Money

And last from the OMB, make sure you have signed up with the Oregon Prescription Drug Monitoring Program at <https://oregon.pmpaware.net>. If you write prescriptions for patients covered by OHP or a CCO, you are required to check the PDMP before prescribing controlled substances.

On a related note, providers are required to complete eight hours of pain management education before their next DEA license renewal. This requirement hit the books at the same time the agency did away with the x-waiver for Suboxone medication-assisted therapy. (Similar to methadone's availability to treat pain outside a methadone clinic, the waiver was never required for providers to write prescriptions for Suboxone other than in the setting of medication for opioid use disorder—MOUD.) Although the new requirement does not mandate buprenorphine education, it must cover some aspect of diagnosis and treatment of aberrant opioid use. Many medical organizations offer free CME that fulfills some or all of the requirements. A couple of sites open to everyone include Providers Clinical Support Systems at <https://pcssnow.org> and a ten-hour webinar from NEJM at <https://knowledgeplus.nejm.org/cme-moc/pain-management-and-opioids-cme/>. 



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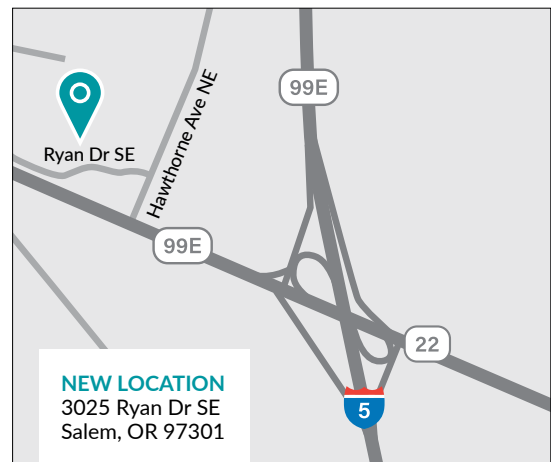
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# A History of International Medical Graduates in the United States

BY NANCY STIDHAM BOUTIN, MD

There have been foreign-trained doctors in the United States since before there was a United States. My paternal 14th great-grandfather, (as Henry Louis Gates Jr. would say on *Finding Your Roots*), Timen Stiddem, “an educated physician” in Gothenburg, signed onto the Swedish equivalent of the Mayflower as the ship’s doctor. He set up his practice in what is now Wilmington, Delaware in 1640, although it took several perilous trips back and forth across the Atlantic before he settled for good.

Prior to 1910, no single set of rules governed the training of physicians in the United States. Take a look at Howard Baumann’s “Historical Tidbits” for a sense of the varied training of the earliest members of the MPCMS. Remember—the germ theory of medicine didn’t yet exist in 1870, and the “first public demonstration” of anesthetic ether had occurred at Mass General Hospital a mere twenty-four years before. If a physician’s major interventions consisted of bleeding, sweating, or purging a patient, and there was no governing body, the location of training probably made little difference.

The Flexner report changed all that. After its adoption, medical training became science-based, with an emphasis on research, and a requirement for successful completion of an

approved curriculum before a student became a “diplomate.” The National Board of Medical Examiners (NBME) offered its first certifying exam six years later in 1916. Meetings with European counterparts led to reciprocal certification agreements between the U.S. and both England and Scotland that remained active until WWII. (Sir William Osler, near the end of his life, participated in the initial meetings.) For the next several decades, graduates of foreign medical schools could sit for the National Boards if they had achieved similar credentials to graduates of American medical schools. In some cases, direct knowledge of the applicant’s medical school was necessary.

The quality of medical education in countries that had not adopted a Flexner-type curriculum became a concern, including the education of Americans studying abroad. At that point, about 10% of new diplomates had earned their medical degrees outside the U.S. and Canada. In 1947, the AMA and the Association of American Medical Colleges (AAMC) created a list of “approved” medical schools whose students could sit for the Boards, however, states had their own licensing requirements, which varied widely. The number of international applicants increased, and the disparity in the pass rate of the National Boards between U.S. and non-U.S. trainees increased dramatically.





subspecialty practice in the largest U.S. cities. These changes might happen despite the current perception that there is a 'surplus' of physicians."

