

Balancing Family, Community, Church, and Profession

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Preparing for this presentation has been an enlightening experience for me. This is the first medical meeting presentation for which I have utilized the scriptures in preparation, and it has been refreshing.

Balancing family, community, church, and profession requires talents which would merit the attention of P.T. Barnum. Introspection leads me to question my own attempts to satisfy these many responsibilities. I will share with you some personal thoughts and concerns, realizing that so many of you accomplish so much more.

An initial question in my self-inquiry had to be, why do any of it? Is it a complex form of ego satisfaction, a striving for monetary rewards, a seeking for recognition, a distaste for failure, or an altruistic desire to be of service? I believe an analysis of our motives requires frequent review and reevaluation. I personally relish the many daily joys and satisfactions associated with our profession. Thank you notes and expressions of gratitude are meaningful to me.

Just before Christmas this past year, I had to sit down with an active young man, married with a young son, and explain to him that we had exhausted all modalities of treatment for his nasopharyngeal

carcinoma. Surgery and irradiation therapy had provided several years of control. Chemotherapy had not been successful. Laser therapy had achieved periods of temporary relief. Petitions to a drug company had resulted in the acquisition of Interferon which allowed another year of tumor control. Now CT scans revealed serious base of skull invasion. His life would be measured in days and weeks. He would not be able to fulfill his dreams of sharing his love of the outdoors with his young son. The western wilderness areas would not be his tromping grounds. One Saturday we sat in his hospital room, and he taught me about death from the viewpoint of one preparing to meet it. I shared with him my beliefs, and he enriched me with his. The small joys of my daily existence became more sharply focused. His passing days were spent in tremendous pain requiring large doses of analgesics. The strength of his wife during those difficult times inspired me. I hated to see the cancer winning, but I also knew that the victory represented a battle and not the war. The expressions of the family to me after the death and the lessons I learned made this a very meaningful experience.

I recall another patient with

carcinoma of the larynx requiring total laryngectomy for cure. The man was very depressed because he could neither read nor write. I explained to him a new procedure for voice restoration described by an Italian surgeon named Staffiere. I told him we would attempt a neoglottis construction at the time of his surgery but not to expect too much. The procedure went well. He was still depressed postoperatively as he realized the significant handicap which he had. On the tenth day, we removed the catheter from his neoglottis and I showed him how to speak with it. With the first word, tears of happiness filled his eyes. That represented a reinforcement to my desire to practice medicine. We have a great profession.

The scriptures tell us that eventually every eye will see and every ear will hear. For the past twelve years, I have been involved with the artificial ear project at the University of Utah. It is a joy to sit and carry on a relatively normal conversation with a totally deaf person who again is able to understand speech through the assistance of implanted cochlear electrodes connected to a sophisticated electronic speech device and realizing that this is the threshold of future advances and an

evidence of future fulfillment of ancient prophecy. This also represents positive reinforcement.

As we look at our rewards for action, positive reinforcement generates energy and enthusiasm for future action.

For several years I served on the national executive council of the Society of University Otolaryngologists. The president was from Virginia, and he was very active in the

was certain that my future in that organization was limited as I stood to pray. The reaction was surprising. One Jewish friend of mine from New York stated that next year the Jews would demand equal time. The other responses were very positive, and it opened the doors for different levels of discussion with my friends and colleagues. It was a positive experience. I was subsequently elected president of the organization, so my

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Christian Medical Society. At our executive meeting, he announced that he planned to open our next national meeting with a prayer. When objections were raised, he said if the gays can march in San Francisco, the Christians can say a public prayer. When the fall national meeting time came, he came to me several minutes before the meeting was to start and said, "Jim, do you have the authority to pray in your Church?" I replied yes, and, since I suspected a request, I told him that he also had that authority. He then explained that he had asked a priest to come and offer the prayer, but the priest had been unable to make it, and he wondered if I would open the meeting with prayer. I must admit that I was somewhat reluctant to pray before this group, but I couldn't let Bob know that I didn't possess the courage to express my convictions. There was obvious surprise when Bob announced that the meeting would begin with an invocation. I

fears of ostracism were unfounded.

Several years ago in Washington, D.C., I was attending a national meeting on research goals in my specialty. One of the speakers addressed the topic of the difficulty of active clinicians in academic medicine who also pursue active research projects. Suddenly a department chairman from a prominent university in this country stood and stated that he had been in an earlier committee meeting where eight academicians had talked about their research projects requiring extra time in the evenings, on weekends, and in their studies at home. He stated that later during a break, they were talking about their personal lives, and five of the eight were either divorced or separated, and multiple communication problems existed in their families. He asked the question, "How much should we be willing to sacrifice for our research?" I believe we need to frequently ask that question about our activities.

