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Advocating for Medicine of the Future

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Cover Photo: NH Physician Leadership Development Program participants Rodney Sparks MD, Jocelyn Caple MD, Stephen Bishop MD, and Cynthia Paciulli MD (left to right) complete a group exercise where they discuss different traits and communication styles and how often they use them.

Patrick Ho, MD, MPH
NHMS President

"Broadly to us as physicians, the complex association between mental health conditions and other medical conditions may make intuitive sense. For many of our patients though, this may not be as immediately apparent."

President's Message
The Brain is Part of the Body: 5 Things to Know About How Chronic Mental Health Conditions Contribute to Other Chronic Medical Conditions

In my role as a consultation-liaison psychiatrist, I most often see patients in settings outside of a mental health clinic. My subspecialty exists at the intersection of psychiatry and other medical specialties, so whether it's on the general medical/surgical floors or in the emergency department, my patients may not have come to the hospital intending to see a psychiatrist. I and other consultation-liaison psychiatrists often find ourselves working more in the "liaison" role rather than the consultative one, educating patients and other care teams about how chronic mental health conditions and other chronic medical conditions may affect one another.

Broadly to us as physicians, the complex association between mental health conditions and other medical conditions may make intuitive sense. For many of our patients though, this may not be as immediately apparent. This makes education a critical intervention, and sometimes one of the most impactful ones we can offer. When we consider that many patients in New Hampshire may not be able to easily access psychiatric care, it becomes even more crucial to ensure that we do not miss opportunities to educate our patients in any care setting. Patients may be very curious about how their mental health can affect their chronic health conditions, or vice versa. Here are five things that your patients should know:

Chronic Mental Health Conditions and Other Chronic Medical Conditions are not Mutually Exclusive

In the course of patient care, we may screen our patients for or suspect mental health conditions due to our history and physical examination. While counseling and education are always part of our practice, we sometimes find that we need to do more convincing with our patients when it comes to mental health conditions. This may be especially true in the context of our patients who already suffer from chronic medical conditions. To some of our patients, it may seem arcane or surprising that some symptoms may be due to a mental health condition independent of other chronic medical conditions. Despite our best efforts, mental health conditions continue to be stigmatized. Explaining the connection between the mind and the body, and between mental health conditions and chronic medical conditions, can be part of our greater effort to address and dispel stigma.

Chronic Medical Conditions with Comorbid Chronic Mental Health Conditions Leads to Shorter Life Expectancy

A large cohort study by Momen et al from 2022 published in JAMA Psychiatry found that patients with both chronic medical conditions and chronic mental health conditions had an increased risk of dying and a shorter life expectancy than the general population, patients with only chronic medical conditions, and patients with only chronic mental health conditions. This means that to reduce the risk of mortality for

patients with chronic medical conditions, it is important to address any comorbid chronic mental health conditions as well.

The Relationship is Bidirectional

It is well established that patients with chronic medical conditions have a higher risk of developing mental health conditions such as depression. However, it is important to counsel our patients that untreated mental health conditions can also lead to chronic medical conditions such as heart disease, diabetes, osteoporosis, or Alzheimer's disease, among others. This can also increase the risk of stroke. This may be for a variety of reasons, including having challenges in engaging in healthy behaviors, or even physiological changes arising due to mental health conditions.

Chronic Mental Health Conditions and Chronic Medical Conditions Worsen One Another

Patients who have both chronic medical and chronic mental health conditions may display more severe symptoms of both. This may make it more difficult to treat either the mental health conditions or chronic medical illnesses without also addressing the other concurrently. The good news is that:

Help is Available

For patients interested in treatment for mental health conditions, it is important to know that treatment of mental health conditions is far from "one size fits all." This treatment often involves a multidisciplinary approach with a patient's primary care team and a mental health team. The mental health team may involve a psychiatrist or counselors, and may occur in a variety of settings including outpatient clinics (virtually or in person), community mental health, or hospital-based care.

