

Remarks for Dr. John Becher
O.J. Snyder Memorial Medal Acceptance
PCOM Founders Day 2009

Good morning Chairman McGloin, President Shure, Student Doctor Chang, trustees, Alumni directors, faculty, students, family and friends. I am deeply honored to receive this prestigious award.

As I thought about an appropriate topic for this presentation, I was reminded of one of my former teachers and dean of PCOM, Dr. Sherwood Mercer. Dr. Mercer taught the history of medicine and osteopathy to first year students when I matriculated in the fall of 1966, and he advised all of his students to keep a diary of their professional lives. If I had only followed his advice, this presentation could have written itself.

Unfortunately, I did not keep a diary, but I have enjoyed reconstructing my memories and experiences at PCOM to share with you today. In doing so, I found these words of the 19th century Danish philosopher Soren Kierkegaard to be true: “Life can only be understood backwards, but it must be lived forwards.”

This morning, I’m going to take you back to 1966 when I was a first year student at PCOM at 48th and Spruce Streets. Our class of 97 students was housed in one small classroom on the 2nd floor of the college side of the building. We were required to attend class 5 _ days per week, having anatomy lecture and lab on Saturday morning. Attendance was taken in each class, and we were required to sit alphabetically in numbered seats.

During that academic year, I lived with Joe Dieterle in an apartment in West Philadelphia. Deweys restaurant, Paul’s delicatessen, and the Hanson House bar were conveniently located for easy access when needed. One day after an exam, some of us were sitting in the Hanson House. Our anatomy and Osteopathic Principles and Practice teacher Dr. Angus Cathie, who was a very distinguished gentleman, was sitting at a table

in the back of the establishment. We had yet to learn that Dr. Cathie did not fraternize with students, and so we told the bartender to buy him a drink on us. Wisely, the bartender advised us not to extend this gesture, as the negative consequences could be significant for us in future classroom encounters with Dr. Cathie.

In October of 1967, as a second year student, I was involved in a serious auto accident, and I was confined to Chestnut Hill Hospital for 6 weeks in traction with a fractured femur. The real value and character of PCOM was magnified for me during this time, as many of my classmates visited me along with some of the faculty and administration. Being confined to bed and forced to rely on other people for some of the basic needs of life can be very depressing, especially to a second year medical student. This experience gave me life-long empathy for hospitalized patients.

I remember feeling sorry for myself one day and who should come to visit? None other than Tom Rowland, who was to be the next PCOM president. I thought it was a forgone conclusion that I would be forced to repeat my second year. Tom told me I could do that if I wanted, but I also had the option to study and use the infamous class notes while I was in the hospital. Once discharged, I could take all of the exams I missed, and, if I passed, I could continue with my class.

As most of you know, the class notes system at PCOM has been in place for decades and simply is a process where a designated student records all the information from each class, which is then duplicated for all of the other members of the class to use. In my day, the notes were mimeographed . . . now they are no doubt online. I will always be grateful for those class notes and for the opportunity extended to me by TMR to maintain my position in the class of 1970.

When I was discharged from the hospital, I was placed in a spica cast that extended from above my waist to my right foot on one side and to above my left knee on the other, with a metal bar attached to both knees. Not the most mobile of contraptions. I spent the week before Christmas in the 48th Street Hospital taking the exams I had missed during the first

trimester. I also had the opportunity to attend with my classmates the annual PCOM Christmas follies on a hospital gurney. After going home for Christmas, I returned as a student and I was housed in the intern quarters on the top floor of the hospital. I attended class daily in a wheelchair with the help of my classmates. Many of my classmates rotated staying with me at night to assist with my basic needs of life. I am forever grateful to the college and my classmates for their enduring kindness.

In February 1968, in the main operating amphitheatre of 48th Street Hospital, Dr. Dominic Salerno placed a metal rod in my right femur, and one week later I was mobile (on crutches) for the first time in 4 months. I moved to the Phi Sigma Gamma fraternity house on Spruce Street, and finally became just another second year student.

