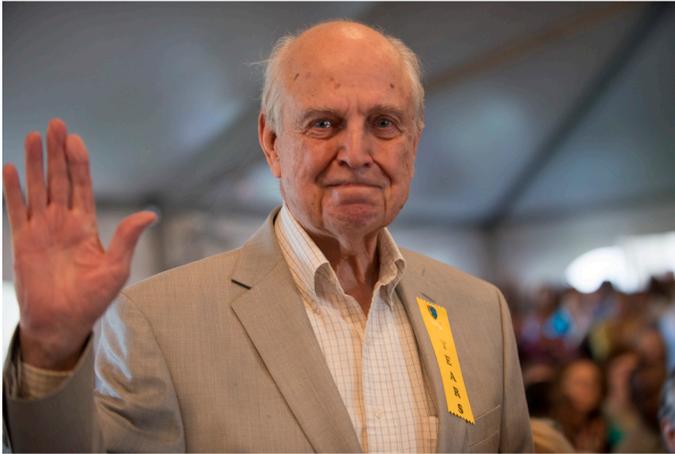




John D. Stoeckle



*Photograph courtesy of the John D. Stoeckle Center for Primary Care
Innovation*

“The doctor should never forget he is treating the person and not the condition”

At the time of his death at age 97 in April 2020, John Stoeckle was widely held to be one of Harvard and MGH’s consummate physicians. Teacher, mentor, scholar, physician extraordinaire, John was raised in Sturgis, MI with deep first-generation values of hard work, intellectual curiosity and service to others. At Oberlin and Antioch for college in the early 1940’s, John became interested in social activism and began to think for the first time about becoming a

physician. Accepted to HMS, he contracted TB while working as a clinical clerk on the wards at the Brigham. He was sent to Trudeau Sanitarium near Saranac Lake in 1946 to “take the cure”. His time in the Sanitarium was one of the most formative experiences of his young life where he first began to see the power of self-reflection as a means of personal growth, as well as to understand what it was like to have a chronic illness. What encompassed healing in those 14 months? Creating a web of trusting relationships with other medical students who were similarly affected, reading extensively, working up new TB patients alongside the physicians, observing, always observing, everything-- from the organizational structures of the institution to the nurses’ interactions with patients to hearing the voices of empathy toward those who were not going to survive. After returning to HMS (and marrying Alice Augusta Young), then MGH for residency, he translated all that he had learned about doctor-patient relationships and doctor-colleague relationships, into the foundations of the structure of the MGH Outpatient Department in 1952, when he was appointed its first director.

For his entire career, he worked every day in patient care. Patients flocked to him, some with appointments but many without. His waiting room was eclectic, the well-heeled from Beacon Hill mixed with the aging immigrants from Boston’s North End. His patients would show up at 7 AM and 5 PM, knowing that he would help them. John’s accommodating office hours reflected his broader commitment to accessibility and inclusion. This applied to his colleagues in the MGH Internal Medicine Associates, a hospital-based

*In tribute to their dedicated efforts to science and medicine, deceased members of the Harvard Faculty of Medicine (those at the rank of full or emeritus professor) receive a review of their life and contributions with a complete reflection, a **Memorial Minute**.*

Internal medicine practice he founded in 1971. John's door was open for the casual conversation or the deeper discussion of any issue. He thrived on brief but highly personal encounters. His staff marveled at his energy and his prodigious recall of specific details.

Hanging out in John's office late Friday afternoons, several of us would dream of health care reforms, only to find him thinking about how to actually realize them. "Go see Dr. Leaf (Chief of Medicine) and tell him what you have in mind" was his typical refrain with a twinkle in his eye in response to our expressed fantasies. Behind the scenes and unbeknownst to us, John would be lobbying Dr. Leaf for our requests during their daily commuter train ride in from Winchester. The responses were almost invariably positive, making MGH an early leader in general medical education and primary care residency training, clinical practice, and research. Given his remarkable mentoring, many alumni of John Stoeckle's Friday afternoon sessions went on to distinguished careers in primary care internal medicine, achieving national recognition, professorships, and leadership positions, but most importantly, fulfilling careers in the personal care of patients.

For John, day-to-day patient care was seamless, every day an unpredictable flow of concerns. Many problems were based in pathophysiology, but many were more elusive, more rooted in fears or remote, haunting memories. Those in the latter group appealed to his deep human curiosity and inspired one of the key themes of his academic career. Motivated by his commitment to writing, he spent nights and weekends working with colleagues in sociology, anthropology, and psychiatry exploring concepts of amplification, somatisation, and the interface between illness and apprehension. He would later call this "patienthood as seen from the perspective of the patient and the doctor."

