

## THE IMPORTANCE OF ROLE MODELS IN MEDICINE

Cheryl Erwin, JD, PhD, Texas Tech University Health Sciences Center, School of Medicine, Center for Ethics, Humanities and Spirituality

**Keywords:** Role models, Osler, mentors, medical humanities, humanism, medical ethics, bioethics

### Introduction

This issue of the Texas Tech University Ethics Journal introduces ethical issues encountered in the practice of medicine as a regular feature. We introduce the role of medical ethics with a focus on Sir William Osler and the continuing need for role models in medicine. Once described by a student as having “a vivid personality as well as the finest mind and character” (Bliss 1999, 234), Osler could be described as the role model for all physicians (Berk 1987). Medical students seek role models during their training first as medical students, later as residents and practitioners. The Center for Ethics, Humanities & Spirituality at the School of Medicine was formed, in part, to encourage an appreciation of ethical conduct and the preservation of values that are the necessary foundation to earn the respect and admiration reserved for those we call role models. In a companion piece in this issue, Dr. Biva Narsing explores her role models during her time in medical school in Lubbock and Amarillo. She articulates for all of us the need to hold in high esteem those among us who exhibit the best in ethical behavior.

This paper will further explore the reasons why role models are important in this time when our nation’s healthcare system is both fragile and more necessary than ever. Healthcare has been at the epicenter of the changes in society as we have seen social relationships change, economic conditions become more bifurcated, and opportunities expand for some, but not all of our population. It may seem that role models are a vestige of an idealized past, but to the those who look, it is clear that role models still inspire us from within our own communities. As ethical leaders of medicine emerge to meet today’s challenging conditions, this journal will provide a home for exploration of how best to meet our common interests thoughtfully and with compassion for those who depend on medicine at their most vulnerable point.

Role models are particularly important in the lives of physicians in training, and remain so throughout the early years of the physician’s

career. The ethical aspirations of medicine are not tied to the political winds of change. Although medicine is influenced by larger social and political values, it has its own norms and traditions (Gawande 2016). For physicians, therefore, it is important to be aware of the unique place of medical ethics within our profession as well as our nation. We are stronger when we understand one another, listen, and learn from one another. Role models are powerful teachers precisely because they teach us who we are, and show us who we could become.

Role models differ from mentors because while a mentor has in mind the mentee's growth and development (Souba 2000), a role model is not necessarily involved in an affected person's daily life. Role models may have a profound effect on the individual through example or influence (Wright et al. 1997). Medical students perceive individuals as role models because of their personal and professional behaviors and attributes (Benbassat 2014). Students who witness unethical behavior readily recognize this. Because we teach the importance of ethical conduct, students who witness bad behavior may become confused (Feudtner, Christakis and Christakis 1994). This suggests the importance of affirming institutional commitment to ethical norms as equally important as teaching ethics. There is clearly a need for open conversation about the values of compassion, dignity, and reason in the practice of patient care.

Early role models in medicine demonstrate the room for growth within the profession, and within the student. The ancient anatomist Galen (c. 130 – 200) was seen as nearly sacred and students were told only to memorize his physiology, including the three chambered heart. Human knowledge was largely unchanged until Vessalius (1514 – 1564) and da Vinci (1452-1519) provided illustrations of the correct anatomy which resulted in a shift in thinking about both physiology and the place of students in forming their own impressions (Debus 1978). The new way of looking at the human body brought with it a new respect for the power of reason and observation demonstrated by the new role models. Although the older ideas of human anatomy were replaced, the tradition that provided a foundation for further advance of knowledge was newly esteemed (Kearney 1971). The legacy of seeing for oneself did not diminish the need for role models, rather it inculcated a newfound appreciation for the value of reason. From the Renaissance onward, the meaning of a role model was not to constrain the student, but to liberate them to use their own talents to serve others.

