4 former AMA presidents reflect on COVID-19 and more

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Andis Robeznieks
Senior News Writer

Whether it’s promoting a new book, chairing a public health advisory board at their alma mater, attending meetings on newborn hearing tests or developing state regulations on medical cannabis, four former AMA presidents shared how they have kept busy and stayed positive during the COVID-19 pandemic.

This May marks the first AMA Senior Physicians Recognition Month. Learn how the AMA Senior Physician Section gives voice to and advocates for issues that impact physicians age 65 and above, both active and retired.
Left to right: Donald J. Palmisano, MD, JD; J. Edward Hill, MD; Ardis Dee Hoven, MD; John C. Nelson, MD, MPH.

To help celebrate and reflect upon this moment, four former presidents recently spoke with the AMA about their experiences during this last pandemic year:

- Donald J. Palmisano, MD, JD, a general and vascular surgeon, Metairie, Louisiana, 2003–2004 president.

AMA: How have you managed to stay positive during the COVID-19 pandemic?

Dr. Hill: I'm the vice chair of the state board of health and we're intimately involved with everything to do with the pandemic, particularly the rollout of the vaccines. I think that's given me some relief from the trauma some people experience with depression and anxiety and staying in all the time.

The other thing that happened in Mississippi is we had a constitutional amendment that was passed by the legislature and given to the public to vote on. It was passed with a 77% positive vote saying they wanted to have medical marijuana in Mississippi and told the state board of health it had to develop the entire program from seed to sale.

That's kept me extremely busy, developing all the regulations and rules relative to a state medical marijuana initiative. So I haven't been bored. Those two things have taken up so much of my time that I don't even think about the pandemic as much as a lot of people.

Dr. Hoven: As an infectious disease physician and someone who has encountered multiple epidemics, including the HIV/AIDS epidemic, I knew that medicine and science would successfully confront and ultimately manage the pandemic. Being irresponsible or ignoring practical guidelines have no place in the management of an infectious disease outbreak or pandemic.

I simply was not fearful. But rather, as I have done throughout my career, used common sense and practical wisdom to guide me through the stages of the pandemic. I am, by nature, a positive person, optimistic and willing to adapt to change.

Dr. Nelson: I have a phenomenal wife and a great relationship with her. And to be honest with you, this time together, when we've been quote-unquote sequestered, has been wonderful. We have studied together, read together, played board games together, watched movies together. We’ve done everything together. And for us, it’s just been a time of refreshing. In my career, I've been away so
much; this time together has been a blessing. I don't know if that sounds corny, but that's the truth.

The other thing is that we have some adult children living around us. We have groceries sent to us or the kids picked up the groceries for us. My wife’s a microbiologist. We were very, very careful—using social distancing, wearing a mask—all the kind of stuff we’re supposed to do.

We communicated with Zoom—like everybody else did, I guess—and had quite a good time relating with our children, our grandchildren, and each other.

**Dr. Palmisano:** I naturally am an optimistic person and see challenges as opportunities. I believe there always are alternative ways to a destination. When faced with adversity, I follow the advice my dad gave me as a young man: “Do your homework, have courage, and don’t give up!”

My third book, *A Leader’s Guide to Giving a Memorable Speech*, was published at the start of the pandemic. TV and radio appearances and book signings were all cancelled because of COVID-19. However, this gave me the opportunity to create a high-tech studio in our library for Zoom interviews about the book as well as for use in delivering my leadership and speech teaching at Tulane University School of Medicine as an adjunct professor of surgery.

Online stores allow audio, camera and lighting equipment ordering without difficulty. Interaction with our grandkids brings us much joy and, fortunately, they are savvy in the use of electronic gear so that we could stay in touch during the pandemic.

Because exercise is key to good physical and emotional health, my wonderful wife and I continued our 40-minute, five days a week walk by taking advantage of the slate flooring and layout of our home.

Also, photography is a great source of joy for me since age 16 and the quarantine requirement of COVID-19 opened an opportunity to pursue my passion for nature photography that had been curtailed because of competing interests. During the pandemic, I spent a lot of time in the backyard taking photos of birds who visit our birdfeeders, which I now hope to market through my long-held photography trademark, Nature’s Reflections®.

**AMA:** How has the infectious disease outbreak affected you physically and emotionally, and what would you suggest to help other physicians cope?

