**Medical and philosophical musings:**

**“One day, I shall flee this place!” / Toxotis’ dream comes true, or does it?**

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Running Title: Medical and philosophical musings

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**Abstract**

In this article, a fictionalized medical career intertwined with life hardships, politics, medical politics, philosophical worries, ethical musings and birthplace nostalgia is outlined.

**Key words**: pupil; student; medical school; physician; village; musings; academia; politics; corruption

**Introduction**

Many a time, life hardships provide the impetus for people to try to excel in life; however, events that follow in this life journey may be overwhelming. When one wishes to escape from the misery of poverty indigenous in one’s birthplace, it may turn out that life events lead that person back to the native place that serves as a magic source of energy, a refuge of tranquility and a reminder of own’s roots (1,2).

**Toxotis’ Fleeing Chestnut Village to Capital City**

A little boy, whom we’ll call Toxotis, in a small poor village sitting on a rock and gazing at the sky, watching a plane flying high, made his prediction: “one day, I shall flee this place!” A few years later, his family, thanks to the father’s struggles to provide a better life for his family, did flee that place to the country’s capital, but kept returning and spending summer vacation for many years to come.

Poverty and hardship marked the new life in the city for many years, but the little boy kept his focus on getting an education for a better life. Parents were supportive but struggles and obstacles lurked in each step of the way for a long time. The father, an uneducated and unskilled laborer, was the only provider for the family working long hours, while the mother had the responsibility of the household and the task of raising her two boys at home. Both parents had suffered a great deal during their early years in the village struggling to survive with meagre means and now in a big inhospitable city and environment embarking on a new life adventure with no provisions, there was scare but also hope, optimism and dedication.

Toxotis had just finished his third grade in elementary school while in the village and continued on in the city to complete his primary education. He spoke the dialect of his village for a while and this made him a target for ironic and mocking comments from some of his fellow pupils and this was continued on for some time until he was able to blend in. He shrugged this off and it did not appear to have any effect on his psychology as he remained focused on getting on with his education. He had important support from a few other classmates who had a more mature attitude toward outsiders and newcomers. He became close friends with one of his fellow pupils, George, who was very supportive and assisted with his adjustment to the new environment. They used to not only play but also study together taking turns in each other’s homes. The school master was also very supportive for these fragile initial few years. Then, Toxotis continued on in the secondary school which was, at the time, integrated with the Lyceum into 6 grades before one could continue on with higher education at the university. Despite the hardship and the difficulties with life at home, Toxotis was able to excel in his curriculum and early on made plans for becoming a physician.

Getting back to the remembrances from the poor village, his parents never forgot their roots and every summer they spent almost a whole month vacationing in this mountainous village together with their two sons. Toxotis kept joining them almost every single year that he remained in the country, that is throughout his years of schooling and undergraduate education.

**Medical School**

During the national entrance exams for the Medical School he succeeded and was 25th in the list of 325 successful candidates among ~7000 contestants. This successful entry was more important to the family as he managed to make it into the list of the local medical school; the only other medical school at that time accepting students was located in the northern part of the country at a very remote distance and this was no option for him for financial reasons.

He and his family were thrilled with this successful entry into the medical school, but the 6 years ahead of medical education were not easy at all, again for reasons of financial hardship. However, he was able to excel again in his studies and a little financial help came from a small scholarship from the State that he was able to maintain throughout medical school. While in the Medical School he realized that coming from a low social rank and having no connections whatsoever, it would be difficult for him to get a proper specialty training in his country, where only well-connected individuals used to flourish. Thus, early on he embarked on studying from American medical books in order to be able to continue on his medical training in the U.S. after his graduation from Medical School.