## Why do we need role models?

Medical students need role models as a living example for what it means to be a healer. Recent studies demonstrate that medical students continue to look for specific, "ideal" qualities in physician role models (Koh et al. 2015). Skeptics in the world of business have noted that role models are increasingly difficult to identify (Sonnenberg 2017), and point out that we all need someone to lead by example. In every practical walk of life we have a longing for guides to point the way past the pot-holes that threaten to stall a career and the dreams we had when we first embarked on this journey through educational training. For that reason alone we need to be on the lookout for role models in our own lives who we can look to for guidance. Even if the role models we find around us are imperfect, they point the way to the person we hope to be, and can become, over years of commitment to integrity in our own walk.

David Brooks has written about how we develop character through the emulation of those we admire. He states that he was at first "not sure I could follow the road to character, but I wanted at least to know what the road looked like and how other people have trodden it" (Brooks 2015). Looking to role models is a future oriented process that asks us to imagine what kinds of persons we want to become. So when we look for a role model, we are looking for someone who can point out the signposts on the road to my anticipated future. Role models keep pushing us to do better in the future, even if we have failed to live up to our current aspirations. Role models do not have to be perfect, and they are sometimes more compelling when we perceive the struggles they faced and dealt with in their own lives. We learn about role models not from emails or blogs or teaching in a classroom, but by lived experience and watching them just go on about setting an example of caring and diligence in the midst of frustration or thwarted goals.

We learn from role models through stories. The men and women who teach us the ways of being in the world and what it means to be wise use lived experiences to teach us what is important on the road to our destination. One could quote the Serenity Prayer – "God grant me the serenity to accept what I cannot change, the courage to change what I can, and the wisdom to know the difference." But it is not until you know how Betty Ford struggled with alcoholism and finally entered rehab in order to overcome the effects of addiction in her own life, that you realize what this prayer means to the patients who live at the Betty Ford Center and recite this prayer as a group every morning. Role models are not memorized words or slogans, they are

ordinary people who teach us the real truths about who we are today, who we have been in the past, and who we might aspire to be in the future. They teach through stories, because wisdom cannot be memorized, it can only be learned through experience.

For physicians in training, role models serve as a counter-balance to the many pressures and challenges of practicing medicine in the twenty-first century. Students enter the profession of medicine with a desire to help their fellow humans to recover health and promote human flourishing. Yet the practice of medicine takes place in a complex organizational structure with hierarchical relationships that must be navigated for the good of the patient, and the protection of one's career options. The scientific and clinical information requires good judgment, and even the most celebrated role model in medicine, Sir William Osler, recalled in his own role model in Sir Thomas Brown, one whose "subtle influences give stability to character and help give a sane outlook on the complex problems of life... whose thoughts become his thoughts and whose ways become his ways" (Osler 2001b). Although the pressures of today's medicine are different than in Osler's time, the need for role models is just as urgent, so that we may keep ever in front of us the struggles and triumphs, the pain of human failing and the spirit of keeping calm in the midst of tribulations.

Role models in medicine provide a vision of possible future selves and ways to practice medicine that are true to the values we hold important. Sometimes it takes a senior colleague or professor to see the vision of what one could become in their professional career. One of the most endearing traits of Osler was his ability to see the potential in his colleagues and students. He took the time from his busy schedule to write personal letters of recommendation for younger physicians, like John Finney, who would later prove out Osler's vision of success built on good judgment (Stone 2016). Students today need the same type of vision to imagine the sort of positive role they may play in their chosen work. Role models provide the vision both by example and, sometimes, by their willingness to support others in word and deed.

Role models affirm the commitment of the profession of medicine to ethical behavior and humanistic practice in a challenging world. An ethical and socially responsible commitment to humanistic practice in the model of the men and women who have inspired us, is more important than it has ever been. The technology that we now have, including gene editing, artificial intelligence harbor the potential for both great advances and great inequalities in the future of human life.

We cannot afford to repeat the mistakes of hubris and the unreflective adulation of technology without remembering that the humanities and the sciences, “twin berries on one stem” (Osler 2001a), are both needed in the practice of medicine. The humanities are a guide to how to be in the world. As Dr. John P. McGovern said “[i]t is important not to forget that the messages of Osler are truly messages of life with practical insight about daily living and human potential that reach beyond the healthcare professional to all whom venture to turn these pages” (McGovern 2001). Role models are important because they give practical insight into how to be fully human and truly authentic.

