“So what else causes dysphagia?” my surgery clerkship director, Dr Charlie McCabe, asked me one afternoon when I was a 3rd-year medical student at Harvard Medical School. A few of the other students sitting around the table already had called out the most common causes—strokes, for example, motility disorders, cancers of the gastrointestinal tract. At that moment, I could only remember 1 more.

“Multiple sclerosis,” I replied, with hesitation.

Dr McCabe, who had suffered from multiple sclerosis for many years, said: “That’s right—and don’t be afraid to talk about MS. I’m not scared of talking about it, and you shouldn’t be either.”

A RELENTLESS DRIVE

That response crystallized his outlook. Although he could not control multiple sclerosis, he would prevent multiple sclerosis from controlling him. He received the diagnosis just before the end of his long training in cardiac surgery. Few diagnoses threaten a career in surgery more than a progressive neurologic disease. But as a physician, he considered his calling to help others vital. In that spirit, as multiple sclerosis gradually robbed him of his ability to walk, he transformed his career to focus on surgical education.

Much has been made of Dr McCabe’s ability to overcome multiple sclerosis and become a national leader in academic surgery—and rightly so. But those of us whom Dr McCabe mentored understood that multiple sclerosis was just one of many obstacles he had overcome. As a 4th-year medical student, he had been told that he would have to sign up for repeated, grueling visiting electives to win a spot in Mass General’s surgical residency. As a resident in surgery and later a fellow in cardiac surgery, he was known to arrive at 3 AM to prepare for his clinical responsibilities. Even decades later, his contemporaries—many of them now senior surgical staff at Mass General—still speak of how he always prioritized the care of the patient, and how he never left work unfinished for his colleagues.

As students, we came to learn that no obstacle, medical or personal, ever drove Dr McCabe to feel sorry for himself. Feeling sorry was not an option, because feeling sorry would not help any patients, and feeling sorry would not make his multiple sclerosis fade. Thus, he possessed a quintessential doctor’s skill—the ability to look reality straight in the eye, and then confront that reality with decisiveness.

His humility meant that he never underestimated the difficulties in confronting the realities of medical training and clinical care. He told us a story about trying to spend time with his daughter and wife at the beach during a precious day off in surgical residency. Exhausted and sleep-deprived, he fell asleep behind a sand dune, and his wife could not find him for hours. While reiterating the significance of doctors’ obligations to patients, he also acknowledged that the personal challenges in fulfilling those obligations would be tremendous. He was able to express both the absolute importance of confronting challenges while never minimizing the difficulties those tasks entailed.

“LETTING US WATCH”

He conveyed the exigency of perseverance in medicine the way that the best medical educators do—by example. Medical students observe and listen constantly. Students detect and internalize their teachers’ values and motivations. Dr McCabe inculcated the basic values of medicine by setting the standard—and letting us watch.

Simply by letting us watch, he allowed us to not only understand, but also to internalize fundamentally the concept that taking care of patients is hard and requires tenacity. Challenges arise, whether a
technically difficult operation or a long list of patients to examine the morning after a tough night on call. Seeing him rush in his wheelchair to the emergency department to supervise surgical residents during a trauma revealed a fiery intensity for patient care. That enthusiasm infused his students and taught us to celebrate the responsibilities of patient care.

SUSTAINING HIS LEGACY

Dr McCabe died this past July, when I was beginning my 2nd year of residency. In July, I was in my first supervisory role with a team of 4 new medical interns and 3 medical students. The day of his funeral, I led my team in a discussion about the causes of large bowel obstruction. Teaching them a topic that he had taught me, I thought, would honor his memory.

But his death also led me to reflect on the more precious lessons he taught me—the values that transformed me from a medical student into a doctor. On a day to remember the gifts that Dr McCabe had given to generations of Harvard medical students, I realized that new Harvard medical students were watching me now. At the same moment that I lost the chance to watch my mentor, I had become the one being watched. The gifts that he had given me had become debts that I owed my medical students.

As my career progresses, I cannot imagine that I will ever live up to the legacy of mentors like Dr McCabe. But the weightiness of my evolving role and the legacy of his life have taught me about the indispensability of mentorship in medicine. By never allowing any obstacle from hindering his ability to help others, Dr McCabe led me to appreciate the value of patient care.

I hope that Dr McCabe understood his gift to so many developing physicians and the patients they now serve. Furthermore, I hope that clinical educators everywhere recognize how much medical students learn from merely observing their example. That example sustains the core values of a profession that demands selflessness and sacrifice.