

From Harvard to Hell...and Back Physician finds second chance in 'salt-of-the-earth' Rhode Island

BY MARY KORR
RIMJ MANAGING EDITOR

IN THE FOREWORD TO *From Harvard to Hell...and Back*, Jon E. Grant, MD, professor in the department of psychiatry and behavioral neuroscience at the University of Chicago Pritzker School of Medicine, writes that one out of every seven people among U.S. adults struggle with addiction at some time. Dr. Sylvester "Skip" Sviokla III, the book's author, is one of them.

Dr. Grant first met the author when he was running a weekly group for impaired physicians in Rhode Island about eight years ago. "At that time Skip had been in recovery for awhile, wanted to

start a new life, and wanted to practice medicine again...Even among a group of physicians who kid themselves that they are impervious to emotions, Skip's story was powerfully moving. Although the details of the story are gripping, the true impact of Skip's journey resides in his relentless hope and optimism to manage his illness and make his life meaningful."

Two of the messages of the book are that an elite education, affluence, achievement, and a devoted family do not protect people from the disease of addiction and that denial, secrecy and silence are the biggest barriers to acknowledging and treating addiction.

This is how Dr. Skip describes denial in a blog he writes:

"It is our own refusal to admit the truth and this causes dire consequences in our lives. We deny reality and postpone the inevitable. Maybe we think this gives us more time to adjust. Maybe it is just too painful to bear. Certainly, it is all of this at once.

"Addicts lie about what they are doing for self-preservation. We lie about these events because the fear of reality scares us to death. We are ashamed of losing what we have. Armed with excuses – 'He is a good kid. He is so brilliant. She had a bad mom. It isn't fair. You don't understand. The dog died. I just need to get through...He's a doctor' – we proceed into that dark hole. I will never know how much my denial hurt my children."



DR. SYLVESTER "SKIP" SVIOKLA III

Hometown: Brockton, Mass.

Education: Harvard College '67;
Harvard Medical School '72

Former general surgeon, emergency room director

Certified by the American Society of Addiction Medicine; Diplomate of the American Board of Addiction Medicine

Medical director of several methadone clinics in Rhode Island; co-owner Medical Assisted Recovery of Rhode Island, which specializes in substance abuse counseling, mental health counseling and suboxone addiction treatment.

At one point, he was taking 150 pills of Vicodin a day and using other people's names on the scripts he'd write. In addition, he was drinking heavily. His weight ballooned to over 400 pounds and he had undergone stomach stapling. He



SYLVESTER "SKIP" SVIOKLA, III, MD
WITH KERRY ZUKUS

Why I Wrote the Book

I was a practicing emergency medicine physician who had been blessed with just about every gift a person could desire. I had gone to Harvard College and Harvard Medical School. Although diverted from my original desire to become a general surgeon when I severely cut my dominant hand in an unusual accident, I had settled into running emergency room practices across Southern California. I also began to treat Rock 'n Roll stars after I developed a friendship with the owner of the famous Roxy and Whiskey on Sunset Blvd. in Los Angeles. I was living large.

Intermittent alcohol use was becoming more frequent. A past operative complication gave me a taste for Vicodin, which was a ticket straight to hell. In what was a blur, and seemed like it happened in a flash to me, I found the California Medical Board at the door of my beautiful La Jolla home. For several years I had been escalating substance use. When they found me, I immediately tried to run and hide. I had committed crimes for which I had to answer, and I knew it was bad.

I ate my last several hundred Vicodin and then as much alcohol as I could imbibe. Quickly, all the material goods I had were taken away. In my addiction, I had been spending twice as much as I made. After 18 months of struggle, I finally stopped trying to control my disease.

I began to heal the night I surrendered.

I have shared my story over the last seven years with hundreds of young physicians and found great joy in discussing recovery with them. Encouraged by them, my family and with the help of a wonderful storyteller, my book was born.

wondered how he was still alive and came to the point where he was no longer getting high, but taking the Vicodin to stave off the “massive pain of opioid withdrawal.”