While access to mental health care has been a perpetual challenge in New Hampshire, this is not a unique challenge to us. Estimates suggest that between half to two thirds of all patients in the US who need mental health care do not get it. Lack of recognition of mental health symptoms in the context of chronic medical conditions, while likely only part of the problem, certainly contributes to undertreatment. As physicians, we have an important role to play in both educating patients about the interplay between chronic medical condition and mental health conditions. This may be the first step in helping our patients obtain mental health care! ■

Cathy Stratton, CAE
NHMS CEO

"Community. Leadership. Collaboration. These aren't just values — they are how we connect, grow, and make progress together."

CEO's Perspective
A Vision for the NHMS Community

Throughout my life, I've returned to New Hampshire time and again—to hike, to ski, and most importantly, to reflect. Crossing the border from Maine into New Hampshire, I've sought out the perspective that only a 4,000-foot summit can offer. Standing at the top of a mountain, even for a few minutes, fills me not just with awe, but with clarity and joy.

It is an incredible honor to now stand in the shoes of those who have led the **New Hampshire Medical Society** since its founding in **1791**. I often wonder: could the original incorporators have imagined the vast medical, clinical, and technological advancements their successors would achieve? More importantly, how can their legacy guide us today?

As I begin this new chapter with you, I see **four guiding principles** that shape my vision for the Medical Society:

1. Start with the End in Mind

Every hike has a destination—whether it's a scenic summit overlook or a meandering trail. Having a clear mission and vision helps me stay focused, especially when the path ahead is steep or uncertain. As CEO, I want to understand both the medical and political landscape and to work alongside members to advocate for the future we want to see in patient care and the medical community.

Through collaboration with the NHMS Board, Council, and staff, we are building opportunities for members to learn, engage, and grow—together. From conferences to leadership development, we are designing programs that not only meet today's needs but also prepare our members for what lies ahead.

2. This is not a Solo Journey

Even when the path feels solitary, we are never truly alone. There are always trailblazers who have come before us—clearing the way, marking the trail, and making our journey safer and more direct. We stand on their shoulders, and in turn, we have the opportunity to guide and inspire those who follow. Community. Leadership. Collaboration. These aren't just values – they are how we connect, grow, and make progress together. When we engage with others in our profession, we create space for innovation, support, and shared purpose.

At NHMS, we're working to make it easier for our members to find and surround themselves with people who both challenge and support them.

3. Pace Yourself

Rushing to the summit can lead to burnout—or worse, injury. On the trail, I'm deliberate and measured, but I've found that pacing myself in the workplace is a greater challenge. There is so much vital work to be done: supporting physicians, advocating for patients, and navigating a complex and ever-changing landscape. Each effort is connected and, like pieces of a puzzle, all are essential to the larger picture.

Over the past 10 months, I've attended specialty society meetings, participated in medical staff gatherings, advocated at the legislature, and

worked to develop meaningful programs for our members. With more than 148 bills impacting physicians and the practice of medicine, legislative advocacy has understandably been a major focus.

As the pace slows at the state house, I look forward to shifting my attention outward - visiting hospitals, connecting with members, and listening to the stories and needs that guide our work forward.

4. Celebrate the View

When you reach a summit, you pause, take in the view, and reflect on the journey that brought you there. Over the past 234 years, 195 physician presidents have led the New Hampshire Medical Society - each bringing vision, resilience, and a commitment to our shared mission. Each has uniquely shaped the organization we are today.

This is a year of great change and growth. At NHMS, we are focused on expanding learning opportunities, fostering professional and social connections, and strengthening member-to-member communication. In the months ahead, we will continue bringing members together to learn, to collaborate, and to celebrate the work we do.

Because the climb matters, we must take time to appreciate how far we've come. We will honor our leaders, recognize our advocacy accomplishments, and continue building the growing network of physicians who power this community. This is your Medical Society. Your community. I invite you to join us on the journey and the new perspective this provides us all.

You can find more information on the NHMS website events page. I look forward to connecting with you at an upcoming event—or on our new community platform.

With gratitude and excitement,

Cathy Stratton, NHMS CEO ■

Cathy Stratton, CAE
NHMS CEO

with lobbyist Maura Weston

"This year was about protecting what matters most — professional integrity, patients, and the future of healthcare in our state."