At the time of the Mick report, international trainees accounted for 18% of house officers. In 2021, Fitzsimons and Castro de Oliveira noted that international medical graduates made up 25% of the physician workforce in the United States, United Kingdom, Canada, and Australia, despite the fact that somewhere between 20-30% of trainees eventually return to their home country to practice. Because the NBME and ECFMG believe that a part of their mission is elevating the training of physicians worldwide, these residents are able to take lessons learned "back home" and likely raise the bar in their local communities. The chair of medicine at UMMC in Baltimore said of international residents, "These doctors can go home and serve their patients well. But they can also mentor other doctors there, and in that way, impact an entire community."

During the pandemic, the White House proposed severely limiting entrance to the U.S. by non-citizens. The AMA sent a strongly worded letter to Secretary of State Mike Pompeo and Acting Secretary of Homeland Security Chad Wolf advocating entry of international graduates on any existing visa, and their families, rather than a "carve out" that would allow only certain trainees and no spouses or children.

The AMA and AAMC have both been vocal proponents of welcoming and supporting international medical graduates and acknowledge the rigorous requirements they must meet to find placement in a U.S. training program. The daughter of a friend of mine (the first oncology clinical nurse specialist at Salem Hospital in the 1990s) just started a pediatric residency in L.A. after graduating from a medical school in Tel Aviv with close connections to training programs in New York. Despite being born and raised in an American medical family, and spending most of her rotations in the U.S., the hoops she had to jump through as an IMG were mind-boggling, including undergoing fingerprinting at the training program despite providing fingerprints from a Seattle police station taken a few weeks before.

And the quality of care? A recent observational study from Minneapolis showed that Medicare recipients treated in a hospital in that city had a slight, but statistically significant, improved mortality rate when treated by an IMG hospitalist compared to a non-IMG hospitalist.

We look forward to hearing from and about our colleagues who come to the mid-Valley from medical schools across the globe. 🌍



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**The AMA and AAMC have both been vocal proponents of welcoming and supporting international medical graduates and acknowledge the rigorous requirements they must meet to find placement in a U.S. training program.**

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A new organization, The Educational Commission for Foreign Medical Graduates (ECFMG), was created in 1956. It assumed responsibility for "determining eligibility for the examination, for appointing a committee that would establish the content blueprint and select test items for the new exam, for setting performance standards, and for reporting results. The NBME would provide examination materials, scoring, analysis, and consulting services in evaluation and measurement."

Thirty years later, with an anticipated over-supply of doctors (!) "into the 1990s and beyond," questions again arose about the advisability of keeping our residency slots open to graduates of international medical schools, no matter how well-known. At some point, the ability of a practicing physician to come to the U.S. and continue their career without a residency on American soil became rare, if not nonexistent. Just ask David Shaw. However, a report by Mick and Worobey in Health Services Research sounded the alarm against unintended consequences. Their paper, "The future role of foreign medical graduates in U.S. medical practice: Projections into the 1990s," showed that decreasing the number of FMGs (now IMGs) in training threatened adequate medical access in "rural areas and small towns in the North Central regions, and in solo and partnership arrangements in the Northeast, North Central, and Southern regions. Reduction in FMG house officers now could also lead to an increased proportionate presence of physicians in

# The Human Connection: At Home

**Endemic:** A characteristic of a particular population, environment, or region. Examples of endemic diseases include chicken pox that occurs at a predictable rate among young school children in the United States and malaria in some areas of Africa. The disease is present in a community at all times but in relatively low frequency.

Planning for our spring dinner meeting, the board chose to follow up on David Shaw, MD's, Presidential Achievement Award, which he accepted virtually at the February annual meeting. A year and a half ago, ChartNotes included parts of his remarkable story in the issue on volunteerism. In addition to Shaw's frequent trips to South America, among other destinations, he has provided the gateway to medical missions for a wide variety of mid-Valley providers, nurses, and other allied health professionals.



*Good food, good wine, good friends.*

Because medical volunteerism comes in all shapes and sizes, the board invited three additional providers to give Ted Talk-style presentations. The May Member Meeting, titled: Get Out There, Making Difference was held May 25, 2023, at Illahee Hills Country Club, featuring Guesly Dessieux, DO, Jennifer Lee, NP, and Orin Bruton, MD, and, of course, Dr. Shaw. It was the largest in-person MPCMS dinner meeting since Debbie Eisenhut, MD, explained how she and her staff kept themselves safe caring for Ebola patients without vaccines or proper PPE. Six weeks later, in the early days of COVID, her former colleagues began putting her lessons to work.

