FINDING SERVICE IN MEDICINE

Peggy Johnson Bia

I was born in Bay Ridge, Brooklyn, into a very large Catholic family, the fourth of seven children. So I was right in the middle. My father sold insurance and my mother, like most women then, was a *professional* homemaker, even though she had a college degree. There were no doctors in the family. Our finances were phenomenally tight, and I wore hand-me-down clothes until I got my first job as a teenager. But there was a ton of love and many family rituals and celebrations. There was also a very big emphasis on the value of serving in the family, in the community, in the school, on the block. I had many aunts, most of whom were nuns, who worked as missionaries or teachers. I remember, in sixth grade, I received a book for achieving the highest average in the class at the end of the year. It was a book by Dr. Thomas Dooley who did humanitarian work in southeast Asia. On the cover of the book, there was a quote by Dr. Albert Schweitzer, who was one of Dr. Dooley's heroes. Paraphrasing the quote, he said, "I do not know what your destiny in life will ever be, but I do know this. You will only find happiness if you seek and find how to serve." I thought, *oh, that is so true*. The quote became embedded in my genome; I have taken it with me and tried to honor that value of service, which was instilled in me at a very early age.

An inflection point occurred when I was thirteen years old and my father died of head injuries after falling down a set of subway stairs, leaving my nonworking mother with seven children to take care of. Family dynamics changed even more when my oldest sister soon left to go into the convent. The whole order of my family changed overnight. To generate income, my mother started taking in foster babies from a nearby orphanage. My siblings and I became godparents to many foster babies from that period of time. Family restrictions slackened in the absence of my father, and I started exploring, discovering, and searching for my own voice, looking for significance. Quite frankly, I got into a lot of trouble and caused my mother a lot of heartache

---

Margaret "Peggy" Johnson Bia joined the Yale faculty in the Department of Medicine in 1978 after completing her nephrology fellowship at the University of Pennsylvania and Yale. She has been recognized for her leadership in kidney transplantation, excellence in medical education, and advocacy for women. She served as director of Transplant Nephrology from 1984 to 2001 and both created and directed the Clinical Skills Program at Yale School of Medicine, 1999–2014. She has spent decades training medical students, residents, and fellows and has received numerous awards for her teaching. In her later years, she has become a passionate advocate for women and co-chaired the committee celebrating the one-hundreth anniversary of women at the medical school (2018). She has partnered with Frank Bia, MD, professor emeritus, Medicine (Infectious Diseases) for fifty-five years and is the proud mother of two sons – one with a PhD in anthropology and the other an MD completing his residency in emergency medicine.

and worry. In my senior year in high school, I got suspended, almost expelled, for violating a school rule that you were not supposed to smoke in uniform, which of course, I did all the time. After I was suspended, my mother advocated for me, and I got back in and graduated. It was a very tumultuous time.

As I was acting out and looking for my own voice towards the end of my high school years, something else happened—another inflection point. I met this very smart, young man who knew exactly what he wanted and how to get it. I was very impressed with that. More important, at a time when I didn't have much belief in myself, he believed in me and what I could do. I was very influenced by this relationship and by his belief in me. I started to think about getting my act together. Instead of trips to Greenwich Village where my friends would meet at the Night Owl café and discuss how bad everything was, I started studying a little more. I fell in love with this man (my future and present husband) as we walked and talked for years. A typical date would find us on the now defunct Staten Island ferry from Brooklyn to Staten Island where we would hide in the restrooms when the ferry docked so we would not have to pay the fee to go back. Even in winter, we would stay on the deck talking and reading poetry. It is no secret that this relationship changed the trajectory of my life and contributed to my desire to make something of myself.

After high school, I worked towards my BS in chemistry from Fordham College of Arts and Sciences and graduated with the first class of women at Fordham in 1968. When I graduated summa cum laude, I reflected on my pathway: from being suspended in high school to graduating college summa cum laude, progress was being made. In college, I majored in chemistry but I didn't quite see myself as a chemist working with test tubes my whole life. I started to wonder if I could be a doctor but initially thought I would never get into medical school. However, I actually was accepted into several medical schools, with the best one being Cornell (now known as Weill Cornell). My future husband, Frank Bia, was already at Cornell one year ahead of me, and we were married just as I started medical school.

