

Upstate outlook

News on education, biomedical research and health care at SUNY Upstate Medical University Syracuse, New York

Volume 4, Number 3

Fall 2004



NIH-Funded Research 7

Behind the Headlines 11

Renaissance Students 15

CNY Children's Hospital 19

In Her Footsteps

Now filling a healthy one-half of their class, Upstate's incoming women medical students follow a trail blazed by Upstate's first female surgeon, Patricia J. Numann MD '65, recently inducted into the International Women in Medicine Hall of Fame.



Her Journey, In Her Words

Home from her historic induction into the International Women in Medicine Hall of Fame, Upstate's Patricia Joy Numann MD '65 retraces her steps as a surgical pioneer.

Patricia Joy Numann MD '65, Lloyd S. Rogers Professor of Surgery, sits in her unpretentious University Hospital office, pondering the question, "What is your most satisfying medical achievement?"

Suddenly, her face brightens. "It has been statistically proven," she announces, "that our greatest achievements are most likely to come after the age of 65, when the consuming work of the day is no longer required. I find that very encouraging."

"At any rate," Numann concludes, "I don't like to spend a lot of time reliving the past, when there is still life to be lived."

But reviewing the past is more than justified in the case of Numann, whose understated style of leadership has prompted dramatic shifts for women in medicine. In a recent conversation about her 43 years at SUNY Upstate and her experience as its first woman surgeon, the famously matter-of-fact Numann answers a few questions about her journey:



Elizabeth Blackwell MD 1849

You must have been an anomaly when you entered our College of Medicine in 1961.

There were eight women in my class of 83 students – back then, most medical schools had a quota of five to 10 percent women. There was still a strong sense that it was a waste to train woman doctors, because they would soon leave medicine for marriage and families.

I was very familiar with that attitude. Growing up in the poor Catskill community of Denver (population 82), people were always asking, didn't I really want to be a nurse? In my premed program at the University of Rochester, three out of 15 women made it to medical school. I went to medical school after only three years of college (probably because I scored unexpectedly high on the boards) and followed Elizabeth Blackwell (the first American woman to graduate from medical school and also inducted into the International Women in Medicine Hall of Fame) to Upstate's College of Medicine. Not that there was any sign she'd been here – a situation that the medical school's women's group addressed when we had her portrait painted in 1964.

What attracted you to surgery?

I loved the clinical years in medical school and met wonderful residents in my surgery rotation. I didn't know another woman surgeon, but I knew I liked to fix things, that I'm very meticulous and that surgery allows you to accomplish something amazing in a finite period.

To be a surgeon is addicting. It's a delight when you're in the OR and you can focus solely on the operation. But you very seldom have that luxury. The surgeon is the leader of the team. And in a teaching hospital, the surgeon is also teaching through the whole procedure. Surgery is not for the linear thinker – you have to intellectually multitask.

While being kind and caring are not antithetical to surgery, you can't be too nice and be a leader at the same time. You have to hold every person in the operating room accountable. The prototype for surgeons has long been pretty macho, aggressive, controlling. Men in surgery today believe women have changed surgery. Women see themselves as confident, focused, in control but not controlling. It's an attitude shift.



What was your experience, as Upstate's first woman surgeon?

In the 1960s, teaching hospitals routinely sent back residency applications from women. I was grateful to be accepted as a mixed medicine-surgery intern. A deal was made with Dr. C. Barber Mueller to give me a surgery spot if I did well. Dr. Lloyd S. Rogers became the acting chair during my residency, and he became my friend for life.

As a resident, I was more of a curiosity than an outcast. The classes were smaller – about four chief residents per year – and you slowly and steadily got close to the male doctors. I found then, as I have found throughout life, that a good work ethic keeps you in good stead. Yes, a few of the attendings were nasty in those days – and yes, I had to use the service entrance to attend department meetings at the Century Club – but in general it was not that contentious.

When I was ready to practice in 1970, there wasn't a big demand for women surgeons. Male surgeons would make excuses like 'My wife doesn't want a woman in our practice.' I always thought I'd go home to the Catskills and practice, but my parents were gone by the time I was trained. It was never my goal to be an academic, but I accepted Dr. Webb's offer to join the faculty, and I let things evolve.

I knew I would enjoy taking care of patients. I was surprised by how much I enjoyed teaching and mentoring students, female and male. You have a logarithmic influence. Every student goes on to treat thousands of patients and to teach others.

When did women become more of a presence at Upstate?

On the student level, Title Nine in 1973 produced a dramatic increase in the number of women in medical school. But on the faculty level, I remained the only woman surgeon until 1979. Only recently have we reached the point where women steadily join the faculty every year.

Today, I would say that male and female students, who are roughly equal in number, are treated equally. Things are pretty even at the junior faculty level. At higher levels, we need to do more to proactively facilitate women's development and promotion into leadership positions. I think it is important to remember that essentially all important positions in American medicine are held by men. These same men must help women achieve equity. So I am not a male basher. On the contrary, I could never have gotten where I am without well-meaning men.

