Dissed

JOSEPH H. FRIEDMAN, MD

Do people ignore your emails? It happens to me all the time. I really thought that when I was honored with the Aronson Chair in Neurodegenerative Disorders at Butler Hospital, and put the title on my email template, people who didn't know me or recognize my name would at least notice that I wasn't some random stalker when they received an email from me. I assumed that if I sent someone an unsolicited email asking for some information or inviting them to participate in some activity, like writing an article for this journal, or collaborating on a study, or asking for an opinion, they would at least respond. It did not work, although, to be honest, I have not tried to assess whether or not it may have lowered the non-response rate. But if it did work, the effect size must be small.

Non-response to emails: the whys and wherefores

When the email target is someone who knows me, I first assume the email went to spam, or the person is traveling or on vacation, and I may try a week or two later. The second email includes every email address I have for the person: gmail, yahoo, university, hospital. If I really need an answer I send a third and leave a voicemail. I usually stop at two tries, and assume, when I reached three, that the person really doesn't want to have anything to do with me. I interpret the first rejections in various ways, depending on the reason for the email and whether or not they know me. I recently solicited some colleagues for manuscripts for this journal. A non-response might mean, "I really don't want to do it but I have difficulty saying no, so I'll ignore it." The second non-response probably means, "I'm not going to do it, but I don't want to go on record as saying so." The third means, "I don't want to hear from you or interact with you. Leave me alone." After all, busy people are usually able to say, "I'd like to, but I'm too busy. I wouldn't want to slow you down." I used to think it meant that I might be too insignificant to merit a response, hence my belief that a title attached to my name might attract a bit more consideration – email response as a pecking order.

Having written this, I realize that I don't respond to certain unsolicited emails, but will always respond to others. It's not exactly the pot calling the kettle black since I have a rationale. I generally do not respond to drug company salespeople or commercial research companies trying to interview a "KOL" (key opinion leader). These are emails representing the "dark side" of medicine, the profit side, not that I believe they are bad people or ill intentioned. I am offered compensation for interviews. I am asked for time to meet and discuss their products. Many university practices forbid faculty from such meetings. My own feeling on this is mixed, as we can often learn from these people, but one must always keep in mind the purpose of their wanting to meet. It is to sell stuff.

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I always answer the queries from physicians/researchers in poor or politically difficult regions of the world looking to get a foot in the door of American medicine, to offer free research service in exchange for the possibility of getting a strong letter of recommendation to apply for an American residency in order to live permanently in the U.S. I answer headhunters looking to connect a job with a person, rarely knowing of any but willing to connect people. I almost always say I'm unable to help and wish them luck. It's better to have someone acknowledge you, even if it's a negative response, than no response at all.

Examples from the past

When I first moved to Rhode Island, 1982, there were few neurologists and no sub-specialists. I was the only neurologist at Roger Williams Hospital (before it became a medical center) and often would call or send an EEG to a mentor at my residency program in New York. I referred the more complicated patients to subspecialists in Boston. I learned early that Harvard-based doctors did not send me their consult notes. I learned the meaning of an old saying about Boston Brahmins, "The Lowells talk only to Cabots and Cabots talk only to God." Over many years this has changed, but I'm unsure if they've changed or simply that I've been here so long that some Boston neurologists know me. Of course, having an excellent Neurology department at Brown now makes referrals in neurology a very rare event, generally

only if a patient requests a referral to "Boston," the medical Mecca. Recently I referred a patient to a highly specialized center in a non-neurological discipline and not only got a typed note but an email asking me to call to discuss this interesting case. This was a first in over 40 years. We discussed the case. I noted that he had violated the Harvard rule of not initiating contact with a lesser institution. He told me that he had finished his residency elsewhere and was a fellow. "I missed that lecture," he explained.

Conclusion

Physicians usually think of good manners and politeness as pertaining to our relationship with our patients, but it applies also to our relationship with each other, and, in fact, to everyone. There is an old and famous study that measured how long doctors allowed their patients to talk before they interrupted them. The average time was 17 seconds. I don't know if this is still true. Politeness is a measure of respect and is the grease that makes our interactions flow smoothly. We often don't appreciate it when things flow smoothly, but it irritatingly calls attention to itself when absent and the smooth flow is interrupted or stops abruptly. It is easier to snub an email than a phone call, but the result is the same. ❖

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[Editor's note: See Obituary for Dr. Pera on page 77]

Reflections on Dr. Vincent Pera

Like most native Rhode Islanders our paths seem to diverge and then cross back at certain times in life. Vincent and I grew up in the same Warwick neighborhood, followed by separate paths in college and medical school, then reunited during internal medicine training at The Miriam Hospital, after which Vincent went on to practice bariatric medicine which he committed his career to and I into private practice.

Many years later I received a phone call from Vin; a longtime colleague in his program had recently left and he had heard that I had transitioned my practice to a large hospital group and I may be available to help out with his program that was exceeding capacity. I met with Vin; nothing had changed in the years since training, his quick smile and dry sense of humor were still there masking his more serious side. At this meeting I asked Vin why he persisted over the years with this single specialty care. His response was quick – "because we have too." I interpreted this reply as being part of his employment obligations, but I was to be proven wrong. I did go onto work with Vin one day a week for several years after that meeting, including by telemedicine during the peri-Covid period. What I observed was a segment of society that had been marginalized, desperately seeking care, and a medical system that was inept in many circumstances in providing the proper care.

Having practiced in internal medicine for 35 years I was well aware of the impact obesity has on cardiac disease, stroke, diabetes, cancer and sleep apnea with all its ramifications, but what I did not realize was that with a thoughtful and considerate approach this disease could be addressed, treated, and in many cases cured, but it required a program with a committed staff, including nutritionists, exercise physiologists and psychologists, all led by a physician who established treatment protocols, clearly delineated goals of care, dedicated time for staff training and education, and the unlimited patience to unravel the quandary that society, and in many cases, the medical establishment had placed these patients in. Vincent epitomized this steadfast dedication and as such was revered by his staff and patients over the years..

Finally when administrative decisions were made to terminate the Weight and Wellness Program, Vincent called me shaken from the news and with a sense of underlying anger and disappointment. I attempted to put a positive spin on the situation, suggesting that there is always an end and at 67 years old retirement was not a bad idea. I told him that recreating the program would be a Herculean task given the complexity of the program and a new team that would need to be assembled and trained. Again, I asked why he would embark on this and his reply was, "because we have too." And so he did. ❖

—RICHARD VINCENT MORGERA, MD