I did not enjoy the early years of medical school. Back then it was all coursework and little clinical exposure. It is somewhat different now. In addition, there were only five women in a class of one hundred. There were many inappropriate jokes and comments that I would not tolerate now, but back then I thought I had to in order to be accepted. When I started my third year of medical school, which was all clinical training, I was so much happier. That is when I fell in love with medicine. But more important, I fell in love with what I could do in medicine. It was a real high, and I just bloomed. After medical school, my husband Frank and I matched in the same internal medicine residency program at the University of Pennsylvania. Dr. Samuel Thier, who eventually came to Yale as the chair of Medicine, was director of the residency program at Penn. Again, I would like to point out that I was the only woman among my group of over twenty male residents for the whole three years that we trained. However, because I had an important job with a lot of responsibility, I received more respect

(although I was always mistaken for the nurse). Originally, I envisioned myself as a future primary care physician. However, I became influenced by the physician teachers who I thought were the smartest in the program, namely the nephrologists. They worked through complex problems and were experts in fluids and electrolytes, which I found fascinating. And there was one specific nephrologist who had a profound influence on me, Dr. Donna McCurdy, the only woman in the nephrology section at Penn. Not only was she brilliant, but also she was down to earth and loved by everyone. I thought to myself that I really wanted to be like her. She was my main role model early in my career and the only female role model I ever had in medicine. Unfortunately, she passed away at a young age, shortly after I completed my nephrology fellowship.

I came to Yale in 1976. After completing my fellowship doing research with Dr. John Forrest, I was asked by Dr. Sam Thier to join the faculty in 1978. My early research with Dr. Forrest involved study of the hormone vasopressin and its mechanism of action to promote concentration of urine in the kidneys. I subsequently started doing research with Dr. Ralph DeFronzo on potassium metabolism and its regulation by hormones and diseases which affect these hormones. For these experiments, I was using rats in the laboratory, but eventually I was involved in clinical studies as well. I really loved research. It was exciting. It was the work of discovery. Presenting my work at meetings was stressful, but it would always lead to a high and a sense of satisfaction when successfully done. Publishing the work and developing a national reputation was also rewarding. But it became increasingly difficult to stay engaged in research with all the clinical responsibility I was given. I was also assuming more teaching responsibilities in nephrology. I loved learning how the body handled salt and water, potassium and acid and helping medical students and residents understand this. It always turned me on, just like chemistry. I found I had a gift for teaching it, and after teaching for several years in the kidney module of the pathophysiology course, I became the director of that course, which I directed for fifteen years. I really enjoyed doing that, as well as teaching nephrology on the wards in both the hospital and in clinics.

My clinical work involved the care of patients with kidney disease, many of whom went on to develop kidney failure. Kidney disease can be silent, without early symptoms until not enough kidney function is left to reverse the course. I took care of many patients who never even realized they had two kidneys, let alone that both were failing and that they would soon need a new kidney (from a living or deceased donor) or thrice weekly dialysis treatments. In the early 80s, the Yale kidney transplant program started to grow under the direction of its founder, Dr. Bernard Lytton, and I became very involved taking care of patients and kidney donors before and after transplant. It was a very small program, but it was one of the earlier programs in the country. Again, as a woman, it was not a user-friendly field to be in because it was dominated by male surgeons who received most of the income and wielded most of the power in any program. Although a transplant nephrologist, which I was, took care of the patient before and after transplant, there was little recompense for that. Despite that negative