## **Who are the role models for medicine?**

We have not lost our admiration for the traditions and traditional role models in medicine, yet some remarkable men and women stand out as enduring the test of time. I will look at three such historical figures in Hippocrates, Paracelsus, Elizabeth Blackwell, and then turn our focus to the way in which a fourth, Sir William Osler, helped to define what practice should be, and how practitioners can seek a balance in a life in medicine. Finally I will bring the art of being a role model up to date with two contemporary role models in medicine: Dr. John P. McGovern, and Dr. Steven Berk.

Reaching back in time, it is difficult to comprehend the ways that Hippocrates or Paracelsus have shaped medicine as we know it today. Hippocrates (460 – 377 B.C.) secularized the human body in a way that allowed us to study the nature of man as a corporeal body, comprised of matter, and susceptible to human understanding. The doctrine of the four humors expressed a comprehensive theory of medicine and disease that incorporated ethics, physics, and observation. Paracelsus (1493-1541), influenced by Renaissance humanism, re-enchanted the human body as imbued with divine nature. Influenced by Renaissance humanism, Paracelsus challenged the theory of four humors and the medical authorities who blindly followed it (Paracelsus 1949). His influence is felt in the stirrings of investigation of evidence to support or refute a theory handed down for a thousand years. Later physicians, most notably Vesalius and Harvey, would take the critical reasoning of humanism and begin to measure physical properties. Yet it was the master teacher Leonardo DaVinci who most fully embodied the spirit of science and the humanities through a willingness to see for himself, and to challenge the orthodox wisdom of the powerful rulers of his time. DaVinci is truly the role model for the next 450 years. The beginnings of scientific medicine, married to humanistic appreciation of the whole

person was thus born and later re-born in the birth of bioethics (Jonsen 1998). Although humanism lay dormant in medicine, it was not forgotten as we shall see in the stories of later role models.

Elizabeth Blackwell is a role model for generations of women in medicine as much for her writing and encouragement of others as for her place in history as the first woman to graduate from a medical school in the United States. Blackwell was refused a recommendation for medical education by the male physicians she asked for letters. She eventually paid for private instruction in anatomy and applied to several medical schools. She gained admission to the Geneva Medical School in New York state, where she obtained a medical degree in 1849. Upon graduation she was unable to find a job in any institution, so she started a dispensary of her own. In 1857 she opened the New York Infirmary for Women and Children, then moved to England in 1869 to further the cause of women physicians in London (Blackwell 1890). Blackwell not only fought to have her own career, she helped her younger sister obtain a place in medicine and opened the door to innumerable women who followed. Like Osler, Blackwell has earned a place in the Medical Role Model Hall of Fame, if such a thing exists. Blackwell could have been content to engross herself in her hard-won career. Yet she reached out to other women in order to encourage them and to break down barriers of culture and prejudice. It is a very modern trait to want to reach one's own potential, but it was extraordinary for her to not only overcome her own barriers, but help other women to do the same. In many ways Elizabeth Blackwell set up a possible future where women as well as men could participate in the practice of medicine as full partners.

Sir William Osler's treatment of the women attending Johns Hopkins Medical School in the years from 1893 to 1905 could be both infuriating and appreciated, by turns. Osler had spoken out about the right of women to enter medicine in 1891 but said he would not encourage a daughter to go into medicine. Osler could be funny, friendly, paternal, beguiling, and incomprehensible especially to the women in his classes. Gertrude Stein, who eventually chose to leave medical school for other callings, was given a low passing grade by Osler. She was failed by the faculty in the subjects of obstetrics, laryngology and rhinology, ophthalmology and otology, and dermatology. In truth, Osler could have failed her but chose the kindness of letting her make her own decision to leave. Osler was at once an excellent physician and a humanistic example of caring for his students. "It was Osler, you know, and his behavior cannot be

predicted" said a colleague (Bliss 1999, 235). Osler left a legacy of caring and honest appraisal of any situation. He lived his advice to students: "Be careful when you get into practice to cultivate equally well your hearts and your heads" (Osler 1899). As for women in the profession, Osler had changed his mind by 1907, and talked about the future of women in medicine at London's Royal Free Hospital (Bliss 1999, 354). He recognized the future of medicine would have to adapt to women, as they would themselves need to adapt to the realities of medical practice.