Advocacy Update
This Legislative Session in Review

As the New Hampshire Medical Society (NHMS) wraps up a legislative session that included many highly charged healthcare bills, our efforts to advocate for physicians and patients alike have been nothing short of essential. With nearly 150 healthcare-related bills on our watch list, NHMS' work this year focused on building relationships with elected officials, protecting the integrity of the physician-patient relationship, and supporting sound public health policy.

When this session began, we worked very hard to improve communication and build a highly engaged advocacy team. We saw engagement in the NHMS legislative committee meetings increase, and collaboration with NHMS' lobbyists, physician leaders, and key stakeholders was integral to the progress that was made on priority bills this year. Together, we were able to build coordinated responses to the wide range of bills that impacted healthcare and medical care here in New Hampshire. I want to thank everyone who participated, provided testimony, and wrote educational op-eds. The collective expertise of New Hampshire's physicians was very evident to lawmakers.

Advocacy Themes: Core Priorities for the Year

Throughout the session, NHMS concentrated its efforts around several core advocacy themes:

- **Legislation of Medicine:** Standing firm against efforts to regulate clinical decision-making and ensuring medical standards remain grounded in science and ethics.
- **Protecting the Physician-Patient Relationship:** Opposing legislation that could erode confidentiality, autonomy, or trust between doctors and their patients.
- **Public Health:** Advocating for evidence-based policies to support community well-being and preventive care.
- **Medicaid Payment:** Fighting for adequate reimbursement and fair policies that ensure access to care for vulnerable populations.

A Defensive but Impactful Strategy

From committee hearings to targeted outreach, NHMS used every tool available to educate lawmakers about the work of physicians and the real needs of New Hampshire patients. The Medical Society provided expert testimony, engaged stakeholders, and mobilized its physician members to advocate on key issues. This year was about protecting what matters most - professional integrity, patients, and the future of healthcare in our state. I am proud of what we accomplished, and grateful to every physician who lent their voice and expertise. ■

The NH Physician Leadership Development Program
Empowering Physician-Leaders and Building Skills for a Changing Healthcare Landscape

The New Hampshire Physician Leadership Development Program (NHPLDP)—a collaborative initiative between the New Hampshire Medical Society, the New Hampshire Hospital Association, and the University of New Hampshire's Paul College of Business and Economics—is now enrolling its next cohort, set to begin in September.

To explore what makes this program uniquely valuable for physicians, we sat down with NHPLDP faculty members Paul Lane, Ph.D., and Jennifer Griffith, Ph.D. Their insights shed light on how the program equips physicians with the leadership skills needed to thrive in today's complex healthcare environment. The following article highlights key takeaways from that conversation.

Physicians today are facing an evolving professional landscape. Beyond delivering high-quality care, they're expected to lead multidisciplinary teams, drive organizational change, manage financial and quality outcomes, and navigate increasingly complex systems—all in an environment often marked by rapid change and competing demands. Yet, as Faculty Director Peter Lane, Ph.D. notes, "Their medical training does not prepare them for that. The NH Physician Leadership Development Program [offered through UNH's Paul School of Business] addresses these challenges head-on."

According to co-faculty Jennifer Griffith, Ph.D.: "This program helps physicians step into leadership with intention," offering them "practical, repeatable tools to lead through change, manage conflict, and foster engagement within their teams."

The curriculum unfolds over four semesters, balancing theory with practical application. Dr. Lane explains, "The first year focuses on assisting participants to understand better who they are as leaders...how to work more effectively with others, how to think strategically, and how to lead change." In the second year, the focus expands to include sessions on healthcare finance and quality improvement, taught by experienced industry professionals. The result? A toolkit physicians can put into practice immediately.

One of the most striking features of the program is its ability to spark profound self-awareness. Both Lane and Griffith describe participants having "ah-ha moments" that shift their understanding of leadership. Dr. Griffith recalls that many are surprised to learn "how much leadership is about how you show up—not just what you know." Sessions on emotional intelligence, feedback, and difficult conversations resonate especially deeply. As Dr. Lane adds, "Some big 'ah-has' occur when participants realize how their values guide the way they handle conflict."