At that time the requirement for entering the American medical training system was the ECFMG certificate, but for his bad luck the requirement was changed just as soon as he was able to obtain this certificate while he was completing the 6-year curriculum at the medical school and getting his diploma. The new requirement that was set in place, called visa qualifying examination (VQE), demanded testing in the basic medical sciences, which were part of the early education (first 3 years) in the medical school requiring more time to be allotted for preparation and considerable delay for starting specialty training (later these two-part exams were integrated into the USMLE part I and II) (3). Hence, he made a decision to go on with his drafting in the military to complete his military service obligation, instead of taking advantage of a continued postponement. Meanwhile, he decided to take his chances despite a very short preparation time and take the exam for the VQE certificate, just for the sake of the experience and familiarizing with the new test, considering that it would be almost impossible to succeed and while in the army he would have plenty of time to prepare himself for a retake. Thus, he took the exam and immediately afterwards he started his military obligation. Three months later he learned that he had passed the VQE exams but now he had to finish his military service before making new plans for traveling to the US for medical training. Unfortunately, the military service at that time was inordinately lengthy (28 months), but the obligation would have been fulfilled and it would be out of the way during future planning.

**Journey to the US**

Having the two certificates (ECFMG and VQE) at hand, Toxotis had to start seeking acceptance into a US medical Institution to start specialty training. This was not an easy task, since everything had to be done via manual search in the list of US hospitals at the local Fulbright foundation and then send the applications via snail mail at the time, and wait for a response. About 250 applications were sent out and one tenth of the receivers replied back, but only 3 seemed to potentially accept the applicant with the provision of a successful interview. However, traveling to the US for an interview was out of the question due to financial constraints. Fortunately, these three hospitals were willing to conduct an interview over the phone and thus this biggest obstacle was surpassed.

Phone interviews went very well and all three hospitals offered him a position in their program to start training in the specialty of Internal Medicine. The choice was relatively easy, as one of the three hospitals was located in New York, while the other two in the Midwest. Hence preparations were made to enter the training program in the New York hospital, starting on July 1. Meanwhile, the home country had another requirement beyond the military service, namely the rural service that a young doctor had to complete before starting specialty training, which took him almost to the end of June before travelling abroad to join the training program in the US. This service was most useful not only for medical practice purposes but also provided the financial means for his initial travel to the US.

Toxotis was fortunate enough to have distant relatives (early emigres to the US) from his mother’s side living in New York and two grand aunts, both named Voula, and their families provided most valuable assistance during his first days and months after his arrival in New York. The apartment that was arranged to rent was not available upon his arrival, and these relatives were kind enough to provide accommodation during the first two weeks. Life in New York was exceptional, albeit hard, due to his exhaustive duties at the hospital, where he had to be frequently on-call during the first year, which meant a 36-hour sleepless duty period every third or fourth day. Life was also hard due to nostalgia of home and beloved persons, mainly parents and brother left behind in the home country, and the fiancée who could not follow him from the start. One pleasant big surprise awaited him in the initially empty studio apartment that he rented, when a big bouquet of flowers was delivered and filled the apartment with aroma and sentiment, arranged by his beloved fiancée, whom he called Susuni.

Susuni was finally able to pay him a visit a few months later and stayed for a whole month. During this month, despite a busy and hectic on-call schedule, they were able to go sight-seeing in New York, including visiting the statue of Liberty, as many times as he was never able to repeat in the ensuing future. Being young and in-love does miracles!

The 3-year training in internal medicine went very well and Toxotis excelled in his duty performance and together with his colleague, Sushil, they were selected to serve as Chief Medical Residents placed in charge of the whole training program during their third year of medical training. This was a unique experience of educational and managerial duties, coordinating and being in charge of running a training program of ~50 medical residents. The job also entailed the selection of ~22 first-year medical residents (interns) who had applied to enter the training program among ~2500 petitions and conducting interviews for selective candidates totaling around 250. Seeing this process from the inside, Toxotis realized how fortunate he had been in having his own interview conducted over the phone when he initially applied to this program and not having to travel overseas for this interview, which he could never have afforded anyway!

