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There has been an inseparable bond of deep friendship between Bernie and me since our time as college roommates.

Introduction

I retired not too long ago as the Chairman Emeritus and the Director of Neonatal Medicine of the Department of Pediatrics at the Brookdale University Hospital and Medical Center. The dictionary gives several different definitions for Emeritus. One of these is “useless”—the deﬁnition to which I can relate the most.

An obligatory part of the retirement process is that former and current residents and colleagues contact the retiree. In addition to expressing their thanks, they recount some of the lessons learned and snatches of advice given that have remained with them. I was astonished by the recollections of what I was reported to have said. The troubling part was that I could easily see myself saying all of it.

So I decided to review and summarize some of my guiding principles in the hope that they may induce a soupçon of knowledge, or, at the very least, a wry smile.

At this point Imust acknowledge the great debt that I owe all the wonderful residents and attendings who have taught me much more than I could ever have imagined teaching them. “mi-kol lomday hiskalti”—I became wise from all my students. Thank you to each and every one of you.

In no particular order, I present you with Sokal’s Aphorisms

Walk Slow, Think Fast

One of the major duties of a neonatologist and of the residents assigned to the neonatal intensive care unit (NICU) is to respond to problems in the delivery room. If it is a high-risk delivery, the neonatal staff is alerted well ahead of the anticipated delivery and is prepared to respond to that situation appropriately, so that everyone and everything needed will be available.

However, there are always unexpected circumstances where problems develop during what is supposed to be a routine labor and delivery. The neonatal staff is alerted to an emergency and speed is mandatory. With an emergency calling for an immediate response, the tendency is to run.

The ﬁrst adverse outcome of such running occurred when a resident was rushing down a flight of stairs to the delivery room (DR). He tripped, fractured his leg, and lay in the stairwell, of no use to anyone.

Now please understand that I do not claim to be a fast runner, or, even a particularly rapid walker. I was once accompanying a resident to the delivery room and she started running to the DR. Suddenly she stopped, realizing that I had fallen back and I was no longer next to her. Aghast, she turned to me and I responded “walk slow, think fast.”

My ofﬁce was about twenty steps from the NICU. When I would receive a panicked call to come to the NICU to see a baby whose status had deteriorated, I realized that I found myself walking to the bedside instead of running. I spent those few extra seconds that it took me to arrive mentally reviewing the diagnostic and therapeutic possibilities and clarifying what had to be done in the given situation, even though I was, at least by dint of years, experienced. I had discovered that the additional response time taken was negligible, and that by not running in unprepared, I could help calm the situation by not adding to the chaos. Additionally, by being outwardly calm, we were able to adopt the most appropriate path that I had already mentally reviewed.

I believe that there is much to be gained by not rushing headlong unprepared into emergency situations, and that it is better to have thought out the approach beforehand. I am not at all advocating for thought over action, but a few seconds of deliberation are essential.

Grow Up and Get A Job

Our residents at Brookdale were generally excellent and a goodly percentage had received advanced pediatric subspecialty training prior to starting their residency in the United States. In addition, there were some residents who had undergone several years of pediatric practice abroad. We were very pleased to have many international medical graduates in our program and their contributions were immeasurable. About half these residents sought additional fellowship training after completing their residencies (a number about equal to those who continued into pediatric practice). I was privileged to be asked by a number of these residents for career advice and I was happy to oblige. Although physicians are students for life, I felt very strongly that one should not become a “professional” student and not spend one’s life in a protected environment. There must come a time when a resident has to enter into a position of individual responsibility. It cannot be avoided forever nor should it be. Hence: grow up and get a job.

False Humility is a Conceit

On occasion – and in fact, frequently – a resident would thank me effusively for my presumed input into his or her life. At times it seemed to me to be somewhat excessive and made me a bit uncomfortable. There were two responses available. The ﬁrst, which I admit was my initial and natural tendency was to deflect the praise and turn it back on the resident. “How wonderful a student you are.” “I had very little to do with it.” But that I learned was wrong. The second available response which I adopted was to say merely, “Thank you.” First, the resident really feels the truth of his assertion. Second, you may really have played a signiﬁcant role in the life of that resident. In truth, I have felt that not infrequently. It is important to acknowledge that truth to yourself – that you have been a vital and important influence, and that you are good at what you do. Humility is not always warranted.