What distinguishes this program from general leadership training is its direct relevance to the realities of medicine. Dr. Griffith explains, "The cases, questions, examples, and conversations reflect what physicians actually

Peter Lane, PhD
NHPLDP Faculty Director

Jennifer Griffith, PhD
NHPLDP Faculty

"Leadership in healthcare is essential, and developing those skills doesn't have to feel abstract or overwhelming. It can be energizing and immediately impactful!"

deal with: competing demands, interprofessional teams, moral distress, burnout." Dr. Lane emphasizes the value of peer learning: "There is a lot of peer-to-peer learning when you spend four semesters working with other healthcare leaders...They form a mutual support network that lives on after the program."

The results speak for themselves. Dr. Lane recalls one participant who was highly skilled clinically but unsure how to lead a team. "The program taught them how to understand different team members' motivations, constructively manage tension, and create a shared sense of purpose." Dr. Griffith shares another powerful example: "One participant finally addressed a long-standing tension with a colleague. That conversation, which they'd avoided for months, ended up clarifying the core issues and improving the team dynamic."

To prospective participants, both instructors offer encouragement. "If you're thinking about it," says Dr. Lane, "it's probably because people already see you as a leader, or because you're ready to grow professionally." Dr. Griffith adds, "Leadership in healthcare is essential, and developing those skills doesn't have to feel abstract or overwhelming. It can be energizing and immediately impactful!"

Beyond the curriculum, both Lane and Griffith express deep respect and admiration for the physician-leaders they teach. Dr. Lane calls them his "favorite students to teach," citing their intelligence, curiosity, and commitment to learning. Dr. Griffith reflects, "They care a lot, and they want to get things right, even when the path isn't clear. Leadership in medicine is deeply human work."

Ultimately, this program is not just about teaching leadership—it's about transforming how physicians see themselves, their teams, and their impact. As Dr. Griffith so eloquently puts it, "Leadership development matters because it ripples outward in every direction." ■

University of New Hampshire
Peter T. Paul College of Business and Economics

Now Enrolling for September 2025

New Hampshire Physician Leadership Development Program

The program is targeted to practicing physicians and advanced healthcare leaders who have taken on increasing levels of responsibility in their careers and aspire to be outstanding leaders. The NHPLDP is beneficial to leaders with diverse backgrounds in health care, including within care delivery, policy, administration, and global health.

Ideal candidates will possess:

- A desire to help shape the future of healthcare
- A willingness to learn and grow as healthcare leaders
- A drive to influence the practice of medicine within your practice or health system

"This program really brings up issues and behaviors that I have been able to identify and use immediately in my position as President of the Medical Staff. These are the things that challenge me as a leader, and it is helpful to gain skills and practice those skills."

— PARTICIPANT, 2018–2020 COHORT

For more information

SCAN ME

Program Eligibility Requirements:

- Commitment to complete the entire two-year curriculum.
- 3-5 years experience and an interest in executive leadership.

Catrina Watson
NHMS Director of
Specialty Societies

"Email Catrina Watson at Catrina.Watson@nhms.org for information on joining your specialty society's local chapter!"

New Hampshire Specialty Societies What's New for Your Specialty Societies

New Hampshire Medical Society manages several local chapters of national medical societies. See what they're up to, and email Catrina Watson at Catrina.Watson@nhms.org for information on joining your specialty society's local chapter!

NH Psychiatric Society (NHPS) held its NHPS Annual Meeting, Awards, Scientific CME Presentation and Poster Contest at Hotel Concord, April 11. The conference was well attended with great updates in psychiatry. NHPS Leadership awards were presented to two well-deserving judges, Judge Barbara Maloney and Judge David D. King. Special Recognition awards were given to Kathleen Duemling, MD and Robert Feder, MD. Gillian Sowden, MD became president of the chapter.

NH Chapter of American Academy of Pediatrics (NHAAP) held its Annual CME at Hotel Concord May 16. NHAAP had a great turnout and presented the Pediatrician of the Year Award to Erik Shessler, MD. NHAAP has been working closely with UNH on grant projects. Christine Arsnow, MD received a CATCH grant from AAP for a project titled Safe Gun Storage in NH.

NH Academy of Family Physicians (NHAFP) had its Annual CME May 2-4 at Mountain View Grand Resort & Spa. Eric Pollak, MD, MPH received the NHAFP Family Physician of the Year award. Lots of familiar faces came to celebrate his win and dance to No Copay Band. In 2026, NHAFP will change locations and hold the CME at N. Conway Grand Resort on May 1-3.