Osler is quoted throughout the halls of medicine, sometimes juxtaposed against corporate slogans for "better medicine through technology." Osler counseled the physician to look more deeply than the latest fads. Abraham Nussbaum has written about this incongruity, noting how "speakers come around to hospitals and medical schools when the preliminary results are promising, but we never hear from them after their hopes are dashed in follow-up trials." At talks about the newest technology it is not uncommon to find a poster extolling humanism in the background. Nussbaum writes, "One of them caught my eye. Attributed to Sir William Osler, it read, 'The value of experience is not in seeing much, but in seeing wisely'" (Nussbaum 2016, 14). Today Osler could be, by comparison to the newest drugs, a boring subject of conversation. It is possible to brush off Osler's teachings by noting that contemporary ethical issues in medicine escape Osler's direct teachings. Yet the lessons he taught about cultivating inner wisdom as well as technical skills remains an inspiration to medical students one hundred years after his death. Few role models in history can say the same. To understand Osler's enduring relevance one needs only to listen to his words quoting Goethe, "a talent forms itself in silence" (Osler 2001c, 14), or Horace, "Happy the man – and happy he alone, he who can call today his own" (Osler 2001c, 15), and the Lord's Prayer – "you need no other" (Osler 2001c, 16). Osler was widely read in the humanities and disciplined in his approach to work. He modeled his advice to apply your head as well as you heart to wisdom.

Contemporary role models can seem elusive, yet they are all around us. It is often difficult to identify them. This difficulty stems from two sources. First, the most admirable are often the most humble and least self-promoting in a world that rewards self-promotion. And second, in a media rich world of ad campaigns and a 24-hour news cycle, our attention is constantly being diverted to the splashy ad or the hottest scandal. The important thing may be as Osler counseled, to see wisely past the noise and to focus on the importance and deep

meaning of a life well lived. I want to introduce the reader to two such contemporary role models in medicine.

Dr. Steven Berk, the Dean of the Texas Tech University School of Medicine has been a role model to countless of our medical students. Each year Dr. Berk invites every member of the incoming class of medical students to engage in a conversation about humanism in medicine during the first week of medical school. Dr. Berk has written extensively about Osler, citing his influence on medical education and training of young physicians. Through Dr. Berk we can see the influence of role models and how Osler has inspired physicians who themselves became role models to a new generation. Such was the hope of his first biography, Harvey Cushing who hoped “something of Osler’s spirit may be conveyed to those of a generation that has not known him” (Cushing 1982). Dr. Berk has written extensively about the remarks and advice Osler provided his students (Berk 1987, Berk 1989). A new generation of students has written about Dr. Berk (Foreman 2015) and his beneficent influence upon his development as a compassionate physician. That the legacy of humanistic medicine passes from Osler, to Berk, and on to Dr. Foreman is a testament to the staying power of role models in medicine.

Dr. John P. McGovern, who Dr. Narsing writes about in her paper, is one of the most influential medical role models in the twentieth century. Dr. John P. McGovern founded the American Osler Society and provided a great deal of funding to assure the vision of humanistic medicine would live on to a new generation. Dr. McGovern attended medical school at Duke University School of Medicine under then Dean Wilburt Davison. Dr. Davison trained with Osler at Oxford. “To understand John P. McGovern is to know Davison and Osler” (Boutwell 2014, 42). So strong was the bond in the Osler/Davison/McGovern friendship that the names are forever linked through a common vision of medicine as a fully humanistic and patient-centered venture. Dr. McGovern was an excellent physician who balanced his devotion to medicine with an appreciation of the pressures faced by physicians to bend away from Paracelsus’ admonition that “Where there is no love there is no art” (McGovern 1988, 7). McGovern followed Osler in his practice of incorporating the humanities into the art of medicine as a way to nurture that love of fellow human beings, pointing out that Osler genuinely cared for his patients. The same has been said of Dr. McGovern many times over (Leake et al. 1981). But McGovern also had extraordinary business acumen, eventually building a foundation



