

WORCESTER medicine

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Who We Are



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Editor-in-Chief

Parul Sarwal, MD

Every so often, I find myself reckoning with a familiar dissonance – how different I feel at work from who I am when immersed in my many non-medical passions, most of them rooted in the arts. My hospitalist self bears little resemblance to the artist or drummer in jeans and navy Chucks. On the occasional weekend, I'll wear the Chucks to work but quietly wonder – does it change how I'm perceived?

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In this issue of Worcester Medicine, we hear the full volume of voices, see the full spectrum of our community's colors, and sense the scents that make the Worcester medical community redolent of resilience.

Our professional and personal identities can sometimes feel poles apart. Yet they are two sides of the same coin, whether we are internists, surgeons, pediatricians, radiologists, nurses, pharmacists, advanced practice providers, or somewhere along the path toward one of these careers. I can think of petite female orthopedists and towering male nurses; quiet social workers and talkative pathologists; tattooed phlebotomists and spiritual scientists. Whether or not they choose to express *all* of themselves at work, they share common ground: years of training, competence in their respective skill sets, and a commitment to showing up for their patients with compassion.

Who we are outside of medicine may not define us at work. But together, we define medicine.

In this issue of *Worcester Medicine*, we hear from all volumes of voices, see the full spectrum of the colors of our community, and sense the scents that make the Worcester medical community redolent of resilience. Dr. Joel Popkin offers a science-backed exploration of how hobbies can combat burnout, reminding us that restoration is not indulgence but preservation. Later in the issue, Dr. Megna Machado builds on how healthcare workers (often less-than-ideal patients themselves) can prioritize fitness and nutrition, just as she does.

As we read on, our authors share a range of pursuits that shape who they are beyond their clinical roles. Dr. Fred Baker writes about his love of dance, which he enjoys alongside his wife, illustrating how joy and partnership can coexist with demanding medical careers. Our beloved cartoonist, Dr. Chris Baker, reflects on how cartooning found him

and how it has remained a therapeutic influence throughout his career.

Others remind us that who we are outside of medicine often expands how we serve within it. Dr. Alwyn Rapose writes candidly about his personal beliefs and the pro-love philosophy that shapes both his life and his work. Dr. Ratanski and colleagues draw on their expertise as radiologists to inform public-school students about the harms of nicotine use and vaping, proving the value in being educators even beyond the reading room. Dr. Peter Zacharia spotlights fellow Massachusetts ophthalmologist Dr. Andrew Lam's book on the history and innovations of ophthalmology, and the power of narrative medicine. Worcester District Medical Alliance members, Julianne Hirsh and Paula Madison, reflect on the often-unspoken challenges faced by families of healthcare workers, widening the lens of care beyond the clinician alone.

On the personal front, Dr. Parul Chhatpar writes with elegance and intimacy about what perfume means to her. We also feature one of the top three entries from the Massachusetts Medical Society's Member Interest Network creative writing event – Dr. Colleen Farrell's compelling story of an adventure out in the open sea. We continue to gain perspective outdoors as medical student Sahil Nawab reports from the cockpit.

Peter Martin, Esq., closes the issue by examining medical liability arising from actions outside an employee's duties – another reminder that the practice of medicine reverberates far beyond its walls.

Some stories may resonate more than others, but I hope you enjoy getting to know us outside of medicine. Pieces that may reflect the personal beliefs of their authors are not intended to represent the official views of *Worcester Medicine* or the Worcester District Medical Society. +

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Hobbies, Leisure Time, and Balance in Life

Joel H. Popkin, MD, MACP

For years, before retiring as director of a residency training program, I had advised our residents about the absolute necessity to achieve balance in life. Mea Culpa. I was dead wrong in making such dogmatic statements. "Balance" isn't always a goal. But more on that shortly.

Yet, I do firmly believe in the need for hobbies and leisure activities to mitigate burnout, and in fact, did a study to back that up [1]. The difference here, though, is creativity, be it artwork, writing, music, theater, pottery making, etc. – anything that's stimulating and can be pursued lifelong. I've heard the rebuttals repeatedly: "But there's no time during training." Yes, that's often true, but there's always time for thinking and planning – i.e., gradual development of interests – and that makes for those very thoughts and pastimes that can ultimately be acted upon when the time eventually becomes available. But these interests don't develop on a Tuesday, so if only negligible thought accrues over the years, when leisure time finally arrives, it may be fraught with frustration: "What am I going to do today?" By no means is this a trivial problem.

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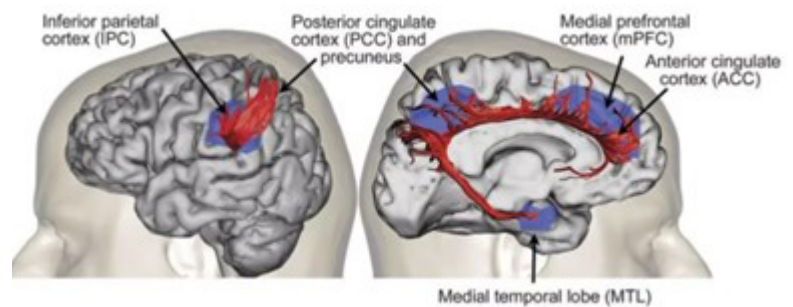
It's terribly important for us to be aware of these moral insults and work to prevent our being swallowed by systematic causes of burnout, rather than manufactured personal deficiencies.

And by the way, no one should think for a moment that the purchase of an obscenely expensive vehicle or McMansion will give any kind of sustained happiness. Pleasures from these things are Xanax-like, fleeting

relief vs. lasting 401K portfolio rewards derived from creative hobbies.

The thing that gives me the greatest pause about writing about hobbies and leisure time is gaslighting. "Burnout is all your fault," our non-physician administrators readily pontificate. They often claim, and maybe even sometimes believe, that their spreadsheet guys telling us how to practice medicine don't play a part in burnout. "No, it's actually because you haven't figured out how to balance your lives," they say. It's terribly important for us to be aware of these moral insults and work to prevent our being swallowed by systematic causes of burnout, rather than manufactured personal deficiencies. This is classic gaslighting, and it's delivered shrewdly and often continuously in the background.

Take smart watches, a gift from our employers to deserving physicians, that is, in all likelihood, on its way. A perfect opportunity for gaslighting, even better than compulsory burnout workshops. The prestigious and well-meaning institutions of Mayo Clinic and the University of Colorado have just published a study [2], in which smart watches were given to physicians to see if the biofeedback provided would bring about healthy behavior changes. For example, get more sleep, have less burnout. In this unblinded study, the burnout improvement in the smart watch group was better than that of the controls, who were given no watches. Just imagine the potential biases that undoubtedly galloped in. Yet, CEOs and their spreadsheet guys are almost certainly going to roll out programs so they can say that the burnout isn't their fault – if only the doctors would figure out how to be less stressed. After all, it's not administrative burdens; it's the doctors who've brought upon themselves ineffective workflows, excessive documentation, onerous EHRs, and a looming increase in pre-authorization insults.



