



MASSACHUSETTS  
MEDICAL SOCIETY

# VITAL SIGNS

*Vital Signs* is the member publication of the Massachusetts Medical Society.

VOLUME 30, ISSUE 1, 2025

<a href="#">Environmental and Occupational Exposures Screenings</a>	1
<a href="#">Championing Health Equity</a>	2
<a href="#">Eating Disorders in Diverse Populations</a>	6
<a href="#">Maternal Health Policy</a>	7
<a href="#">Physician Career Fulfillment</a>	7
<a href="#">New MMS Policies</a>	9



# The Overlooked Role of Environmental and Occupational Exposures in Cancer Prevention and Screening

BY CHRISTINE KANNLER, MD, COMMITTEE ON ENVIRONMENTAL AND OCCUPATIONAL HEALTH MEMBER

Dr. Christine Kannler shares her motivations to advocate for occupational health screenings in [this short video](#).



Dr. Christine Kannler

The US Preventive Services Task Force (USPSTF) aims to provide screening recommendations that help physicians enhance health outcomes and reduce cancer risk. Physicians utilize these guidelines daily to educate, screen, and treat their patients. For example, the [USPSTF recommends screening patients](#) for obesity, tobacco usage, and alcohol consumption — factors strongly linked to poor health outcomes.

However, the USPSTF recommendations do not address environmental exposures to known carcinogens in the workplace or home. Unlike tobacco and alcohol, which are widely understood by both patients and physicians, environmental exposures are often unfamiliar to patients and not part of most physicians' training. Consequently, systematic screening for occupational or environmental carcinogen exposure is uncommon, despite the well-documented risks these exposures pose to health.

## Occupational Exposure

In recent years, there has been a growing understanding of the negative health impacts of environmental exposure as more research studies have been published and replicated in multiple cohorts. One of the most studied populations is firefighters. In 2014, the National Institute for Occupational Safety and Health (NIOSH) studied 30,000 American firefighters and reported that [they are nine percent more likely to be diagnosed with cancer and 14 percent more likely to die of their cancer](#). Congress passed the Firefighter Cancer Registry Act in 2018, thereby enabling NIOSH and the Centers for Disease Control (CDC) to collect cancer data on firefighters nationally.

But firefighting is not the only occupation with elevated cancer risks. [Police have an increased cancer mortality](#), although large-scale studies are needed. [Coal miners, oil workers, gas field workers, and plastic production workers have an increased risk of leukemia, lymphoma, brain cancer, breast cancer, and mesothelioma](#). [Gardeners, landscapers, municipal workers, and horticulturists exposed to pesticides face elevated risk of leukemia, sarcoma, non-Hodgkin's lymphoma, multiple myeloma, and Parkinson's disease](#).

## Environmental Risks

More recently, there has been an increasing recognition that per- and polyfluoroalkyl chemicals (PFAS), which are widely used in products including nonstick cookware, waterproofing materials, and firefighter

gear and foam, are associated with elevated cancer risk and poor health outcomes. In 2022, the National Academy of Sciences, Engineering, and Medicine (NAS) published [clinical guidelines](#) outlining when to screen the public for PFAS exposure, what blood test to order, and how to clinically follow patients for poor outcomes such as low birth weight, dyslipidemia, increased liver enzymes, thyroid dysfunction, ulcerative colitis, kidney cancer, breast cancer, and testicular cancer.

However, [few labs offer PFAS serum testing](#).<sup>\*</sup> The Recommended Screenings Table below summarizes NAS-recommended health screenings based on serum PFAS levels. Elevated levels can be [reduced through blood or plasma donation](#), though PFAS in donations is not currently monitored. A mechanism to discard PFAS-contaminated specimens is needed. The EPA is now screening municipal water for PFAS, emphasizing the need for physicians to [screen exposed populations](#).

Recommended Screenings Table	
PFAS Serum Level	Recommended Screenings
<2 ng/mL	No adverse effects would be expected.
2–20 ng/mL	<ul style="list-style-type: none"><li>• May face potential adverse effects, esp. sensitive populations (such as pregnant persons).</li><li>• Clinicians should encourage reduction of PFAS exposure.</li><li>• Clinicians should also prioritize screening (based on age and other risk factors):<ul style="list-style-type: none"><li>Dyslipidemia</li><li>Hypertensive disorders of pregnancy</li><li>Breast cancer</li></ul></li></ul>
>20 ng/mL	<ul style="list-style-type: none"><li>• May face higher risk of adverse effects.</li><li>• In addition to screening for the diseases in the 2–20 ng/mL category, clinicians should (at all wellness visits):<ul style="list-style-type: none"><li>Conduct thyroid function testing.</li><li>Assess for signs of:<ul style="list-style-type: none"><li>Kidney cancer</li><li>Testicular cancer</li><li>Ulcerative colitis</li></ul></li></ul></li></ul>

Source: National Academies of Sciences

## The Importance of Early Detection

Given the known adverse health risks of occupational risk factors, as well as the specific knowledge about environmental hazards, these factors provide an important and overlooked avenue for physicians to screen, detect disease, and initiate treatment earlier. However, discussions about occupational or environmental exposures to known documented carcinogens are shockingly absent. The USPSTF currently

<sup>\*</sup>Providers can use test code 39307, ICD-10 code Z13.88, and CPT code 82542. The [PFAS-REACH fact sheet](#) addresses many pertinent questions such as which labs offer PFAS testing.

continued on page 2



## PRESIDENT'S MESSAGE



Dear Colleagues,

Does the New Year inspire you to make resolutions? As we embark on 2025, I have spent some time looking back at what MMS has accomplished in the past year and also how we can do more in the coming year. I have full confidence that we will address and meet

whatever challenges are coming our way in the next twelve months.