that has benefited thousands of medical students, and many times more patients who have received care from compassionate physicians trained in the lessons of medical humanities and ethics. In many ways Dr. McGovern, more than any single person, save his wife Katherine G. McGovern, kept alive the Oslerian traditions through his generosity and deep understanding of the ways in which medicine is a human endeavor, and not merely technical. The McGovern Foundation today funds the Medical Humanities Certificate Program at Texas Tech University Health Sciences Center School of Medicine. The values of humanistic medicine live on in our medical graduates.

Medical schools around the country incorporate the Medical Humanities into the curriculum as recognition of the need to develop the doctor's heart as well as mind. Students learn to read literature alongside biochemistry, and practice listening with their hearts as well as their minds (Erwin 2013). During their first summer of medical school, our students encounter physician role models like Paul Kalanithi who wrote about the meaning of career achievement and simultaneously searching for ultimate meaning in life and death at the age of 38. Kalanithi wrote *When Breathe Becomes Air* as he was dying from inoperable lung cancer. His lessons are those of a contemporary role model: after winning the highest awards in medicine, his last words were to his daughter and his wife. "Money, status, all the vanities the preacher of Ecclesiastes described hold so little interest: a chasing after wind, indeed" (Kalanithi 2016, 198). Achievement in the world of career means nothing without the human connection to our fellow travelers on this journey of life.

## **Role models are a connection to others**

We celebrate empathy as a value in our physicians because when we are ill we want to be understood in our most vulnerable time as still fully human – a patient, not a customer (Mol 2008). Empathy is positively correlated to pro-social behavior relating to the struggles of others, volunteer work, and donation to charity (Wilhelm and Bekkers 2010). It may not come as a surprise that empathy in the larger society has been in decline since 1970, perhaps as a response to the larger social changes that have occurred (Brooks 2015, 240-260). Sara Konrath has documented that from 1970 to 2009 college students are 40 percent less likely to understand what another person is feeling (Konrath, O'Brien and Hsing 2011). Unsurprisingly, social isolation has been identified as a major risk factor for illness and even death (Cacioppo, Capitanio and Cacioppo 2014). Role models remind us that connection to others is the foundation of a life well lived, both in

our professional achievements and in our personal lives. More importantly, role models connect us to the past and to the future through the lived experience of friendship.

When Dr. Berk speaks with the incoming medical students he does more than preach about the virtues of caring for patients. He opens his life experiences to sharing and conversation. Students question him, and his answers are both humorous and honest when he discusses what it is like to be held a gunpoint by an ex-convict for eight hours. He relates his lived experience as a doctor caring for others as he describes how he was able to make a human connection with his assailant. And he relates these experiences to his knowledge of Osler and the value of Oslerian equanimity on the most challenging day in his life. Students are invited to share a part of Dr. Berk's life and connects with them on a human level as well as a professional one.

### **Role models are a connection to ourselves**

The role models who inspire us teach us something important about ourselves and our role in the world. David Brooks calls this the duality of the world of achievement and the world of internal self knowledge. Leo Tolstoy captured this idea in his novel *The Death of Ivan Illych*. The main character is a lawyer and judge who is suddenly facing his death at age 45 when he realizes that his loveless marriage and desolate inner life are in stark contrast to his successful career in which he performed his duty admirably. That duty was to do what those with the power to grant him career advancement and financial reward deemed it proper for him to do. Yet as he lay dying he felt as though he were falling downward with no family, not even his wife, to care about his demise. Illych takes the compassion of a servant boy as the last morsel of kindness available to him and realizes the rich inner life that he failed to develop during the rapid ascent in his career (Tolstoy 2004).