Sandrone S and Catani M. *Neurology* 2013;81:e172-e175

F. Perry Wilson puts it this way: "The real issue here is that this study puts the locus of control in the wrong place, as many burnout interventions do. It puts the responsibility for burnout on the shoulders of outlook: Sleep more, meditate more, live in the moment, do tai chi, etc. But I would argue that the problem with burnout is not in the mind of the physician; the problem is the system in which we work [3]."

But what universally seems to be a good thing is daydreaming. What? It's called the default mode network (DMN). The DMN activates mind wandering and makes new connections with previously unconnected parts of the brain to stir new ideas and creativity. My own default network seems particularly activated in the shower, where I have a waterproof

Who We Are Outside of Medicine

Hobbies, Leisure Time, and Balance in Life Continued

notepad that my daughter gave me a long time ago to jot down ideas that I would otherwise forget by the time I turned off the water. Everyone will activate their default networks differently, but frequent access is of fundamental importance. When Einstein was stuck in an incredibly complex math construct, he would often stop and play the piano or violin and then return with ever more ingenious solutions (whether he knew about the default network, I don't know).



Between yoga, pilates, therapy, massage, and meditation, I hardly have any time for myself.

David Sipress, New Yorker

So our job is to do what we can to make our lives better.

Enter hobbies and leisure interests, particularly hobbies that are socially oriented, as they best mitigate stress. Start today, not tomorrow.

Balance in life is of great help, but not for every individual. So if you enjoy the detective work in medicine and it gives you pleasure, missing some sessions at the gym won't be a threat to life. In fact, Brad Stulberg addresses our sometimes seemingly endless pursuit of balance, stating that "devoting equal proportions of time and energy to other areas of [our] life [could] have detracted from the formative experiences [4]". With the evolution of physicians from directors to laborers, corporate America does what it usually does to its assembly line workers: crank up the expectations until reaching the employees' melting points, then pull back a millimeter as a magnanimous gesture of concern and flexibility.

Of critical importance is to recognize that it is not our job to fix the systemic mess, and we must be ever vigilant about the threats of gaslighting. Some of the highest incidences of burnout and suicide are suffered by physicians [3,5], so while we campaign for and await system relief, let us begin writing social prescriptions for urgent personal development of hobbies and leisure interests. +



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Life is Better with Dance

Frederic Baker, MD, FAAFP

I was asked, "What do you do outside of medicine?"

This is a question I often ask patients. I appreciate that having a pursuit or several pursuits outside of one's career or job is critical to health, happiness, and the reduction of burnout. I often tell patients that taking time to pursue mental, physical, and spiritual health is critical and often more therapeutic than anything a physician can prescribe.

There are many interests outside of medicine that I find very satisfying and re-energizing, but the one pursuit for which I always make time is ballroom dance, either lessons and/or practice. I met my wife, Kathy, in college, and when we were dating, she expressed interest in taking a ballroom dance class. Although very much intrigued, I refrained, fearing that any disruption to my intense and competitive pre-medical study curriculum could have adverse consequences, yet vowed that I would revisit this option someday in the future.



About 11 years ago, I was at a charity event for Why Me in honor of our friends who lost a child to cancer. The benefit was raising money to support families with children suffering from cancer. I saw a silent auction for four ballroom dance lessons and seized on that opportunity. When I won, I surprised my wife, who was delighted.





Click or tap the thumbnail to view our ballroom dance video!

Ballroom dance checks all the boxes for us as a pursuit that is accessible, fun, engaging physically and mentally, a great social interaction, and expands one's knowledge and appreciation for various music, dance, and cultural styles, and most importantly, allows my wife and me to share great times together without the usual intrusions of work after hours. A career in medicine is very fulfilling and satisfying, but as with any career, the demands and sacrifices can prove consuming and unhealthy if there are no outlets.

Ballroom dance has reinforced the value and joy of how essential it is to make time for a healthy work-life balance that we doctors preach to our patients. I would argue that it has made me a better physician as I have renewed energy, stimulation, and appreciation for things beyond medicine and for thinking outside of the box. I also found that dance, with its twists and bends, ironically enhanced my recovery from back surgery as it enhanced my strength and posture/frame. We feel very fortunate and so happy to pursue something so meaningful and invigorating. We take lessons at least once a week, attend dance parties at the studio, and revel in events where we may go costumed or attend a particular theme night, such as the Roaring '20s or the '80s.

There was the time we went as Thing 1 and Thing 2, Austin Powers and Vanessa, the Mask & Tina, Darth Maul and Princess Leia, and where we reversed the roles as Sonny and Cher. What a joy it is to foster friendships and share experiences outside of work, whether it's with Worcester District Medical Society or ballroom dance! I would encourage everyone to consistently commit to something fun, whether solo, as a couple, or family. +

Frederic Baker, MD, FAAFP, is a board-certified Family Medicine attending employed by UMass Memorial Healthcare with a full-time outpatient family medicine practice in Central Massachusetts. Past President of WDMS, Past President of MassAFP, and a student of Arthur Murray Dance Studio in Worcester.



Convergent Versus Divergent Thinking: The Yin/Yang of a Balanced Medical Career

Christopher Baker, MD

Medicine requires convergent thinking and action. There is a universally accepted body of facts about anatomy, physiology, pathology, and psychology. There is a large set of guidelines, standards of practice, metrics, and rules. The “art” comes in applying and interpreting this knowledge to each individual patient. Divergence of thought is occasionally called upon, but there are always risks in crossing the guardrails. The arts, cartooning included, allow the imagination to play with the unfamiliar and untested; to be divergent in thought, to express this journey in animation, music, painting, dancing, poetry, writing... and, yes, cartooning.

I discovered *New Yorker* magazine cartoons at a young age, while seated in the waiting room of my childhood dentist, looking for any distraction to the background din of the drill. I instantly fell in love with the single-frame format and the styles of Charles Addams, Peter Arno, and George Price. I became a lifelong student of cartoons. My collection of cartoon anthologies and series is extensive and up to date. I always seek out used bookstores, during my world travels, searching the shelves for books of cartoons, many printed in other languages. There is a universality of the gestures and subject choice in the cartoons that often transcends the caption, rendering them instantly understandable and funny.

After college, before medical school, I began architecture school. This gave me an appreciation for perspective and proportion, as well as hours behind a pencil. In 2004, I started cartooning during my vacations, becoming more serious and focused over the ensuing years. I have attended courses in life drawing at the deCordova Museum School. This gave me an appreciation for gesture and expression. It's an ongoing process.

I use pencil, ink, and watercolor to create my cartoons. I recently needed to learn Photoshop to polish the art and to create digital files for online submissions. It takes from three to four hours to create and draw a cartoon, and then a bit more time to process it through Photoshop. I strive to create about ten cartoons per month. I have been accepted as a contributing cartoonist to *cartoonstock.com* (Christopher Baker). I have found this experience both validating and instructional, receiving good feedback and critique. Another source of critique is my Wet Ink Club, a loose group of friends, family, and acquaintances who review and hopefully give honest feedback, both positive and negative, on my hot-off-the-press cartoons. I keep a rejection collection, good drawings looking for a snappier, funnier caption (just like the *New Yorker* caption contest... there's never just one caption).

