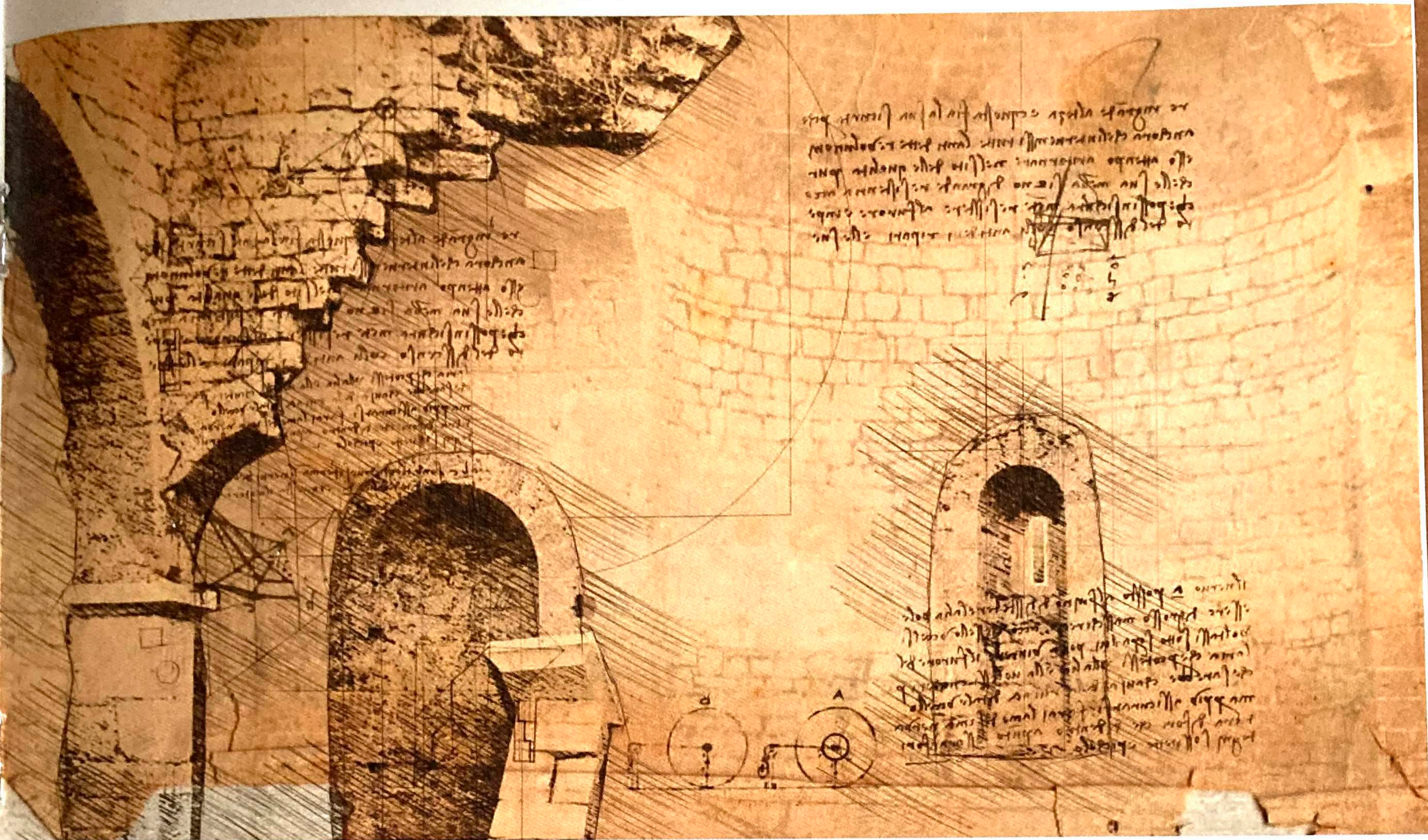
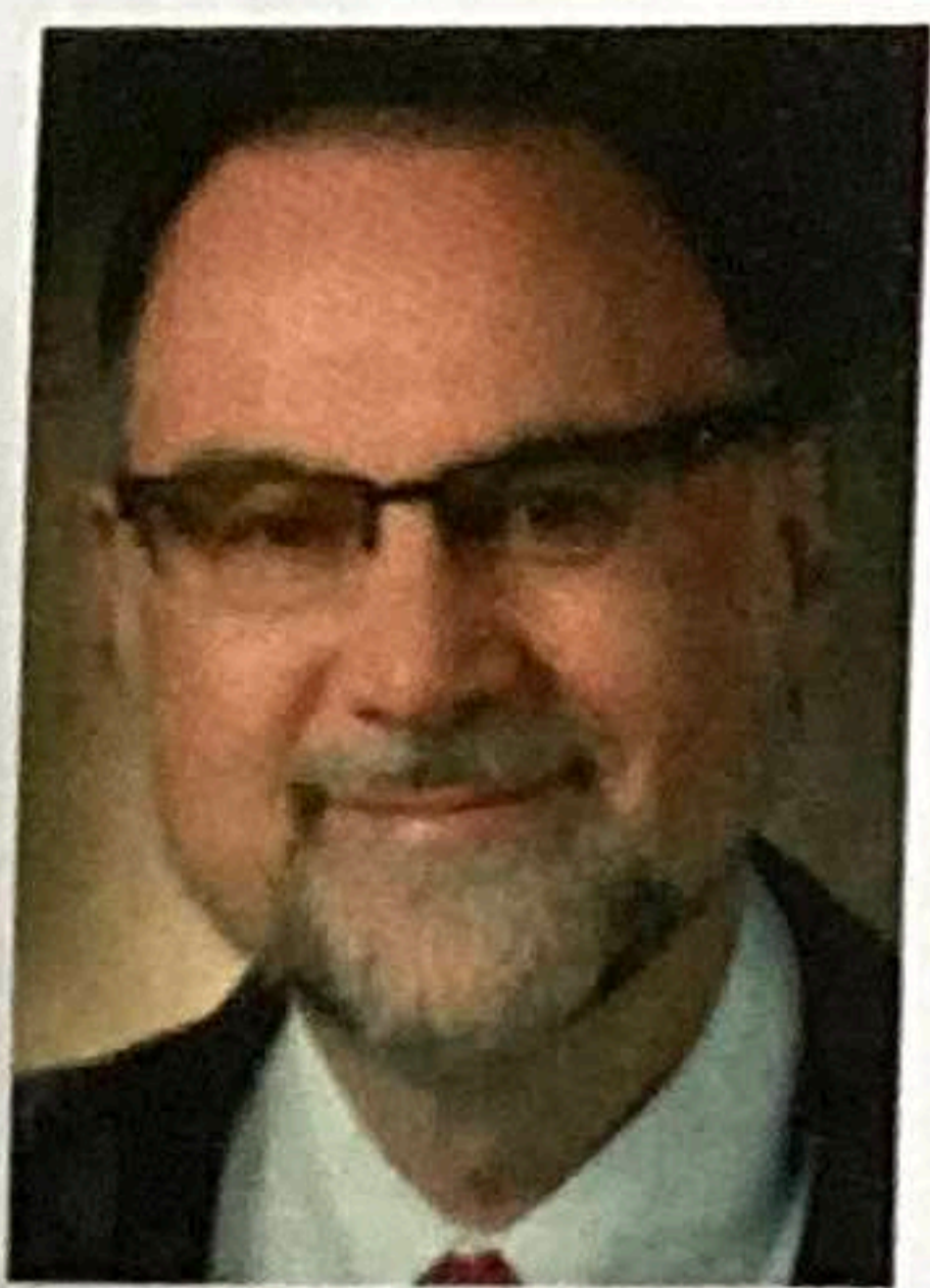