There has been no shortage of challenges in recent months. The Massachusetts legislature continued to work on some major pieces of legislation long after the end of its formal session on July 31. Our Medical Society's tireless advocacy team helped to shape important new laws aimed at improving oversight of health care entities and improving the affordability of prescription medicines for our patients.

Another high-priority issue has been improving maternal health outcomes in our state. Thanks again to the effective advocacy of our MMS staff, as well as many of our fellow members, Governor Maura Healey signed a bill that will improve access to full-spectrum maternal health services and establish a maternal health task force. For more on these advocacy wins, please see the article on [page 7](#). All these bills will help us move towards our goal of improved patient care and outcomes; we owe a huge thank you to our hard-working advocacy team for their part in these successes.

I also want to thank all who made their voices heard by contributing to the healthy, thoughtful, and vigorous debate at our 2024 Interim Meeting in December. Our House of Delegates considered many resolutions proposed by individual members as well as by committees and passed significant new policies that will guide our work. The enthusiasm and passion our members demonstrate at House of Delegates meetings make the MMS one of the most impactful, influential, and respected health care organizations in the country. I speak for the entirety of MMS leadership in expressing our enormous pride and gratitude for what we have accomplished together.

If you have questions, concerns, or suggestions, I sincerely welcome hearing from you. Please do not hesitate to contact me.

Kind regards,

Hugh M. Taylor, MD, [president@mms.org](mailto:president@mms.org)

## Environmental and Occupational Exposures Screenings

continued from page 1

has no health screening recommendations for documented environmental and occupational exposures, such as PFAS in firefighting or petrochemical plants. Also, occupational and environmental exposures and their effects on health are not included in medical school curriculums and are rarely covered in residency programs or continuing medical education programs.

### Enhanced Detection Is Essential

Educating physicians about environmental exposure in screening is vital for earlier detection and better outcomes. Advances are significant, but effective care requires identifying at-risk individuals. Greater investment in prevention, early detection, and public education on exposures is essential. Physicians should be trained to assess occupational and environmental risks, and the USPSTF should create exposure-based screening guidelines. Health insurers must cover early screening for exposed individuals. Focusing solely on traditional risk factors like obesity, tobacco, and alcohol while ignoring environmental exposures is dangerously shortsighted.

## Josephine Fowler, MD: Championing Health Equity

BY BISSAN BIARY, PRACTICE SOLUTIONS OUTREACH MANAGER



Dr. Josephine  
Fowler

Dr. Josephine Fowler is a distinguished physician, advocate, and leader dedicated to advancing health equity. She serves as professor and clinical vice chair for the Department of Family Medicine at UMass Memorial Medical Center and UMass Chan Medical School and chair of the Massachusetts Medical Society's (MMS) Minority Affairs Section (MAS) Governing Council.

In celebration of Black History Month, Dr. Fowler shares her perspectives on her work, the motivations behind her advocacy, and her visions for a more inclusive and equitable health care system.

**VS: You're deeply involved in addressing health disparities. What drives your passion for this work?**

**Dr. Fowler:** I've witnessed firsthand the profound impact health disparities have on individuals and communities. Everyone deserves

continued on page 3

**VITAL SIGNS** is the member publication of the Massachusetts Medical Society.

**EDITOR:** Erika M. McCarthy

**EDITORIAL STAFF:** Katherine Udden, Communications; Bill Frank, Office of General Counsel; Susan Webb, Public Health; Leda Anderson, Government Relations; Yael Miller, Practice Solutions; Bill Howland, Membership; Cathy Salas, West Central Regional Office; Mark Albanese, MD, Physician Health Services

**ADVERTISING AND SPONSORSHIP:** Jay Ablondi, [jablondi@mms.org](mailto:jablondi@mms.org), (781) 434-7899

**PREMEDIA AND PUBLISHING SERVICES:** Jonathan Kravetz, MJ Medas, Renée Sekerak, Sioux Waks

**PRESIDENT:** Hugh M. Taylor, MD

**EXECUTIVE VICE PRESIDENT:** Lois Dehls Cornell

*Vital Signs* is published by the Massachusetts Medical Society, 860 Winter Street, Waltham, MA 02451-1411. Circulation: controlled to MMS members. Address changes to MMS Dept. of Membership Services. Editorial correspondence to MMS Dept. of Communications. Telephone: (781) 434-7110; toll-free outside Massachusetts: (800) 322-2303; email: [vitalsigns@mms.org](mailto:vitalsigns@mms.org).