I believe that cartooning has been incredibly therapeutic. Having worked in hospitals for many years, I am keenly aware of the fact that the workday can be very stressful. I strongly believe in the “laughter is the best medicine” philosophy of the French surgeon, Henri de Mondeville. In

Who We Are Outside of Medicine

Convergent Versus Divergent Thinking... Continued



Christopher Baker - Artist at Work

my daily practice, I constantly strive to take the tension out of the room with humor, and this has extended to my out-of-hospital life. I consider cartooning one of the highest art forms for its synthesis of art, the written word, and timing, like poetry and music. The really hard part is getting people to laugh, but there is nothing more satisfying than when they do.

I am an assistant professor of radiology at the UMass Chan Medical School in the division of abdominal imaging. I am a contributor to this journal, “Curbside with Dr. Baker”, a published cartoonist with *cartoonstock.com* (Christopher Baker), and a contributing artist to the Mass Medical Society and American College of Radiology art programs. My wife, my greatest inspiration, is a nurse practitioner in cardiology at Boston Children’s Hospital. We have a son who is a journalist with Al Jazeera in Qatar and a daughter who is a Broadway actress/dancer. As I

often say about my daughter, “If I can only muster the grit, determination, attention to skill, and craft in my cartooning that my daughter lives to get on Broadway, I will eventually be a cartoonist for the *New Yorker*. Either way, it’s a fun ride.” +

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Who I Am, In Medicine and Beyond: Pro-Love and Pro-Life

Alwyn Rapose, MD, FACP, FIDSA

My personal journey through the once-in-a-lifetime

COVID pandemic brought back my passion for painting - a hobby I had from a young age, that got quashed by the hours dedicated to learning from thousands of chapters of textbooks in medical school. I previously painted nature scenes, portraits, and still lifes. During COVID, however, I painted on stones "I Love You" messages to my wife, painted logs of wood and wine bottles (empty, of course) decorating a small patch in my garden... it helped me get through some of the darkest times of my medical career.

The pandemic also opened my eyes to the frailty of life and the limitations of modern medicine. It led me to a deeper relationship with God for myself and my patients. I was reminded again that patients are more than a body with a condition that needs to be treated, but my patient has a spirit that is reaching out for something higher. I have started praying with my patients, and the joy has been mutual. On more than a few occasions, as I leave the room, I have had patients say to me, "Doctor, you forgot something." Then, I look to see - did I leave my notes on the patient bed? Did I drop my stethoscope? Then, they say, "You forgot to say a prayer." One patient put me on a video call with family members in another state as we prayed; some have asked me to pray for their families. These experiences have convinced me that I can no longer be one type of person at work and another "outside of medicine." The same God I reached out to in my darkest COVID times and who I worship on Sundays, wants to be a part of my life when I am at my job too.

The importance of this integration of medicine and religion is not a new discovery or something that needs to be kept under cover. On the contrary, I suggest it is a requirement for balance in our lives and our medical practice.

According to Martin Luther King, Jr, "Science investigates, religion interprets. Science gives man knowledge, which is power; religion gives man wisdom, which is control. Science deals mainly with facts, religion deals mainly with values. The two are not rivals. They are complementary."

In other words, Martin Luther King Jr. believed that while science provides knowledge and power, it needs a moral compass, which he associated with religion. He believed that religion was the key to avoiding misuse and ensuring that medical progress benefits all. Dr. King also emphasized that scientific

advancements must be accompanied by spiritual growth to address the poverty of the spirit that can accompany technological abundance.

Another similar view on medical morality is shared by a 17th-century French mathematician and physicist who authored "Pascal's Principle", Blaise Pascal: "Knowledge of physical science will not console me for ignorance of morality in time of affliction, but knowledge of morality will always console me for ignorance of physical science."

Pascal believed that while scientific knowledge is valuable, it is insufficient to provide the meaning and guidance needed for living a fulfilling life. He argued that morality and faith, experienced through the "heart" rather than reason, are crucial for understanding the human condition and finding solace in suffering. As a result, Pascal emphasized the importance of morality and faith in guiding human actions and providing a framework for understanding the world.

A more contemporary quote I would like to share is from Monsignor Peter Beaulieu, a priest from the Diocese of Worcester with graduate degrees in moral philosophy and clinical ethics: "In Catholic thought, there are absolute prohibitions against the direct taking of human life. Using medical knowledge and diagnostic tests resulting in over-enthusiastic interventions contrary to moral principles like abortion or the under-treatment of the elderly, the mentally challenged, and other vulnerable populations can be confronted with rediscovering the patient as a person, created in God's image. Traditional medicine, centered around the Hippocratic Oath, prioritizes the well-being of the patient. Moreover, the centuries-old philosophy of healthcare recognizes that care's holistic (or wholistic) nature - the patient as person composed of body, mind, and spirit or soul."

All the major religions of the world condemn the taking of an innocent human life. Science establishes beyond doubt that it is a human life that begins at conception, and abortion ends that life. Similarly, physician-assisted suicide is the taking of a human life, irrespective of changes in terminology to make it more palatable. So I spend a lot of my time outside of medicine on these two issues gnawing at my conscience, issues that are front and center in our social and medical discourse today. I support local pregnancy resource centers that help women with crisis pregnancies, I march in support of the unborn, and I am working with groups active against legislation supporting physician-assisted suicide.

I hope that my message challenges our membership as we thread the balance of science and morality in our own medical practice and who we are outside of medicine. May we all stand up for the most vulnerable at all stages of life and work together to create a "Pro-Love" society.

May God bless America. + i

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Who We Are Outside of Medicine



Radiology in the Classroom: Using Medical Imaging to Educate Students on the Risks of Nicotine Use and Vaping

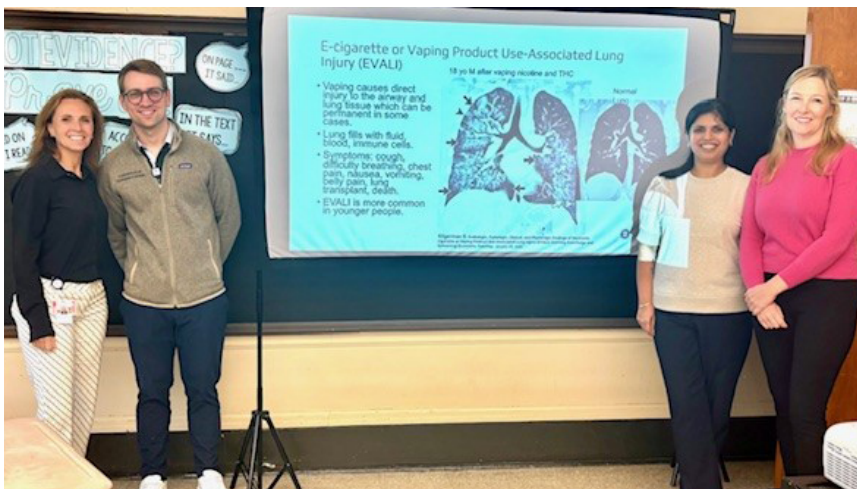
Daniel Ratanski, MD, Isha Gujrathi, MD, Maria F. Barile, MD, Carisa Lozoraitis, BSN, RN, MSN-EL, Lacey J. McIntosh, DO, MPH