**Dr. Hill:** It's affected me a little bit and probably most people who are in a state of “What do I do now?” So many people have found that their employment situation or their lifestyle has drastically changed. And with that drastic change, the social interactions people were having have been curtailed so significantly that it affects them emotionally.
But it hasn’t been a problem for me. I’m living in a university town with four grandchildren in college here and a daughter that lives here. So, I have a lot of family that I’m involved with right here where I am. A lot of people don’t have that and it’s very reassuring to us to have that support.

I talk to my colleagues, however, and they are seeing a lot more depression, anxiety, domestic and childhood abuse and that sort of thing going on because of how people’s lifestyles so drastically changed. And to me, that’s the biggest problem with this whole thing.

**Dr. Hoven:** Fortunately, I began working out with a trainer several days a week before the pandemic emerged. Looking back, this was very important for me. Being physically active has continued to improve my physical and emotional well-being. I am not, by nature, athletic but feeling good after a workout sends a strong message. I encourage everyone to seek physical activity. It does make a difference.

My husband and I also acquired a standard poodle puppy, which turned us into “dog people” and it has been a real trip! Poppy is now 18 months old and is a handful on occasion.

I continue to be involved on several boards as a trustee or director and serve as chair of the board of advisors for the University of Kentucky College of Public Health. All of this has provided mental stimulation and a feeling of being productive during times when some of my friends and colleagues felt somewhat marginalized. Zoom has become a way of life for all of us but does allow us to continue to be engaged and productive, which is so very important.

**Dr. Nelson:** I was concerned that we were kind of sedentary. I have worked in an online exercise program called ArthroFit that Intermountain Healthcare has. It’s about a 45- to 50-minute class done online. I’ve been doing that five days a week. And, as it got better the last few months, we started walking at the gym. I’ve gained a few pounds, but we feel pretty good.

In terms of how we’re feeling emotionally, I think we felt isolated. But we found ourselves talking more by Zoom, telephone calls, letters and so forth. We still write letters—we’re old.

We also have tried to find people in our neighborhood who we thought needed someone to reach out to. We have some older people—even older than us—widows and the like, and we tried to reach out to them. That’s helped us by giving of ourselves to them. The social experiences they normally have at church and clubs just were not there. So they stayed in. I think it was a godsend to them to have anyone talk to. This is not rocket science—this is just regular stuff. But it’s the truth.**Dr. Palmisano:** I remained in good spirits. My advice to others is to see the pandemic as an opportunity to learn and help others. Physicians’ primary role is to help others and the pandemic is just another disease—although formidable—to conquer.
Find time to exercise and relax; get adequate sleep; and renew friendships. A sense of community is important.

**AMA:** Is there a way that you have managed to give back to your community after leaving the practice of medicine?

**Dr. Hill:** I'm not practicing medicine anymore, but I'm spending my days working with medical issues and particularly the vaccine issue. We have a very large African American population in Mississippi, who historically have been reluctant to get vaccines. The state health department got together with African American ministers throughout the state and talked to them about it and they became our promoters. They've done a wonderful job of talking to their congregations about getting the vaccine, which I think is wonderful. I hope other good things will happen because of that in the future. We'll see.

**Dr. Hoven:** Although I no longer see patients in a clinical setting, I serve as the medical director of a harm-reduction initiative that is a partnership between the Kentucky Department for Public Health and UK HealthCare, the University of Kentucky health system.

I have always been a proponent of prevention—not only as it relates to the health of an individual, but in the health-policy world as well. This initiative is centered on the prevention of HIV, hepatitis C virus and other co-infections, along with substance-use disorders and drug overdoses.

This work allows me to utilize my medical knowledge and other skills I have been fortunate to acquire throughout my career. I work with a great team of people and truly enjoy this work.

**Dr. Nelson:** I work one day a week at a clinic for the underserved. It's called the Health Clinics of Utah and run by the state health department. I'm not really a family practice doctor, but I've been kind of forced to act like one.

The clinic has mostly physician assistants and they need physician oversight by law. We see a lot of people who are chronic diabetics, who are hypertensive and we’re taking care of a lot of people with back pain who are trying to manage their opioid use.

The health department needed somebody be the medical director for EHDI, which is Early Hearing Detection and Intervention. By law in Utah, every newborn has to be tested for hearing. And there is a committee, primarily audiologists, but also social workers and parents of children who are hard of hearing.

They needed a medical director, and I was asked to do that. So I attend a meeting four times a year and learn a heck of a lot about audiology that I didn't know. And I have written the standing order to
test some of the kids a second time if they failed the first test, and also to test them for any
immunodeficiency viruses they might have—such as cytomegalovirus, or CMV—that they are
concerned about. So that's how I've tried to give back.