Eventually, a pharmacist caught on to him and contacted the state medical board.

His descent into addiction cost him his medical license in California. As he underwent treatment and attended support groups in California, (and worked in a restaurant kitchen cutting cilantro among other menial jobs) Dr. Skip's long-suffering wife, Maurine, did some research and found a fellow Harvard alumnus she thought might be able to help her husband salvage his career – David C. Lewis, MD, founder of the Brown University Center for Alcohol and Addiction Studies. She urged him to call Dr. Lewis.

“I scoffed,” Dr. Skip writes. “Why would this guy give me the time of day? But she assured me he would take my call.”

Dr. Lewis, he writes, “listened to my entire tale of woe and at its conclusion suggested I come to Rhode Island where he would advocate for me if everything I'd said was true. This felt like the dawning of a new day, like someone had opened the door of a fetid room I was in and let the bugs crawl out.”

The Rhode Island Medical Board recommended that his license to practice medicine be reinstated under the strict terms of a five-year contract, which included attending the Rhode Island Medical Society's doctors-only recovery group weekly, and being under the care of a counselor.

“Dr. Grant, Dr. Lewis, and many others were salt-of-the-earth people who looked beyond punishment and the need to ‘send a message’ to addicts that they'd done something bad to themselves and potentially to others,” he writes.

Eventually, inspired by those who helped him here, he found his way into the practice of addiction medicine. “This book is riveting and insightful, capturing the reader in the devastation of Dr. Sviokla's addiction and the inspiration of his recovery,” Dr. Lewis writes on the book jacket.

As incongruous as it may sound, it belongs on your summer reading list. In the final chapters, he describes the patient population he treats in Medical Assisted Recovery – doctors, lawyers, and nurses, among others. It is much more than the story of one man's and one family's desperate struggle to survive the armageddon of addiction. ❖