Introduction

As radiologists, we usually work behind the scenes, providing diagnostic assistance to our medical colleagues to help shape medical decisions regarding their patients. Recently, we stepped out of our reading rooms and into public school classrooms to help adolescents in our community understand the risks of nicotine use, with a heavy emphasis on electronic cigarettes, otherwise known as vaping. Use of vaping and e-cigarettes has

How we did it

The idea stemmed from the nature of the work that we do. As radiologists, we regularly review lung imaging of chronic users of tobacco and see its adverse effects, as evidenced by emphysema, pulmonary fibrosis, and lung cancer. We thought it would be helpful to share with the students what we see at our workstations every day, to emphasize the potential risks, and engage in discussion about what these findings mean and how they impact their lives.



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...it was clear to us that our message had resonated with the students and hopefully left a lasting impression on them.

been on the rise among our youth to the extent that their use has been labeled an epidemic by the U.S. Surgeon General. Vaping is often marketed as a safer alternative to cigarette use; however, many are unaware of the long-term effects of nicotine on the developing brain. Though we are all familiar with the ill effects of smoking cigarettes, we have yet to discover the unknown risks to the lungs and other organs from newer sources such as vaping and e-cigarettes. Our objective was to inform the elementary and high-school-aged individuals in our community about these risks and to help reconcile what adolescents understand about vaping and what we have learned after years of patient care, science, and medical imaging.

We created a presentation that compared both gross anatomic and CT images of lung parenchyma of nonsmokers, cigarette smokers, and individuals who use vapes, and let the students decide for themselves which sets of lungs they thought were healthy.

In addition to the images, we included easy-to-understand explanations of how nicotine affects the developing brain and leads to addiction. We also showed them images to depict the effects of inflammation in the lungs and vascular tissues, and how vaping-related injuries are seen more often than ever in young adults, although admittedly, there is still much to learn about the long-term effects of vaping. By presenting real evidence from our daily practice in a way students could




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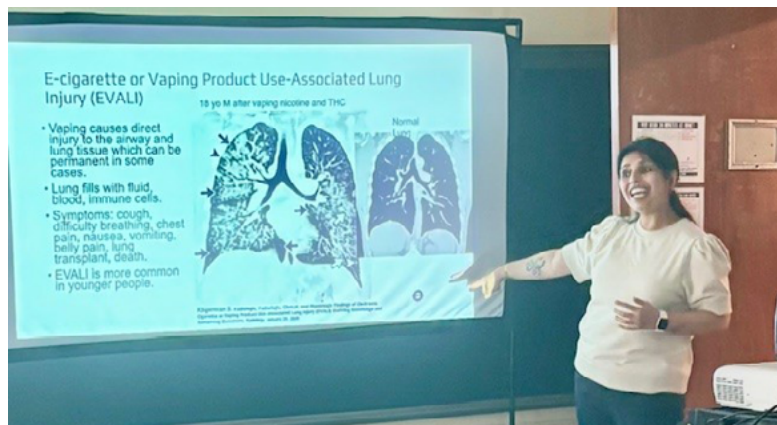
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Who We Are Outside of Medicine

Radiology in the Classroom... Continued

understand themselves, we hoped to spark discussion on tobacco and e-cigarette use to help educate students on the risks of these activities.



The Classroom Experience

While we face challenges at the workstation with difficult cases and heavy workloads, keeping the attention of groups of elementary and high school students was a new test for us! By providing interactive imaging examples, video, and asking questions that prompted interaction and discussion, students remained engaged throughout our presentation. Students were easily able to identify which sets of lungs were healthy, in contrast to those that were not. Presenting in this way reinforced how powerful visual learning can be. The same images we interpret daily in clinical practice marvelously became teaching tools that helped convey our message.

What impressed us the most were the discussions that we had with students during our time with them. Some students asked specific questions about the content of our lecture, whereas others extrapolated some of the topics and asked about alternative forms of nicotine and tobacco, as well as CBD/THC use. We found this feedback useful as a form of two-way learning, where we were able to see what the students wanted to learn about and how we could add to and improve our teaching materials. At the conclusion of our discussion, we posed a simple question to the students: “Which set of lungs would you prefer to have?” The healthy lungs were the unanimous response. In that moment, it was clear to us that our message had resonated with the students and hopefully left a lasting impression on them.

Why this work matters

After years of public health initiatives, there has thankfully been a significant drop in the number of adolescents using tobacco cigarettes, as recently in 2020, where 4.6% of high school students reported use in the past 30 days, down from 34.8% in 1999 [1]. Much of this progress was soon undermined when e-cigarettes began to be marketed as a safer alternative to traditional tobacco cigarettes. Their popularity soared among teens as well, in part due to additives and flavorings that are attractive among adolescents [2]. Recent data from the National Youth Tobacco Survey shows this rise in e-cigarettes and vaping. In

a 2024 survey, 7.8% of U.S. high school students reported using e-cigarettes in the past 30 days [3]. Among adolescents who do use e-cigarettes, 26.3% reported daily use [3]. These statistics are particularly concerning as adolescents may be developing patterns of use that could lead to addiction and long-term harm.

Conclusion

Our goal was to aid adolescents in understanding the risks of nicotine use in its various forms. We felt that using multimedia visual means was an effective way to help students understand the risks. Beyond providing diagnoses at the workstation, this experience reminded us of the role we can play in prevention by creating dialogue about the risks of e-cigarette and tobacco use and arming the next generation with knowledge that can protect their health. +

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Book Review: *Saving Sight* by Dr. Andrew Lam

Peter Zacharia, MD

We are fortunate when we have the chance to discuss a creative work with the author or artist, since this adds to our understanding and enjoyment. This privilege came to fruition last month when Springfield-based ophthalmologist and retina specialist, Dr. Andrew Lam, attended the virtual meeting of our Medical History Book Club, organized by Dr. Dale Magee. During the meeting, Dr. Lam discussed the influences that stimulated his passion for writing medical and historical works.

Lam’s publication, *Saving Sight*, chronicles the lives and achievements of several of the individuals who are responsible for advances related to ophthalmic care and sight, which have improved the lives of millions of patients with eye disorders and the visually impaired. Lam tells the stories behind the development of the intraocular lens for cataract surgery by British ophthalmologist, Sir Harold Ridley, and the cataract removal technique phacoemulsification by Charles Kelman. Other medical heroes discussed include: Arnold Patz, who pioneered important work in curbing retinopathy of prematurity; ophthalmologist and inventor of the indirect ophthalmoscope, Charles Schepens; and Judah Folkman, who researched angiogenesis, the field which allowed for the discovery of pharmaceuticals which have saved the vision of millions of patients with age related macular degeneration, diabetic retinopathy, and other retinal disorders.