Obviously, one should not go around bragging and touting one’s accomplishments; that’s downright obnoxious and whoever does that has justifiably “earned” their humility. But there’s nothing wrong with having pride in who you are and what you’ve done. To deny it is just as wrong – and the denial itself is a conceit.

If You Have Nothing to Do, Don’t Hang Around Not Doing It

Nature abhors a vacuum. So do people who like to boss around other people, or in more benign language, people who are experts at delegation. If you have completed your work—and have checked that none of your coworkers is having difﬁculty completing her work—go home! If you can’t go home, don’t sit around obviously doing nothing. Someone will ﬁnd something odious for you to do. Go to the lab (don’t go in) and walk back leisurely. If anyone asks, tell them you just went to the lab. No one will ask you why you went. The only risk is meeting another group of residents who have read this. If so, begin going to Radiology. Even if you are the most efﬁcient resident ever and always ﬁnish everything, someone will believe you are lazy if you are doing nothing. A serious corollary of this law is that you should always check if anyone else needs help. Doing so will ultimately pay dividends.

If You Don’t Know What to Do with The Results of A Lab Test, Don’t Do It

I have nicknamed this aphorism the urinary sodium law since nobody knows what to do with the value of urinary sodium, save for a tiny cabal of physicians. I consider this rule one of the most important and practical laws in all of clinical practice. I envision participating in rounds when invariably someone with the utmost sagacity will suggest drawing a set of electrolytes or liver function tests or whatever. Also invariably, one of the results will come back abnormal. Parenthetically and probably statistically, the more lab tests that are done, the more likely one result will be abnormal.

But back to rounds. Lo and behold, a result is out of the normal range! It is usually the most arcane or worse, an hormonal assay. At this point no one is certain why the lab test was sent to begin with. Nonetheless, the team is now confronted by the dilemma of explaining this odd but ultimately meaningless result, particularly before IPRO sees it. How is this accomplished, you may ask? Well, of course, by sending for more tests. The loop is endless. Think of how much money is wasted during this process. How many times have you actually used the results of a urinary electrolyte analysis? Really! Think about this. The answer should be your guide.

Generally, you must know the reason for sending each test before you order it and you must also know how the result will help you in managing the patient. If you can’t honestly answer these questions, don’t send the sample.

Know to Whom You Are Citing References

This one is a bit tricky.

I was participating in the bedside rounds of an eminent senior neonatologist and I was listening attentively to the “pearls” that were being scattered before us. The neonatologist was expounding eruditely about a clinical syndrome that sounded somewhat familiar and yet not quite correct. As I listened, I became more confused about this study when it dawned on me: I had authored the paper that was being cited incorrectly. How to stop this travesty that was being perpetrated on one of the ﬁnest papers ever written in the medical literature (sic!)— mine? I also wanted not to embarrass this person. Being a coward, I whispered to a resident to ask a simple question. The answer clarified everything and everyone continued to enjoy the remainder of rounds.

Several lessons were learned. If you have a guest at rounds, look up a paper that the guest wrote and somehow work it into rounds. It makes the guest feel very special. Also, make sure you quote it correctly. Obviously, to quote a paper, it is a primary requirement that you actually read the literature. There is no substitute for reading. Finally, and most importantly, try never to embarrass anyone publicly; this is to be scrupulously avoided.

Only Three Things Can Happen to A Patient: Get Better, Get Worse, or Remain the Same

This also is known as the law of threes—where there are always and only three possibilities. For example, the hematocrit can be only low, high, or normal. There are no other possibilities! Silly and self-evident, you say. What’s the big deal, you scoff. Well, it’s the beginning of wisdom. Continuing the example above, if you are going to approach a hematocrit discussion, you need a starting point for the subject. To find such a starting point, you should always think about a clinical problem algorithmically, not in a scattered or haphazard fashion. It makes these discussions and, indeed, patient management, focused, productive, and much more complete. It also illustrates how simple medicine is. The discipline seems daunting; there is so much to know. It’s a lot easier if your thinking is orderly. Try it and see.