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Blood Will Tell

STANLEY M. ARONSON, MD

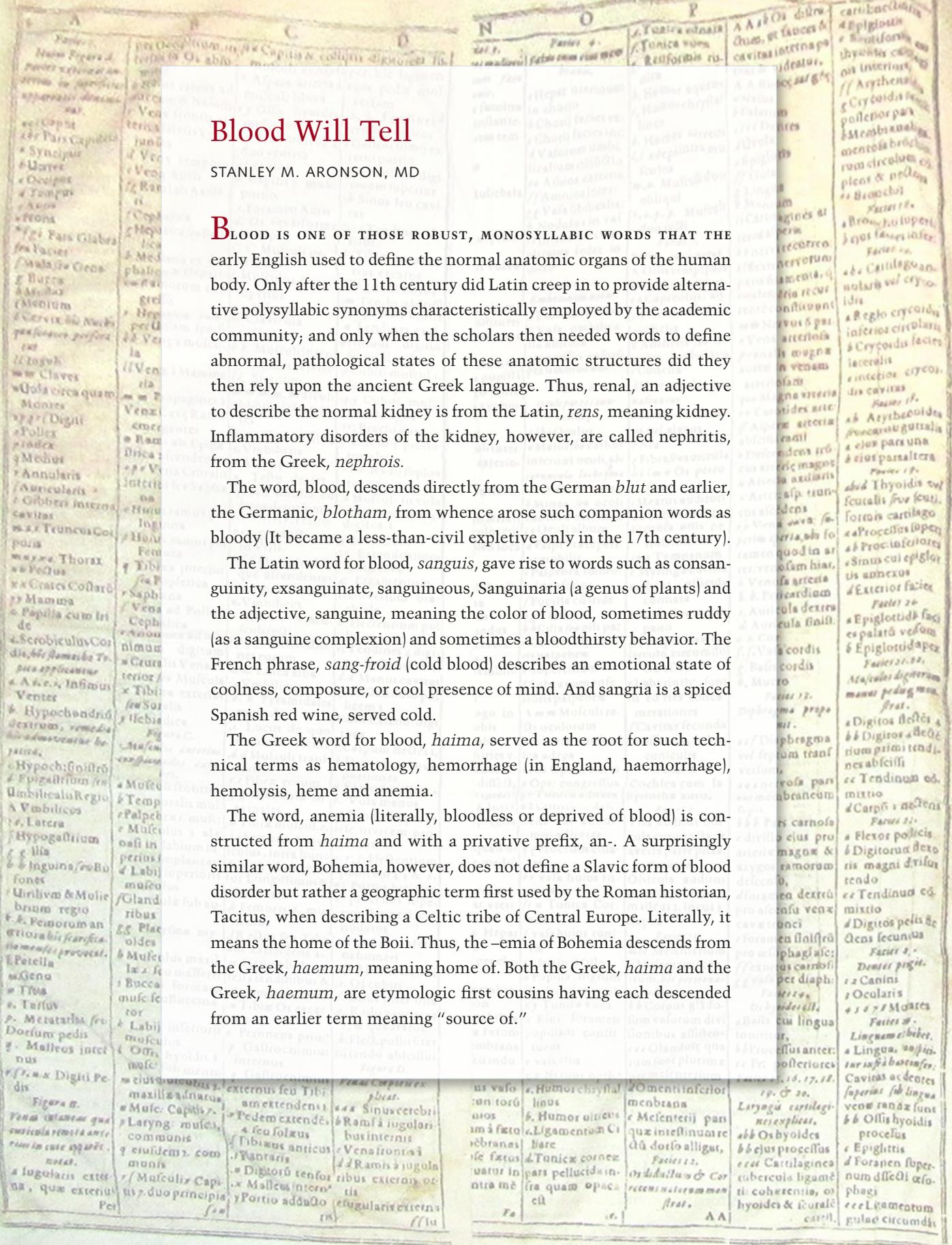
BLOOD IS ONE OF THOSE ROBUST, MONOSYLLABIC WORDS THAT THE early English used to define the normal anatomic organs of the human body. Only after the 11th century did Latin creep in to provide alternative polysyllabic synonyms characteristically employed by the academic community; and only when the scholars then needed words to define abnormal, pathological states of these anatomic structures did they then rely upon the ancient Greek language. Thus, renal, an adjective to describe the normal kidney is from the Latin, *rens*, meaning kidney. Inflammatory disorders of the kidney, however, are called nephritis, from the Greek, *nephrois*.

The word, blood, descends directly from the German *blut* and earlier, the Germanic, *blotham*, from whence arose such companion words as bloody (It became a less-than-civil expletive only in the 17th century).

The Latin word for blood, *sanguis*, gave rise to words such as consanguinity, exsanguinate, sanguineous, Sanguinaria (a genus of plants) and the adjective, sanguine, meaning the color of blood, sometimes ruddy (as a sanguine complexion) and sometimes a bloodthirsty behavior. The French phrase, *sang-froid* (cold blood) describes an emotional state of coolness, composure, or cool presence of mind. And sangria is a spiced Spanish red wine, served cold.

The Greek word for blood, *haima*, served as the root for such technical terms as hematology, hemorrhage (in England, haemorrhage), hemolysis, heme and anemia.

The word, anemia (literally, bloodless or deprived of blood) is constructed from *haima* and with a privative prefix, an-. A surprisingly similar word, Bohemia, however, does not define a Slavic form of blood disorder but rather a geographic term first used by the Roman historian, Tacitus, when describing a Celtic tribe of Central Europe. Literally, it means the home of the Boii. Thus, the -emia of Bohemia descends from the Greek, *haemum*, meaning home of. Both the Greek, *haima* and the Greek, *haemum*, are etymologic first cousins having each descended from an earlier term meaning "source of."