Dr. John P. McGovern knew better than anyone that taking care of ourselves is critical to taking care of patients. Dr. McGovern understood that a rich inner life nourishes the meaning of the day's work in caring for others. Although he was a successful businessman, he was first a doctor, and a husband, and someone who understood that giving to others enriched his own life. Today it is impossible to drive through the Houston Medical Center without noticing his name on multiple buildings. His gifts to the Texas Tech University Health Sciences Center might be unnamed, but they are not forgotten by our students who know by his example the value of

knowing yourself, and understanding what is truly important in the practice of medicine.

## Conclusion

Our language has become demoralized as talk of common good has become replaced with a focus on individualism and achievement focused on instrumental value. In suffering we talk about a desire for “closure” and moving on in the world of achievement, while the past teaches us to find meaning in our shared experiences and connection to others. From Hippocrates to Paracelsus we learned that secular medicine must be balanced with spiritual purpose. From Elizabeth Blackwell we learn the balancing influence of women in medicine. Role models like Osler teach us that service to the world of science and medicine must be balanced with the humanities, like twin berries on a single stem. Role models connect our inner and outer lives and remind us that we stop serving other people at the peril of losing our own personal balance and connections that sustain our spirit.

The medical humanities offer insights into the ways that role models can provide a way for doctors in training to define who they want to be as professional healers. A full examination of medical ethics includes reflection on those who came before us, and the lessons they pass along on the journey. As Dr. John P. McGovern noted, the lessons are really about more than our professional life, they are about our whole life and how to flourish in our careers as well as in our personal lives. Without these lessons from history and the moral imagination we become unable to distinguish the better path towards those things that give meaning to the events in our life.

In this paper I have argued that Sir William Osler and other role models are still relevant to today’s world because of its timeless grounding in the classic humanities and openness to change. In this year’s incoming class of medical students at Texas Tech women were equally represented with men in roughly equal numbers. The inclusion of women as role models is thus a necessary complement to inspire our students. Osler was open to the inclusion of women and how the women who came before us also speak to the need to take a holistic view of life and our place in it. Elizabeth Blackwell was our first female medical school graduate, but many women have followed and made their own mark on medicine. Dean Berk has been a supporter of women in medicine, and has elevated women to positions of leadership within the school. These role models inspire and lead by example, incorporating ethical leadership with excellence

in scientific knowledge to serve our patients. Our students and our patients deserve no less.

**Acknowledgment:** *I am grateful for the assistance of third year medical student Jesse Janes in obtaining articles during the preparation of this manuscript.*

## Bibliography

- Benbassat, J. (2014) Role Modeling in Medical Education: The Importance of a Reflective Imitation. *Academic Medicine*, 89, 550-554.
- Berk, S. L. (1987) An Interview with Sir William Osler on the GPEP Report. *Journal of the American Medical Association*, 82.
- (1989) Sir William Osler, Ageism, and the "Fixed Period": A Secret Revealed. *Journal of the American Geriatric Society*, 37, 263-66.
- Blackwell, E. 1890. The Influence of Women in the Profession of Medicine: Address Given at the Opening of the Winter Session of the London School of Medicine for Women (Baltimore, 1890). In *Medicine and Western Civilization*, eds. D. J. Rothman, S. Marcus & S. A. Kiceluk, 282-87. New Brunswick: Rutgers University Press.
- Bliss, M. 1999. William Osler: A Life in Medicine. New York: Oxford University Press.
- Boutwell, B. 2014. *John P. McGovern: A lifetime of stories*. College Station: Texas A&M University Press.
- Brooks, D. 2015. *The Road to Character*. New York: Random House.
- Cacioppo, S., J. P. Capitanio & J. T. Cacioppo (2014) Toward a Neurology of Loneliness. *Psychological Bulletin*, 140, 1464-1504.
- Cushing, H. 1982. *The Life of Sir William Osler*. London: Oxford University Press.
- Debus, A. G. 1978. *Man and Nature in the Renaissance*. Cambridge: Cambridge University Press.
- Erwin, C. (2013) Development of a Medical Humanities Certificate Program. *Journal of Medical Humanities*.
- Feudtner, C., D. A. Christakis & N. A. Christakis (1994) Do clinical clerks suffer ethical erosion? Students' perceptions of their ethical environment and personal development. *Academic Medicine*, 69, 670-679.

