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Diana Lech

Yale School of Medicine

My junior year of college, I was accepted into the Smilow Cancer Hospital Shadowing Program at the Yale-New Haven Hospital. The program took place at Smilow's Breast Center, and it exposed undergraduates to the clinical approach to breast cancer diagnosis and treatment by shadowing physicians in the areas of Radiology/Breast Imaging, Medical Oncology, Breast Surgery, and Pathology. For a significant number of weeks in the program, my mentor was Dr. Erin Wysong Hofstatter, a medical oncologist. I began the program as a pre-medical student with a well-established desire to become a doctor. However, the many weeks shadowing Dr. Hofstatter gave me a peek into the life of a well-rounded, accomplished woman in medicine, and the insights she shared with me as a mentor significantly affected the way I see my own future career.

When I first entered the oncology wing of the Breast Center, I was hit by the foreboding atmosphere of the waiting room full of female patients nervously tapping their feet and flipping distractedly through magazines. Understandably, an oncologist's office is the last place any person would like to find themselves. Walking the hallway to find Dr. Hofstatter, I too began to dread the next couple of weeks, imagining that a place that engenders feelings of fear and hopelessness for so many women cannot possibly be a happy one. Therefore, it came as a surprise when upon entering Dr. Hofstatter's office, I was met with a young, exuberant doctor radiating with positive energy. After a quick exchange of introductions, Dr. Hofstatter and I went off to see a patient. The first case I encountered was a woman who had just tested positive for BRCA1, a genetic mutation that drastically increases one's susceptibility to breast cancer. The one-hour appointment began with a breast

examination and was followed by a consultation, in which Dr. Hofstatter patiently explained the patient's risk and translated the frightening uncertainty of this recent information to something this patient could understand and deal with. She suggested prophylactic treatments and preventive surgery. This is, of course, the basic responsibility of every doctor - to outline patients' risks and treatments. However, it was the manner with which Dr. Hofstatter approached her patient that was exemplary. In addition to her expertise, she had limitless patience and spoke with a confidence that made disease seem surmountable and not an abstract threat.

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She was also intent on devoting a significant amount of time with her patients - an hour for new patients and thirty minutes for returning ones. Throughout the weeks, I saw many other patients, such as a woman who had undergone a double mastectomy and had her ovaries removed

to minimize her breast cancer risk. She was struggling with the emotional and physical side effects of the early onset menopause that was a result of her surgery. Others were diagnosed with atypical ductal hyperplasia or lobular carcinoma in situ, and were fearful of what these conditions meant. Despite the long hours and many appointments, Dr. Hofstatter always had the same calm approach, often drawing out diagrams of breasts with their ducts and lobules so that patients could visualize what was happening in their bodies. The patients that left her office were not the same ones I had seen in the waiting room. She armed them with information and understanding so that despite their prognoses, they no longer felt helpless.

It became clear to me that Dr. Hofstatter's approach stemmed in part from her ability to relate to her patients as a fellow woman. She treated

those that came into her office the way she would hope that her mother or sister would be treated were they in such a stressful situation. During lunch, we would always touch base and Dr. Hofstatter would answer my many questions. We also discussed what was occurring in the field on a greater scale, such as the Myriad Genetics case in the Supreme Court and what patents on BRCA gene tests mean for patients. She reminded me that it was important to know what was occurring outside of the oncology office. However, it was the frank conversations about her career and family life that often left me with the most to think about. I learned that in addition to working at the Breast Center and another clinic for high-risk patients, Dr. Hofstatter instructs as an assistant professor of medical oncology at the Yale Medical School and conducts clinical research on chemoprevention and breast cancer treatments. After all of these activities, she returns home to a husband and two young children. I was amazed that she was able to balance such a rich and successful professional life with an equally fulfilling life at home. Dr. Hofstatter would warn me, as a premedical student, that the life of a woman physician is usually more difficult than we imagine it will be before we go to medical school, and she never imagined that some of the professional decisions she made very early on would impact her family planning some years in the future. She worried that she was discouraging me, but in fact I was grateful to her for speaking so honestly and preparing me for hurdles I might face in the future.

Having now been accepted to medical school for the coming year, I am taking the time to look back on my experiences amongst medical professionals to have an idea of the physician I desire to be. Dr. Hofstatter immediately comes to mind. I too, hope to become a well-rounded practicing physician as well as an academic doctor involved in research and teaching. I would also like to emulate her ability to balance professional and family life. Lastly, she has inspired me as a wonderful example of an empathetic doctor. As an undergraduate, I have been active in research at the Yale Cardiovascular Research Center, an area of research that is also particularly relevant to women, since heart disease is the leading cause of mortality amongst women in the United States.

So far, it has become an area of medicine that I have found incredibly interesting and that, perhaps, I might become a part of in the future. If so, I would be able to relate back to the connection Dr. Hofstatter had with her own patients, who were also at risk of or recovering from serious illness.

Having Dr. Hofstatter as a mentor has given me both valuable insights and a sense of direction for my own future career. Through her example, she has reinforced my longstanding desire to be a physician, and she has shown me that it is possible for a woman to pursue a fruitful career in medicine while maintaining a happy and balanced life.