NH Chapter of American College of Emergency Physicians (NHACEP) participated in Managing Medical Emergencies (MME) at Dartmouth in Lebanon on May 7, then met for networking, dinner and a board meeting at Jesse's. The fall cruise and winter ski day are being planned. Stay tuned for details.

NH Chapter of American College of Physicians (NHACP) is excited for their social cruise on Lake Sunapee, June 14. Several members have just returned from Leadership Day on the Hill, where they attend meetings with our NH Delegation. The NHACP hybrid CME will be held October 17 at Hilton Garden Inn. We are sad to see several dear

council members moving on but thank them for their service and dedication to the chapter.

NH Osteopathic Association (NHOA) is once again collaborating with the NH Society of Physician Associates for the Summer Symposium, August 8 at Portsmouth Country Club. The Winter Symposium will be held January 30-February 1 at Grand Summit Attitash.

NH Orthopaedic Society (NHOS) met May 22 for their Spring Meeting. Several interesting cases were presented. They will join NHMS November 7, at Omni Mt. Washington for their fall CME.

NH Society of Eye Physicians and Surgeons (NHSEPS) worked diligently to oppose HB 349, which has been retained in committee. They held their spring meeting at Centennial Inn, May 8.

NH Society of Anesthesiologists (NHSA) had several members attend Advocacy Day on the Hill, speaking to the NH Delegation and/or healthcare/policy staff regarding important topics, such as CMS reimbursement, balanced billing and physician led health teams.

The Former Hillsborough County Medical Society held a very lively and entertaining event on May 9, with special guest speaker Matt Iseman. 111 people registered to attend this great event. Planning for the next event is already underway. ■

Irena Danys, MD

"A longstanding meditation practice and dedication to studying Buddhist philosophy and ethics proved to be my lifeline to personal equanimity, as well as a way to leverage neuroscience and provide something more for my patients."

Member's Corner: Beyond Medicine
The Impact of Mindfulness-Based Stress Reduction

Life is hard. It is beautiful, exciting, rewarding, intriguing and fraught with difficulties. Navigating it all, with some semblance of grace and ease, has been a lifelong challenge for me.

Choosing a career in neurology in the early 80s, family and friends were mystified. You can't cure anyone, it's the diagnose and adios specialty, it's so depressing, why don't you go into something where you can really help people? Let us be clear, neurology is amazing, the brain is king, and the nervous system is a work of art. So, for sheer fascination and intellectual challenge, it has been a pleasure.

What about facing, day after day, chronic patients with no hope of cure, facing loss of function with degenerative disease? Each day, I asked, how can the suffering in this individual and their family be relieved? Each day, I listened carefully to the struggles of their lives and worked on informing myself, and then them, on ways to be supported. Some days, when everyone was gone, I would just put my head down on my desk and cry.

My personal life provided me the opportunity to get a genuine taste of what real suffering is like. Our household consisted of three high maintenance children and physician parents, with my husband in a busy surgical subspecialty. Over time we were supporting my elderly infirm parents and involved in the sad illnesses from pancreatic cancer and primary CNS lymphoma in my husband's parents. Adding all this challenged my resilience and positive outlook to life.

A longstanding meditation practice and dedication to studying Buddhist philosophy and ethics proved to be my lifeline to personal equanimity, as well as a way to leverage neuroscience and provide something more for my patients. Over a 7-year program of intensive study of Tibetan Buddhist literature and practice methods, I realized a growing capacity for compassion without fatigue, for remaining calm and clear minded under stress, and for recovering mentally and emotionally from intense challenges. And I began to search for an evidence-based way to offer this to patients and families who experience the inevitable emotional and physical stress of neurologic disease.

In 1979 Jon Kabat-Zinn developed Mindfulness-Based Stress Reduction (MBSR) at UMass Medical Center in Worcester. "MBSR is based on rigorous and systematic training in mindfulness, a form of meditation originally developed in the Buddhist traditions of Asia" (from the introduction in *Full Catastrophe Living – Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness*). In a secular manner, he incorporated elements of Buddhist practice, together with Hatha yoga, and inquiry into an 8 week highly experiential program.