The presentations at Illahee were as different as the presenters, each inspiring in its own way. "They were," according to MPCMS Executive Director Harvey Gail, "outstanding. At times there wasn't a dry eye in the room."

Dr. Shaw shared a video that alternated his narration with that of anesthesiologist Kim Geelan, MD. While the severity of orthopedic deformities seen may have been shocking to an American audience, even a medical one, the focus remained on the bravery and determination of the children and their families. At one point, Shaw says after each trip he asks himself why they do it. The answer, he says, is "the trust and the intense emotion of this journey harkens us back. These journeys open our souls. They make us deal with ourselves and our inadequacies."

Shaw admitted that each time he arrives at a clinic and sees fifty to a thousand people lined up to see the team, expecting an answer to their problems, he feels overwhelmed. "I've never been able to overcome that sudden feeling of fear in the pit of my stomach when I first walk into that crowd. But we pull ourselves together, get to work, and by the end of the day, we've seen every single one of them."

Because the team returns to the same clinics, the video showed some of the same children over time. First, they are unable to walk, or in some cases, even sit. After one or more operations, braces, exercises, and growth, they have increased independence and mobility that would have been hard to predict. Later, they have diplomas, dreams, and hope for the future.

In January 2010, Guesly Dessieux, born and raised in Haiti, returned to the island to offer medical care after the devastating earthquake, almost before the dust settled. He continued to take teams to Haiti until the unstable political situation made it too dangerous. Instead, he takes Corban University students with him to Honduras, approximately 1,000 miles to the west. The students must complete a year-long course before they accompany the medical team. In addition to developing useable skills, the students need to understand cultural norms, and a level of poverty beyond anything they have seen growing up in a first-world country. Dessieux has nothing but praise for what the teams have accomplished. "It's not about us. We learn just as much from the people we work with overseas as we give. It challenges us physically, emotionally, and spiritually. But we come back—just different. We come back better."

Orin Bruton, retired cardiologist, played a video that introduced "Bill," a Salem resident who lost his job just before the pandemic. As things went from bad to worse, he lost his health insurance and, eventually, his house. Without his prescriptions, Bill's chronic medical conditions deteriorated further. Living in his car, Bill wrenched his knee. He says he felt hopeless and began to consider suicide. Then he met with the NP at the Salem Free Clinic and the team started to untangle the Gordian knot of Bill's health and wellbeing. Bruton's remarks, in addition to Bill's story, made several points: opportunities to make an impact exist in our own backyard, physical health occurs in a broader psychosocial and spiritual



*Orin Bruton, MD speaks to a full house.*

# and Abroad

context, and you don't have to be boarded in family medicine to volunteer at the free clinic.


The presentations concluded with Jennifer Lee who told of twenty years of traveling to Thailand at the request of local missionaries. The teams she travels with don't operate, but they find plenty of ways to make a difference. Working with marginalized groups like the Hmong, they find little things, like reading glasses, make a big difference. Listening to people's stories, as foreigners with nothing to gain, gives the people they serve a sense of dignity and importance. There is also a huge need for medical education. After explaining to one woman about preventative care and tools for early detection of treatable diseases, the woman said, "We die from ignorance."

Lee's teams from Salem Alliance Church also work with organizations fighting child trafficking, one kid at a time. She was able to help an at-risk boy find safe housing and food security. When she visited three years later, he was healthy and strong, playing goalie on his school soccer team.

Each of the speakers talked about relationship, connection, and the impact they felt being part of the lives they touched. Based on the definition above, it appears that altruism is endemic in at least a subpopulation of our community.



Our esteemed panel.

Shaw told the story of a boy in the Andes with osteogenesis imperfecta. As the boy woke after the surgery that would allow him to stand without ridicule, his father insisted everyone stop prepping for the next patient so he could say something. No words came, so he hugged them instead. "That," Shaw said, "was an amazing moment. At that point, it didn't matter who was who, who was the giver, or the taker. We were all takers at that moment. It was a moment that basically depicted what this was all about. It is not about going and doing things to other people. It is not about people receiving. It is about connection. A human connection. And to me, that is the driving force in what goes on. After all of these trips, I always think about it and ask myself this question, 'Could we all have been made from the same mold? A mold that creates in us the same emotions, the same needs, and joys. A mold that lets us all be plagued by the same demons of disease, deformity, and fear. And could it be that our nationality, our religions, our status in life, all of those things, are merely the decoration over and above that mold?'" 