A common theme in these tales is the personal risk and sometimes condemnation or ridicule by colleagues through which these brave individuals persevered as they pursued the development of their ideas. In addition to stories of pioneering physicians, he tells the story of blind French educator, Louis Braille, and the tribulations he faced in the development of Braille, the tactile system of writing which allows visually impaired persons to read and write. Interspersed between the stories about these great individuals, Dr. Lam fascinates us with stories from his own surgical practice. One of these anecdotes describes in detail surgical adventures worthy of an Indiana Jones movie, skillfully interpreted for the layperson or non-ophthalmologist physician.

I found *Saving Sight* a worthwhile read, a sentiment that seemed to garner consensus during our book club meeting. +

Peter Zacharia, MD

Ophthalmologist in private practice in Worcester

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Who We Are Outside of Medicine



The Rip

Colleen Farrell, MD

Every few years, the Member Interest Network of the Massachusetts Medical Society conducts a creative writing event in which we request Society members to submit a piece of written work – prose, poetry, fiction, nonfiction. A panel reviews the entries and selects several for eventual publication in

Worcester Medicine. The article below illustrates the quality of the entries and the creative talent of our members. It also shares with us a vignette in the life of a physician, outside of medicine, as a mother, as a daughter, and even as a strong swimmer! We hope you enjoy this article and consider participating in our event in the future.

Ceaseless and deafening, the roar of the surf thundered in our ears as we exited the car. I shook off a tingle of fear, for this was Humarock, our beach, where I had body surfed since childhood.

It was early morning on the day after Labor Day. My son Brian was almost seventeen and my daughter Amanda twelve. The three of us had driven two hours to our home beach, midway between Boston and the Cape facing the open Atlantic. Three hundred miles offshore Hurricane Edouard was expiring over the chill water. We expected great waves for body surfing.

That September I felt the waning of more than summer's light and warmth. Soon my children would migrate, Brian to college, Amanda to her teens. There would be no more days for me of adventure shared with them together.

Brian was eager, tall, strong and fit. He charged past the treacherous slope of pebbles scrubbed against the shore, lifting his boogie high to avoid the push of churning water. I dropped our towels on the damp graveled sand several feet above the line of receding tide. Amanda and I picked our way through erratic footing into chest deep water. These waves were far too powerful for body surfing but we could ride over the smaller rollers and dive under the powerful wash of the breakers further from shore.

We managed to stay within a yard or so of each other as we bobbed over the waves. Amanda was only a few inches shorter than I, slim and strong with long wet tendrils of light brown hair framing her face each time she emerged after a passing breaker. In this constant slap of water, I was smiling.

"This is awesome!" She was laughing as she shouted to her brother and Brian lifted his arm to us from his board closer to shore where he was riding the surf wash. Early asthma had limited his swimming skills, but on a boogie board, with size and strength, he was masterful.

The mist of the surf hung like a fog, filtering the morning sun to a muted glow. In the choreography of ocean, air and sound, Amanda and I danced in rhythm with each leap as we felt ourselves lifted over a wave and deposited in the trough between rollers.

A lull - I noticed that we hadn't needed to dive under a cresting wave for a minute or two so I flipped onto my back, looking skyward, arms outstretched floating, wondering how long we might enjoy this strange and precious tranquility.

"Mummy, I can't touch!" Amanda's screamed. We've drifted out a bit, I thought, flipping over. The water was an unbroken green. There were no puddles of foam.

"Don't worry, I'll check."

I let myself rise over the next wave and descending the backside, drove my feet down to touch the sandy bottom. I couldn't. When I surfaced facing the shore I gasped. The cottages had shrunk in the just those few seconds. We were being pulled out.

A Rip!

At the Humarock of my youth, rip currents were unknown - our beach protected by its long unbroken sandbar. A rip forms, often on a receding tide, when the backwash of big surf coheres into an outflowing river that will carry everything in its path oceanward.

Long ago, oldest in my large family, I developed successful techniques in suppressing my anxiety. Not so Amanda. For my daughter the unexpected was enough to set off a cascade that could bring her to panic. Once fear took hold, she was subsumed, and no amount of reassurance could soothe until time had transmuted the strange and frightening to the familiar and manageable.

Though we were both strong swimmers, Amanda was almost my size and if she panicked...doom for us both. All this I felt in a flash. How did this happen? No time for questions, my senses snapped to the need of the moment. The only way to keep her safe, to keep us safe, was to prevent her panic. My only tool was her trust in the façade of my own calm.

Though an icy pang stabbed at my innards, I struggled to keep it from my voice.

"We're a little deep, that's all," I reassured her. "No biggie, but let's swim in now." Recalling warning signage at the National Seashore on rip currents, I guided us a little sideways to get out of the current and after a few yards, we turned to swim toward shore. Brian looked very small and very far away.

This was going to take a long time. My chest tight, I was using every ounce of self-control to focus on eliminating any trace of visible urgency. Side by side we stroked toward the shore. The water felt colder to me. I forced myself to swim at an even, almost relaxed rate. Show no urgency.

"Mummy, Mummy - I can't breathe!" Amanda screamed.

"Yes, yes you can." I made sure my voice sounded natural, almost amused.

"I can't," but more calm.

"Sure, you can," I worked to add a hint of laughter into my voice. "You know you couldn't talk if you couldn't breathe. Why don't we just swim and save our energy." Her blue eyes queried me, still wary, but she turned shoreward and started stroking. "Oh, what a great swimmer you are!" I smiled again with as much comfort as I could muster.

We swam. I had no sense of time, but it must have

been ten or fifteen long minutes. All my pleasure in the feel of the water was gone.

Brian seemed bigger, but still far away. Amanda was swimming well and we were making progress. I put her in front of me so that if she turned, she would see me and not the dark of deep water and unbroken horizon. I was growing tired, and my feet tingled with numbness, but the knot in my gut was loosening. Amanda seemed calmer. The tide was still receding, and we pulled hard with the rollers that passed under us to borrow momentum shoreward. Finally, we came in to where the biggest waves were breaking.

“Now the waves will help. You know what to do. Just hold your breath.” I yelled over the roar.

“Will we be OK?” She shouted back.

“Yes! We’ll get tumbled, but we’ll be fine.” This smile was honest.

An immense roller bore down, and I took a long deep breath as it crested, curling over us before smashing into chaos. Pulled under, tumbled, churned and then at last released, I popped up in chest deep water facing the familiar sized cottages. I spun to see Amanda’s wet head emerge ten feet to my right, her hand brushing wet curls from her eyes.

“OK?” She nodded. “Great job!”

I staggered toward her; we both fell forward, stumbling to shore, letting the surf batter us in to the shallows. Brian shouted across to us and I waved to him as Amanda and I limped together from the water. I put my arm around her shoulder. We were both chilled, she from the cold, me from something deeper.