Sometimes the “Ostrich” Approach Is Better Than Other Forms of Therapy

Physicians often feel under pressure to do something—from patients, from administration, from review organizations and from themselves. At times, we may engage in workups or treatments that we know are unproductive and will have limited if any impact on the outcome. At times, the approach may entail risk. There will be occasions when one has to resist the impulse to do something. We have all been amazed at the body’s restorative powers despite what we do. Sometimes the problem resolves or ameliorates itself, or the disease process becomes more clariﬁed and then something meaningful can be done. Finally, there are patients who will thank and bless us for restraining ourselves and not doing anything more for them.

Clean Up After Yourself—A Nurse Is Not Your Mother

On one level, very obvious and self-explanatory. After doing a procedure, many physicians leave a trail of detritus after them, left for a nurse to clean. This is totally unacceptable. On a more important level, young (and often older) physicians must quickly come to the realization that nurses are their best friends. To this day, I remember very vividly being awakened as a ﬁrst year resident while covering the PICU. A very experienced nurse was trying to penetrate my semi-consciousness as I was falling asleep, exhorting me to come see a child who had extubated. Knowing with whom she was dealing, she screamed at the top of her lungs, “Get your a— in here right now.” Bobby survived because the nurse knew what to do.

Even if one cannot comprehend that, nurses must always be treated with respect.

A physician cannot exist without supportive nurses. What resident has not worshipped the nurses in our NICU for their ability to start IVs without bothering the house staff?

I have also observed that a good nurse when confronted with a rude and condescending physician can undermine him. The really professional nurse will never let a patient suffer because of the doctor. She will do what is necessary and, most importantly, she will report the behavior to both the nursing supervisors and to the responsible physicians. It is worthwhile to spend the time to cultivate positive relationships with all members of the health care team.

Being A Physician Is A Privilege—Not a Right

Although there may be a divine right of kings, there is no equivalent right for physicians. You were not born with such a right; it is given and earned. We are allowed to be physicians because we have been given this privilege by the patient. Just think of the types of questions that you have asked patients during history-taking, intruding into the most private of subjects and feelings. Even more, think of where your hands have been, invading areas where in all other jobs, you would be imprisoned. Still patients allow you to take these histories and perform these physical examinations – because they trust you. Understand that this trust is not an intrinsic attribute of yours it is the patient who accords this trust. It is never to be violated. God or family did not give you the right to be a physician. The patient affords you this privilege. Never forget it!

Never Confuse Who You Are with What You Do

You are not a divine being. We are all individuals with differing personalities, thoughts, and desires. Being a physician is not who we are; it is what we do. Don’t permit the noble calling of being a physician obscure who you are. You are a human being ﬁrst. You have to take what you do seriously because lives depend on it.

But you are not required to take yourself seriously. Don’t confuse the two. For further thoughts on this, see the next law.

It Is Imperative That You Laugh at Yourself

I once had a secretary who was committed to bringing a smile to the faces of the dour unsmiling. It bothered her that there were senior employees who would walk the halls but never smiled. She would wonder what was wrong with these people. We are all moderately ridiculous at the very least. We have quirks and foibles. We are all not beautiful. You can’t take yourself so seriously. Don’t be afraid to laugh at yourself. You’re not all you’re cracked up to be. Accept it. Laugh at your idiosyncrasies and don’t be scared to feel foolish. You certainly will become a more pleasant person and more fun to be around.

We All Become Caricatures of Ourselves

The following brief scenario has been attributed to a long-forgotten Borscht Belt comedian (although I doubt that there are still many people who know what the Borscht Belt was):

Customer: Waiter, try my soup!

Waiter: But there’s no spoon.

Customer: AHA!

I always enjoyed making rounds with the residents. Rising from my torpor, I found it the most fulﬁlling of activities and the best part of the day. Using the Sokal-Socratic method, we would work our way through a clinical practice or try to answer a question together. When the correct conclusion was reached, I found out that I commonly said, “aha.” Little did I know that the residents expected and anticipated my utterance of this one word during rounds. In fact, at the end of rounds, they would express dismay and disappointment if I didn’t say this.