This stepwise method was designed to teach methods for present moment awareness, mind-body relating, perspective taking and how to transform unconscious stress reactivity into conscious, often wise, responding.

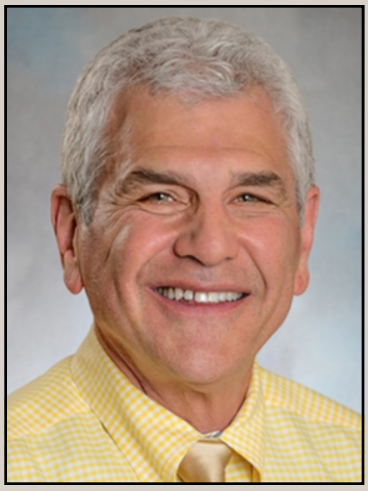
Initial participants were patients failing conventional treatments or who had exhausted the options. These included people with chronic pain, cancer, heart and lung disease, hypertension, headaches, anxiety and panic attacks, stress-related digestive disorders, skin problems and many more. Both anecdotal reports from patients and formal outcome studies have repeatedly shown reductions in symptoms and improvements in mood and stress coping.

By 2015 there was an abundance of evidence-based research in peer reviewed journals validating the efficacy of MBSR for reducing symptoms of anxiety, depression, fatigue, insomnia, and chronic pain. I was determined to become a certified MBSR teacher and bring MBSR into the medical mainstream in my community. By transitioning to a periodic locum tenens position in Anchorage, Alaska, I was able to complete the necessary training programs in Massachusetts.

In 2016, it was my joy to finally establish the Neuro MBSR Program at Concord Hospital. I am deeply grateful for the support of my colleagues in Neurology, and the unflagging enthusiasm and encouragement of Dr. Ann Cabot and the MS Team. Neuro MBSR was offered to multiple sclerosis and other neurologic disorders starting in 2017 and continued after my retirement under the supervision of my colleague Jeanne Ann Whittington. My dream of relieving suffering continues and includes all individuals who want to manage stress more skilfully in their lives, whether because of burnout, medical issues, or simply to improve their quality of life. My website is www.mindfulhealers.com

Stress and pain are inevitable; we can all learn the skills for suffering less.

Irena Danys, MD is a retired neurologist and the founder of Mindful Healers. ■



Mark Selesnick, MD

Physician Wellness: My Story

The Healing Power of Music: Reflections from a Physician's Journey

Music has always been a source of joy in my life as a hobby away from my medical career. I mostly have my mother to thank for this, but my father paid for all those lessons! I recently retired after 46 years of medical practice—primarily in Family Medicine—finishing up per diem doing Urgent Care.

This strategy permitted me to "wind down" and segue into retirement more easily. One of my close doctor friends referred to this as "getting off the drug" of medical practice. This is quite aptly put.

All of us in medicine can relate to the unhappy parts of the job we signed up for. These sad tidings come in many forms: unexpected deaths, a new cancer diagnosis, irreversible neuro deficits, etc. Involvement in music has provided me with some ways to relieve these troubling times. When one is musically challenged and immersed, such as practicing an instrument, an important diversion is provided. Physician burnout is a much-addressed topic these days.

As we all know, musical involvement—especially with a group or a band—gives a stressed-out physician something of real quality to look forward to. Many of us have been aware that medicine and music often go together like PB and jelly. Not infrequent reference has been made to this phenomenon in the literature over the years.