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# Wellness

Erin Hurley, MD & Tanie Hotan, MD



## Dating, Dancing, and Wellness *A conversation*

**Harvey Gail, ED:** On a warm Thursday evening in July, Marion Polk County Medical Society members and guests arrived with their dancing shoes at Andante Vineyard founded by MPCMS member Joe Allen, MD. Guests trickled in around 6:15, enjoying the dynamic views of the vineyard, sipping wine, and sampling tasty appetizers.

**Tanie Hotan, MD:** For the third year in a row, members celebrated connection, great wine, food, and dancing. It created strong a sense of community-building—guests meandering around, and visiting with other colleagues. The cherry on top of the cake this year was choosing Dr. Joe Allan’s Andante Vineyard as the hosting venue. The hillside is spectacular and the weather could not have been better!

**Tanie:** In addition to being fun, the whole evening was a slam dunk winner from the standpoint of mindfulness. People were fully present and laughing, taking on the role of the lead or follow (or, in Dr. Hurley’s case—both).

**Erin:** Even though my husband, Mike, refused to attend dance lessons with me before our wedding 23 years ago, he’s attended each of the Dancing Date Night Events. Who leads is always a battle, despite Dr. Hotan reminding me to let my husband take the lead in the dance. Mike barely listens to the instructions and then does his “own thing.” I, however, am a rule follower; listening intently to the instructions, paying attention to what direction we are supposed to move, and what foot we will start out on. Needless to say, the results we



*Dancing Date Night attendees put together new moves taught by instructors Dr. Tanie Hotan and Mark Baker.*



*MPCMS board member Ty Weber dances with his wife.*

**Erin Hurley, MD:** Dancing Date Night is just one wellness activity offered by the medical society. Watch for the upcoming Polk County Food Share Volunteer opportunity planned for September 19th. These events not only provide a time to socialize with colleagues but also boost wellness and overall well-being for our members and their families.

**Harvey:** Shortly after 7 pm. Dr. Hotan and Mark Baker began teaching the crowd some basic moves in Bachata, a Latin dance style. Before long, guests weaved together the individual moves and were spinning and flowing across the floor.

achieve on the dance floor are often uncoordinated and at times ridiculous but we manage to have a great time.

**Tanie:** It’s good for the soul to connect, smile, try out new moves, let go of judgment, and share a moment with a loved one!

**Erin:** For the past two years we’ve invited our daughter, Samantha, and her boyfriend to join us on a Dancing Double Date. Last year I followed that up by giving my daughter a set of private dance lessons from Dr. Hotan for her 19th birthday.



*Dancing Date Night attendees at Andante Vineyard at sunset.*

I have witnessed first-hand the benefits for my daughter, who has danced in ballet, pointe, modern dance, hip hop, partnering, and more since the age of four. It was great to enjoy dancing as a family and we took our moves to the dance floor at my niece's wedding this summer.

**Harvey:** During the dessert break, Dr. Hotan and Mark Baker performed a beautiful dance mesmerizing and inspiring the crowd. A gorgeous sunset finished off the night and couples relaxed and reflected on all their new moves.

**Tanie:** It was truly a space of absolute joy and movement that melted the stress away from a day's hard work. What an incredible evening of celebration, wellness, and dancing!

**Erin:** See below for some of the key physical, mental, and emotional health benefits of dance, especially if you can do it regularly—even if you are not at the level of our talented Dr. Hotan!



*Couple enjoys wine and each other's company while viewing the sunset.*

## Benefits of Dance

**Cardiovascular Fitness:** improves heart health, increases circulation, and enhances lung capacity.

**Muscle Strength and Endurance:** improves muscle strength and endurance, contributing to better overall body tone and balance.

**Flexibility:** movements help increase flexibility and range of motion

**Weight Management:** burns calories and increases energy expenditure.

**Coordination and Balance:** precise movements and coordination help enhance balance and spatial awareness.

**Bone Health:** Weight-bearing activities can contribute to stronger bones and help prevent osteoporosis.

**Stress Relief:** reduces stress and anxiety due to physical activity, rhythmic movements, and endorphins

**Improved Posture:** emphasizes proper body alignment and posture, with reduced strain on muscles and joints.

**Brain Health:** learning and memorizing routines can stimulate cognitive functions and improve memory.

**Social Interaction:** opportunities for social interaction, fostering a sense of community.

**Self-Expression and Creativity:** allows individuals to express themselves creatively, boosting self-confidence and self-esteem.