**Subspecialty Training**

Three years went by during his medical training in New York and it was time to proceed with subspecialty training, which was planned to be in Cardiovascular Medicine (Cardiology) and Cardiac Electrophysiology. Here some big bureaucratic problems emerged. The initial written release obtained from the home country government that was required by the ECFMG for visa purposes had to be renewed specifying the field of subspecialty. Thus, Toxotis visited the Ministry of Health in his home country during summer vacation (which he was now able to afford) and asked the officials for this new written release which was a typical written statement offered to their nationals by every other country in the world when they wanted to enter US training programs, stating that “there is currently a need” for trainees in the particular subspecialty in which training was sought. Importantly, the year that Toxotis left his country, a new socialist government had formed and it was stated that the party line was that of “national pride” meaning that “the country did not have a need for US trained physicians” even if the suggested subspecialty (cardiac electrophysiology) did not exist in the country at that time! The appointment with the Health Minister himself was of no help and the irony was that at the end of the meeting he informed Toxotis that his own daughter was in a training program in Long Island, NY; it was ok for his offspring to enjoy the privilege of American training, as long as this privilege remained out of reach for everybody else for the sake of socialism and “national pride”! Finally, the problem was solved as the ECFMG accepted the modified release provided by the ministry department.

Toxotis remained in New York for another 2 years completing his training in Cardiology and then he was fortunate enough, thanks to the reference letters provided by his trainors, to find a position for the subspecialty of Electrophysiology in Boston. Meanwhile, at the end of his initial three-year medical training, Toxotis married his beloved Susuni who joined him in New York, and now with this new fulfilment in his life, he continued on with renewed zeal and zest. The couple had three beautiful children, one born in New York and the other two in Boston. The team of colleagues in Boston during the subspecialty training and afterwards were superb people who supported Toxotis and his family throughout the training period and afterwards, asking him to join the Faculty, which he enthusiastically did.

**Returning Home**

While having a great time in the US, progressing and thriving, nostalgia for the home country and family members left behind was always smoldering, and there were family discussions about a possible return to the home country. During one of his visits back home, Toxotis visited the Ministry of Health to inquire about possible jobs available for expatriates wishing to return home. The socialist party was still governing at that time and the official responsible for job assignment in the public sector, not bothering responding to any kind of greeting gesture, in his jeans attire and having his booted feet on the desk, was blunt: “even if you are a Harvard professor, you have to start from scratch as a registrar” (lowest rank). When Toxotis naively informed him that he was already an assistant professor at a university neighboring Harvard, then the guy’s face gleamed and gloatingly repeated himself “you’ll start from scratch as a registrar”. This was the punitive attitude at the time of home country officials toward any scientist trained abroad who wished to repatriate him-/her-self. It took a few more years for the family to decide on repatriation while in the meantime Toxotis had been promoted to associate professor, and when the opportunity, as they thought, arose with a new position opening at the highest rank of full professorship back home at a new provincial medical school that had recently opened, they made the most difficult decision in their life to start preparing for their return home. It took a while until all the bureaucracy was fulfilled for such an endeavor, and finally the family returned home after an approximate 15-year of absence.

**Reality Shock at Home**

Returning home was supposed to be a pleasant experience at all levels. Indeed, this was the case with regards to family reunion and homeland social and cultural activities. However, job satisfaction was absent from the start. The university hospital in the province, although quite close to the capital, had no infrastructure or supportive staff or services for the performance of even elementary professional activities. The major concern of all parties involved was grossly bureaucratic and how to intrench their territory rather than engaging in collaboration. There was a lack of professional attitude in all aspects of practicing medicine. In the beginning and for the duration of a whole year after arrival (and, of course, for many years before), cardiology services were offered to patients in a 5-bed room within a ward of the department of medicine. A year later, 7 beds out of 14 available for a new cardiac care unit opened up to accept cardiac patients; the other 7 beds, due to lack of nursing staff, remained closed for the next 10 years! It took another year to open 27 beds in the cardiac ward to offer full cardiology services to inpatients. Fortunately, a catheterization laboratory had already been functional where coronary angiographies were being performed by a colleague already practicing cardiology at the hospital for a few years. Building and running an understaffed in-patient cardiology clinic with untrained medical and nursing staff was no easy task. Nevertheless, within 3 years, all cardiology services were up and running, including subspecialty services in interventional cardiology and cardiac electrophysiology and pacing. Of course, all these efforts and dedication of medical and nursing staff were only appreciated by many patients and their families but not by colleagues of other specialties and more importantly these efforts were not appreciated or supported by the administration. Of note, the hospital was run for many years by party members who were candidates for the parliament but had never been elected! Meritocracy was absent and mediocracy reigned in the country.