Scalpel over Starcaster



by DONN CHATHAM, MD



Taking a look at one's career using the retrospectroscope may beg the question: "What might I have done differently?" If I had not become a physician, what then? Ask a kid what they want to be when they grow up, and one may hear cowboy, astronaut, movie star, president or zookeeper...and many other worthy occupations.

For us doctors, the white coat ceremony marks the end of "non-physician life" – life as we knew it is over. One is now a real "doctor." But what if...?

As the son of a small-town family doctor I was well-acquainted with the rigors and demands of primary care medicine, cradle to grave care. But medicine as a career was not actually on my radar. Having a musically accomplished mother (music composer and church organist for 55 years), she would corral me into music lessons. I wanted to play the drums or maybe guitar but came home from school one day to find a cello in the living room. My mother feared I might emulate Elvis Presley and Elvis did not play the cello!

Weekly lessons and playing in the Louisville Youth Orchestra soon followed. While I do appreciate classical orchestral music and the magic symphony that is created when disparate players each with their special instrument become one, I gradually opted out.

College studies focused on psychology and art, major and minor respectively. I was always curious as to "Why do people do the things they do?" Plus I always was "drawn" to drawing and sketching. Maybe I could become an artist, putting paint to canvas or chiseling out unique sculptures from wood or stone, each an inspired masterpiece. But I did not personally know any self-sufficient successful artists and visions of the prototypical starving artist were not appealing. I did know some photographers. Maybe photography as art might compliment my other renderings and I often found the faces of people intriguing.