How many of you have heard a variation of this statement?: If you want the job done, ask a busy man to do it. It may be true that man's abilities are infinite, but the number of hours in the day is finite. Prioritization is essential to accomplishment. The Church doesn't always help us with this process as our conference speakers tell us now is the time for genealogy, missionary service, welfare service, etc. The little ads on the radio from the Church tell us that if we want to give our families something meaningful, give them our time. I remember how guilty I felt when I was in residency and my four-year-old son came to me one day and explained to me that the neighbor man had no job. I explained that he had a job, he worked at the power company. Jeff replied, "No he doesn't, dad. He comes home every single night."

Our patients also do not help us with our time control. Many patients now believe that medical technology should provide instant cure, not just treatment. Other patients fail to understand that some diseases are controlled not cured. Urgent requirement for medical attention can include cough of six weeks duration, scout-camp physicals, insurance examinations, etc. Our time has to be triaged and policed to allow maximum utilization.

There is little in the book of Ecclesiastes which I understand fully, but chapter three verse one tells us "there is a time to every purpose under heaven." This provides me with solace as I decide that at this time, my important Church work is to play ball with my sons and take them on outings and anticipate that, in the future, hours will become available for genealogy and other important works.

Some activities do require placement high on the priority list. I was serving as a counselor in the stake presidency when the stake president asked me to head up a committee to study the feasibility of

a singles ward in our stake. I must admit that I was not initially in strong support of the concept, but after interviewing bishops and members of singles wards, I became convinced of the need of such wards. This report was made to the stake president, and the appropriate papers were submitted to the Church headquarters. In order to form a singles ward in our stake, it became necessary to combine two of the smaller wards of the stake. This request was also submitted.

One Friday evening, I returned from the hospital with a visiting surgeon friend from Yale who had come to work with me and learn of some of the laser technology and surgery which we were doing. His wife was also with him, and we were planning to go out to dinner with them. I then received a phone call from the stake president asking if Bonnie and I could come down to his house and talk to him. On the way down, Bonnie asked, "They're not going to call you as the new bishop of the singles ward, are they?" I assured her that we had discussed as a stake presidency who the new bishop should be, and then it hit me that we had only discussed the bishop of the new combined ward. The new call came. It was (and is) a difficult call as I knew the time demands of my professional commitments, organizational commitments, and family commitments. But I also had the loyalty to the Church and knew I could not be a hypocrite and tell my sons they should respond positively to calls and not do so myself. Indeed, this call is a challenge. We used to be able to have our family lessons on Sunday but now my family goes to Church Sunday morning, and I leave shortly thereafter to start my Sunday interviews. My meeting and interviewing schedule is long, so it makes Sunday family activity difficult. On the other hand, the experiences of a bishop are very rewarding and challenging.

It is difficult for me now to

have to say no to being more active in the Highland High Supporters' Club. I enjoy watching my sons on the playing field and appreciate the many efforts of the coaches and other parents but also must recognize that my time does not stretch to all activities. I have had the opportunity in past years to coach my sons in little league soccer and basketball and am now glad that I took advantage of those opportunities

will solve all our problems, we are actually abdicating the high touch of personal responsibility. Our technological fantasies illustrate the point. We are always awaiting the new magical pill that will enable us to eat all the fattening food we want, and not gain weight; burn all the gasoline we want, and not pollute the air; live as immoderately as we choose, and not contract either cancer or heart disease.

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then. I must learn to appreciate the service of others when I cannot do it.

There are times when I wonder about my own intellectual progress. Fortunately, I find that I have little time for television, but I do miss having more time for reading. I love the vicarious adventure of reading and do look forward to more time in the future for that purpose.

Well-known trend forecaster John Naisbitt has an intriguing chapter in his best-selling book *Megatrends* entitled "High Tech/High Touch." He emphasizes that in our high technology world there is still a great need for human compassion and personal touch. He says that "by discovering our potential as human beings we participate in the evolution of the human race. We develop the inner knowledge, the wisdom, perhaps, required to guide our exploration of technology."

He also said, "When we fall into the trap of believing or, more accurately, hoping that technology

"In our minds, at least, technology is always on the verge of liberating us from personal discipline and responsibility. Only it never does, and it never will."

In this day and age in medicine, we have an unequaled opportunity to combine the advancements of high technology with the mutually satisfying experiences of high-touch personal relationships. We can allow the cochlear implant to convey expressions of concern and messages of hope. We will help in the creation of a better world for the artificial eye to behold. Our own hearts should expel the artificial to become sincere in our expressions of love and care.

Balancing family, community, church, and profession is not easy. It is necessary to prioritize and realize that all things cannot be accomplished at once. Enjoy the pathway. As Robert Louis Stevenson stated, "Happiness is the pathway not the destination."