*Vital Signs* lists external websites for information only. The MMS is not responsible for their content and does not recommend, endorse, or sponsor any product, service, advice, or point of view that may be offered. The MMS expressly disclaims any representations as to the accuracy or suitability for any purpose of the websites' content.

Cover image by Sioux Waks via Getty Images.

©2025 Massachusetts Medical Society. All Rights Reserved.

## Driving Health Equity

continued from page 2

an equal opportunity to lead a healthy life, no matter their background or where they live. What motivates me is the belief that we have both the ability and the responsibility to do better — for everyone.

### **VS: You hold leadership positions in the MMS and the American Medical Association (AMA). Can you tell us about your work with these organizations?**

**Dr. Fowler:** It's a privilege to collaborate with these organizations to tackle critical issues affecting underrepresented minority physicians and the communities they serve. Our work includes advocating for policies that advance equity, increasing diversity in medicine, and addressing systemic barriers to quality care.

As a member of the Committee on Maternal and Perinatal Welfare with the MMS, our goal is to improve maternal health outcomes through advocacy, education, and policy development that address systemic barriers to equitable care. We promote evidence-based practices, support initiatives to reduce maternal morbidity and mortality, and advocate for legislative changes that ensure access to quality health care for all individuals, particularly those in underserved and marginalized communities. By collaborating with health care professionals, community organizations, and policymakers, we strive to develop sustainable solutions that advance maternal and perinatal well-being across Massachusetts.

### **VS: You chair the AMA's Minority Affairs Section. Could you elaborate on its mission and your role?**

**Dr. Fowler:** The MAS is a vital platform for minority physicians, providing a space to address unique challenges and foster solutions that improve health care for underserved populations. We focus on mentorship, leadership development, and empowering underrepresented physicians and students. Our goal is to advocate for systemic changes that foster improved health outcomes in historically underserved communities.

### **VS: Maternal health is another area of focus for you. What challenges are you addressing, and how?**

**Dr. Fowler:** Maternal mortality rates in the United States are unacceptably high, particularly among Black and Indigenous women. Implicit bias in health care, lack of access to prenatal care, and inequities in how care is delivered are significant challenges. My work centers on advocating for respectful, culturally competent care, expanding access, and training physicians and other health care providers to recognize and mitigate biases.

### **VS: You've emphasized the importance of diversity in the medical profession. Why is this critical?**

**Dr. Fowler:** Diversity is fundamental to a truly equitable health care system. When physicians mirror the communities they serve, we build trust, deepen cultural understanding, and deliver care that

resonates with patients' unique experiences. Representation ensures that everyone feels valued and heard.

### **VS: What are the biggest challenges underrepresented physicians face today?**

**Dr. Fowler:** Discrimination, bias, and limited access to mentorship and professional development opportunities are persistent obstacles. Addressing these issues requires intentional efforts to create inclusive environments where underrepresented physicians feel supported and valued.

### **VS: How can we inspire young people from marginalized communities to pursue careers in medicine?**

**Dr. Fowler:** Early exposure is crucial. We must actively engage young people through schools and community programs, demonstrating that medicine is a viable and rewarding path. Pathway programs, mentorship, and scholarships can help students overcome barriers and succeed in their journey.

### **VS: What role should medical schools and health care institutions play in advancing diversity and inclusion?**

**Dr. Fowler:** These institutions must lead by example. This means diversifying faculty and staff, implementing robust antidiscrimination policies, and providing cultural competency training. It's about creating environments where all voices are respected and valued.

### **VS: What gives you hope for the future of health equity?**

**Dr. Fowler:** I'm inspired by the next generation of physicians and health care leaders. Their passion, commitment, and innovative thinking give me confidence that we can achieve meaningful change. Together, we can build a health care system that truly serves everyone.

## Mastering Compassionate Conversations: Essential Skills for End-of-Life Care

This essential training is crafted to sharpen your skills in conducting vital conversations about serious illnesses and planning effectively with patients and their families. Delve into comprehensive modules tackling pressing ethical issues, enriched with insightful case studies and communication techniques.

Elevate your expertise by joining here:  
[massmed.org/end-of-life-cme](https://massmed.org/end-of-life-cme).

*(This enduring material meets the Massachusetts Board of Registration in Medicine's Physician Licensing CME Requirement for one-time completion of two credits in End-of-Life Care.)*



# FUTURE HEALTH BEST

## Practices for Advancing Care

Presented by the Massachusetts Medical Society and supported by NEJM Catalyst

### Innovation and Transformation: Harnessing AI and Technology to Build the Future

Wednesday, March 19, 2025 | Waltham, MA | [FutureHealthBest.org](https://FutureHealthBest.org)

Our 2025 conference will explore how AI and digital health transform care, enhance decision-making, and reduce burdens. Gain leadership strategies, optimize health IT, and prepare for the future of clinical informatics.



