It has been a tradition in our Academy to alternate the presidency between an upstate member and a downstate member. This quaint practice has produced some interesting contrasts.

Bob is, of course, an upstate president. He happens to be from a rural area in the Finger Lakes – a very different setting than his predecessor or his successor. Tochi is from Long Island and Sarah is from Manhattan. In addition to the geographic differences Tochi and Sarah have significantly embraced technology in both their personal and professional lives.

Well, Bob is no stranger to technology. He recently opened his own Uber account and is now an avid user of the technology based transportation service. Of course, upstate Uber drivers are significantly different from their downstate counterparts.

Uber drivers compete for favorable ratings from customers. Consequently, they often provide friendly banter and gifts to provide memorable service. Uber drivers have been known to offer commentary on local attractions and treats like sparkling water or candies to entice their customers into providing a high rating.

Well, not to be outshined, Rushville has its own version of Uber. (Show slide 1) This is Abraham. I am hesitant to ask about the women in his sweet ride, but he does offer his Uber customers the freshest goat’s milk in Yates County.

And this is Ursula – (show slide 2) the reason why his milk is so fresh.

Abraham also offers scintillating conversation - He will gladly comment on the virtues of pacifism or his perspective on whether Mennonites are merely a religious sect or a distinct ethnic group. Bob has had this conversation with many of his Mennonite patients and knows enough not to take sides.

Like many of our presidents, Bob has some interesting personal history. Is anyone here a descendant of someone who signed the Declaration of Independence? Well, Bob isn’t either, but as a libertarian if someone here was descended from a signer of the Declaration of Independence, he wouldn’t give a damn.

He was also valedictorian of his high school graduating class. Of course, he was home schooled, so he was not only first in his class, but also last. He was prom queen, too.

Bob is committed to Family Medicine and dedicates much of his time to precepting the next generation of Family Physicians. Here he is working with a student on diagnostic skills. (slide of Bob & young Geoffrey)

And preparing new physicians for practice is important to Bob because, like so many family doctors, his practice is growing, and he needs help to keep pace with demand. This is his waiting room on a typical day. (slide of deer in Bob’s yard) He sees an unusually large number of patients with Lyme disease.

Bob relies a lot on bedside manner to get through to his patients. There may be implications in that regarding his current competence but, because of HIPPA, I don’t have any slides for that. He appreciates the value of humor in talking with patients, so I have taken the liberty of looking for some humorous anecdotes for him to share with his patients. I found this story which I think might be useful someday.

**Morris returns from the doctor and tells his wife that the** **doctor told him he has only 24 hours to live.**  **Given the prognosis, Morris asks his wife for sex.**   
 **Naturally, she agrees, so they make love.**   
 **About 6 hours later, the husband goes to his wife and says,**   
 **'Honey, you know I now have only 18 hours to live.**   
 **Could we please do it one more time?'**   
 **Of course, the wife agrees, and they do it again.**   
 **Later, as the man gets into bed, he looks at his watch** **and realizes that he now has only 8 hours left.**   
  
**He touches his wife's shoulder and asks,**   
  
**'Honey, please... just one more time before I die.'**   
 **She says, 'Of course, Dear,' and they make love for the third time.**   
 **After this session, the wife rolls over and falls asleep.** **Morris, however, worried about his impending death, tosses and turns, until he's down to 4 more hours.**   
 **He taps his wife, who rouses. 'Honey, I have only 4 more hours.**   
  
**Do you think we could...'**   
 **At this point the wife sits up and says, 'Listen Morris, enough is enough.**  **I have to get up in the morning... you don't.'**

I don’t really know the circumstances under which it would be appropriate to share this story with a patient, but I have a feeling Marc Price might be able to fit it in somewhere regardless of whether it is appropriate.

