“We cannot live only for ourselves. A thousand fibers connect us with our fellow men: and among these fibers, as sympathetic threads, our actions run as causes, and they come back to us as effects.”

— Herman Melville

“It really boils down to this: that all life is interrelated. We are all caught in an inescapable network of mutuality, tied into a single garment of destiny. Whatever affects one destiny, affects all indirectly.”

— Martin Luther King Jr.

How does one build and maintain connections? As the above quotations suggest, to have a connection implies an affinity to another person or persons. In medicine, as in politics, religion and in personal relationships, building connections is imperative. A connection can be as simple as relating to a child on his or her level or complementing a stranger on his or her appearance. It can be as complex as the relationship a priest has with his parishioners or a police officer has with a person she has arrested. Connections in this era of social media are both more far reaching and more superficial at the same time.

As a physician, connections can help to build a practice, or allow a patient to feel more involved in a medical treatment. Connections between physicians can also lead to better patient care. A good connection between a patient and his/her physician can delineate the difference between being a doctor and being a healer. Patients will follow physicians with whom they have made good connections through many changes in location or employment.

In addition, the bonds that are built may mean that decisions we make have repercussions other individuals, for positive or negative.

When I was in medical school, I took anatomy, as most of us did. My school had a body donor program not unlike the one that Texas Tech will be starting soon. I worked on an 80 year old man’s body for most of that first year, along with 3 of my classmates. During that year, we all grew to feel like we knew this person—in life—not just in death. We gave him a name, Theo, and we talked to him as we worked on his body. “Now, Theo, we will be dissecting your abdominal muscles. Boy, you must have been a body builder because your muscles are in fine condition...” We asked him questions, “Theo, did you have any grandchildren? What were their names?”

We created a life story for him as his body educated us. We established a connection with a personality that didn’t actually exist. After the end of our anatomy course, our professors had us all write a story, poem, memory about the person who had donated his/her body to the course. The four of us who worked on Theo had no problem completing this assignment because we felt the story was already written. We held a memorial service for these individuals and the audience consisted of other medical students, professors and some of the family members who had donated the bodies in the first place. The whole experience generated another connection—that between the families of the dead and the students who were in debt to their donations. It was a very powerful and long lasting connection----it allowed us to view how these individuals were loved when they were alive and it allowed the families to view how their loved ones were cared for after death. It was reincarnation in its simplest form.

In the days that come, with changing insurance mandates and new organizational associations, we must begin to pay more attention to the connections we already have and how we can preserve them in the future. It is much easier to break a connection than it is to maintain one. The connections we make now may create opportunities for us we can’t even imagine and may, in fact, bring solace to those who know us after we are gone.

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