College graduation was followed by a position with Kentucky state government in a fledgling drug abuse prevention program. But I saw no long-term pathway there with my lowly BA degree, and many of my co-workers felt micromanaged by upper-level professionals. I wanted to be an "upper-level professional" so it was

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off to medical school, seeking to become a psychiatrist. After all, I was told I was a good listener, empathetic and I did like psychology. Hello reality: clinical rotations on the psych ward and the harsh realities of psychopathology soon convinced me this was not my real calling either.

Now I always had great admiration for those physicians who moved to exotic faraway lands to serve indigenous tribal people: Albert Schweitzer, David Livingstone, Paul Brand – Africa or Amazonia or anywhere. A medical missionary is truly a noble calling and medical and surgical care would be life-altering for appreciative locals. But was it for me?

Being always good with my hands with crafts and creations, I easily took to repairing lacerations and post-surgical wounds on my med school surgical rotations (confession: I did not easily take to differential diagnoses and interpreting esoteric laboratory results... and I can be impatient while searching for the “cure”). I just needed to find the right specialty.

Memphis was the landing spot for an old-fashioned “rotating internship” and its multiple surgical experiences, a new specialty each month. It was here I became friends with some other doctors-in-training. We formed a rock and roll band, learning by ear favorite songs by The Beatles, Stones and other groups of the 70s. My pawn shop Fender Starcaster was mine to hold, strum and practice new chords. Maybe those cello lessons helped after all! “The Pacemakers” would play a party for beer and a little applause (we once recorded a tape of our “top hits” at Sun Studios, under the watchful photographs of previous session greats Jerry Lee and Johnny Cash...and Elvis). Though we were residents, might we take our band to the next step, maybe opening for an established performer or even getting paid a little to supplement our meager resident salary? R&R bands looked cool, and guitarists attracted the girls, didn't they?

But the realities of residency and later fellowship harkened. Opening a private practice focused on facial plastic surgery in Louisville and Southern Indiana was my destiny.

Now, 38 years later, I sometimes wonder what life would have brought had I seriously veered into a different pathway. Artist? Photographer? Guitar player? Psychiatrist? Medical missionary? Following a bit of introspection and analysis, in some ways perhaps I did.


When I mend a face torn apart by a windshield or canine incisors, when I help reposition a kid's protruding ears into a more socially pleasing place, and when I help surgically improve the form and function of a young woman's outsized nose into one that she's confident with, have I not taken the path of the artist? Using scalpels, implants and fillers, dare I say sometimes even “sculpting” faces, all photographically digitally documented by me and my Olympus.

Before entering the surgical arena, the blueprint for each pa-

tient's procedure is carefully composed but with the knowledge that it may need creative alteration due to unforeseen challenges. Elective aesthetic procedures are often designed using time-tested principles and proportions, as old as DaVinci's geometric and facial architectural drawings. Cancer removal creates new defects of the flesh, often requiring skin tissue flaps based on meticulous geometric design. A badly traumatized facial injury is reconstructed using sequential architecturally sound and measured steps, following a composition based on the proven works of pioneering mentors. While not a symphony per se, in the surgical suite we players seek to harmonize together as one, each with unique skills and talents. Surgeon, assistant, anesthesiologist, CRNA, nurse: they all bring singular training and experience in “playing their unique instruments.” With the tunes from my iPod in the background, it is a special space, even sacred, orchestrated with intentional care. Though our “audience” may be asleep on the table, we perform our best, praying their improvement and appreciation will soon follow.

As for psychiatry, we physicians are charged with careful listening to our patients, seeking to understand and offer pathways to improved health. Listen attentively and we become encouragers and trusted allies. I am not a trained psychiatrist, but do try to offer understanding, comfort, empathy and guidance.

Medical missionary? My medical degree and surgical skills became the passport to rich and challenging short-term medical mission experiences in St. Vincent Island, Croatia, Borneo and Ecuador. Each experience is special.

I'll never know what may have happened had I actually pursued a full-time career into the visual arts world, or taken a hiatus from residency to practice my guitar licks, or maintained my psychiatry training route or accepted a long term missionary assignment. “If I weren't a doctor,” might I have become the musician, or the artist or the medical missionary? But perhaps I have, or at least do, inhabit just a small place in these unique and diverse worlds. This leads me full circle, and for these blessings I don't think I would change a thing. 

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