I gradually became aware that I began to emphasize various characteristics of mine, so much so that I became a caricature. Worse, I began to notice in other people when they exaggerated certain personal traits. You could bet on the phraseology and reactions of others to any given situation; it became a game. We believe too much in our own actions and characteristics, good or bad.

I then made a conscious effort to vary my responses. First, it became fun to catch people off guard. It also became more fun for me to increase the repertoire. However, I never gave up “aha.” You can’t disappoint the audience.

We Have Many Roles and None Should Be Neglected

We tend to think of ourselves as physicians and that this is the deﬁning description of our existence. There is nothing else. Nothing could be further from the truth. We are, each and every one of us, many people. We are parents; we are children; we are spouses; we are friends.

If you went through the above list, which would you consider the most important? You might have a tough time choosing. But it’s really easy. They’re all important. Each role is a signiﬁcant part of your life and must be cherished and cultivated. None should be forgotten. Sometimes one may seem more important and overwhelming and time-consuming, but that is just the ebb and flow of life. But none can be neglected.

Read!!

When I mention to physicians the overarching necessity to read, they look askance at me (as they commonly do anyway). “But of course,” they say, “In order to advance our medical knowledge, we must read.” They are correct. There is no substitute for reading the literature, keeping current, and absorbing factual material. Parenthetically, we invariably overestimate the amount of time we spend studying. We are all masters of self-delusion. When confronted with a resident who was not progressing satisfactorily in advancing his knowledge, I devised a simple strategy. I asked the resident to record daily what he studied and, more importantly, the amount of time spent studying; I also asked him to email the results to me weekly. If done truthfully, the resident is always shocked at how little time is spent studying. No more lying to oneself.

But back to reading. I do not mean reading just medicine. I mean reading everything and anything. How many of us have spent breakfast, entranced in reading the back of cereal boxes? There is no more important way to spend time than reading and very few more enjoyable ways. We must guard against becoming insular, which will happen if our focus is only on being a physician. We are more than that. Think of what will be lost to us if we don’t immerse ourselves in a variety of topics. Allow your horizons to expand. I ﬁnd it particularly important for young residents not to be afraid of reading poetry. I even started sessions on poetry for my mentees. One of a physician’s primary responsibilities is to communicate effectively and clearly. Poetry teaches us the usage of language, how to express deep ideas with a brevity of words. We all beneﬁt from expanding our insights into communicating.

Poetry is invaluable.

Only Things That Can Make Sense Have to Make Sense

There are parts of our lives that just are – for example, religion. Religions exist because people believe. It is futile to try to make sense of what people believe, that which is essentially beyond rational proof. The believers cannot be dissuaded. I was given a gift from my residents of a copy of the Bhagavad Gita. Full of seemingly fantastic stories, it was totally foreign to me, just as foreign as the Old Testament would be to them. Did it matter if I was unable to understand it? Not at all; it was another’s belief and it mattered to them. Interestingly, one of my better residents was having a personal crisis. I was able to help her only after I discussed with her a passage from the Bhagavad Gita, the wisdom of which helped her ﬁnd solace.

Science, on the other hand, should make sense. We may not understand everything but ultimately it will be understood. Unproven theories are discarded. Scientiﬁc facts can be proven experimentally and therefore differ from religion. You don’t have to believe in a scientiﬁc truism; that doesn’t make it any less true. You don’t have to believe in a religion either. That doesn’t make it any less correct—for those who believe.

Love is another feeling that just is. It doesn’t often make sense but then again it doesn’t have to.

The Answers Are All There—What Is Missing Are the Right Questions

I became aware of the importance of this law while making rounds. I discovered that occasionally a discussion had to be refocused. I would ask the resident, “What is really the question? What is it that you really want to know?” This forced us to pinpoint the essence of the discussion because we then understood what it was that we were trying to clarify. This also became very important when residents would prepare a research project. As a frequent mentor, I would be confronted with a meticulously prepared twenty-page monograph with dozens of references and charts and, to quote Arlo Guthrie, “8x10 glossy pictures with writing on the back.” However, it didn’t take long to see that the project was dead on arrival and had no chance of answering any of the questions asked. I would ask the resident to describe, in one sentence, what the objective of the project was, and I would accept only one sentence, not two. It is not easy to do; try it! But it is necessary and works wonders. Everything fell into place when the right question was asked.

