



Letter from Dr. John L. Esterhai



Thank you. Carol and I appreciate this honor. The dedication of this volume should never be about, or to, the two of us. This journal is about all of us together and our effort to learn, educate, and help the patients entrusted to our care now and into the future.

Some of Carol's ancestors and mine have been here since before the Revolution. One, David Jones (1736-1820), was a chaplain with Mad Anthony

Wayne, one of Washington's generals.

Growing up in Philadelphia after World War Two we were raised by men and women considered part of the "Greatest Generation". Many of the men we knew had been away for as much as four years, fighting in one theater or another. Although the Lord didn't call me to be a pastor, He did call me to be a physician using a ruptured appendix. Providential the way such an experience could define a vocation; what a blessing to have a firm goal from such a young age!

I can still remember my interview with Dr. Steinberg in 1975 in the days before the Resident Match. Carol and I were stationed on Okinawa, Japan. I had flown home to CONUS (Continental United States) on a KC-135 Air Force refueling tanker to interview. Frances Hickman (read Barb Weinraub 1975) was as gracious and affirming as Barb has been for each of us over the past three decades.

Then as now the research year was the best year of the residency. Six of the eight of us had the privilege of working with Drs. Brighton, Black, and Friedenberg in the lab even before it was McKay. To this day, though distracted, being able to work with Annamarie Horan, Rob Mauck, and their associates is energizing and the best part of many of my days.

Dr. Ralston, the first Penn chairman I knew, turned the reins of the department over to Dr. Brighton in 1977 with this comment from *Chronicles* at the Resident's dinner: "As long as he sought the Lord, God made him to prosper." He did.

We still have the benefit of learning from some of the men who were my core mentors during residency: Drs. Carl Brighton, Malcolm Ecker, Bruce Heppenstall, Paul Lotke, and Marvin Steinberg. Unfortunately most reading this never knew John Greg, Jim Nixon, Ed Ralston, or Rudi Schmidt. Their legacy and memory lives on in Dr. Gentchos. All were excellent surgeons.

Dr. Lackman became chairman in 2000. We were at the Christmas party. The man who had been Chief of Orthopaedics at the Philadelphia Veterans Administration Medical Center had left the health system. Dr. Lackman asked me to take that role. My reasoned response that the veterans from Korea and Vietnam needed a sub-specialty educated total joint arthroplasty expert did not prevail. My sense of Penn's mission and the importance of providing care for our veterans

are described elsewhere in this volume. Leading means going first and being on point every day.

Dr. Heppenstall was the Chief of Orthopaedics at the Hospital of the University of Pennsylvania. Drs. DeLong and Born returned to Penn from Cooper University Hospital in Camden, New Jersey in 1996-7 and led the trauma service until November 2003. I had the opportunity to try to fill their shoes until February 2008 when first Dr. Mehta, then Drs. Ahn and Donegan returned. Those four years were very busy. Drs. Heppenstall, Keenan, Lackman, and Okereke were wonderful covering the operating room at HUP on those days I was at the VA. I asked my subspecialty partners to care for patients with complex elbow and shoulder injuries that I knew they could repair better than I. Patients with complex acetabular fractures were sent to subspecialty trauma orthopaedists at Hahnemann and Temple. Dr. Mehta has eloquently emphasized the team concept so vital to trauma care. The trauma division has been uniquely blessed by his leadership and the members of the team he has assembled, especially Adele Hamilton, our gifted in-patient nurse practitioner. After decades of Level I trauma care at HUP he has successfully led the transition of the orthopedic trauma service to Penn Medicine University City at 3737 Market, Penn Presbyterian Medical Center, and, under Dr. Donegan, Pennsylvania Hospital. Everyone involved has made that remarkable journey as seamless for our patients as possible.

Within the health system Level I care would be impossible without the best and the brightest: indefatigable residents and students who deliver personal, tender, hands-on attention through the full spectrum of care from the trauma bay to pre-op, intra-op, and post-op floor care and follow-up office visits. In so many ways it is the quality of our residents - mentally, technically, and humanistically - that determines the quality of each patient's experience. The level of individual responsibility transcends that required in many other departments in the health system with full utilization of the skill sets available at all post graduate year levels.

Optimal patient care in the 21st century will continue to be a team effort, and that team must have the patient at the center. One of my professional goals has been to be a physician and a surgeon. Once, physicians and especially surgeons were MDeities. Because patients have felt that we had a special position in their lives, they wanted us to be better than mere human beings. Yet, as our technical skills have improved, our professional reputations have suffered. We must encourage each other to try to be present in the moment. Patients understand that we are busy, but it only takes a few moments to really look into a patient's eyes to pass back and forth the humanity that we share. We must acknowledge uncertainty and practice empathy. There are things that you and I don't know. If we are unable to admit that to our patients they will feel manipulated by the covert understanding that we do

know everything when it turns out otherwise. The reason so many families ask what we would do if the patient was our family member is because they want to know that we can stand in their shoes.

It is always a great honor when young people with whom you have worked choose to continue the relationship after their education. Carol and I could not be more thankful and proud of the superb orthopaedic surgeons who have elected to return to work at the University of Pennsylvania after being residents here. Each has chosen an unparalleled opportunity but at a personal cost of delivering care to patients regardless of their ability to pay.

The Department is on a wonderful trajectory: Dr. Levin's dynamic leadership- likely without equal in the health system; nationally and internationally recognized basic and clinical research faculty with the highest levels of funding across disciplines; attractive new venues for care; academic partnership with the Children's Hospital of Philadelphia (the premier children's hospital in the nation); research and clinical faculty within the department and across the health system dedicated to teaching and mentoring; and the nation's most capable resident physicians already delivering exceptional, personal care and preparing to advance the state of the art at twenty-first century speed into the future. None of this would be possible without the commitment at all levels by our excellent professional, administrative, and nursing members who make every encounter as productive and beneficial for our patients as they can be. Such care for trauma patients also generates tremendous paperwork. No one plans for "emergency trauma surgery." Not one patient expected to be disabled. Each

patient has forms for carriers, visiting nurses, primary care givers, employers, therapists, disability underwriters, medical assistance applications, or utilities. Most have attorneys. Over the years organizing, completing, and then following through with that aspect of care would be impossible were it not for the tireless work and meticulous attention to every detail by Lori Hardy, Kathy Pusicz, and Jeff Mack.

It is natural to be thankful in an environment with so many exceptional blessings and resources. I cannot express my gratitude for the opportunity to work with more than three hundred brilliant, indefatigable young men and women, each of whom wants to provide the best care possible for others. Every resident has made my patients' experiences what they have been. Each of us must remember every morning that to whom much is given, much will be required. Consider these rhetorical questions: "For who is greater, the one who is at the table or the one who serves? Is it not the one who is at the table?" The man who asked the questions then completed his thought: "But I am among you as one who serves." We speak in academic medicine of a lowly, three legged milk stool of research, education, and patient care. Even a child knows that a three legged stool is not going to be sufficient if one wants to reach as high as possible. When that is the goal one needs transcendent vision with top priorities of God, Country, and Family.

If the Lord wills it, my very best friend and I plan to leave day to day work with you next year for short term medical missions overseas again, not-for-profit boards, hands on service locally, and nurturing young families. Long into the future, I will commit to continue to pray for you.