There were party factions operating both within the hospital and the university with opposing ideas and actions that would not allow any real progress to be made or supported; everyone wanted to avail from these political activities for own interest and advantage. The chairman of the department of medicine wanted to be in charge of all medical specialties, reminiscing past experiences from the US, while everybody else was fighting for independence. Thus, there was constant fighting among cliques and whoever would not submit was ostracized. Toxotis would not submit to any of these cliques, his only concern being the care of his patients and education of the students and specialty trainees, and therefore remained constantly a good target for those in power.

Having in mind all these aberrancies, one can easily understand why Toxotis was struggling with job offers from the US during the first 3 years from his return and indeed accepted to travel back to the Sates for several interviews; some of the offers were very enticing and some very lucrative. However, finally after discussions during lengthy family sessions, the decision was to concentrate on making life livable in the homeland rather than returning to the US.

**Returning to the Capital City**

With the completion of a full 10-year period at this hospital, it was time to return to the capital city and be closer to family rather than travelling back and forth. Thus, Toxotis applied for a non-academic job at a large hospital in the capital city and after unbelievable politics and games, he managed to get the job of running a large department in the center of the city.

During the selection process, even the professor who was one of the committee members and had known Toxotis’ qualifications for a long time and on several occasions had stated in the past that they were superior compared to other candidates’ qualifications and had declared his support, at the very last moment he turned against Toxotis’ candidacy apparently yielding to pressure and leverage imposed on him by party and factions supporting another candidate. However, thanks to the support of the other members of the selection committee, Toxotis won this first fight. The story though continued as one of the other colleagues who was candidate for the same position appealed to the Minister of Health to annul this committee’s decision on the grounds that Toxotis’s duration of practice of medicine in the country was trailing his own, entering an unbelievable demand in his appeal that the time that Toxotis had practiced cardiology in the US should not be recognized as a qualification. But this candidate was not alone in the world of the absurd, as the Minister of Health accepted his appeal and asked for a repeat selection process. Thus, a new committee convened 6 months later to render a new decision. Fortunately, the members of the new committee were all rational and re-confirmed the initial decision. As a corollary in a surreal situation and a theater of the absurd, the other candidate who lost his case, did not give up, and proceeded and brought his case in court, and it took several years afterwards to finally have this issue settled legally, with all the ordeal that such a process entailed.

Meanwhile, after the latest decision of the selection committee, Toxotis finally started his new job in the city. Upon taking over the directorship of the department, he thought that this department would be run smoothly, being located in the capital city, but this was just an assumption and far from reality. There were factions here, as well, with one group having intrenched the catheterization laboratory as their exclusive terrain, not allowing entry for anyone else who was trained to perform invasive cardiac procedures. The group would not cave in even after the Ministry of Health had intervened and rendered a decision that the lab should be accessible to all properly trained staff. Thus, the fight went on for several years and the access to the cath lab remained partial and problematic with its attendant consequences on processing patients to timely diagnosis and management.

**Returning to Academia / Returning to Hell**

After a decade of running this department in the city hospital, Toxotis saw an opportunity to return to an academic job, when a new law had been passed allowing the collaboration between the university (medical school) and the state hospital; a big plus of the new academic position would be the opportunity to train medical students again. However, reason has apparently never been this country’s forte and with this decision and movement, Toxotis opened a new front of adventure, war, and disgustful politics.