This is true of every endeavor. We will never really accomplish anything unless we clearly deﬁne and realize what we want to do.

Express Gratitude Every Chance You Get

Think about this—how often do we say thank you? Do you thank the packer at the supermarket checkout line or the toll taker (if they still exist)? But as important as this is, it’s not the most critical.

How often have we thanked our parents for all they do and have done for us? Many of the residents have newborn babies and young children and the grandparents come enormous distances to a strange land to care for these infants so that the residents can complete their training. Think of how much a sincere thank you would mean to them. What of a spouse with a career of his/her own who had to move to accompany you to a new city so that you could follow *your* dream? When’s the last time you thanked your spouse? Or the person who held the door open for you?

Think of how you feel when you are not thanked, when you feel that no one appreciates you or what you have done. Then try to feel what the people closest to you may feel if they are never thanked. It costs absolutely nothing, takes no time at all, but it may be the most special and meaningful act you do today.

An Association Is Not the Same as Causality

Just because two phenomena occur simultaneously, it does not mean that one caused the other. And I am not talking about coincidence.

Let me present to you an excellent example from my days of clinical practice. On occasion, I would be asked to start an IV that no one else could do after multiple failed attempts. (A measure of desperation.) Surprisingly enough, on most occasions, I was able to put in the IV. However, it was noted that the majority of these babies died within 24 hours. On the surface, one could claim that my intervention caused the babies to die. I was so accused, of course, with a smile on the accusers’ faces. But further analysis showed that I was asked to start IVs only on the sickest infants, which probably accounted for their deaths. So, even though the association was accurate, the claim that because I started the IV, the infants died, was false.

A true student of science must guard against making assumptions of causality just because two events occur together. We have to understand that there may be a third factor, often unknown, which could explain the association and debunk the causality.

Devise A Systematic Approach to Differential Diagnosis

I have participated in countless clinical conferences where a difﬁcult case with an unusual presentation is discussed. What generally happens is that people call out diagnoses one after another in no particular order, and a poor unfortunate soul is tasked with writing the “stuff” on the board. At the end of this democratic process, there is no coherent conclusion, no light is shed, and a long list of diagnoses is overlooked. There is a very simple solution and that is to have a scheme for an orderly discussion. Then nothing will be overlooked. I don’t care what the scheme is but everyone needs one. Since you asked, I will be pleased to present mine because it is simple and has stood the test of time.

There are only ﬁve major headings and a few subheadings—so here goes!

I. Congenital

II. Traumatic

III. Inflammatory

A. Bacterial

B. Viral

C. Parasitic

D. Fungal

E. Nonspeciﬁc

IV. Neoplastic

A. Benign

B. Malignant

1. Primary

2. Secondary

V. Metabolic

And if one is dealing with a tubular structure such as the GI tract, the pathology can be in only three places – outside the tube, in the wall, or in the lumen—and then proceed with the scheme above. It works every time and invariably leads one to the correct diagnosis in an orderly fashion. Its use is not limited to the conference but can be used with equal efﬁcacy by the bedside.

Choose your own system, use it, and it will become second nature.

Do You Really Enjoy Being Attila the Hun?

We have all had leaders, each with a different style. As you assume leadership positions, you must adopt a style so that people will follow you. Do you want to be the type of leader whose followers do so out of fear or intimidation, who will follow you to avoid public embarrassment, the present-day equivalent of execution?

Or would you prefer to have followers who desire to follow you because they admire your abilities and your personality, who view you as a worthy leader, who love you?

One should learn the principles of servant leadership: that as a leader, you are there to serve the people you lead, to make them better. You must communicate to them that you gain only if they succeed. Then they will follow your leadership willingly and not out of fear. It is a much more fulﬁlling way to lead and when the time comes for tough decisions, you will be respected for these decisions.

Never Volunteer Unless You Will Have to Do It Anyway—In That Case, Volunteer Immediately

I call this one my “speech class” aphorism because that’s where I learned it. During the semester, we were required to deliver several speeches. When the instructor asked for someone to speak ﬁrst, my hand immediately shot up. I was delivered of my speech burden at the beginning of the cycle and I had nothing to do for the next several weeks but listen to my classmates deliver their speeches and I did not have to worry about when I would be called upon.