**Mood Enhancement:** increases the release of endorphins and other neurotransmitters to produce a positive mood and decrease depression. [f](#)

# MY CURRENT OBSESSIONS

## The Role of Ritual

A year ago, I shared my down-the-rabbit-hole research on the neurochemistry of grief experienced after the loss of a pet—shortly after my cantankerous, incontinent, adorable, elderly bulldog pitter-patted across her rainbow bridge. Over the last couple of weeks, my husband and I got our house back together after replacing all the pup-stained carpets.

While things were a mess at home, luminarias started popping up at work for WVH's *Reflections on the River*. The event is a chance for the community to publicly remember, honor, and celebrate loved ones who have gone before, whether or not they spent their final months in hospice. For the last five years, it's been held at Salem's Riverfront Park—virtually during the first year of lockdown and returning to fully in-person last September. Before *Reflections*, WVH had smaller remembrances at the West Salem office featuring memorial flags that flew in the garden for a year before being burned to release love and intention into the universe, or to the deceased, or take on whatever meaning the bereaved assigned. A winter event ended the year, focusing on the return of the light.

Lately, I've been thinking a lot about the role of ritual in metabolizing grief. To the best of my knowledge, every culture, in every era, has

developed rites or ceremonies around death and mourning. I wondered what made rituals so valuable that they became ubiquitous across time and place. A study in *The Journal of Experimental Psychology* found that engaging in ritual mitigates grief after any form of loss—from death, to break-up, to losing the lottery. The authors report that "our results suggest a common psychological mechanism underlying their effectiveness: regained feelings of control."

I'm all about control, and I'm busy planning a ritual for the next time I bomb out on Wordle, but the psychological explanation offered by the study seems very incomplete. A patient once told me she planned to keep busy the following day to avoid acknowledging the anniversary of her brother's death. I suggested carving out a little time to remember him and their relationship. She came back and said she had hiked to a special place, built a cairn with one stone for each of a dozen cherished memories, and later listened to music by candlelight with a glass of her brother's favorite wine. She said a weight she'd been carrying lifted. Her experience didn't seem like someone taking control, but rather making connection and embracing difficult feelings.

I asked Lori Ensign, MDiv, spiritual counselor, and wise woman, her opinion—in general, and about







the planning behind *Reflections on the River*. “Ritual,” she said, “allows a framework for recognition, remembering, and then finding a path to rebuilding our life without the person who’s gone. There’s strength in having different kinds of rituals, the private individual ones and the more public ones that foster community and connection.

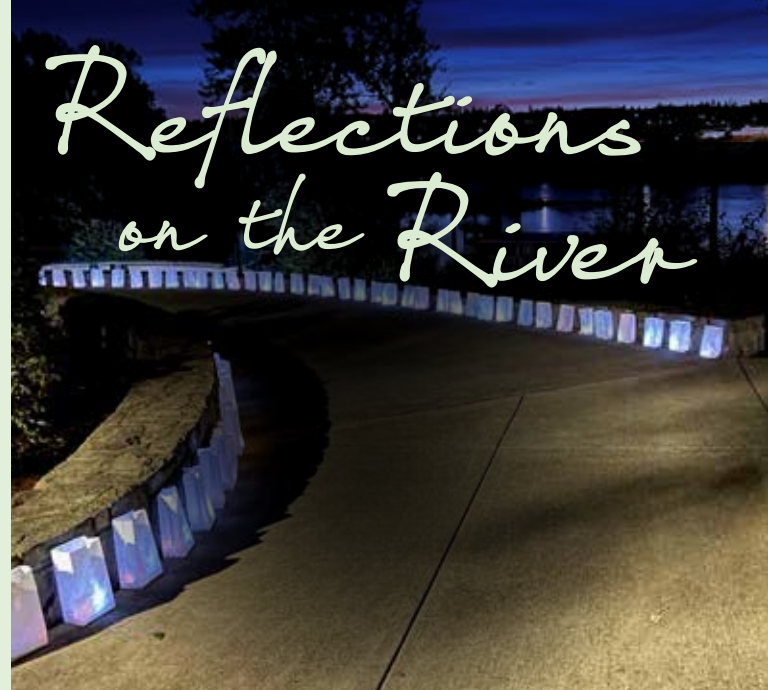
“Connection is created in a lot of different ways. We each have our own grief process, our own individual path. Being able to find acknowledgment for that, and at the same time, the chance to hear other people’s experiences, helps you realize you’re not alone. We see the universality of our common humanity but experience it in our own unique way and on our own unique path.”