aspect, I fell in love with the field. The satisfaction a physician gets when caring for patients that get a new kidney is indescribable. People feel like they are getting a gift of life, and it is a real high to be part of that process. In addition, the art and science of transplant medicine is extremely challenging and engaging. One must be able to use enough immunosuppressive drugs to prevent a patient's immune system from rejecting the organ but not so much that it leads to opportunistic infections or cancer because of a compromised immune system. It's a real balance. When I first started in transplantation, there was about a fifty-fifty chance that after one year, the kidney would be rejected and a good chance the organ would fail because of this rejection reaction. Now, fast forward with new changes in drugs, technology, and the knowledge that patient-centered, team-based care of individual patients is superior: the kidney rejection rate is around 10 percent with over 50 percent of kidneys lasting ten years. I became the director of Transplant Nephrology in 1984 and remained in this role until 2001. Because of my large clinical load and my teaching responsibilities, I abandoned my hopes of continuing my bench research and, instead, became more involved in clinical studies, mainly in transplant. I had a deep interest in studying kidney donors. Although it was assumed one could live a normal lifespan with a single kidney, it was unknown whether this was true of kidney donors since there were no long-term, follow-up studies. I performed one of the original studies of living kidney donors and demonstrated the safety of donation long term in previously healthy, mainly white kidney donors. Eventually, I became involved in national studies surveying transplant centers on how they evaluated donors, which led to a set of national living kidney donor guidelines. The acceptance of kidney donors has evolved over the years, whereas previously, practice was ruled by physician opinion which was quite conservative and fearful of assuming any risk at all for the donor. Now, with an understanding of the importance of the patient's voice and shared decision making, the practice is changing and allowing a donor to assume more risk if they want to, in order to help a loved one.

Another inflection point occurred in the late 1990s, when the hospital decided they were going to hire a renowned figure in transplant immunology to serve as medical director of the transplant program in order to grow the research arm of the program. Of course, I would not qualify for this position as my research was not in this area. So I stepped down from my position but stayed with the transplant program and continued to see all my patients until I retired. At about that same time, Dr. Robert Gifford, who many of you know as a Koerner Fellow, was then the dean of medical education and student affairs. He asked me if I would assume directorship of the doctoring course (called the Doctor-Patient Encounter course), in which medical students learn their doctoring skills (i.e., how to take a history and perform a physical exam). Back then, the course was very small in scope. There was a growing movement in the country to allow medical students exposure to patients from the very beginning of medical school instead of toward the end of second year, as the Doctor-Patient course had done. There was also a move to minimize lectures in the course and implement experiential

practice sessions instead. So, because of these national trends and because Yale was encouraged to have a more robust program at the time we were accredited, I was given great license to grow a robust clinical skills program which would begin when students started medical school and continue for two years. Although I was not a certified expert in clinical skills training, I was confident I could do this because I was informed and inspired by my years of practice. Yale School of Medicine is also rich with superb clinical faculty, many dedicated to the goal of training the next generation of physicians. So, with some resources and modest salary support for faculty leaders, I was able to recruit such wonderful faculty as Auguste Fortin, Paul Kirwin, Barry Wu, Rick Haeseler, and Matthew Ellman, to name a few, who helped me create the weekly sessions that became known as the Clinical Skills Program. I also created a robust list of faculty, called clinical tutors, who would bring medical students to the bedside of willing patients weekly to practice their skills. I suspect I was able to recruit so many busy doctors to volunteer because the emphasis in the program was on the importance of the doctor-patient relationship being relational and not transactional. This is very different than the emphasis in current clinical practice where a business model often dominates the ethos of practice. So, by participating in this program, busy clinicians were able to emphasize what they thought was most important. This period was one of the most creative times of my career, in part because of all the incredible talent and passion of Yale clinical faculty. For years, we kept building and expanding sessions that extended into the latter years of medical school as well. It was a real privilege to have the chance to do that. The Clinical Skills Program is now institutionalized, embedded in the school's curriculum, and I am very proud of that.

