

My Autopsy Experience

by Samson Chan

When I was told that we would get to see an autopsy in path class, I was excited. Visions of TV shows like "CSI: Crime Scene Investigation" floated through my head. I thought we would go in the middle of the night to see a lone pathologist hunched over a body. I imagined a room filled with gadgets like "automated finger print identification computers" and "electronic polymer sensors proboscis." I imagined high-profile murders and difficult cases. And I imagined the bodies to be like the elderly bodies we had seen in anatomy: stiff, cold, and off-color.

I was in for a rude awakening. And the awakening began at 7 a.m. when I had to call to check for an autopsy. Then having confirmed that there were autopsies, my friend Melissa and I went in search of the nondescript forensics building next to Mike's bar. We entered the building through a huge garage door leading to the basement. No cops guarded the entrance; no detectives stood outside awaiting evidence. We quickly put on scrubs and booties to join the hive of activity already going on. There were at least three pathologists already working with numerous techs, residents, third-years, and us, the second-years. No bubbling test tubes. No supercomputers on site. No proboscises of any kind.

But, my real shocker was my first autopsy patient, who I will call "Little Bobby." Lying on the cold stainless steel table was Little Bobby, no older than 7, who had been recently run over by a car. Little Bobby's large brown eyes were wide open, and he stared vacantly at the ceiling. His mouth, too, was relaxed and open. Little Bobby looked like he was enjoying a magic show, maybe one where a magician pulls a rabbit out of a hat. He was so peacefully fixated at the ceiling that he did not notice the tire marks on his body. Nor did he mind the Y- incision the pathologist made; nor the organs removed. His dark brown arms and legs betrayed Bobby's preference for the outdoors. Little Bobby was waiting patiently for the doctors to finish, so he could leap off the table and go back outside to play ball. Unfortunately, Little Bobby was probably playing ball when he ran into the street. I didn't find out the full details. But I was told the driver had a suspended license, and the Bobby was playing with other kids in the neighborhood.

I saw two other autopsies while I was there. One was a 37 year old man with schizophrenia, who was using a bank machine before something unknown happened to cause his death. The pathologist never determined the cause of death while we were there. The other autopsy was performed on a strangled 63 year old man. He was strangled because of something having to do with money or drugs. He ate chicken noodle soup right before he died.

It was a shock leaving the building because life outside provided such a contrast. The sun was shining and there was a cool breeze. People were laughing and walking around Monument Circle. By the second autopsy, we all got used to the smell and sight of bright red blood. We even got used to the smell of deflating bowels and burnt skin. But I don't think any of us got used to how quickly and unexpectedly life can end. And as I drove by those people laughing and talking, I rolled down my windows and went a little slower than usual. I thought that remembering Little Bobby's game of ball was more important than how fast I got home.



An Interview with Dr. William DeMyer: Medical School from Yesterday to Today

by Mike Rerko and Micah Smith

Dr. DeMyer has had a profound and decorated tenure at IUSOM as a Pediatric Neurologist. Students have revered his dedicated teaching over the years by recognizing him with four *Golden Apple Awards* as the best teacher in medical school, *Outstanding Teacher in Clinical Sciences* (Neurology) ten times, and the *Frederick Bachman Leiber Memorial Award*, a university-wide award for outstanding teaching. Additionally, students were so compelled by his teaching that the Class of 1972 has created a scholarship in his name.

Additionally, many of you may have unknowingly benefited from his scholastic penmanship in a frequently used review book, *NMS: Neuroanatomy*. After 50 years in the medical profession, his love for teaching remains his primary concern; fortunately, every student will have the opportunity to experience his passion during their introduction to the neurology clerkship.

Throughout his tenure, Dr. DeMyer has noticed several major changes or developments in medical education and throughout the medical field.