That said, the women of SUNY Upstate are wonderful.

What they lack in numbers, they make up in quality. They have had a tremendous impact on students, residents and patients. They prove that individuals can make a tremendous difference.

Why did you make thyroid and breast surgery your surgical niche?

Breast surgery, because it needed to be done. Endocrine surgery because I love it, it fascinates me. It will be the last thing I give up. I still do about 200 thyroid surgeries a year. In the past, I would do about 500 surgery cases a year, but last year I gave up taking new breast cancer patients,

to make more time for my current patients. I like the fact that these specialties allow you to have long-term relationships. You follow thyroid patients for 10 years and breast cancer patients for life.

It is very gratifying to take care of patients – and a huge responsibility. Patients have complete trust in you. You'd hurt yourself before you hurt them. In the OR, the surgeon is often the only person the patient knows. That's why I'm always there to hold my patients' hands when they go to sleep. The anesthesiologists joke that as soon as I come in and take a patient's hand, the blood pressure drops.

You seem to have a gift for connecting with surgeons across the country.

My first surgery chair, Dr. Webb, encouraged me to not be afraid of the whole system – to make connections, to go to meetings, to serve on committees. So I went. Eventually I became the first woman to serve on the American Medical Association's (AMA) Council on Scientific Affairs, and the first woman vice chair and chair of the American Board of Surgery.

For a long time, I knew that women in medicine were not treated equally, but I didn't politicize it. It just was. I guess you could say that the feminist transition in my life came in 1978, at a leadership program sponsored by the American Medical Women's Association. I met very accomplished women physicians who had been treated poorly, paid less, not promoted. I realized it was happening everywhere, not just in Syracuse. And it wasn't just surgery, it was medicine in

Trailblazers



general. At that meeting, we promised we would improve networking for women. A few years later, at the American College of Academic Surgeons meeting, I put up a sign asking other women surgeons to join me for breakfast. Twenty women came. We made a commitment to have breakfast every year. Then we started having breakfast and dinner.

Then we became a true organization, the Association for Women Surgeons. It's not a scientific organization, it's more advocacy-oriented. We want women recognized and represented at all levels in all the medical organizations. We support a fellowship and sponsor visiting professorships. We have a foundation.

Today, 25 to 30 percent of women surgeons – more than 1,600 women – belong to our association, including the most accomplished women surgeons in the country. They know there are still a lot of issues to address. I would say that the Association of Women Surgeons is my greatest accomplishment. It represents a guiding principle of my life: what's unjust to me I won't let happen to others.

Why did you take on the role of medical director at University Hospital?

Because it needed to be done. An administrative position allows a clinical physician to influence a larger segment. You can help the hospital understand how hard the physician's job is. You can encourage the chairs and departments to play a more active role in meeting the community's needs.

I have a history of taking on jobs because they need to be done.

When I first joined the faculty, I ran the student surgical clerkships and Introduction to Clinical Medicine, and – while it was not my primary interest – I did a lot of work on clinical testing, published that work, presented it at a national meeting and helped to establish the Association for Surgical Education. When I became Upstate's associate dean in 1978, I wrote the grant that helped us establish our geriatrics program. Doing those things was just the right thing to do.

With your national reputation, what has kept you tethered to Upstate?

The important thing to me is not so much where I practice but that my personal reputation is impeccable. I've been offered opportunities and large amounts of money at very prestigious institutions. I came close to leaving twice but decided that the people with whom I work closely meant too much to me for me to leave.

My philosophy is to stay put and fix what you don't like. Besides, this institution has allowed me to pursue the dreams for which I'm recognized. And I love Syracuse. I have no clue why people would want to move. You can get to the bank in two minutes, to the airport in six and to work in ten.

Do you have any regrets?

No recurring regrets. Sometimes I worry I may have had a negative influence on women, because I am single and childless and work too hard. But I basically love what I do. I am a happy person. And as I said, I don't think you should spend a lot of time reliving the past.

–Denise Owen Harrigan



Patricia J. Numann, MD

B.A. University of Rochester, 1962

M.D. SUNY Upstate Medical Center, 1965

Residency in Surgery: SUNY Upstate Medical Center, 1970

Professional Highlights

1997

Named Medical Director, University Hospital

2000

Named Lloyd S. Roger Professor of Surgery, SUNY Upstate Medical University

Selected Posts & Honors

1985

• President, Association for Surgical Education

1986

• Founder/President, American Association of Women Surgeons

1994

• SUNY Distinguished Teaching Professor

1995

• First woman chair, American Board of Surgery

1998

• Onondaga County Medical Society Physician Service Award

1999

• SUNY Distinguished Service Professor

• First woman vice president, American College of Surgeons

2000

• SUNY Distinguished Alumnus

2003

• Humanitarian of the Year, Carol M. Baldwin Breast Cancer Research Fund

2004

• America's Top Surgeons Award

• Inducted into International Women in Medicine Hall of Fame, American Medical Women's Association