During my third year, I met Paula Catrambone, who was secretary to former dean Paul Thomas. That event has had the biggest effect on my entire life. As a 4th year student, we became engaged, and the wedding was scheduled for the week after graduation. Throughout that year whenever I was asked, "When is the big day?", I would always respond with my graduation date, but I quickly learned that the big day was really the next week, our wedding day.

Little did I realize that my life with Paula would be as happy and fulfilling for the next 39 years . . . the highlight being our three wonderful children -- Patrick, a producer for NFL network in Hollywood, California. Unfortunately he and his wife Patty could not be here today due to his work for the Superbowl this Sunday. My daughter Megan, an attorney living in Houston, Texas, is here today with her husband Bill Prout and my pride and joy grandson, Will. My youngest son Brian, a chef at Wolfgang Puck restaurant is here to round out our family. So you can see that surely the most important day in my life occurred one week after I graduated from PCOM.

After completing my internship in Flint Michigan, I began training in Ob-Gyn at Cherry Hill Hospital, and moonlighted on Friday nights as a house physician at 48th Street Hospital for \$6 an hour. After a few months, I was asked to cover City Avenue Hospital

for \$10 per hour because I could also cover OB. During those Friday nights at City Avenue, I also covered the emergency room.

In those days, the world of emergency medicine was vastly different than it is today. Trauma centers were still known as accident wards and emergency medicine was not a recognized specialty. Hospital emergency departments were staffed largely by young physicians who were moonlighting while developing their practices in other specialties, and I was one of them.

It was at City Avenue that I first experienced that adrenaline rush of the ER with its unpredictability and organized chaos. I loved the diversity of challenges we faced every day. At any given moment, you never knew what was going to happen next, but you had to be prepared to deal with it. Once a woman came in with a broken ankle. When I told her that her ankle was broken, she said, “My ankle can’t be broken, my daughter is getting married tomorrow.” What do you say to that? She said, “You can’t put a cast on me. I’m not walking down the aisle with a cast. I said, “M’am, you can’t walk down the aisle.” She said, “Don’t tell me I can’t,” like it was my fault.

I had people who were having heart attacks and they wanted to leave because they had to catch a bus or get to an appointment. More than once, I had to say, “Look, you can’t go to your appointment – you’re having a heart attack!” Then there were people who were on dialysis every other day and for some reason, they forgot to go, and ended up in the ER. How could you forget to go?! As crazy as it was, I loved it.

The next year I accepted a position as a house physician covering the emergency room at Southern Chester County Medical Center in West Grove, PA. For the next 3 years, I also continued to work at City Avenue Hospital every Friday night. I also attended emergency medicine training courses at Milton Hershey Medical Center, directed by Arnold Muller, MD, who would later become the Secretary of Health during Governor Thornburgh’s administration in the 1980s.

In 1975, as a result of all of my emergency medicine experiences, I proposed to Tom Rowland, then president of PCOM, and James Powell, DO, the medical director/DME of the hospital, that there should be full time physicians in the emergency room at City Avenue. In August 1975, I was hired to build the program.

I'm proud to say that we developed the first academic department of emergency medicine in the osteopathic profession, and we were the first of the six medical schools in the city of Philadelphia at the time to establish such a department. Over the next five years, a number of events had a positive impact on our efforts and demonstrated PCOM's leadership in the field of emergency medicine.

- First, in 1976, the bicentennial celebration in Philadelphia drove the development of the EMS system as well as the development and cooperation of hospital emergency departments.

- In the same year, the American College of Osteopathic Emergency Physicians was officially recognized as an affiliate of the AOA. This was a preliminary step to the recognition of emergency medicine as a new area of specialty practice in the osteopathic profession.

- In 1977, the American Heart Association first documented the usefulness of cardiopulmonary resuscitation techniques in saving victims of sudden cardiac arrest. As a result, CPR training was introduced in the curriculum at PCOM to prepare students to properly assess victims of cardiac arrest and initiate CPR when appropriate.

- It was in the same year that PCOM officially established the first academic department of Emergency Medicine in the osteopathic profession. Since ours was the first, we had to start from scratch to create the definition, description, rationale and justification for the specialty of emergency medicine as an academic discipline, as well as the rules and regulations for the Department. This endeavor took more than one year to complete, with

the invaluable assistance of former dean Robert England, DO, and A. Archie Feinstein, DO, then Chairman of the AOA's Basic Documents committee.