I had a natural aversion to volunteering born of my Navy days. A fellow physician in my group at the National Naval Medical Center volunteered for special assignment and was sent to Iceland for a month (but then he liked to eat whale blubber). Next, he “was volunteered” to stand full-dress inspection. He was a marked man.

However, if you are required to perform some task –and only if you are required –volunteer immediately. You will earn brownie points as a team player. But never volunteer automatically as a matter of principle if you don’t have to. There can be a tricky circumstance where volunteering may be critical. Your adopting a prominent role may give you the opportunity to set the agenda when major planning is imminent and you get to try to protect what is yours. It requires great experience to know when to do this and should be done sparingly.

It Is Easier to Accept A Fait Accompli Than A New Idea

Democratic discussion is a ﬁne idea but has limitations. It is wonderful to establish forums where everyone can voice support or objections to a new policy. We are always wary and suspicious of changes because we are afraid of loss or of matters becoming worse (as if this were a possibility). But eventually change will occur and when the new system is in place and everyone understands that adoption is mandatory, it becomes much easier to function within the new setting because that becomes the new reality until the next anxiety-provoking change. There will arise times when it is necessary or desirable that change should be imposed without any discussion. This will also have to be adopted and one must work within the new system.

Always Allow for The Possibility That You Might Be Wrong

One of the most infuriating signs I have ever seen was in the ofﬁce of my car mechanic. It said, “Doctors only work on one model; we have to work on many models.” I didn’t think it was worth my time and effort to explain the basic fallacy to him. Another attitude that angers me is that of the physician on rounds who is always perfectly sure of her diagnosis and treatment. At times the clinician may have been correct but there were more than a few times when they were dead wrong. Of course, there was seldom any attempt at self-examination that accompanied the failure of the physician’s approach.

Medicine is not an exact science because the canvas differs from one patient to the next. It is a humbling profession and should teach us true humility. Being certain does not account for the uniqueness of the particular person before you. Therefore, there should always be a coherent plan to deal with these variables.

One Person Can Make A Difference

By now, you realize that I don’t believe in false humility or that, because of limited musical ability, I don’t tend to toot my own horn. But I do have a story to share. I was delivering a lecture to Brookdale’s now-defunct Family Practice residency. One of the research projects that a resident was doing was on the neonatal mortality rate at the hospital. He asked the following question: “What changed in the middle of October 1977 that caused a sudden and sustained decline in neonatal mortality?” I muttered something nonsensical. However, I knew that my starting date at Brookdale was October 11, 1977. New leadership can make a difference and the efforts of one person can lead this change. But beware! History has shown us that change is not always positive. One person can make a difference in a patient’s or student’s life or can lead many people in important ways. This one person can be you.

Additional (And Non-Original) Aphorisms

Because of my voracious appetite for reading and for learning by listening to others, I have enjoyed aphorisms I have come across and I would like to share some of them with you. I really wish that I had thought of them myself!

David Seligson, M.D., in Orthopedics Today

“The profession (i.e., hospital administration) created to manage the building, set up employee programs, take care of parking, has grown from a puppy to a rottweiler.”

Teperisms—named after a renowned physician, as told to me by Richard Fogler, M.D.

“When there’s a schmuck involved, you can’t analyze a situation as if there weren’t a schmuck involved.”

Relatedly, “When there’s a schmuck involved, don’t take it personally.”

John Sandford, in *Phantom Prey* (2008), quoting a physician:

“Don’t let anyone tell you that Medicine is a science,” she said. “It’s always been an art and it still is. Look at the training; we’re artists, not scientists.”

Santosh Parab, M.D., a former resident, inviting me to give the ﬁrst

Haran memorial lecture at Richmond University Hospital.

“Don’t talk about anything you know; it will be boring.”

Ann Patchett, in *What Now* (2008):

“… pay attention to the things I’ll probably never need to know, to listen carefully to the people who look as if they have nothing to teach me, to see school as something that goes on everywhere, all the time, not just in libraries, but in parking lots, in airports, in trees.”

There are many more, most off-color. I’ll stop here as I thank you

for your attention. Good luck.