Bob sees many children in his practice. Often, parents confide in him about the challenge of disciplining their children. Well, Bob has a number of pilots among his patients. One offered his own perspective on how to calm down an unruly child. “Since I am a pilot,” he explained, “I have found it effective to just take my son for a short flight to give him the opportunity to reflect upon his behavior. I don’t know if it’s the steady vibration of the engines, or just the time away from distractions like the internet, TV and video games, but it always has an impact on him.” He even shared this picture of his son during one of their therapeutic flights.

Humor can certainly be an asset in medicine. But there are other qualities which more profoundly define the patient-physician relationship. I think the essence of that relationship was captured in an article which Bob wrote for the summer 2016 issue of our journal. I would like to share some of that piece with you,

*When I first considered this initial president’s article, I thought I would lay out my goals for engaging the various powers-that-be about advanced primary care and value based payment, but while I was out taking a walk the other day, I decided it would be a better idea to start at the heart of what we do.*

*E.T. was a man about my age who lived two fields over from my house and office, walking cross-lots. He was a good friend, mostly through years of taking our sons on scouting primitive camping trips. His son and my son (who is also my partner) have been best friends since pre-school. He was also a patient for most of the thirty years I have been in practice here.*

*He came to me in early February with a few months of nagging side pain, anorexia and weight loss. With a sinking heart, but determined to step up I shared my suspicions and made it clear that I would guide him through whatever we found. Workup showed a small but widely metastatic, poorly differentiated esophageal cancer.*

*The day I got the pathology back, he came over to the office at the end of the day to go over things. He chose not to bring his wife. We talked on every level of our relationship. I think we hit all the Kubler-Ross stages. We talked about the disease, the prognosis, what we would do to see if there were treatment options, how I could help shepherd him through dying. We talked about the best way to let his family know—I offered to have his wife come over then, but he wanted to tell her privately at home. We talked about our sons, we reminisced about camping, we decided that we each had things we wanted to do, still, but that our necessary work on this earth—raising caring and capable sons (and in my case daughters)—was complete.*

*Things got worse quickly, and we sorted out goals and moved toward home hospice.*

*One Friday, before that decision was firm, he was pretty depleted when I saw him in the office. He really didn’t want to go to the ED for fluids and certainly didn’t want to be admitted. So, we gave him 2 liters of IV fluids in the office. That helped a lot for a couple of days. He was still considering an oral chemotherapy program at that point, and three days later he wanted another infusion. As I was in Albany for Lobby Day, my son took care of him and gave him 2 more liters in the office.*

*In the remaining couple weeks, we arranged for paracentesis for comfort a few times--my secretary has gotten very good at being sure patients get what they need and set it up so he could be “in and out.” I walked over with my black bag and made house calls. One evening, less than 8 weeks after that first visit, his wife told me that while she was chatting with their son and daughter-in-law in the kitchen, and their grandchildren were playing on the floor nearby, he sighed twice and died quietly and peacefully.*

*I could write pages and pages about the lessons in this story. I could talk about the ways that excellent clinical care and deep caring go hand in hand. I could talk about how important it is to choose the right colleagues based not only on their expertise, but also on their commitment. I could talk about the way patients teach us life lessons and inspire us. The point is not to expand on these things, but rather, amidst all the hassles and distractions, to bring them “front and center.”*

*So, this is what we do. Being a physician is a job and a career, but it is first and foremost a calling.*

The theme of that summer issue was integrative medicine. For my own column I generally try to comment on some topic that is relevant to the theme, and which reflects subjects that are addressed by other authors whose work is included in the issue. In my own column for that issue, I addressed the theme and cited some of the other articles. But I was compelled to close with this observation:

*Read with interest the many good articles in this issue about non-medical services that can truly help patients. But to understand what it means to be a caring, compassionate, patient-centered professional whose work and purpose has value well beyond what insurance plans have a rate schedule for, read Dr. Ostrander’s president’s column and aspire to replicate the standard of decency reflected in the impressions he chose to focus on in his inaugural president’s column for this journal.*

We expect our presidents to work on behalf of our members, to show up for meetings and conferences, to represent us before the various publics we routinely interact with. Bob has done all that and more in his presidency and for that we are both grateful and fortunate.