- Foreman, M. 2015. The Medical Student as Person: The View from Down Here. In *Medical Humanities Thesis*, ed. T. T. U. H. S. C. S. o. Medicine. Lubbock, Texas.
- Gawande, A. 2016. Health of the Nation. In *New Yorker*. New York: Conde Nast.
- Jonsen, A. 1998. *The Birth of Bioethics*. New York: Oxford University Press.
- Kalanithi, P. 2016. *When Breathe Becomes Air*. New York: Random House.
- Kearney, H. 1971. *Science and Change: 1500-1700*. New York: Mc-Graw Hill Book Company.
- Koh, G. C., J. K. Tam, J. N. Lee, N. Agrawal, D. R. Koh, D. Samarasekera & C. H. Tan (2015) Are medical students' views of an ideal physician eroding? A study on perceived qualities of a "role model" doctor before and after housemanship and between two cohorts five years apart. . *Ann Acad Med Singapore*, 44, 79-84.
- Konrath, S. H., E. H. O'Brien & C. Hsing (2011) Changes in Dispositional Empathy in American College Students Over Time: A meta-analysis. *Personality and Social Psychology Review*, 15, 180-198.
- Leake, C. D., G. D. Barkin, B. A. Berman, A. E. Hensel, T. R. McElhenney & O. C. Thomas. 1981. *Appreciations, Reminiscences, and Tributes honoring John P. McGovern*. Fulton, Missouri: Health Sciences Institute and The Ovid Bell Press.
- McGovern, J. P. 1988. Giving Care and Being a Physician. In *The Doctor as a Person*, eds. J. V. Eys & J. P. McGovern. Springfield, Ill: Charles C. Thomas.
- . 2001. Forward. In *Osler's "A Way of Life" & other addresses with commentary & annotations*, ed. S. a. N. Hinohara, H. Durham and London: Duke University Press.
- Mol, A. 2008. *The Logic of Care*. New York: Routledge, Taylor & Francis.
- Nussbaum, A. 2016. *The Finest Traditions of My Calling: One Physician's Search for the Renewal of Medicine*. New Haven: Yale University Press.

- Osler, W. 1899. Address to the Students of the Albany Medical College, Albany Med. Assn. In *The Quotable Osler*, eds. M. E. Silverman, T. J. Murray & C. S. Bryan. Philadelphia: American College of Physicians.
- . 2001a. Old Humanities and New Science. In *Osler's "A Way of Life" & other addresses with commentary & annotations*, eds. S. Hinohara & H. Niki, 65-97. Durham and London: Duke University Press.
- . 2001b. Sir Thomas Browne. In *Osler's "A Way of Life" and other addresses with commentary & annotations.*, ed. S. a. N. Hinohara, H. Durham & London: Duke University Press.
- . 2001c. A Way of Life. In *Osler's "A Way of Life" & other addresses with commentary & annotations*, eds. S. Hinohara & H. Niki. Durham and London: Duke University Press.
- Paracelsus (1949) *Volumen Medicinae Paramirum. Supplements to the Bulletin of the History of Medicine*, 11.
- Sonnenberg, F. 2017. Are Role Models Becoming Extinct?
- Souba, W. (2000) The Essence of Mentoring in Academic Surgery. *Journal of Surgical Oncology*, 75, 75-79.
- Stone, M. J. (2016) John M.T. Finney: distinguished surgeon and Oslerphile. *Proc Bayl Univ Med Cent*, 29, 91-93.
- Tolstoy, L. 2004. *The Death of Ivan Ilyich*. New York: Bantam.
- Wilhelm, M. O. & R. Bekkers (2010) Helping behavior, dispositional empathic concern, and the principle of care. *Social Psychology Quarterly*, 73, 11-32.
- Wright, S. M., D. E. K. Kern, K., D. M. Howard & F. L. Brancati (1997) Attributes of excellent attending-physician role models. *New England Journal of Medicine*, 339, 1986-1993.