#### ANNOUNCING OUR KEYNOTE SPEAKER

**John Halamka, MD, MS,  
Dwight and Dian Diercks President,  
Mayo Clinic Platform**

#### CONFERENCE PROGRAM OVERVIEW

- Panel Discussions with Expert Faculty
- Two Professional Tracks to Customize Your Experience
- Product Theater with Technology Leaders

#### Track 1: Transformation and Innovation in Care Delivery

**Session 1:** Improving the Value of Health Care and Accelerating Care Delivery Transformation — *presented by NEJM Catalyst*

**Session 2:** Empowering Patients Through AI & Innovation: A Patient-Centered Approach

#### Track 2: Empowering Physicians with Health Tech: Innovations in EHR and Clinical Informatics — *in conjunction with the MMS Women Physicians Section*

**Session 1:** The Impact of EHRs and Technology on Women Physicians: Getting Smart about Interfacing with Smart Tech

**Session 2:** Preparing the Next Generation for Clinical Informatics

#### CLOSING FIRE SIDE CHAT

The Future of Health: Navigating the Intersection of Technology, Data, and AI

**Save  
\$50!**

Early Bird  
Registration Ends  
**February 19, 2025**

#### INTENDED AUDIENCE

- Practicing physicians and physician leaders
- Mid- to senior-level leaders in health care organizations
- Nurses and advance practice providers
- Public health and government leaders
- IT, AI, and innovation leaders

#### TESTIMONIALS

*“Great experience, very informational.”*

*“A thought-provoking meeting of creative minds in medicine.”*

*“Fantastic sessions with very high quality speakers and content.”*



[FutureHealthBest.org](https://FutureHealthBest.org)

**Learn.  
Connect.  
Advance.**

**BONUS for In-Person Attendees:**

- View the MMS Research Poster Symposium
- Enjoy a Box Lunch
- Engage in Informal Networking with New Colleagues

***Thank You!***

The Massachusetts Medical Society would like to thank the following entities for their generous support of the event.

**Signature Sponsors:**

Blue Cross Blue Shield of Massachusetts

Coverys

**SCHEDULE AT-A-GLANCE**

8:30 a.m.–3:00 p.m.	Networking and Exhibit Hall
9:00–9:15 a.m.	Opening Remarks
9:15–10:00 a.m.	Keynote*
10:15–11:05 a.m.	Tracks 1 and 2: <b>Session 1*</b>
11:20 a.m.–12:10 p.m.	Tracks 1 and 2: <b>Session 2*</b>
12:10–1:10 p.m.	<ul style="list-style-type: none"> <li>• Lunch included for in-person attendees</li> <li>• Research Poster Symposium</li> </ul>
1:15–2:00 p.m.	Product Theater
2:10–3:00 p.m.	Closing Fire Side Chat and Remarks

**Accreditation Statement:** The Massachusetts Medical Society is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

**AMA Credit Designation Statement:** The Massachusetts Medical Society designates this live activity for a maximum of 3.25 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

\*Approved for AMA PRA Category 1 Credits™

Registration Categories for In-Person and Virtual Attendees	Early Bird Registration through February 19, 2025		Regular Registration after February 19, 2025	
	MMS Member	Non-Member	MMS Member	Non-Member
Physician	\$199	\$399	\$249	\$449
Resident/Medical Student/ Alliance Member	\$59	\$159	\$109	\$209
Business Professional/Executive	N/A	\$399	N/A	\$449
Allied Health Professional/ Other	N/A	\$159	N/A	\$209
Government Employee	N/A	\$159	N/A	\$209

Group discounts are available for 3+ registrants. Please contact [FHBSupport@mms.org](mailto:FHBSupport@mms.org) or call (781) 434-7880 for details.



Photos from 2024 conference.

**FutureHealthBest.org**



# Recognizing and Addressing Eating Disorders in Diverse Populations: A Call to Action for Primary Care Physicians

BY JONATHAN CHEVINSKY, MD, NUTRITION AND PHYSICAL ACTIVITY COMMITTEE MEMBER



Dr. Jonathan Chevinsky

Eating disorders are a significant and often overlooked public health crisis, impacting [nearly 30 million Americans](#) at some point in their lives, with even higher [rates among children and adolescents](#). Anorexia nervosa is commonly cited as the psychiatric condition with the highest overall mortality, due to the combination of physical effects of starvation and comparatively high rates of suicide.

Current estimates suggest that 10,000 deaths per year can be directly attributed to eating disorder pathology.

The statistics surrounding [eating disorder pathology in minoritized groups](#) are even more alarming. Although estimates suggest that around 75 percent of women with eating disorders will never receive treatment, individuals who identify as Black, Indigenous, and other people of color (BIPOC) are half as likely to be diagnosed despite similar prevalence rates. Youth who identify as LGBTQIA+ are approximately three times more likely to have an eating disorder compared to their heterosexual counterparts; moreover, [transgender youth](#) have around four times higher risk compared to cisgender youth. Given the magnitude of this disparity, the key challenge for physicians in Massachusetts is determining the most effective way to address it. Familiarizing ourselves with eating disorders guidelines is an essential first step in recognizing when our patients may need further assessment or treatment.