- In 1978, the American Heart Association developed Advanced Cardiac Life Support training. PCOM played an integral part in its implementation in Pennsylvania by holding the first ACLS Instructor course in the state. Invited faculty from all medical schools in the state attended and subsequently implemented training in their respective schools.

- That same year, PCOM also initiated the first AOA-accredited emergency medicine residency program.

- In 1980, PCOM conducted the first annual Emergency Medicine CME program.

During the 1980s, the Philadelphia emergency medical services system was expanding. In 1984, HPCOM was designated a medical command hospital to replace the Hospital of the University of Pennsylvania in giving direction to the paramedics, and the phones from the emergency department at HUP were moved and installed in the ED of HPCOM.

As emergency medicine continued to evolve, Pennsylvania passed legislation in 1985, mandating the establishment of the Pennsylvania Trauma Systems Foundation to accredit trauma centers in Pennsylvania. The foundation's board consisted of 17 members appointed by the Secretary of Health Arnold Muller, MD. I was one of two emergency physicians appointed to the board. Dr. Muller later told me that he wanted institutions represented who truly demonstrated commitment to emergency care in Pennsylvania, and PCOM was one of those institutions.

In July 1986, two sentinel events occurred for the department of emergency medicine. One was the establishment of the PCOM Philadelphia International Airport medical facility, which was a unique training venue for our residents for three years. One of the primary services we provided was emergency resuscitation response throughout the airport, and approximately 50 lives were saved during the time this facility was run by

PCOM. We also provided emergency care for visitors, FAA examinations for pilots and immunizations required for foreign travel. At the time, there were 5 allopathic medical schools in the city, and one osteopathic school, and we were proud that the first one seen by visitors coming through the airport was PCOM.

The other event, and might I say having a much greater impact on the emergency medicine department and PCOM, was the hiring of John Mariano, my administrative assistant. John had worked for the Philadelphia Health Department and became the director of EMS for the city until he retired in 1986. I had known John through our work with the Philadelphia EMS system, and our involvement in providing on-site medical care for many major events in Philadelphia. These included the bicentennial events, the Phillies 1980 World Series parade and celebration, the visit of Pope John Paul II, and many rock concerts including Live Aid, Michael Jackson, Madonna and others held at the old municipal stadium.

I remember our conversation in 1986, when he came to me and told me he was retiring from the city. He told me that there were just a few people he would like to work with, and I was one of them. I felt honored then, and I still feel honored now.

The impact that John Mariano has had on the emergency medicine department at PCOM is huge. He has continually, over the last 22 years, assisted me in organizing and reorganizing the curriculum to keep pace with innovations in teaching techniques and changing emphasis in emergency medicine topics. He is the most organized person I know. The students and faculty love him, and appreciate how he can accommodate almost any request. John will be retiring this year at the young age of 80. John, we all love and respect you, and wish you every happiness in your retirement. I'm happy to say that John will still be available to us as a consultant.

In 1987, emergency medicine residency training was expanded to 3 years, and required additional areas of training and high volume emergency department patient encounters. At the same time, the impact of healthcare economics was adversely affecting the

resources and training capabilities in emergency medicine at HPCOM. Everyone knows that the college faced difficult challenges and decisions during this time, which eventually included the sale of the hospital. I want to take this opportunity to publicly acknowledge the leadership and foresight of the individual at the helm during that time, our past president, chancellor and fellow OJ Snyder award winner, Dr. Leonard Finkelstein, and I want to thank him for his dedication to PCOM. I also want to acknowledge Dr. Ken Veit whose dedication and leadership helped PCOM through those times as well. Ken is currently the longest tenured dean in the osteopathic profession with 17 years of service.

As PCOM weathered that healthcare storm, it was clear that, in order to maintain the integrity of the training, we needed to move the emergency medicine residency program to a tertiary training institution. Up to now, only a few people knew that three institutions expressed interest in supporting the residency program. Hahnemann University was interested, but they did not have a department of emergency medicine, and the program would have been under the department of Surgery and the division of Trauma. Medical College of Pennsylvania was interested, but they wanted to fold the program into their existing allopathic program, and the osteopathic identity would have surely been lost.