There was a very nice woman from the Middle East who came to United States and ended up in
Tampa, Florida. While she was there, she became acutely ill. She had a fever, she was dizzy,
nauseated and was vomiting. She went to see a doctor there a couple of times. No diagnosis made.
I'm not sure of the circumstances that brought her to Utah, but she found her way to our clinic.

I took a history and then went through the things I've been taught to do. Did a physical examination,
and I took an otoscope and looked in her ear and she had a rip-snorting otitis media—just terribly red
eardrum. I treated her with antibiotics. She called me within 24 hours to tell me she was getting better.
At 48 hours, she was well.

So this old doctor gynecologist that I am, took a history, listened to the patient and made a diagnosis.
It was a simple diagnosis, but it made a tremendous difference for that lady. Dr. Palmisano: I teach at
Tulane’s medical school without pay in appreciation of the opportunity medicine gave me to help
others and save lives. I also do lectures on leadership and how to give memorable speeches. After
more than 1,000 speeches and interviews, I have advice to share and that is the purpose of my latest

AMA: COVID-19 appears to have revealed a great deal of ageism in U.S. society, with too many
considering seniors—the most vulnerable to the disease—as somehow expendable or unworthy of
protecting through relatively simple measures such as mask-wearing. What can be done to address
ageism within medicine, or society in general?

Dr. Hill: It goes back to something we should have done 50 years ago, and that's to have
comprehensive, coordinated, sequential health education pre-K–12 in every school in the country
taught by health educators with a social service backup in our schools.

That would have made all the difference in the world, and all of the problems we face with people who
are naysayers about getting vaccines. And I think it would have changed this attitude that we see in
Americans so much, this “there’s nobody that’s going to tell me what to do” attitude.

I think that would have a tremendous impact. I preached that for several years when I was involved
with AMA leadership. Well, it hasn’t gotten off the ground. It’s done in some places very nicely, but not
throughout the country, which it ought to be. It would be amazing—the effect that would have on our
health care systems in the country. That's a personal view, but I think it's true.

Dr. Hoven: I often hear friends comment that their physician will say to them: “For your age, you are
doing about as expected,” and it actually is somewhat dismissive and irritating. We all age differently.
We know some that are “old” when they are 55, and others who never seem to age. The latter group has somehow adapted to physical changes in such a way that they continue to be engaged and active.

The health care community must take on the responsibility of helping seniors adapt to potential lifestyle changes, be proactive with patients about prevention and wellness activities, and make navigating the ever-present changes in the health care landscape doable.

I have a close friend who is now in her 80s but remains active and healthy. She frequently will say to me after seeing a physician, “Health care is going to the dogs,” and “Who is really going to take care of me when I am sick?”

I must confess—I do not have all the answers. The COVID pandemic, in my opinion, did help us recognize issues potentially affecting seniors as it has done with all age groups. We clearly saw what happens in nursing homes and chronic care facilities when infection-control policies are not adhered to.

We heard about technical issues confronting a variety of individuals in attempting to procure a vaccination or access to care, and social isolation for everyone. Perhaps now is the time to look at what has been learned and what needs to be considered as we develop more progressive policies for our health care delivery systems.

Dr. Nelson: People matter. It’s all about people. It’s always been about people.

I think that what we need to do is take advantage of what older people know and can give back. Imagine the stories they can tell, the history that they know, the love that they can share, the things that they can do. We need to learn to value all people.

I think it was appropriate to make sure you use masks and social distancing and so forth, but that came at a great price. My own sister is in an extended-care facility. She had a stroke and she’s doing well, but they closed down the place for a while. We went to her place and talked to her through the window because she was terribly, terribly depressed and felt alone. Now that things have been relaxed, we can go see and talk to her. We were able to talk to on the phone, but that’s not the same.

We need to learn to treat all people with respect, whether they’re old, young, whatever their demographic. One of the goals we have to have is removing any barriers that exist between patient and physician so complete and absolute honesty can occur between the two, so the correct diagnosis can be made. Therefore, there needs to be respect.

Dr. Palmisano: All individuals, young and old, should be treated with respect. Age should not be a limiting factor in opportunity or treatment. Society should keep a close eye on politicians who put
seniors at risk during pandemics.

In the practice of medicine, age alone of the physician should not be an absolute limiting factor for privileges. Individuals should have the opportunity to be tested both physically and mentally. And the younger folks should have the same testing.