In terms of [primary care assessment](#), the United States Preventive Services Taskforce (USPSTF) on eating disorders concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for eating disorders in asymptomatic adolescents and adults. Still, they caution physicians to watch out for signs and symptoms of eating disorders such as rapid weight changes or pronounced deviation from growth trajectory, pubertal delay, bradycardia, oligomenorrhea, and amenorrhea. However, the American Psychiatric Association's (APA) [Guideline Summary Statement](#) for eating disorder assessment includes several recommendations for physicians and other clinicians. They recommend that any initial psychiatric evaluation should involve a screen for eating disorders. This would include an evaluation of the patient's recent height and weight history, patterns or changes in eating behavior and compensatory behavior, psychosocial impairment related to eating or body image, and personal and family history of eating disorders. They also recommend vital signs and body mass index (BMI) measurement, with

evaluation for signs of malnutrition or purging behaviors (e.g., callouses on knuckles or the back of the hand due to repeated purging behavior). If there is a possible eating disorder, relevant laboratory monitoring would include a complete blood count and a comprehensive metabolic panel, including electrolytes, liver enzymes, and renal function tests. Due to the combination of structural, geographic, economic, and social barriers, underserved communities are least likely to have access to psychiatric evaluations by specialist physicians. As such, primary care physicians should be aware of these screening standards, particularly in patients suspected of having severe eating disorders.

Additionally, the APA offers more specific recommendations for the three most common eating disorders:

- For those with anorexia nervosa, initial recommendations typically involve nutritional rehabilitation and weight restoration. For adults, treatment should include eating disorder-focused psychotherapy, whereas eating disorder-focused family-based treatment is the mainstay for adolescents and emerging adults.
- For bulimia nervosa, adult treatment should include eating disorder-focused cognitive-behavioral therapy, with strong consideration for the use of a selected serotonin reuptake inhibitor (of note, the only US Food and Drug Administration-approved option is fluoxetine). Adolescents and emerging adults with bulimia nervosa are also best treated with eating disorder-focused family-based treatment.
- For binge eating disorder, treatment recommendations include eating disorder-focused cognitive-behavioral therapy or interpersonal therapy as a first-line intervention. For individuals who prefer medication or have not responded to psychotherapy alone, either an antidepressant or lisdexamfetamine should be considered as a treatment option.

While barriers to care do exist for economically disadvantaged individuals, psychotherapy and generic medications in these classes are typically covered by MassHealth.

With the shortage of resources nationwide for eating disorder treatment, particularly for the disproportionately affected racial and sexual minority groups, more of an onus will fall on clinicians in the community for management of these disorders. As such, APA guidelines recommend a "documented, comprehensive, culturally appropriate, and person-centered treatment plan that incorporates medical, psychiatric, psychological, and nutritional expertise, commonly via a coordinated multidisciplinary team."

While eating disorders represent both a diagnostic and treatment challenge, clinical interventions and appropriate referrals to care can help address this challenge. If physicians, especially primary care physicians, focus on socioculturally sensitive diagnosis and treatment, we can more effectively triage and refer patients to the appropriate treatment.



simplehappyart /iStock/Getty Images.

# Massachusetts: Pioneering Progress in Maternal Health Policy

BY JESSIE BRUNELLE, MMS GOVERNMENT RELATIONS ADVISOR

Massachusetts has long been recognized as a leader in health care and home to some of the world's best hospitals and physicians. This reputation extends to maternal health, where Massachusetts lawmakers have made significant progress in the effort to address longstanding inequities, setting a benchmark for public policy innovation in the field.



timnewman/E+/Getty Image

While Massachusetts boasts favorable maternal health outcomes compared with the national average, disparities based on race, ethnicity, and geography persist. State leaders have introduced proactive measures to address these disparities

and safeguard perinatal patients, with a particular focus on those at the highest risk of maternal morbidity and mortality.

## Improving Access to High-Quality Care

To ensure patients with high-risk pregnancies receive care at hospitals properly staffed and equipped to meet their specific needs, the Massachusetts Department of Public Health announced it will require licensed birthing hospitals to implement the *Levels of Maternal Care* system. Developed by the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine, this system classifies hospitals based on their capacity to manage a range of potential complications during childbirth.

## Legislative Action for Maternal Health

In August 2024, Governor Maura Healey signed groundbreaking legislation to transform maternal health practices and postpartum support systems in Massachusetts. The bill aims to increase access to doulas, lactation consultants, midwifery care, and perinatal mental health care services, alongside other public health initiatives.

MMS President Hugh M. Taylor, MD, praised the bill, highlighting its potential to address the concerning rise in maternal deaths and complications. "This legislation will collectively make meaningful progress toward our shared promise of health equity," he stated.