Framed above my desk since it was taken, I keep a photograph of my children together during an earlier offshore hurricane surf day at Humarock. Brian, always tall for his age, still blond at nine, hunches slightly, bending as if to hold his young sister’s hand in a poignant image as they walk together at the edges of the shore. Amanda is five, her slight figure encircled at the waist by an inflatable. Afraid of the water since birth, she wears the float for protection and shelters shoreward of her brother, but she feels safe enough to walk with him at the water’s edge, marking this as the transition year to her later passion for swimming. In my memory of that day, I am watching my children together, savoring this throughline of my own childhood.

Dad taught us kids how to body surf at Humarock. The oldest, I was the first, and when I was seven, a very reluctant learner. It took several weeping trips to the giant sandbar before I could let go of my terror and grasp that he was trying to teach me how to ride a wave and not attempting to drown me. Over time my memories layered into a palimpsest of sunny days and chilly water, me standing watching the waves of August roll in, Dad’s voice encouraging, instructing. I silenced my fears, for I was hooked on the thrill of being pulled by the force of a wave, as eventually were all my sibs.

Though the beach changes tide to tide, storm to storm, and season to season, I never let that knowledge inflect the Humarock of my mind. I clung to a past that was no more, that perhaps had never been quite as I imagined. The impregnable sandbar, like my complacency, is gone. In the waters of life there is always motion and sometimes a current that rips. +

Colleen Farrell, MD, a retired family physician, lives in Marshfield, and is enjoying time now for close observation of changes, coastal and otherwise.



Fitness and Nutrition

Megna Machado, MD

What if I told you getting fit and eating ice-creams could actually go together? We read a lot of heavy articles in medicine. So here is something different, no jargon, no judgement, just a fun dive into fitness

and nutrition, with a few personal stories along the way. I am my own guinea pig, and whatever I share here comes from years of trial and error.

Medicine can easily consume you if you let it. Early in my career, I realized that if I didn’t prioritize my health, the medicine I love so much would eventually take all of me. That’s when fitness and nutrition stopped being a luxury and started becoming essential. Fitness became the one space where I could step outside the hospital and focus on myself. It is my reset button. And if you’ve struggled to stick with a healthy lifestyle, you’re not alone - I’ve been there too, falling off track more times than I can count. But the results are addictive!

What would workouts look like if they were fun?

Over 10 years into fitness, and I have tried it all: HIIT, steady state cardio, weight training, power yoga, Zumba, TRX, and I actually enjoy them all!

The most important first step of any training routine is movement. It could be as simple as using the stairs or using your kids as weights to do squats and lunges. As a hospitalist, I do 9000 steps at work alone!

Once you build that foundation, you then add structure and workout routines. I incorporate weights in all my trainings, perform more compound movements than isolated movements, swap steady state cardio for HIIT, kick-boxing, and circuits, including football sprints, burpees, mountain climbers, etc. I build muscle, endurance, and stamina. This way, I burn maximum calories without having to work out for long hours. After every workout, as part of my recovery, I then have mobility training and breathwork. On weeks I am on service, I listen to my body - it could be power yoga or brisk walking or 20 minutes incline or sprinting across the house while my cat plays predator and I’m the prey! The point is, fitness doesn’t have to be rigid; movement of any form is progress.

Game-changers in my nutrition

I will grunt, scream, and cry, but I will get that workout

Who We Are Outside of Medicine

Fitness and Nutrition Continued

done! My weakness has always been food - I love it too much to give it up, so I've learned how to work with it instead of against it. No, I do not live off a kale salad and neither should you. Healthy eating should be something you enjoy and look forward to. The most effective nutrition strategies I have adopted and highly recommend are calorie tracking, portion control, meal prepping, and home-cooked meals!

I attempted following a keto diet when it was a cool thing to do with goals of 30-40g of carbs per day, and I was surprised with the results - I was irritable, exhausted doing very little work, and it severely affected my performance in the gym. Truth is, these fad diets are not sustainable. Eventually, I realized how toxic these diets made my relationship with food, and I switched my focus to nourishing foods that provide me with a balance of all nutrients. By fueling your body right, you have more sustained energy, no more sugar cravings, razor-sharp focus, and excellent performance in the gym.

Calorie tracking and portion control have a bad reputation for being obsessive and restrictive. Personally, it has been the opposite. It gave me awareness. Once I saw the numbers, I could make adjustments in my meals, and the results showed not just on my scale but also in my energy levels throughout the day. I eat in a calorie deficit. I do have occasional cheat meals instead of cheat days. So let's say I'm craving some real cake with fattening cream and a million grams of sugar, I eat it, enjoy it, move on with my life, and adjust the calories in my next meal or just increase my activity! Calorie tracking is not something you have to do forever, but a few weeks of tracking can be eye-opening.

With home-cooked meals, I am now able to control what goes into my food. I substitute high-calorie ingredients with lower-calorie ones. I make low-carb pizzas where I change the dough for shredded chicken or grated cauliflower and zero-fat mozzarella. I have burgers where I make the patty and my custom low-calorie sauce with a side of baked sweet potato fries. I even make my own low-calorie cake with 15 g protein per serving, zero added sugar, and less than 100 calories to enjoy after dinner. Did I mention I make my own ice cream, too, without all the extra added sugar, with honey as my sweetener? So yes, eating healthy doesn't have to be boring. You can get creative with your ingredients.

I am drained after a 12-hour shift, and the last thing I want to do is make more decisions and do more tasks. When my meals are ready and cooked ahead of time, it makes it easy to stick to my caloric goal and not gravitate to calorie-dense or processed fast foods. I prepare all my food on the weekend and divide it into batches, so I am on autopilot mode when it comes to my nutrition during the work week. During my week off service, I switch gears into a chef, experimenting with new meals and cuisines from all over the world, adding my low-calorie take to it.

Conclusion

Incorporating fitness has given me balance when work feels overwhelming and perspective when everything around me feels rushed. Fitness is not all muscles and endurance - for me, it's about building the kind of resilience and discipline that allow me to show up not only as a better physician but as a better version of myself in all the roles I play in the community. +

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Reflections on the Medical Family

Julianne Hirsh and Paula Madison

Having been asked to write for *Worcester Medicine* prompted the Worcester District Medical Society Alliance (WDMSA) members to reflect on the challenges that the medical family faces. Does the medical family face unique challenges? Many who are members of a family with health care workers would undoubtedly answer yes.

A family member who is a physician impacts the entire family. Choosing a career in medicine means multiple years of training and sometimes relocating away from family for medical school, residency, or fellowship. There is also the reality of facing long hours at work, including nights, weekends, and holidays. At times, these circumstances can lead to feelings of isolation for the spouse and family.

The Alliance has been a strong source of support and unwavering friendships for those of us who are married to physicians. It is a network of people who share similar interests. We have helped one another cope with living in the medical family. We all became part of something greater than ourselves as we reached out to the community with timely projects such as health fairs, immunizations, and nursing scholarships. Although times have changed, the medical family as a unit continues to advocate for public health needs. We feel strongly that supporting our physician spouses' work creates a healthier community.

The Alliance, over the years, has been home to generations of members by providing a place where we could come together and share similar challenges. Having a multigenerational group has helped us understand our past as well as today's challenges and the future of medicine.