“Path” and “journey” are common metaphors in bereavement. It is no accident that two different types of paths at *Reflections* offer the opportunity for a moving meditation. One is a large temporary labyrinth, drawn on the grass for attendees to walk. A labyrinth is an ancient pathway, long used for ceremonies and rituals. Unlike a maze, a person can’t get lost because there’s only one way in and one way out.

“Instead of finding your way out,” Ensign says, “you find the center. It’s a wonderful metaphor for journey and about change. When you’re in grief, in that chaos, there’s a sense of unknowing. What is my path ahead? The seventh circuit labyrinth from Crete is simple. It helps people slow down and think about what path they’re on, and where they’re going. You meet people on a labyrinth, and you have to stop and interact with them, find a way to move around them, or pause and step aside. It’s similar to what’s happening in their lives, in their journey of grief.”

And that’s not all. According to Herbert Benson, MD, founder of the Institute for Mind Body Medicine at Mass General, strolling through a labyrinth can induce the relaxation response, with a concomitant decrease in respiratory rate, pulse, and blood pressure. Vital signs are typically elevated during acute or prolonged grief, so a labyrinth offers relief in multiple domains.

...continued on next page



# Reflections on the River

Theresa Hart, WVH community development manager and planning committee event chair, explained the origin of *Reflections on the River*.

“To commemorate the fortieth anniversary of Willamette Valley Hospice, my predecessor was tasked with creating a community grief event to honor the patients who had died while on our forty years of service to the community. Looking around the country, we found a model that would provide components of the event we envisioned. She and many community members formed a planning committee who helped place 4,000 luminarias throughout Riverfront Park on the day of the event. Local dignitaries, community partners, and families came to honor their loved ones and celebrate our years in the community. When the sun set and dusk settled, the luminarias all lit up. It was absolutely beautiful, stunningly beautiful. This year, as Willamette Vital Health, we’ll commemorate forty-five years of service with 4,500 luminarias. The effect should be even more striking.”

On a personal note, Cheryl MacDonald, MD and WVH medical director shared her experience of walking the path after the loss of her daughter. “I think of the light,” she said, “as connecting you to unseen energy. And all of those lights coming together create tremendous energy. It feels very sacred. And another thing—the lights are enclosed in these little bags. The source of the light is there, just beyond that thin paper. And your loved one is just beyond the veil. In that sacred moment of twilight, with the energy of the light glowing through the bag, you feel very connected with your loved one.” [f](#)


## The Role of Ritual *Continued from page 25*

I especially like the fact that the serpentine rows of luminarias become visible in that special space of day-to-night, as if by magic. The sky and river turn purple and stars begin to show. People bump into friends along the path, looking for the luminaria they bought to honor a loved one, repeating a candle-lighting ritual that goes back thousands of years. It seems more meaningful than running into them almost anywhere else.

"Candles and light," Ensign says, "are such a wonderful image that connects us beyond the boundaries of the visible, material world, but continues and travels to wherever our loved ones are. It represents our belief that love never can be extinguished, just as the light continues on."



"When we grieve, we stand at the threshold of new beginnings, at that liminal time between what was and what is yet to be. The light, the community, and poetry, all help us express emotion, help us see the path other people have been on. The loneliness that is part of grief is diminished, at least for a time, while you feel that connection. You may be able to take a step forward because going back is not an option. Time keeps flowing, just like the Willamette keeps flowing beyond the luminarias. As the stoic Heraclitus said, 'No one ever steps in the same river twice, for it's not the same river and they're not the same person.'"

As I said last year, maybe the purpose of grief is to cause enough pain to push the bereaved to find new meaning and make new connections. Maybe ritual is a tool to help make that happen. 