A key provision of the new law strengthens the state's Maternal Mortality and Morbidity Review Committee (MMMRC) by granting it the authority to access vital case information, including autopsy reports and health records. Previously, the MMMRC lacked the statutory authority to obtain this data, leading to delays in producing timely reports and analyses that are crucial for driving significant progress to improve maternal health outcomes. With this new authority, the MMMRC can conduct more comprehensive case

reviews, enabling more effective policy recommendations to reduce maternal mortality and severe maternal morbidity.

## Maternal Health Task Force

The new legislation is currently establishing a Maternal Health Task Force for access and birthing patient safety. This task force will assess the availability of maternal health services across the state, focusing on issues like the closure of essential maternal health services, workforce adequacy, and access disparities. Additionally, it will explore methods to increase financial investment and improve care access for vulnerable populations. The MMS is honored to be named as a task force member, which is expected to submit its findings and recommendations to the Massachusetts legislature by September 1, 2025.

## A Model for the Nation

As the United States grapples with a maternal health crisis, Massachusetts continues to lead the way in implementing evidence-based solutions and policies that prioritize the health and safety of obstetric patients. With continued innovation and collaboration among physicians, researchers, and policymakers, Massachusetts is well-positioned to guide the nation toward a healthier, more equitable future for all perinatal individuals and their families.

## Get Involved

To explore the Medical Society's advocacy efforts on maternal health, consider joining the Committee on Maternal and Perinatal Welfare. For more information, please visit [massmed.org/committees](https://massmed.org/committees).

---

## Reconfiguring Your Physician Career for Greater Professional Fulfillment

BY [BONNIE DARVES](#)

### Identifying Priorities and Working with an Independent Coach or Advisor Can Help Physicians Reframe Their Work Lives

It might have taken a crisis — first quietly brewing as niggling individual-physician dissatisfaction and then becoming the full-scale, profession-wide dilemma of burnout — for organizations to get the message that action is needed, fast, to prevent more physicians from leaving medicine and to help them regain professional fulfillment.

The good news is that two positive developments are happening. First, individual physicians are obtaining the input they need, via coaches or mentors or deep personal examination, to identify what's not working in their professional lives and muster the courage to at least right their ships. Second, a growing number of organizations recognize that physicians must be able to pursue work that matters to them and be supported in that quest if they're going to retain them. Wellness programs are proliferating, and some organizations

continued on page 8



## Physician Career Fulfillment

continued from page 7

are making coaching and other resources available to physicians who want to adjust their work lives or careers.

Physicians who have received coaching on their own or through employer-sponsored programs are using what they learn to reconfigure their professional lives. Some opt to leave medicine, but many are finding ways to adjust their roles and work lives to recapture the fulfillment they once enjoyed.

Sunny Smith, MD, is the founder and chief executive officer of Empowering Women Physicians, a large national company that provides collaborative career coaching and forums with a focus on humanizing the physician experience. Dr. Smith has witnessed the full spectrum — from physicians who ultimately decide to opt out of practice to those who were on the verge of leaving medicine but instead reframed their careers and went on to become department chairs. “There’s really no wrong way,” Dr. Smith said. The key, she contends, is to “identify the facts” about the dissatisfaction they’re experiencing and then define and pursue the adjustment they need.

### Start with Self-Discovery

Preparing for a career adjustment begins, Dr. Smith said, with an important question that physicians must ask themselves and then answer fully and honestly, “What matters most to me, and what’s getting in the way? It’s about helping physicians who feel trapped realize that they have power and agency — that they can make decisions regardless of their job,” said Dr. Smith, who spent her academic career at the University of California San Diego School of Medicine as a clinical professor of family medicine and public health.

For Gina Geis, MD, an Albany, New York, neonatologist, it was a nagging sense that something was amiss — not full-on burnout — that in part led her to seek a coach. On paper, she was ticking off the up-the-ladder boxes. She completed fellowships in perinatal medicine and bioethics and was enjoying her practice and academic pursuits.

In her bioethics role, Dr. Geis developed a keen interest in the intersection between moral distress and physician burnout and eventually carved out a role as Albany Med’s chief wellness officer and became its first vice-chair for professional development. The coaching experience, in her view, is a prerequisite for wellness officers. It helped her recognize self-imposed impediments to growth. “I discovered that I tended to put limitations on my career growth and to attribute my successes to external factors. And I found that I hadn’t thought about ‘expanding my lane’ outside academia,” she said. “The experience was truly life-changing.” So powerful, in fact, that Dr. Geis decided to become a certified career coach to help other physicians create more fulfilling careers.

“Even if physicians come in and say, ‘I’m done with medicine,’ or ‘I want to leave my job,’ I encourage them to learn how to love their



Feodora Chiosea /iStock/Getty Images.

job more while they’re still doing it,” Dr. Geis said, or to refocus their work lives on the aspects of medicine that fulfill them. “Sometimes we can create new jobs that didn’t exist before,” Dr. Geis said. The key, in her view, is determining what your values are and leading with them. “When you do this, the world sees you differently,” she said.