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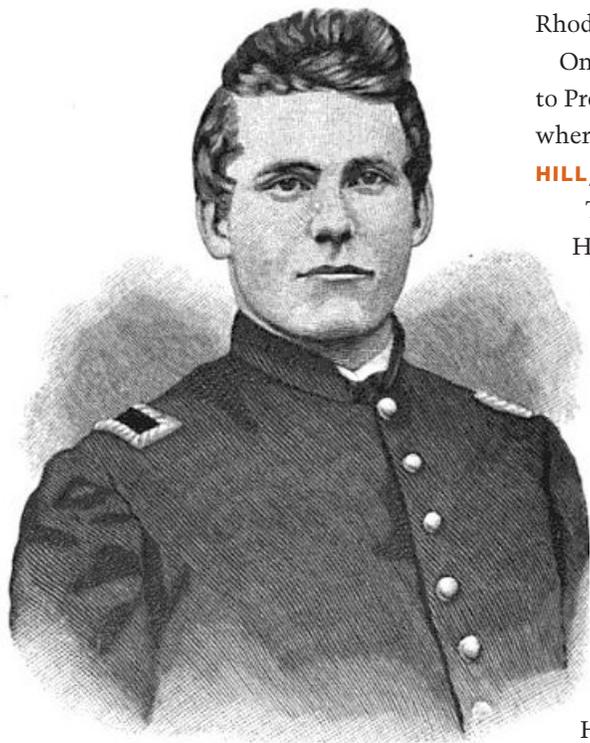
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100 Years Ago: Medical Legacies



Dr. Lester Seneca Hill

Rhode Island has many legacy medical families, two of whom are noted here.

One hundred years ago, in 1913, **DR. PRESCOTT TILLINGHAST HILL**, returned to Providence and began the practice of medicine in the home at 222 Broad St. where he was born and where his father, the eminent **DR. LESTER SENECA HILL**, who had died six years prior, long practiced his profession.

The senior Dr. Hill served in the Civil War, with the 14th Rhode Island Heavy Artillery, and participated in the Battle of Bull Run, Fredericksburg, and Gettysburg. After graduating from New York University's medical college in 1872, he established his practice on Broad Street. A member of the Rhode Island Medical Society, he served in the state legislature, and returned to military duty as major and surgeon of the First R.I. Volunteer Infantry in the war with Spain in 1898. For three years he was medical director of the R.I. Dept. of the Grand Army of the Republic and in 1894 was named assistant surgeon-general of the R.I. National Guard.

The younger Dr. Hill, born Aug. 10 1885, was a Brown alumnus (1906) and Harvard medical school graduate (1911). He specialized in pulmonary medicine and saw patients at St. Elizabeth's Home, in the medical out-patient and pulmonary departments of Providence City Hospital, and in the pulmonary out-patient department of Rhode Island Hospital. He also examined patients for insurance companies, including Aetna, New England Mutual, and State Mutual Life Insurance.

Dr. Hill was a member of the Rhode Island Medical Society and the Providence Medical Literary Association. He died in 1958. ❖

50 Years Ago: Practical Advice for 'The Neurotic Patient' Still Rings True *'For as we know the head is attached to the body'*

Fifty years ago, in a 1963 issue of *The Rhode Island Medical Journal*, **LAURENCE A. SENSEMAN, MD**, chief of the department of neuropsychiatry at Pawtucket Memorial Hospital, offered a dose of common sense to the general practitioner when dealing with neurotic patients, although it would be inappropriate to use that term in front of patients or families, he cautioned.

"To be able to recognize the neurotic patient quickly and accurately is to save your time and considerable expense to your patient," he wrote, and quoted the illustrious William Osler, MD: 'If you listen long enough the patient will tell you what is wrong.'

He noted that the patient's symptoms and complaints are very real to the patient and his pain and distress is not all in

the head, "for as we know the head is attached to the body."

He urged physicians to listen carefully, determine the problem, arrive at a diagnosis – and above all, to maintain a sense of humor. The sage doctor concluded with some "gems" from his patients:

'Don't just sit there, doctor, worry.'

'I have too much unslept sleep in my head, doctor.'

'I have a congenial hernia.'

'He's not a medical man, just a surgeon.'

'She has anxiety cirrhosis.'

'I have a fulltime job – thinking and taking care of my aches and pains.'