

Capturing the Human Essence

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BY HONGLIN XIAO

Honglin Xiao: Tell us about yourself and how you got involved in your field of medicine, research, or your educational background.

Richard Gunderman: I grew up in Indianapolis and went to Wabash college northwest of here. I then did my medical training at the University of Chicago in their Medical Scientist Training Program. I was kind of a test case for them because I was interested in a PhD program which was not in the physical sciences but one that was involved in the humanities and social sciences, the Committee on Social Thought. I believe deeply in the importance of bench and clinical research, but I was concerned at the time and remain concerned that there are important human aspects of our work in biomedical science, clinical medicine, and public health that sometimes do not get the attention they deserve.

X: What was your PhD concentration in?

G: The topic was how our understanding of health can serve as a lens to understand who we are as a people. For example, at one point in some cultures, disease was understood as something of a breach with the divine, a sign that you had offended God, or perhaps a sign that you were at odds with your community. Illness was seen as a kind of punishment. However, another perspective would be that disease results from infectious organisms. These are two very different understandings of health and disease. It is tempting to say one is wrong and one is right, but there is more to it than right and wrong, true or false. There is the matter of how disease fits into a larger culture. We understand how to open clogged arteries, and we are relatively good at eradicating some cancers.

But there are some aspects of health that we may not be so good at, like preventing disease or promoting health or caring for people with chronic conditions. These are just some aspects of care that reflect the lens through which we see health and disease – as a kind of pure biologic problem that must be solved with a purely biologic solution. Say somebody has cirrhosis of the liver due to alcoholism or lung cancer due to smoking. We can say that these diseases are caused by alcoholism and smoking, and yes, it is important to study these biologic mechanisms, but there is a lot more going on. Why did the person start drinking to excess or smoking in the first place? These questions are just as important to investigate as the biological mechanisms. There are social, cultural and spiritual dimensions to disease that must be addressed and that is what my graduate study was focused on.

X: There then seems to be multiple paths in research. For example, you looked at the humanistic side of disease and there are many students and physicians who elect to follow clinical and lab science paths. Do you have any advice for medical

students how to get involved in different types of research?

G: We need to make sure that our medical students have time to think. Not just that we should spend every waking hour trying to get the best score on an exam, but that we are spending time thinking about what type of physician we want to be. It could be thoughts on “Am I going to be a surgeon or an internist?” But it could also be “Am I going to be an investigator? Am I going to be a clinician? An educator?” If I wanted to be an investigator, I may be interested in topics outside the biological sciences, such as economics or political science. We need to expose our students to exemplars, advocates for the different career paths available to them. Here is an MD who never sees patients but who is devoted completely to research. Here is another physician who is a clinical investigator who seems many patients a day but does not do bench science. We can place people at different points on different spectra, but we need to enable our students to meet professionals who are there not only to deliver the curriculum. Doing well on STEP 1 is important, but we want you to interact with these people because they represent a career path that you may feel called by in the future.

X: It sounds like you are going against what many medical students hold in their eyes as the most important thing, the STEP scores. How do we change that mindset?

G: During my time as a medical student, we never talked about STEP. It was decades ago, but we knew you had to take it and do well on it. But it was not a priority of the school at all. The school prided itself on the fact that a higher percentage of its graduates pursued academic careers than any other institution. They were dedicated to making sure that over the course of our education, we were encountering different physicians who represent different career paths. Because you are not just assimilating knowledge, not just choosing different specialty options, but you are also choosing a path that will challenge, engage, and reward you for a lifetime. Today, it has been simplified to the point of “career counseling” which makes something big into something little and turns it into something technical. We need to guard against that; our students' imaginations must be nourished. We need to present a full range of possibilities and stimulate our students' imaginations, so they can make a choice about what type of doctor they want to be, which might include the pursuit of knowledge, education, or service.

X: How can IU better achieve this goal and move to making this a reality, to make sure that not only do we do well on STEP and be competitive for residency positions but that our imaginations are also given the chance to grow?

G: I think one way would be to offer regular programming, perhaps extracurricular, where someone comes in and talks about their career. We want their excitement, their enthusiasm to shine through and reach the medical students at such events. We want these presenters beaming with excitement and pride about



RICHARD GUNDERMAN | PHOTO

what type of doctors they are so the students see a wide variety of professional paths. It could be somebody who is tremendously busy seeing patients and who is really excited about that. It could also be somebody who is committed to research. Let our medical students see this excitement. For students, there is a type of research into questions that will get you published and make you a competitive candidate during interviews, but there is also a type of investigation that illuminates what kind of doctor you want to be.

X: To get where you are now in your medical career, there has undoubtedly been key people who have helped you along the way. What should the role of a mentor be for the student to be successful?

G: You need to know that there is somebody who knows you as a person and who cares about you as a person. They may have nothing to do with your intended medical specialty. But they are a physician who knows you and likes you and wants to help you. For them, it is important to help you grow as a person and flourish in your role. Some might like to construct a system that would carry out this function, but ultimately it takes flesh-and-blood human beings with their hearts in the right place for it to be done well. You need a human being who cares about you for this to be successful.

X: Have there been any important mentors in your life or medical career?

G: Yes, at Wabash I had a vague idea that I wanted to do medicine and that I also had an interest in philosophy and religion. Was there any way to do both paths in tandem? A faculty member in

the divinity school at my future medical school came as a visiting professor, and for whatever reason he took an interest in me and opened my eyes to possibilities that I did not even know existed. That person is the reason I ended up at the University of Chicago. I was just a hayseed from Indiana, but someone who knew more than I did made a huge difference in my life by opening up the full extent of what is possible.

X: To wrap up — this is going to be distributed at the White Coat Ceremony. There will be a lot of eager minds getting ready to start their careers in medicine. If you had to give one piece of advice what would it be?

G: Don't suppose that just because you are at the beginning of your career in medicine, that you have nothing to contribute. Try to make choices that give you the opportunities to help from the beginning. Supposedly you're not a doctor until you graduate after four years of medical school and until then you don't have the opportunity to help others. In fact, you are capable of contributing from day one. You can listen to people. You can try to care for your classmates. There will be people sitting next you on the first day of class who are lost and alone. You can help connect with them, invite them out and have fun. You can help build a deeper community in medicine and you may be better equipped to do so now than on the day you will graduate. We need this in medicine. We need to care for our patients, but we also need to care for each other.

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