

FROM THE EDITOR'S DESK

BEING MINDFUL

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When I was a child, I memorized verses by Rudyard Kipling and William Shakespeare and took immense pride in the look my grandfather displayed when I would recite lines for him. At his funeral, I stood before a packed church and struggled to heed the very words I delivered in his honor: “If you can keep your head when all about you....”

Years later, a 12-year-old patient of mine with anxiety and insomnia returned for a follow-up visit to explain she’d tried the sleep hygiene strategies I’d suggested to no avail but had found her own solution: cantillating scripture she’d memorized, allowing her to focus while forgetting, for a time, the demons that haunted her. I was amazed. The next time I found myself staring up into the darkness, I brought to mind Sonnet 29, “When, in disgrace with fortune and men’s eyes...,” and when I awoke the following morning, I resolved to include this anecdote among the techniques I offer patients who want to avoid prescription remedies for restless nights.

I recently witnessed a debate regarding whether clinicians should devote effort to memorizing medical knowledge anymore. Given our connected world, data is readily available at our – and our patients’ – fingertips. Some estimates suggest that medical knowledge doubles even faster than one can transform from medical school applicant to attending physician. Trustworthiness depends on one’s perspective, but with so many “authority figures” available nowadays, we can each stake our claim to a different version of the truth.

What is believable is a shifting landscape as more and more research studies push out against the darkness. This journal continues to contribute knowledge in what I believe is a trustworthy, evidence-based fashion, and I’m excited to suggest you read, for ex-

ample, about Wendy Holler and Dr. James Fenwick’s fascinating quality-improvement project, “Addressing Pain Catastrophizing in Elective Joint Replacement Surgery” on page 3.

Who but AI could be expected to know everything about anything anymore? I cannot help but wonder which of my other non-procedural colleagues worry we may be replaced by robots. Our patients already can ask their devices for medical advice, can – as directed by late-night infomercials – order the latest life-altering medicines, and can access machine confidants, companions, and therapists. If this prospect worries you like it does me, consider reading Dr. Matthew Taylor’s very insightful essay, “Generative AI and Keeping Adolescents Safe” on page 15, about how to advise our patients and their families.

Despite the wealth of medical information, we as practicing clinicians undoubtedly must still have more than a basic medical knowledge at our disposal. Medicine has a language all its own, which, like any other language, is always expanding. By some counts, the English language adds more than 8,000 words per year,

and which of us believes we needn’t continue expanding our English vocabularies? Clinicians must not only grasp the variability of normal, how a child is different from an adolescent, how wellness is different from health, but also must

know what questions to ask and how to address our patients, even when simply trying to isolate the cause of one symptom.

We all know the premature closure that a patient can achieve in the wee hours with a search engine. Understanding what questions to ask, and how to ask them, will for now remain humanity’s domain. If nothing else, our medical expertise must prepare us for how to prompt our AI tools and must

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appropriately advise our patients about how best to prompt theirs.

What is the utility in memorizing? Certainly, there is no indignity in looking to Lexicomp, no need to be surreptitious when referencing MDCalc, although we should be diplomatic when introducing our decision tools. What of the mnemonics we committed hours in the library to remember? We will always need some version of CAB in a trauma emergency, and there will never be enough time to look up the HELPERR memory aid when faced with a shoulder dystocia.

Yet as AI continues to make our lives easier – a friend of mine bought himself a self-driving car to reduce the stress of his turnpike commute – perhaps what we do with our capacity to memorize will set us apart. After all, technology has freed up our ability to gather resources, to store and prepare food, but although we are no longer hunter-gatherers, the need to continue daily exercise and exertion are without question.

Now more than ever before, technology can empower us to expand our minds by focusing on interests that are not medical. Among my colleagues and partners are a licensed pilot, a Civil War buff, those who

devour a novel per week, and talented singers and musicians. Surely such devotion to learning has not only emotional value but pays dividends for their patients as well. I would posit that they are better physicians because these areas of expertise allow them to speak more eloquently and to connect with patients through analogy and allusion born of expanded horizons.

As for me, I continue to read poetry, and while I relish encountering new designs – see page 32 for two selections submitted by Dr. Scott Paist – I also enjoy rereading old favorites until words burnish themselves. Reciting memorized patterns helps me get through clinic – mnemonics like OLD CARTS and SIGECAPS still serve me well – and helps calm my mind after clinic as well. I enjoy matching my breath to the rhythm of iambic tetrameter, and in the dark days of winter from which we're just emerging, I cannot help but call to mind "Stopping by Woods on a Snowy Evening" by Robert Frost. I imagine the thrill that writer must have felt, the focus he achieved, when setting down lines with perfect rhyme.

Thank you for opening this issue! I encourage you to read and perhaps reread the many fine offerings contained herein.

JLGH WINTER 2025 RECAP

Q&A for Extended Learning

The Winter issue of The Journal of Lancaster General Hospital offered articles on paravalvular leak closure, diagnosis and treatment of an abdominal mass, meningitis, and various mental health topics. Review the questions and answers below to see how much you remember from the issue. Need a refresher? All issues of JLGH are available online at JLGH.org.

Q **Techniques for percutaneous paravalvular leak (PVL) closure vary by cardiac location. Describe PVL closure approaches.**

A An antegrade transseptal approach may be used for mitral PVL, while a retrograde aortic approach can facilitate aortic PVL. Both procedures are performed under general anesthesia via femoral arterial or venous access.

Q **What diagnoses may present with findings of anorexia, weight loss, and a painless abdominal mass? In the case of an abdominal mass, what initial laboratory testing should be considered?**

A Malignancy diagnoses should be considered, including adrenal, renal, hepatic, and pancreatic processes. A comprehensive metabolic panel and complete blood count with differential, C-reactive protein, lipase, urinalysis, and pregnancy test could be checked to direct further workup.

Q **According to 2025 World Health Organization guidelines, how should clinicians test for suspected acute meningitis?**

A Cerebrospinal fluid (CSF) investigation should include Gram stain, white blood cell count, protein concentration, glucose concentration, and the CSF-to-blood glucose ratio.

Q **What program is available at LG Health to help patients experiencing homelessness with medical needs across Lancaster County who are poorly connected to primary care?**

A The Lancaster General Health Street Medicine team welcomes referrals of these patients. Contact the team by phone at 717-544-6800.