Perhaps the most important inflection points in my life, if not my career, happened in 1986 and 1989 when I gave birth to my two sons. I was forty and forty-three years old at the time. The reason why I bring these events into this narrative is because they affected me significantly. For a time, after each birth, I fell completely out of love with medicine. It didn't last forever, but I was just not that interested anymore in everything in medicine that had turned me on before. It also created a tremendous amount of conflict in my life, creating even more challenges than those already present. Now, in addition to teaching, clinical care, and clinical research, there was an even more important role for me to play, being a mother. I started to become obsessed with the holy grail of balance, but it was becoming even more complicated because I now had a national reputation and was being invited to give talks, join the Nephrology Section of the American Board of Internal Medicine, and to write National Board questions for nephrology certification – all of which required travel. And yet I didn't want to travel because my heart was home. So it created a lot of challenges and a lot of conflict. I was frequently asked the question, "How do you juggle everything?" The honest, truthful answer is I didn't. There was always a ball being dropped. I never did come close to achieving that holy state of balance until I retired. But it was so worth it, as I have two very wonderful boys.

In my final moments of this talk, I want to talk about women in medicine. It is so different now than when I first entered the field. When I joined the faculty at the medical school, I was the only woman in my section of nephrology for the first fifteen to twenty years. Now, there are countless, although still not enough, in leadership positions. I regret not being more outspoken during my earlier years. Originally, I totally accepted that academic medicine was a patriarchal system created by men for men, many of whom had wives at home doing all the chores so they could pursue their career. I became more outspoken later in my career, with more confidence and under the influence of more women in medicine. I have forgiven myself for not speaking up earlier in my career. Women entering medicine when I did, women who really wanted to make it and get respect, did not talk up either. Now retired, I continue to serve on the committee for the Status for Women in Medicine at the medical school, because there is still so much more to be done and also because it is my way of making up for the years when I was silent.

So what have I learned in my career? From patients, I have learned about the depths of resiliency, the mountains of courage many of them have, and the continued ability to cope with suffering amidst uncertainty. As I think about my patients, I have so often said, "there, but for fortune, go I." I have also learned that the doctor-patient relationship is bidirectional with the doctor getting as much out of it as the patient. In my later years, my patients also taught me to have a much better understanding of the issue of patient nonadherence – a source of distress for many medical providers. This distress is especially true in the field of transplant because nonadherence with the prescribed drugs or treatment plan can lead to loss of a precious organ. However, I evolved to understand that, for some patients, nonadherence can be a coping mechanism; a pathway for exerting some control. It is all some people can do to control whatever they can control. I have also learned much from students and residents-in-training and from incredible faculty at Yale. But perhaps some of my best teachers have been my children. My oldest son earned a PhD in anthropology and is fervently looking for a full-time position in higher education as he works as a visiting assistant professor. Of course, we argue incessantly. He knows everything, while I know nothing. He is the smart one who understands the way the world goes around, and I don't. However, that said, he has incredible insight and interpretations about many things that I would have never thought of. And he really does influence my own perceptions as I continue to learn from him. My younger son is currently a resident in the Yale Emergency Medicine program. I continue to admire how he takes care of himself. I never took care of myself the way he does when I was in training. He is very centered on creating a balanced life and will likely achieve it in his medical life better than I ever did. And so, I continue to learn much from my children.

Regrets, yes, I have them. Everybody does. I won't list them now, but I do have them. That said, though, if I have to add up the good, the bad, and the time commitment in all the aspects of my career, I would have to say that my most important

sentiment is one of gratitude. I am thankful for all the opportunities that I had to serve in the ways that I did; for the privilege of making a difference in patients' lives; for the ability to contribute to the field of kidney transplant, which is one of the most exciting areas of medicine one can find; and for the ability to teach the science of how the body works to future physicians. I am also grateful for the opportunity I had to build a robust program of clinical skills for medical students which has now become a permanent part of the Yale curriculum. All of these opportunities gave me a great sense of purpose in my career. Last, but not at all least, I have gratitude for having served and spent all this time going through my career with my best friend for over sixty years and my life's partner, Frank Bia. So, thank you.