He was elected to this new academic position as full professor, initially thanks to the support of the director of the academic cardiology department who was also the dean of the medical school. Before taking over the new academic position, there was agreement between the two professors that, according to the new law, Toxotis could stay in the city hospital and accept medical students for training in his institution as part-time academic. However, for his own reasons, the dean later broke his promise and demanded that Toxotis quit his position at the city hospital and join his team, and in this demand he recruited other academics in the medical school, legal persons, the Ministry of Health and rivals within the hospital, to deprive Toxotis of his legal rights and force him to quit his job at the hospital! Despite Toxotis’ appeals and because of inordinate delays in the legal system to render decisions, Toxotis was forced to resign his position at the hospital. He transferred to the academic cardiology department where a new a cycle of politics and adventures was about to start!

At the new work place, Toxotis was initially satisfied as he was assigned to have teaching sessions, although the university hospital was an old building with a dilapidated appearance (with the staircase serving as the lobby and waiting area for patients and families), but with a great academic team of colleagues to work with. However, when the time arrived for replacement of the retiring director of the department and Toxotis stated his candidacy, he became the target of all machinations and strategems of the retiring director and dean. The dean’s favorite candidate won the election process and became the new director of the department, but Toxotis, as a new comer, managed to have a sizable support from the electorate during the election, which apparently displeased the dean, despite having won the process. Thus, the next day after the election, he ordered to have all furniture removed from Toxotis’ office (!!!) as a punitive and retributive action.

The dean had left office and one would think that peace would be restored, but unfortunately, he did not stop meddling even after his departure (see later discussion). A new status was shaping for Toxotis with the retirement of another professor who was in charge of an academic department that was partly operational due to lack of a proper number of in-patient beds assigned to this department at the hospital where it was based. Toxotis was finally appointed as the new director of that department after the retirement of the initial director and the resignation of an interim director. Toxotis was assisted in his attempt to operate this department by a small team of colleagues who were devoted in medical student education and training. However, his struggle to get more beds in the base hospital failed, while his proposition to install this in-patient academic clinic in another hospital was met with rigorous opposition from all parties involved. However, he kept struggling and managed to get all officially required approvals to transfer this academic unit to the city hospital where he used to work before his transfer to the university. The steps and the bureaucracy involved to obtain these approvals were unbelievable, making a story on their own.

Meanwhile, there were political changes in the land, and a new leftist government had taken over amidst an unprecedented financial crisis (having in mind all things mentioned above, one can better understand the reasons behind such crisis). The process of having the final approval of transferring and operating the academic unit to the city hospital was halted by the new Minister of Health who did not wish to apply the law despite the approvals obtained from all involved authorities (Medical School, Ministry of Education, Hospital Boards, Health Authorities, Central Council of Health), even from the relevant department chiefs within the Ministry of Health, apparently pressed by opposing colleagues, unionists and syndicalists. It took over a year to make a decision denying appointments and refusing to offer any explanation for his irresponsible and peremptory attitude. He had an ally to this arbitrary exercise of power, the newly appointed executive officer of the central council of health, who was a university professor, albeit a faithful political party henchman. This case was even discussed in the parliament, but the Minister remained arrogant and kept despising the law! However, one and a half year later, he made an arbitrary decision to have this academic unit installed in another hospital lacking infrastructure and services for cardiac patients. Nevertheless, this was some progress in view of his previous adamant refusal to allow the installation of this unit.

**More Byzantine Politics and Appalling Intrigues**

When the decree was issued to install the academic unit to this other hospital, Toxotis was feverishly engaged to prepare the opening and function of the new unit of 24 hospital beds graciously granted for the operation of the unit by the hospital administration. Within 4 months, most obstacles had been overcome and the unit was about to open, alas (!) without considering or suspecting what underground forces practicing byzantine politics might devise. Indeed, as it turned out, insidious and lurking academic forces swiftly emerged and orchestrated a take-over coup. They intervened and intercepted the directive from the administration of the Medical School for the renewal of Toxotis’ three-year term of directorship and thus they managed to delay this standard procedure until the expiration date making time for their candidate who was recently promoted to professorship to usurp the position in an illegal process which was initiated after the expiration date instead of 3 months earlier as the law dictated. Thus, the unit remained non-functional for another three years, since the new director was not willing to tire himself with the bureaucracy involved and hard work entailed, as he wanted to just acquire the title. There were, of course, allies to his scam and unscrupulous planning that included the former dean, his replacement, the director of the medical sector and his sly buddy, a devious syndicalist. Of course, this matter took a legal path and the court will decide on it and dispense justice, but this incurs inordinate time delays in this country.