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# Last Word

## Everyone Wants to Live on Elysium



Imagine it is the year 2154. Humanity is divided between two worlds. Most of us live on an overpopulated, ruined, resource-drained planet known as Earth, while the privileged live on the space station Elysium. In classical Greek mythology, the “Elysian Fields” was the home of the blessed after death or the heroes on whom the gods conferred immortality. No poverty, no war, no sickness. Through transhumanism, Elysiumens can live forever.<sup>1</sup>

“I believe in transhumanism: once there are enough people who can truly say that, the human species will be on the threshold of a new kind of existence, as different from ours as ours is from that of Peking man. It will at last be consciously fulfilling its real destiny.”<sup>2</sup>

Transhumanism: a philosophical and scientific movement that advocates the use of current and emerging technologies—such as genetic engineering, cryonics, artificial intelligence (AI), and nanotechnology—to augment human capabilities and improve the human condition.

Cyborgs, enhanced humans, hive minds, and the like may be our future, but in 2023, here on Earth, over 100,000,000 humans have been forcibly displaced around the world, the largest number of people displaced in the history of mankind, and these people are seeking their own “Elysium.” The movie, made in 2013, draws a clear allegory of the present. Never in our history has the chasm between “the haves and the have-nots” been so deep and wide that 1% of the richest individuals own 50% of the world’s wealth.



Those of us who live in advanced countries are insulated from most of the atrocities around the world. Out of sight out of mind. Fifty-two percent of the displaced come from just three countries and 76% of the refugees are hosted by low-and middle-income countries. Where is the USA in this fight?

### The problem is innate:

We possess built-in biological systems that were very advantageous for us up until we became a functioning civilization 10,000 years ago. We are literally genetically-coded to preserve life, procreate, and get food—and that’s not gonna change. The question is whether you can somehow overpower certain parts of that mammalian DNA and try to give up some of your money, try to take your wealth and pour it out for the rest of the planet. (Neill Blomkamp interview 2013)

In this and other issues of *ChartNotes*, we have explored the need for humanitarian intervention internationally and locally. There are members of our medical society who are part of the fight to help those in need, and we can be proud to know them. The great chasm that prevents us from becoming a Type I civilization where all of humanity can benefit from scientific, technological, and economic progress can only be spanned if we work together.

While we all may want to live on Elysium it is a utopian dream. As Hieronymus “Harry” Bosch says, “We all count, or no one counts.”<sup>3</sup>

[1] Interestingly, The Champs-Elysees in French translates to Fields of Elysian

\*From the Movie “Elysium” 2013 Directed by Neill Blomkamp.

[2] “Transhumanism.” Julian Huxley. In *New Bottles for New Wine*, pp 13-17. London: Chatto & Windus, 1957).

[3] From the books by Michael Connelly



### NANCY BOUTIN, MD, MBA

Managing Editor



Nancy is the Medical Director of Supportive Care at Willamette Vital Health. She has contributed articles to *ChartNotes* off and on for twenty years. She is very happy to be back at the keyboard.



### RICK D. PITTMAN, MD, MBA

In private vascular surgery practice for 28 years before obtaining a MBA from OHSU/PSU, Dr. Pittman works full-time as a vein and wound care specialist in the Silver Falls Dermatology Clinics and spends his spare time in the garden, behind a camera or in the workshop restoring cars.



### HOWARD BAUMANN, MD

Howard Baumann retired in 2010 after 34 years practicing gastroenterology at Salem Clinic. He is a member of the American Association of the History of Medicine, the Society for the History of Navy Medicine, and is a Board Member of the Oregon State Hospital of Mental Health. He contributes regularly to *ChartNotes* and *Historical Tidbits*.



### THANK YOU MEDICAL PROFESSIONALS

In this issue we begin to feature medical providers from different countries. Their training, cultural upbringing, and approach to medicine benefit all of us. As we heard at the May Member Dinner, international medical mission trips also expand our cultural awareness and those experiences benefit everyone they touch—at home and abroad. So, thank you for bringing us these experiences, ideas, and approaches to medicine. As always, if you have any ideas for features in *ChartNotes*, contact Nancy Boutin at [nancyboutin@me.com](mailto:nancyboutin@me.com). If you or your organization has news or events to share, or an in memoriam to share about one of our members, contact Harvey Gail at [exec@mpmedsociety.org](mailto:exec@mpmedsociety.org). Also, visit our website at [www.mpmedsociety.org](http://www.mpmedsociety.org) for our news submission policy. The Marion-Polk County Medical Society thanks all of the medical professionals in our community for your unwavering dedication, service and sacrifice. Be Well!



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