### TIPS FOR THE JOURNEY

Sources offered additional advice for physicians beginning or navigating the journey toward a more satisfying career — or life:

**Surround yourself with people making changes in their own lives or in the system.** Physicians sometimes feel isolated when they’re struggling in their careers, Dr. Smith said. Rather than just toughing it out alone, it can be helpful to identify people who are thriving or making changes and learn from them, she said.

**Don’t just change your circumstances.** Switching jobs can relieve immediate stress or get you out of a toxic environment, but don’t count on it being the solution you’re seeking to your dissatisfaction, said Dr. Shahbandar. Physicians should instead commit to rigorous self-evaluation first, either on their own or working with a coach or another third party. “Observe yourself when you’re happy and also when you’re frustrated to determine the facts,” she said. “Then go from there.”

**Keep the faith.** In Dr. Trocciola’s view, it’s an ideal time for physicians to ask for what they want because organizations — and the world — need them. “You really can create a career that works for you. People say you can’t be a part-time surgeon, but you can,” she said.

Excerpt from “Reconfiguring Your Physician Career for Greater Professional Fulfillment” by Bonnie Darves. To read the full-length article, [click here](#).

*Career resources content posted on NEJM CareerCenter is produced by freelance health care writers as an advertising service of NEJM Group, a division of the Massachusetts Medical Society, and should not be construed as coming from, or representing the views of, the New England Journal of Medicine, NEJM Group, or the Massachusetts Medical Society.*

## New MMS Policies Address Reproductive Care, Physician Burden, and Medical Supply Chain

BY TOM FLANAGAN, MMS MEDIA RELATIONS MANAGER

The policymaking session of the Massachusetts Medical Society's House of Delegates at the 2024 Interim Meeting in December produced several new MMS policies that focus on reproductive care, physician burden, and medical supply chain. Proposals accepted by the House of Delegates became organizational policy that will guide the advocacy efforts of the Medical Society.

### Following Are New Policies and Related Actions to Be Taken:

- **Protecting patients from misleading and harmful practices in reproductive health care.**

The MMS supports transparency and full disclosure regarding the scope of services offered at all reproductive health care facilities and crisis pregnancy centers. The MMS opposes deceptive practices, including the deliberate use of misleading information, emotional manipulation, and delay tactics that divert patients from accessing comprehensive reproductive health services from licensed medical professionals.

- **Ensuring adequate medical leave for all birthing people.**

The MMS supports a minimum of 12 weeks of medical leave after childbirth, regardless of mode of delivery or other factors, given its demonstrated benefits for bonding, postpartum mental health, and breastfeeding success, consistent with international standards.

- **Fertility services for MassHealth enrollees.**

The MMS supports expanding MassHealth coverage to include infertility diagnostics and treatments to address disparities and access to care.

- **Reducing burden on physicians treating patients already on methadone therapy.**

The MMS partners with relevant stakeholders to advocate for legislative and regulatory changes that reduce barriers for patients, physicians, and other providers caring for patients currently receiving methadone treatment by making dosing information more easily and immediately available.

- **Building resilience of the health care medical supply chain.**

The MMS supports state policy aimed at building the resilience of the medical supply chain. The MMS will collaborate with the American Medical Association and other stakeholders to support federal efforts aimed at building the resilience of the medical supply chain.

[Read the Final House Votes.](#)

## Educational Offerings from the 2024 Interim Meeting Are Still Available, with CME Credit

BY JESSICA VAUTOUR, SENIOR PROGRAM MANAGER, CONTINUING EDUCATION

In case you missed the educational activities that were part of the MMS 2024 Interim Meeting, recordings are available as online CME courses.

**The 2024 Annual Oration**, "A Classroom Every Week: Adolescent Overdose Deaths and the Role of the Pediatric Workforce," was presented by Scott E. Hadland, MD, MPH, MS, who addressed the critical issue of adolescent overdose deaths and the pivotal role of the pediatric workforce. This activity was an exploration, blending real-world statistics with compassionate inquiry, aiming to understand the complexities and dynamics that contribute to this pressing public health crisis.

Dr. Hadland is the Chief of Adolescent and Young Adult Medicine at Massachusetts General Hospital and an Associate Professor of Pediatrics at Harvard Medical School and holds triple board certification in General Pediatrics, Adolescent Medicine, and Addiction Medicine. In an engaging conversation following the presentation, Dr. Hadland and MMS President Hugh M. Taylor, MD, discussed many aspects and questions related to the topic.

This session took place on November 22, 2024. An online version of this educational activity is [available here](#).

**The 2024 MMS Interim Meeting Ethics Forum**, "Health Care's Carbon Footprint: Exploring the Health Care Sector's Impact on Climate Change," was an informative and timely program in which a panel of dynamic speakers considers the health care system's impact on climate change.

This activity analyzed how the US health care system contributes to climate change and examines the advantages and challenges associated with lowering the carbon footprint of the health care system.

Panelists Wynne Armand, MD, Associate Director, Massachusetts General Hospital Center for the Environment and Health; Andrew Hantel, MD, Faculty, Divisions of Leukemia and Population Sciences, Dana-Farber Cancer Institute and the Harvard Medical School Center for Bioethics; and Rachel Oblath, PhD, Director of Research Methodology, Boston Medical Center Department of Psychiatry, explored actionable strategies for implementing sustainable practices in health care settings, moderated by Renu Goyal, MD, Chair of the MMS Committee on Ethics, Grievances, and Professional Standards.