Historically, the Alliance members who went before us certainly faced different challenges when many physicians were in solo practice. Many members of the Alliance have carved out their own careers and pursued their own interests, but the Alliance has continued to be a place of shared experiences. While the newest generation of physicians enjoys improved work hours, and this job of caring for people is one that is incredibly rewarding, it also comes with constraints on lifestyle for everyone in the family. The Alliance is a place where we all understand the difficulties, and we can reach out and help each other. Our organization has changed over the years out of necessity, but the mission remains the same: to support, provide wisdom, and friendship.

Several members have contributed ideas and text for this article. It has been enjoyable to reflect on our

history as well as to understand how medicine has changed and will continue to change and improve. Regardless of the times we are experiencing, it is comforting to know that organizations such as the Alliance are available to help us navigate the lifestyles and challenges that we have chosen. The Alliance welcomes all who wish to form friendships and become involved in community health projects. +

Interested in becoming a member? [Join us.](#)

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Scent Memory

Parul Chhatpar, DO

It is difficult to speak about perfume without becoming overtly personal. My first perfume memory is my mother buying herself a bottle of Gloria Vanderbilt perfume. It was extravagant

for 8-year-old me: twenty dollars! The gold swan on the green sticker on the bottle shimmered like something regal. Smelling it now immediately pulls me back to December 1994 in Virginia Beach, the first Christmas tree we ever had, ornaments wrapped in red thread. I think of the sound of Lata Mangeshkar cassette tapes, which I often pulled the ribbon out of, then would wind back in with a pencil. It reminds me of Madhuri Dixit bobbing merrily and rather indecorously on the TV, her smile bright as tinsel. The 1994 Christmas Barbie in her green plaid taffeta rested beneath the tree.

us lunch, and driving us to school. My mother has never been interested in cosmetics, makeup, or heels. Maybe that is why any perfume felt so striking on her. I remember one of the few times she wore lipstick. She must have seen me watching her, because she became embarrassed and quickly wiped it off. Something about the accessories of femininity seemed to frighten her. She couldn't allow herself to openly enjoy it or want it. And yet that perfume was her quiet way of reaching toward it. Something that stood in for all the things she didn't want to admit she cared about.

Top Notes: Green lilies, peony, and cassis

Heart: Jasmine, rose, and pink lily

Base Notes: Maple wood, and vanilla

“

I feel both happy and sad. I am my female ancestors' wildest dreams. I am like the woman they used to watch, wistfully, on television. I lead the life they never got to participate in.

Top Notes: Aldehydes, bergamot, and green notes

Heart: Jasmine, rose, and cinnamon

Base Notes: Sandalwood, vanilla, and musk

After that, my next perfume memory was my mother's Estée Lauder Pleasures Intense, a bouquet of peony, jasmine, and lily, softened by maple wood and vanilla. It clung to the oversized sweaters and shapeless slacks that were her uniform.

It was a complete and utter contradiction to her. She is an immigrant Indian mother, and for her, a bowl of rice with butter and salt is something to be excited about. She is practical. My parents never kiss, and they hugged once a year at the most. Her marriage was arranged. Her days were measured in chores, errands, and expectations. The scent followed her through mornings of folding laundry, scrubbing the counters, packing

In college, I had a friend whose signature was Dior Pure Poison, a perfume as crisp and magnetic as she was. Smelling it now brings her back right away. The gel she scrunched into her hair. Her DiorShow mascara. The time she introduced me to Diet Coke (the beginning of a lifelong obsession for me).

She was the most disciplined person I knew, and also the most fun. Her perfume was disciplined and light. She worked very, very hard and was the most loving and generous friend. She loved white in all forms, her purses, her outfits, even her car. She was Italian, from Jersey, an identical twin who scrunched her hair just so, to look different from her sister.

I have to mention here that her favorite song was "The 21st Night of September" by Earth, Wind and Fire. I say this for the purpose of illustration. It will tell you something about her as a personality: that every single individual she told this to acted like it was some kind of magical and incredible revelation.

Who We Are Outside of Medicine

Scent Memory Continued

Somehow, she infused this old and humdrum song with her magic.

I loved her, of course. Everyone who met her loved her. She called me Popo, which I tolerated. Every text from her ended with a long string of xoxoxox, and the only trace of impatience she ever showed was when it shortened to a simple xo, the briefest sign that she was in a hurry. She is a surgeon now. I think of her more often than I realize. I see her posts on LinkedIn sometimes, and the extra exclamation points make me miss her.

Top Notes: Orange blossom and bergamot, bright and assertive.

The smell of confidence before a decision.

Heart: Jasmine and gardenia

Base Notes: Amber and sandalwood

I have been wearing Coco Mademoiselle since 2009. It is citrus and floral, and warm. It does and does not belong to me. There is an undercurrent of patchouli which thickens in cold weather somehow, and reminds me of the winter in Atlanta when I learned to drive. Every time I put it on, I hold my head a bit higher.

It says, *I am the first woman in my direct bloodline to have this kind of freedom*: to go to doctor's appointments without supervision and also to be a doctor, to go on both girls' trips and historical walking tours, to meal prep, to wake up early, to pull on a Pilates set and head to the gym, to get my hair blown out, to live alone without a family to tell me what to do, to set the air conditioner exactly where I want it, to watch "I Love Lucy" and then travel to the exact studio where it was filmed, to burn a candle on a coffee table, to marry for love, to wear stilettos, to drink protein shakes without anyone commenting on my diet, to wear Nike's, to get my nails done, to lift weights, to be proposed to with a diamond ring, to have my own bank account. I feel both happy and sad. I am my female ancestors' wildest dreams. I am like the woman they used to watch, wistfully, on television. I lead the life they never got to participate in. This is a weight that I bear.

Top Notes: Orange and bergamot

Heart: Jasmine and rose

Base Notes: Patchouli, vetiver, and white musk.

Earned independence. +

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Two Kinds of Presence

Sahil Nawab, BS

Peering through the blur of the spinning propeller, Martha's

Vineyard and Nantucket wait for me in the distance. Flying south towards Buzzards Bay, the coastline falls away until there's only open ocean beneath the wings. The Atlantic stretches out below, meeting the horizon at a seam softened by the summer haze. I catch the occasional glints of the midday sun as it reflects off the waves, revealing the texture of the sea. Where the sunlight reaches through to the shallow sand, the water becomes a viridian green, streaked with ribbons of blue from the underwater dunes. From 3,500 feet, it seems as though I could throw out a line and reel in Nantucket itself.

“
Sometimes the simplest moments ask only that I pause long enough to notice them.”



Grass Runways of Katama Airpark, Martha's Vineyard

Inside the cockpit, the plane feels alive, buzzing with energy. The engine hums steadily, reassuring my nerves. Once trimmed, the plane slips through the air, only the slightest touch needed on the yoke. My gaze drifts between the instruments and the horizon beyond. My thoughts are interrupted by the frequent chirps of other pilots calling their positions on the



Wings over Worcester - can you spot any landmarks?

radio: “Katama traffic, yellow Piper Cub entering the 45 left downwind, runway 21, Katama,” and “Katama traffic, white Cessna Skyhawk, turning base to final, runway 21, Katama.” With each transmission, I picture their positions in my mental map so I can slot myself into the pattern. I scan the sky, looking for the other planes as they converge at the airfield.