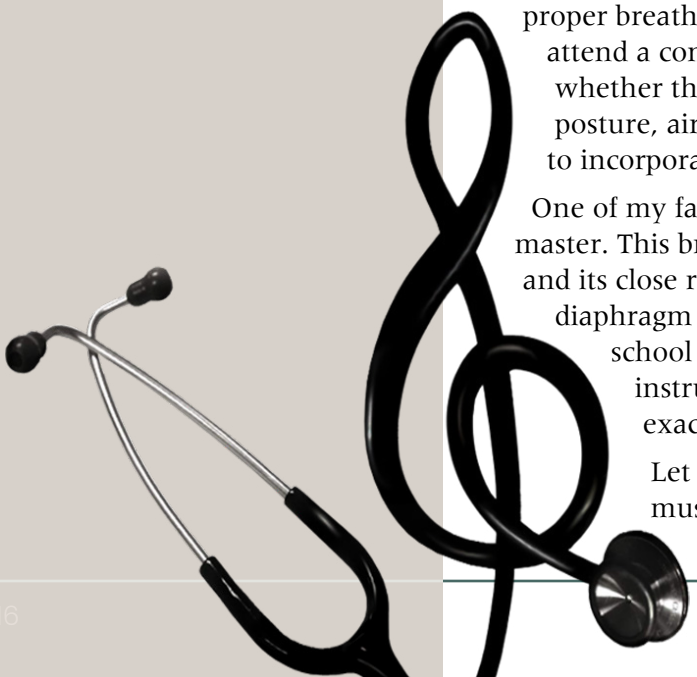
I do not pretend to know why this is often the case, but I find it fun to speculate on the subject. We each have our own pet theories as we search for a unifying explanation. My colleagues in neurology will no doubt have something to say about this—likely along the lines of common neural pathways and synapses.

Others might suggest that the discipline of a repetitive practice regimen required to achieve optimal results is the real hero. The answer is likely a combination of these, along with other factors—i.e., having "music in the genes."

When one plays wind instruments, one must study and pay attention to proper breathing technique. This is essential for success. Whenever I attend a concert, I feel I am "taking lessons" from that person, whether they play my instrument or not. I carefully notate their posture, air intake, style and speed of respiration, release of air, etc., to incorporate into my own playing.

One of my favorites in this regard is Barbra Streisand—she is the master. This brings us to the medical topic of respiratory physiology and its close relationship to musical performance. The human diaphragm is, of course, a key player in all of this. One of my high school mentors had recommended we singers and wind instrument players take courses at the local medical school for exactly this reason.

Let us not forget our non-wind instrument/non-singing musical brothers and sisters. What we all have in common



is the need to keep good time. (This does not mean going out to the bar for a drink!) It obviously means close attention to tempo, meter, and rhythm—the very "heartbeat" of one's musical soul. All musicians, not just the drummer, are responsible for the time.

I've always been pleased to learn there are physicians (and dentists) who have a special interest in the medical and dental needs unique to musical performers. Over the years, I've read several journal articles published by these experts. One that comes to mind appeared in the NEJM many years ago, giving tips and information that was invaluable. It was much like having a "team physician" for one's voice or instrument, as many specific challenges and problems were addressed in great detail.

Also, I attended a brass conference in New York City years ago, during which a dentist/brassman advertised a 10% discount on his dental services—being sensitive to the unique needs of brass players. Another specific example might include strategies to avoid or treat carpal tunnel syndrome that might occur more often in guitarists and violinists.

All of the above is not to say that music is the only diversionary outlet for physicians. It is well known that involvement in exercise and sports provides similar benefits. Other, more unusual side hobbies used by my colleagues include stand-up comedy. We at the New Hampshire Medical Society were treated to an evening of this on May 9, 2025, with Matt Iseman, MD.

Another such example was an ENT/allergist physician whom I met at a meeting in New York City years ago. He politely excused himself from dinner because he had a gig that evening at a comedy club on Second Avenue in Manhattan. I thought this was way cool.

Last but not least, I want to mention my section chief in Urgent Care at MassGeneral-Brigham. Much to my surprise, she was (is) a championship poker player. No, this has nothing to do with music or medicine, but the story is too good to pass up. Cindy would travel out to places like Las Vegas to play competitive poker. Rumor has it she was very successful and well thought of on the poker circuit.

One more free-rambling thought: on playing trumpet or any wind instrument, you have a good opportunity to improve your posture. No doubt, the strength and support of the air column to produce the sound is better if you sit/stand up straight. My mother always told me this, and now my wife has taken over this task.

Lastly, facial muscles get some exercise with this activity. I find that I smile more and even speak more intelligently after a trumpet practice session. Not sure why this happens, but it is a welcome and pleasant bonus.

In conclusion, music remains an eternal source of joy in my life. Different styles of music have become appealing at various times along the way. For example, during my family medicine residency, I joined a barbershop quartet society. This went on for two years and had its time and place.