As an active practitioner and keen observer, John defined a new persona within academic internal medicine, that of the clinician, educator, and writer. He believed that patient care amidst the vagaries and unpredictably of outpatient primary care practice must connect the "technical and the humane." For John, surrounded by the exploding expertise of his colleagues, the front-line work remained the most challenging and the most essential. Those familiar with his daily routines saw the consummate integrated clinician. But there was much more to his academic life. John understood the need to explore the patient experience with his own qualitative research and incorporate what was being written about medicine outside of medicine. With this, he led the development of the foundations of primary care practice and patient-centered care..

John saw the need and a future for primary care at Mass General Hospital long before it was considered an important clinical service. He led its growth at MGH decades before it was on the radar at most other academic medical centers. He instilled his values of championing care of the poor and people from vulnerable populations into thousands of clinicians who have strived to emulate him around the world. In 2001, the Stoeckle Center for Primary Care Innovation was launched in his honor and has continued his work by expanding mentorship of students and trainees in primary care, supporting primary care innovation and redesign, and expanding research within our field, especially in the area of shared

decision making, practice transformation and patient-centered care. Members of the Stoeckle Center were routinely asked to give him regards from people he influenced all over the world.

John's scholarly contributions were innovative. His early studies focused on berylliosis and lung disease due to coal dust exposure. He not only described lung disease due to beryllium, which was ubiquitous in the fluorescent lighting industry, but opined about its control through policy changes to prevent workers being exposed to beryllium in the first place. This search for "upstream" causes and solutions to diseases rapidly became a theme in John's research. He was also very interested in how diseases interacted with patient personalities to influence their presentations and natural histories. For example, his descriptions of lung diseases in soft coal miners included not only the expected descriptions of pulmonary function and x-rays, but also extensive interviews on what made miners accept the known risks, avoid medical care despite symptoms, and in some cases continue exposure with known disease. John went on to study the reasons patients sought medical care, and why patients with depression would sometimes visit the medical rather than the psychiatric clinic. Again, the theme of looking upstream beyond traditional medical boundaries for causes. In his classic paper on social work in a medical clinic, John addressed the social determinants of health and how practices could address them through team-based care...both ideas ahead of their times. He also wrote about the importance of community health centers, not only as care providers, but also as laboratories to study the health of populations with, "...a special demand for social accounting and a research interest in the social basis of health and illness."

As a mentor, teacher, and steward, John excelled. John's enthusiasm for patient care was infectious. Those Harvard students who worked with his patients under his supervision were forever changed. From John they learned the meaning of doctoring and the value of personal connection that forms the basis for trust. His personal example of humility, devotion to patients, and a "let's-go-for-it" attitude inspired generations of Harvard students and residents, helping them realize their potential as future leaders. From his early years recruiting first-year students to try patient interviewing - long before it became routine - to championing establishment of the nation's first primary care internal medicine residency, John pioneered the general medical education of all physicians and the modern training of the new generalist physician. His emphasis on the doctor-patient relationship became a nidus for patient-centered care decades later. Along with psychiatric colleague Aaron Lazare, he explored a negotiated approach to patient care, presaging shared decision making and emphasizing its importance in his teaching of personalized patient care.

On a very personal level, John was warm and engaging. He would almost always open a conversation with his customary line "greetings and salutations". The greeting was always accompanied with a genuine sense that he was delighted to be catching up. John was a great example of what one would call an active listener. He always seemed interested in what you had to say, never seemed to let his mind wander, and always rewarded you with a great question when you had finished speaking. Even in his last years, he had a profound interest in hearing updates about Mass General, Harvard Medical School and the role of primary care in both. He would often clasp his hands together with each piece of good news,

simultaneously expressing wonder and satisfaction that the work was continuing.

It seems most appropriate to end where we started, with John's view of the patient. John helped launch and shape the principles of patient-centered care, ensuring that care addresses what matters most to the people for whom we care. His influence helped create a blueprint for how to strengthen clinician-patient relationships to achieve improved clinical outcomes. John Stoeckle personified these principles in all his interactions: a respectful focus on the person in front of him, boundless curiosity about their mutual connections, and a healing presence like no other. He had the gift of creating deeply human connections with everyone he encountered. What a lesson for our age.

Respectfully submitted,

Joshua P. Metlay, MD, PhD, *Chairperson*

Michael J. Barry, MD

Susan M. Edgman-Levitan, PA

Carol M. Ehrlich, MD

John D. Goodson, MD

Allan H. Goroll, MD

William A. Kormos, MD, MPH