Calling Katama an “airfield” is no exaggeration. It’s not an airport with paved runways, crowded gates, jetbridges, or even a terminal, but quite literally a field — three intersecting ribbons of grass cut from the tall summer weeds, a handful of planes parked next to the airfield diner, and a faint salt breeze drifting in from the sea. The runway ends just shy of the beach — a few more yards and we’d be parked on the sand. Still, it’s enough to invite anyone bold enough to land.

I ease the throttle back, and the hum of the engine softens to a low murmur. We begin our descent, tracing the shoreline towards Katama. Turning downwind, the sand gives way to the green meadow of the airfield, just off our left wing. Continuing our glide down, we turn base, then final. Crossing the runway threshold, we skim just above the blades of grass. The main wheels touch once, then again, and the airplane skitters lightly across the uneven turf. I pull back the yoke gently to hold the nose aloft as long as possible, letting the plane settle into the grass.

I hadn’t noticed that I was holding my breath

until the airplane slowed. As we rolled to a stop, the flow state of the flight dissolved into a wave of exhilaration — we just landed on the Vineyard, on a grass field by the sea. I shut down the engine, opened the door, and the cool wind rushed in, carrying with it the scent of salt and grass. We lay down under the wing, the coarse grass rough between our fingers. After lunch, we walked a few steps across the sand and let the cool Atlantic water wash over our bare feet. I still carry that memory: the immense blue, the soft horizon from 3,500 feet. To this day, even when my feet are on the ground, I know what’s above.



From the Cockpit

By early evening, the light had softened, the afternoon air cooling as we prepared to head home. We took off once again, the islands fading behind us. We arrived on the mainland just as the sun swooned. I stepped out of the cockpit onto the tarmac, struck by the stillness that followed. The airport, closed for the day, lay deserted. Twilight settled over the valley, where the last streaks of gold along the hilltops gave way to the deepening violet sky. I noticed the windsock drifting lazily in the evening breeze. Five clicks of the handheld radio, and the airport came alive — the blue and green taxiway lights twinkled on, stretching outward like a constellation stitched across the ground. A few minutes later, the beacon began its revolution: one green, one white, over and over, steady as a heartbeat, sweeping across the sky. Sometimes the simplest moments ask only that I pause long enough to notice them.

I’m reminded of something Chris Hadfield, a pilot and astronaut, once wondered: “If you feel that something has enlightened you in some way, do you just have a secret smile, or do you try and share it with someone you love or write it down or take a picture?” I couldn’t bear to keep that smile to myself. +

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Who We Are Outside of Medicine



Good Faith in Healthcare Compliance: The Intersection of Formal Obligation and Ethical Commitment

Peter Martin, Esq.

Can a corporation be held directly liable for the actions of one of its employees even if those actions fall outside the scope of the employee's duties for his employer? In certain limited circumstances, the employer's failure to comply with a regulatory regime may deprive it of a "good faith" statutory immunity and result in direct corporate liability.

This happened to Harvard University regarding the operation of its medical school morgue. One of its employees at the morgue was found to have, over the course of several years, dissected, stolen, and sold parts of the bodies of individuals who donated their remains for research purposes. The operation of the morgue was governed by the Uniform Anatomical Gift Act, which provided that an organization that attempts in good faith to act in accordance with the statute will not be liable for the act in a civil action, criminal prosecution, or administrative hearing. A recent Massachusetts Supreme Judicial Court decision (*Weiss v. President and Fellows of Harvard College*, October 6, 2025) found that Harvard's operation of the medical school morgue displayed a "peculiarly pervasive noncompliance" with the act, thus depriving Harvard of the statutory immunity.

This decision, at best, has limited precedential value; it interprets only the language of the UAGA and merely found that the plaintiffs had pleaded sufficient facts to overcome Harvard's claim that it was entitled to the good faith defense under the UAGA. Under this standard of review, the Court reviewed the pleadings as a whole and drew all reasonable inferences in the plaintiffs' favor. Nevertheless, the decision suggests that significant regulatory noncompliance may, in some cases, overcome strong statutory protections.

The UAGA, adopted in Massachusetts as Massachusetts General Laws chapter 113A, states in relevant part that "a person who acts in accordance with this chapter or with the applicable anatomical gift law of another state or who attempts in good faith to do so, shall not be liable for the act in a civil action, criminal prosecution or administrative proceeding." That statutory provision was interpreted by the Massachusetts Supreme Judicial Court in a decision (*Carey v. New England Organ Bank*, 446 Mass. 270 (2006)) to mean that "it may be possible that evidence of a *peculiarly pervasive noncompliance* [with the statute] could warrant an inference that a defendant failed to act in good faith, as defined in the statute.

In this case, a Harvard employee named Cedric Lodge, who commuted to work in a car with a license plate that read "Grim-R," for several years stole dissected portions of cadavers donated to the Harvard morgue and transported them to his New Hampshire home where he and his wife sold the stolen body parts to buyers; he also allowed third parties access to the morgue to select body parts for purchase. A federal criminal investigation resulted in an indictment against Lodge, his wife, and two other co-conspirators. Harvard terminated Lodge and commenced an internal investigation that resulted in significant changes to the morgue's operations, including

improved employee background checks, installation of security cameras, limiting visitor access to the morgue, and improved tracking of donor specimens.

Forty-seven relatives of donors brought twelve civil actions against Harvard and some other employees at the morgue, alleging a variety of tort, contract, and statutory claims. These cases were consolidated in the Superior Court, which dismissed the claims. The Plaintiffs appealed, and the Supreme Judicial Court took the case on its own motion. The SJC ruled that the good-faith defense applies to both the procurement as well as the disposition of human remains. It also ruled that the plaintiffs had pleaded sufficient facts to overcome the good-faith defense under the UAGA as interpreted in *Carey*.

In doing so, the SJC pointed out "Harvard's extraordinary failure to adequately supervise the morgue's operations and properly protect the donated remains in its care exemplifies the kind of 'peculiarly pervasive noncompliance' we have said can demonstrate a lack of good faith." The Court emphasized that this liability is direct corporate liability, not liability based on the employer's duty to supervise its employees (The good-faith defense also did not apply to Lodge's direct supervisor in the morgue).

It is tempting to speculate that direct corporate liability might be found in contexts outside the UAGA where an organization is found to be in "peculiarly pervasive noncompliance" with a statutory or regulatory scheme. Where health care providers are commonly required to make blanket representations that their services are provided in compliance with all applicable statutes, will a pattern of significant compliance failures lead to a conclusion that the provider did not attempt in good faith to adhere to complex regulatory and other requirements? Could this decision be used more broadly to support the notion that peculiarly pervasive noncompliance is evidence of a bad-faith or intentional disregard of the law? +

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