Meanwhile, this new director and newly appointed professor, took further action to establish his own kind of character in the gang world of academics, and a few months later broke into Toxotis’ office, like a common burglar, and removed some furniture and a computer for his own and his secretary’s perusal, as he claimed!!! Apparently, in this appalling course of action, he followed the footsteps of his mentor, the former dean, who had carried out a similar intrusion 3 years earlier. As a sublime corollary, this former dean entered the county’s parliament a few years later after his retirement, despite his controversial, to say the least, deeds and actions during his tenure, that were well-known, at least in the academic circles.

**Chestnut Village**

Toxotis, originating, as mentioned, from a small poor village where chestnut and other trees flourished (**Fig**. 1), had an amazing circle in life after his initial fleeing the village to a better life, but life works in mysterious ways and he persisted and kept coming back to his village. While in the country, he spent his summers in the village as a student for several years, enjoying his vacation with family and friends, recharging his batteries before returning to the city to endure continual hardships, which though, being young, energetic and focused, did not have any significant toll on his psyche. There was a long gap in his visits to the village while abroad, but even then, during some of his return visits to his country, he took time to pay a visit, albeit very brief, to his native place. During his tenure in the provincial university hospital, he took time again to visit his village, and after his beloved parents left this world, he made repairs in his family home, which was really a hut on a hill, albeit a precious one.

There was a major problem though during these visits, the country road leading to the village was a dirt, non-asphalt, road and hardly suitable for vehicles, while rain and landslides would frequently render the road impassable. Hence, he embarked on a campaign with the responsible authorities to have this road paved with asphalt. It took decades before this could be realized, but it was finally done, and he’s now visiting his village without risking his life. It should be noted that only a handful of individuals remained as inhabitants in this village for the entire year, but the village vibrated with life during the month of August when visitors, old inhabitants and their extended families, from the rest of the country, the US and Australia, where they had migrated, were visiting their native place. The month of August was chosen as they celebrated the patron saint of the village (St John, the Baptist) during this month. One of Toxotis’ uncles had repatriated in the village after retiring and was pivotal in organizing local festivities and actions with the help of other re-visiting migrants and expatriates, and also supervising and coordinating several works, including the road paving, in the village.

**Fleeing the place and misery or Fleeing corruption and convolutedness by passing through Scylla and Charybdis? Can you escape fate?**

While the initial dream was to flee poverty and misery in the village, which proved feasible, it was finally hardest to flee corruption and convolutedness, interest groups and syndicalists, and dirty politics that have eroded our system and society and affect our daily lives (4,5). Nevertheless, satisfaction kept coming from the many patients and their families expressing gratitude for the help and services rendered that they felt had a positive impact on their lives. Those of us who are not willing to compromise their ethics and remain unencumbered, become the target of everyone else, requiring strength and stamina to resist and endure, which is not an easy task and this finally takes its toll on our brief lives and the lives of our beloved ones on this planet. Toxotis had his family as allies in his life journey and received encouragement from his patients but it took enormous strength, persistence and perseverance to ascend in life but tasting both its sweetness and bitterness, he realized that the ancient Greek dictum “το πεπρωμένον φυγείν αδύνατον” (“to avoid your destiny is impossible”) may be partially true, but it is worth the trial, as we may be able to mold it considerably and frequently can take our fate in our hands. On the contrary, it is certain that change will never come if one quits or leaves things at fate, even if one has to pass through Scylla and Charybdis!

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**Figure 1**. Toxotis’ village is a small mountainous village built in two mountain slopes across a ravine or gully