



Letter from the Dedicated

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I was frankly astonished when the editors informed me of my selection for the dedication of this issue as I have been a rather quiet presence in the Orthopaedic Department of the University of Pennsylvania since 1970. It is most gratifying that I have had some influence on the many medical students, residents, fellows, and colleagues that I have been privileged to know.

My education was in the Philadelphia public schools. After majoring in physics at Temple University, I entered its medical school in 1957. It was at Temple that I was given a solid foundation in how to practice medicine, i.e. take a thorough history, do a good physical and only then order or review laboratory studies and imaging. At Temple I was also instilled with the need to always consider the patient's emotional content. The founders of psychosomatic medicine, Edward Weiss and O. Spurgeon English, were my professors and their concepts have been "rediscovered" as holistic medicine. Every illness, even a fractured radius, has some emotional content or implications. My introduction to orthopaedics was from John Royal Moore and indeed we only reduced fractures on Tuesdays.

As was typical in those days, I took a rotating internship at Einstein Medical center. I did a year of general surgery at the Boston City Hospital where I worked every other night except for the three months in which I worked very night. These were the days of wooden ships and iron men and we of necessity provided our care with a minimum of staff support, learning our skills from the residents above us. As this was the time of the physician draft and I was only deferred for one year, I was then sent to the USAF base at Plattsburgh New York, never going through basic training, and being the only person with surgical skills on a base with 18,000 souls, a 75-bed hospital, and nurse anesthetists. With great anxiety, I learned to be independent with no back up and doing the trauma, surgery and orthopaedics. Eventually, a board eligible and orthopaedist arrived.

I began my residency at Hospital for Special Surgery, arriving with my faithful wife and three children under three. Under the direction of Robert Lee Patterson, it was a fantastic experience as he believed that the hospital's main purpose was to train residents. Actual patients were presented at conferences three times a week and all the residents could be expected to stand up and orate on the physical findings, indications, the treatment options, and the literature to support them, the cases having been posted the prior evening. My surgical teachers emphasized a detailed knowledge of the anatomy, attention to tissue handling and sharp dissection. Efficiency was emphasized rather than speed for its own sake. It was a hands-on residency with much opportunity for

closely supervised surgery. The residents had priority over the few fellows in choice of cases. We did also rotate to the fracture service at The New York Hospital as well as the Bronx VA and Newington Hospital for Crippled Children. My final five months was as the hand fellow. I have endeavored to pass my teachers' approach and philosophy to those with whom I have had contact.

We returned to Philadelphia in a private practice. I soon began my association with Penn Orthopaedics as an attending at The Philadelphia General Hospital. In 1975, when there was a need for another orthopaedist at The Children's Hospital, I joined and started the scoliosis service while doing general pediatric orthopaedist but still doing general orthopaedics at a community hospital. In 1969, I was one of the first in the Philadelphia area to use cemented total hips. Through a series of chiefs at Children's, I continued this arrangement. As medicine continued to evolve, I merged my practice and became part of the full-time Penn faculty in 1997 which incorporated my community practice. The decision was made in 2003 to close this practice and as I was 65, I decided to stop surgery. It is better to quit when you are at the peak of your game rather than when folks say it is about time. Since then I have been privileged to see outpatients at Children's while continuing to impart my surgical thoughts to the residents at the VA. My colleagues at Children's have been most supportive of my role in sorting our seemingly never ending stream of non-operative patients, some the worried well, and being able to find the signal in the noise who needs a referral to a real doctor.

I am greatly indebted to my wife, best friend, and supporter of approaching 62 years who has never complained about the usual erratic orthopaedic surgery life. We have been blessed with three children who have become successful adults and whom I think that their best attribute is that they are kind to people and appreciate their station in life. I did try to be present at their various games, theater and dance performances. When asked how we were so lucky, we answer that some of it is luck and a good deal is by the example of their hardworking and honest parents. We are also blessed with what we consider five utterly amazing grandchildren who seem to enjoy spending some time with their grandparents.

I also have enjoyed the benefit of excellent support staff. Always remember to thank everyone as you leave the operating room. When making rounds, always find the patients' nurses and ask them their thoughts and what else we should be doing for the patients. They spend at least eight hours a day with the patient compared with your five minutes. I have watched various chiefs of Penn Orthopaedics expand and make it a national first choice. The latest, Dr. L. Scott Levin,

with his incredible work ethic, has exponentially expanded our prominence in an exceedingly challenging environment. I am indebted to the many residents and fellows who have taught me and keep me up to date. They also seem to tolerate my continued skepticism of why the latest technique is not something in search of an indication. Ten years out of training, you do not want to have never changed. Investigate new approaches with skepticism. Do they have supporting data and do they really improve on the older results? In our byzantine health care system, we must have outcomes to justify costs as resources are not infinite.

For the future, I believe that medicine and orthopaedics in particular, will always be a satisfying profession. You can avoid burn out by remembering the importance of your family and making the patient's outcome the primary goal. You will always have an income sufficient for your family and your children's education but perhaps not the exotic sports car. The gratitude of the patient lasts longer than the bigger boat.

Good luck in the challenging future and I hope to be sharing it with you for a few more years. Every day is a blessing.