Most importantly to students, he has observed the astronomical inflation of the cost of medical school tuition. For instance, his tuition was around \$125 each semester, the equivalent of approximately \$900 by today's standards. (Interestingly, after some research we found out that only 3.7% of the school's huge budget comes from our tuition.) He has also appreciated the exponential increase in enrollment of women in medical school over the years. As a true academic intellectual, Dr. DeMyer remains elated about the expansion of medical research through the continuous curiosity to better serve mankind. However, he fears that too much privatization of research may be detrimental and asks you to ponder over the notion of patenting life or intellectual property. Altruistically, he reminds us that true research originated from the pursuit of knowledge, not money.

Pertaining to the construct of the roles and responsibilities of medical school faculty, Dr. DeMyer has observed several changes during his term here at IUSOM. Through the years, faculty have had to shift their focus from teaching part-time outside of their own practice to maintaining revenue-producing practices while in the confines of an academic setting. He attributes this shift to the competing nature between the academic and private sectors that inherently stresses the medical school to, at least in part, be self-supporting. An interesting thought that he pointed out to us is that once we graduate, if we do not remain in the academic setting, we are the school's direct competition for patients. Additionally, it used to be expected that physicians donate at least 10% of their time to Wishard or similar institutions. Now, insurance companies penalize physicians who don't charge every patient the standard fee.

Another interesting change that Dr. DeMyer has noticed is the evolution of the Hippocratic Oath. The original oath includes several topics omitted over the years. Not very relevant to today's society, the original version pays homage to the Greek gods of 400 B.C. More pertinent, though, to today's societal and medical issues are the other changes. First, the oath vaguely states that fees should not be accrued for medical tutelage, also known as tuition. Second, and open to some interpretation, the original oath prohibits the physician from performing euthanasia and abortion. Besides these changes, today's version of the oath still contains many of the basic tenets Hippocrates expressed 2400 years ago.

Dr. DeMyer has quite a few amusing tales from his time at IUSOM. In relation to today's emphasis on ethics and bedside manner (falling under the auspices of Competency IX: Professionalism and Role Recognition), he vividly recalls an instance when a professor, while in the hospital room with an uninformed patient, asked a surgical resident if he had ever performed a leg amputation. The resident, "No." The physician replied, "Well, tomorrow is your first," oblivious to the horror and anxiety that the patient would undoubtedly experience with such an exchange. He also remembers Bobby Knight, in classic form, ending a speech to physicians with, "if you don't tell me how to coach basketball, I won't tell you how to practice medicine." Dr. DeMyer added that "two qualities that Bobby Knight lacks are humility and grace."

Dr. DeMyer reassures us that after over 50 years in this profession he still wouldn't trade it for anything. He wanted, therefore, to convey some advice to students. First, he recommends that you find out what interests you, and pursue that irrespective of financial considerations. Second, if you find something relatively uninteresting and difficult for you, spend extra time studying that to become a mini-expert on that subject; then it will be interesting to you. Finally, he says, "if you can't find an area of medicine that is irresistibly interesting, there is always real estate and insurance."



When I Grow Up: Emergency Medicine

by Nykki Boersma

Seeking adventure? Handle stress well? Don't want to be tied down by chronic problems and patient follow-ups? Work well with others? If so, you may want to consider emergency medicine (EM).

EM as a specialty is a fast-paced and chaotic world. There are no appointments in the ED, no schedules made in advance, and no time built in for lunch or bathroom breaks. Patients come when they have problems, no matter what time of day or night it is, and no matter what their condition may be. At any moment an ED physician may be juggling charts for a grandfather with chest pain, a woman miscarrying her baby, a homeless alcoholic with pancreatitis, and a prostitute with an STD - without knowing who the next patient through the door will be.

ED physicians work long hours, and the environment of the ED is often stressful and chaotic. The spectrum of patients and problems in EM requires a

broad knowledge base— EM is not for the student who wants to be an expert in one field. But if you want to be "where it happens" and practice medicine in a fast-paced and widely varied environment, put emergency medicine on your list of specialties to consider.

For more information on emergency medicine, contact the EM interest group.