Each musical venture has brought something of value to the table. What I liked most was that each one put me in contact with other talented people. This helped me to gauge my own level of talent more realistically and learn from the best of them.

Similarities between music and medicine are many, as outlined above. Diligence in practice is required for both. You will fall on your face every now and then—as I myself have done in the past and present. These times should serve as an opportunity to improve and vindicate yourself with the next practice session or performance.

Learn to experience the joy of practice—at least some of the time. The rewards can be great. ■

"Involvement in music has provided me with some ways to relieve these troubling times. When one is musically challenged and immersed, such as practicing an instrument, an important diversion is provided."

MedicalMutual
INSURANCE COMPANY OF MAINE

Disclosure of Adverse Events

Glossary of Terms

- **Adverse Event:** Injury from a medical intervention or omission, not necessarily due to error or negligence.
- **Clinical Care Charting:** Document care factually in the medical record; avoid assumptions or blame.
- **Disclosure Conversation & Documentation:** Record outside the medical chart, typically in incident management systems.
- **Incident Reporting:** Identifying occurrences leading to adverse events.
- **Medical Error:** Potentially preventable failure in execution or planning of medical action.
- **Unanticipated Outcome:** A significant deviation from expected treatment results, which may or may not involve an adverse event.

Managing Adverse Events

Healthcare professionals must address adverse events with honesty, ensuring accountability, patient support, and preventative measures. Informed consent helps set expectations and facilitates disclosure discussions.

Disclosure as a Communication Tool

Ethical and legal standards necessitate disclosure of adverse events. Proper disclosure maintains patient trust but, if mishandled, can harm provider-patient relationships and lead to liability issues. Effective disclosure requires clarity and should focus on medical facts without premature speculation.

Disclosure Policies & Legal Considerations

Disclosure is not a cost-saving tool but a means to foster trust. Organizations should align policies with state laws and insurer requirements. Risk managers must understand liability insurance policies and legal implications of disclosure, including protections under state apology statutes.

Models for Disclosure Management

- **One-Person Model:** A single risk manager handles disclosures; suited for small organizations but burdensome.
- **Team Model:** Trained communicators assist clinicians in disclosure discussions.
- **Train-the-Trainer Model:** A trained core group disseminates disclosure knowledge throughout the organization.
- **Just-in-Time Coaching Model:** On-the-spot coaching for immediate disclosure; efficient but riskier.

Steps in the Disclosure Process

1. **Preparation:** Review known facts, determine disclosure participants, and plan the discussion setting.
2. **Consultation:** Engage legal counsel and liability insurer for guidance.
3. **Starting the Conversation:** Ensure HIPAA compliance, assess patient/family comprehension, and use simple language.
4. **Presenting Facts:** Avoid speculation, explain next steps, and clarify ongoing care.
5. **Conveying Sympathy:** Acknowledge suffering without admitting fault. Listen, respond honestly, and encourage questions.
6. **Topics to Avoid:** Do not discuss liability insurance, peer review findings, legal consultations, or blame other providers.
7. **Conclusion:** Summarize key points, outline next steps, and provide contact information.
8. **Documentation:**
    - **Clinical Care Charting:** Log objective facts in the patient's medical record.
    - **Disclosure Documentation:** Maintain records separately in risk management systems.

Legal Protection for Apologies

Some states protect expressions of sympathy but not admissions of fault:

- New Hampshire: protects expressions of sympathy or compassion related to a medical injury, but not statements admitting fault, which remain admissible in court.

Maintaining Provider-Patient Relationship

Post-disclosure follow-up is crucial to preserving trust. Avoid direct contact with patients under legal representation.

Supporting Healthcare Providers

Providers often experience emotional distress following adverse events. Organizations must offer support programs to foster a culture of transparency and improvement.

State Apology Statute

New Hampshire: http://www.gencourt.state.nh.us/rsa/html/LII/507-E/507-E-mrg.htm

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Mission: *Our role as an organization in creating the world we envision.*

The mission of the New Hampshire Medical Society is to bring together physicians to advocate for the well-being of our patients, for our profession and for the betterment of the public health.

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