Albert Einstein Medical Center had an established department of emergency medicine without a residency program, and had many resources that would enhance the overall training. I will never forget the meeting with the major department chairs. After much discussion, administration asked what they thought of embracing the osteopathic emergency medicine residency. Einstein's chair of medicine, Herbert Waxman, MD, replied, "What can you say when someone offers you Christmas in July?"

The name of the program was "Albert Einstein Medical Center – Philadelphia College of Osteopathic Medicine affiliated emergency medicine residency program." In 1990, specialty track internships were initiated by the AOA, and the program essentially expanded to 4 years of training; the interns rotated through services at HPCOM until its closing. By the time I left the program in 2001, a total of more than 140 emergency

medicine residents had been trained. Many of them are now department chairman and facility directors throughout the country, and I take special pride in each one of their accomplishments.

My goal was always to prepare students and residents for the real world of emergency medicine. I emphasized to them that you can't flounder in the emergency department. You have to be prepared. This is not a frivolous encounter. You have to make quick decisions and sometimes those decisions can make the difference between someone living or dying.

I also taught them that that the first person you have to control in a true emergent situation is yourself. If you're the leader of the care team, you have to be 100 percent under control. Otherwise, there will be chaos, and patient care will be compromised.

I also emphasized the importance of osteopathic principles in emergency medicine. It's easy to lose your regard for the personal touch when you're under stress in the ER. You have to remember that the patient is feeling stress, too. Most of the patients I see in the emergency department every day didn't wake up in the morning planning to come to the ED. Just the fact that they are there has already disrupted whatever plans they had for the day. Showing empathy is essential.

Although I continued to love teaching, in 2001, I decided my professional life should take a different direction. Before I made my final decision to join AtlantiCare Regional Medical Center as chairman of Emergency Services, I met with Ken Veit and told him that I wanted to continue to teach the students here at the college, and I continue to enjoy my interaction with them. Over the last few weeks I have received a number of congratulatory emails from former students and residents, and their sentiments have fueled my enthusiasm for teaching emergency medicine.

Mike Reihart, from the class of 1993, wrote, “I often think of your words of wisdom and guidance as I attempt to provide excellent patient care during many hectic shifts at Lancaster General Hospital.”

Mike Falino, class of 1984, said, “You have OBVIOUSLY had a huge impact on my life. I am extremely grateful for having had the honor of your guidance through my residency years at the old OMCP campus. I am still enjoying the ED, now at St. Luke's Quakertown ED.”

Larry Anderson, class of 1988, is now medical director of the ED at Divine Savior Healthcare in Portage, Wisconsin. He wrote, “Your hard work and dedication to PCOM has made the EM program what it is today. A large part of PCOM’s legacy will be the program you established and nurtured. Thank you for your sacrifice and mentoring.”

I am humbled by these generous comments and gratified that I have been able to contribute to the education and practice of many fine physicians.

At the same time, my current clinical practice in Atlantic City continues to provide unique situations that fuel my enthusiasm for the practice of emergency medicine. These include the older woman with two broken ankles who wanted me to get her back to her 6 PM casino bus so she could go back home to New York, and the ninety year old man who fractured his pelvis in a fall on the escalator who wanted me to get him a wheelchair so he could go back to the slot machines. Just when you think you’ve seen and heard everything, a patient reminds you that you haven’t. I still have to be prepared for anything, just as I have always told my students.

To paraphrase a quote by the late Sir William John Haley, a very accomplished gentleman who served as head of the British Broadcasting Corporation, editor of *The Times* of London and editor-in-chief of the *Encyclopædia Britannica*, “Education (is most) effective if its purpose (is) to ensure that by the time they leave school, every (student) knows how much they do not know, and (is) imbued with a lifelong desire to know it.”

In closing, I want to say, once again, how deeply honored I am to receive this prestigious award, and I will treasure this day for the rest of my life. Thank you all for sharing this with me.