This program took place on December 11, 2024. An online version of this educational activity is [available here](#).

Each of the above online educational activities is approved for *AMA PRA Category 1 Credit™*.

## Member News and Notes

Ariella Wagner-Goldbach, a second-year medical student MMS member from Tufts Medical School, received a Rising Star Award from the AMA Medical Student Section at the AMA Interim Meeting in November. The award recognizes contributions in health care policy, advocacy, and social justice.



From left to right: Kimberly Ibarra, Harsha Sripadrao (Region 4), Amber Shirley, Denise Ocampo (Region 6), Ariella Wagner (Region 7), Lily Robistow (Region 3), Isabel (Yisa) Nguyen (Region 1). Not pictured: Kylie Ruphrect (Region 2) and Khushbakht Zarah Shah (Region 5).

## Across the Commonwealth

### STATEWIDE NEWS AND EVENTS

**Worcester** — Celebrating over 240 TV programs, [Health Matters](#), produced in a half-hour interview format, offers valuable information on disease prevention and treatment options. Our publication [Worcester Medicine](#) is published quarterly and offers educational and interesting articles from our medical community. For more information, please email [MWright@wdms.org](mailto:MWright@wdms.org).

### ARTS, HISTORY, HUMANISM & CULTURE MEMBER INTEREST NETWORK

**Florida Gulf Coast Lecture** — Tues., Mar. 11, 7–8:15 PM. [Virtual Only](#). This discussion will include photographs of a variety of wildlife, both permanent residents and winter migrants. The virtual tour will be along Florida's Gulf Coast. You'll see the threatened Piping Plover and Snowy Plover, "dancing" Reddish Egrets, and Manatee. Areas of the Gulf Coast that support healthy populations of Wood Stork, Limpkin, Black-necked Stilt, and American Alligator will also be reviewed.

Contact Cathy Salas, West Central Regional Office at (800) 522-3112 or [csalas@mms.org](mailto:csalas@mms.org).

## In Memoriam

**Jerry P. Balikan, MD**; 97; Belmont, MA; American University of Beirut Faculty of Medicine; died September 13, 2024.

**Theodore Baratt, MD**; 98; Exeter, NH; University of NY, Buffalo School of Medicine; died January 20, 2023.

**Helmut H. Behling, MD**; 84; Andover, MA; Jefferson Medical College; died March 2, 2023.

**Mark A. Bloomberg, MD**; 75; Sudbury, MA; Rutgers Medical School; died September 28, 2024.

**Richard D. Budson, MD**; 89; Wellesley Hills, MA; University of Michigan Medical School; died July 17, 2024.

**John S. Coldiron, MD**; 87; Newtown Square, PA; University of Chicago Medical School; died July 25, 2024.

**Mark Hedge Cooley, MD**; 92; Boston, MA; Boston University School of Medicine; died May 26, 2024.

**Joseph Y. Dwoskin, MD**; 86; Castle Rock, CO; Thomas Jefferson University; died November 16, 2021.

**Harvey E. Finkel, MD**; 90; Brookline, MA; State University of New York, Downstate Medical Center; died September 1, 2024.

**John Joseph Greenler, MD**; 98; Boxford, MA; Tufts Medical School; died March 14, 2023.

**Gerald Hare, MD**; 87; Glens Falls, NY; Harvard Medical School; died January 9, 2022.

**Stanley P. Jacobs, MD**; 77; Haverhill, MA; Boston University Medical School; died January 1, 2017.

**Thomas Joseph Kenney Sr., MD**; 87; Milton, MA; Georgetown University School of Medicine; died October 20, 2024.

**Ira Lable, MD**; 83; Boston, MA; Jefferson Medical College; died September 16, 2024.

**Albert H. Marcus, MD**; 93; Altamonte Springs, FL; Boston University School of Medicine; died March 27, 2023.

**George P. Nasinnyk, MD**; 81; New London, NH; University of Connecticut Medical School; died on October 29, 2024.

**John F. O'Brien, MD**; 90; Duxbury, MA; Boston University School of Medicine; died November 18, 2024.

**Donald M. Perlman, MD**; 92; Swampscott, MA; Boston University Medical School; died July 20, 2022.

**John M. Roberts, MD**; 88; New London, NH; Columbia University College of Physicians and Surgeons; died August 8, 2020.

**Peter J. Rotolo, MD**; 79; Winchester, MA; New Jersey College of Medicine; died February 24, 2024.

**Owen Surman, MD**; 78; Newton, MA; McGill University School of Medicine; died November 10, 2021.





# MASSACHUSETTS MEDICAL SOCIETY

*Every physician matters,  
each patient counts.*

---



MASSACHUSETTS MEDICAL SOCIETY



@MASSMED



@MASSMEDICALSOCIETY



@MASSMEDICALSOCIETY