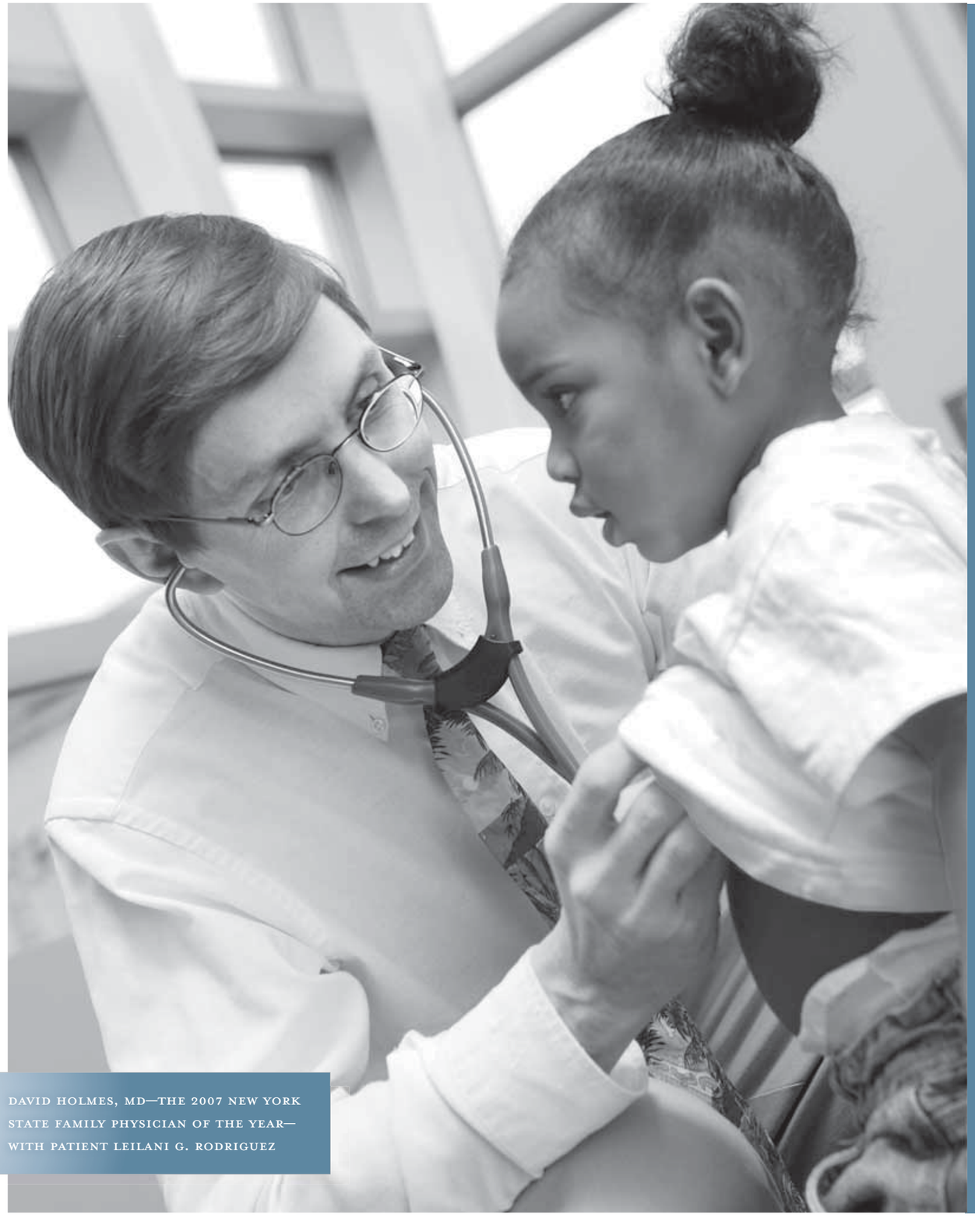

DAVID HOLMES, MD—THE 2007 NEW YORK STATE FAMILY PHYSICIAN OF THE YEAR—WITH PATIENT LEILANI G. RODRIGUEZ

David Holmes, MD, brings the best of care to Buffalo's inner city

A WORLD OF NEED, AT HOME

Long before he had completed his residency in family medicine at UB, David Holmes knew that he wanted to care for the underprivileged—the poor, the uninsured and patients without access to medical care.

The question of where to practice was the hard part of the equation. For a time, Holmes deliberated between a Third World country, like Ghana, where his parents had served as missionaries, or rural America, like the Cajun country outside New Orleans, where he'd completed a medical school rotation.

The inner city didn't even make his list. "I had no desire to be there," he recalls. "The crime, the pollution, the congestion, all the buildings next to each other—that just turned me off."

Fifteen years later Holmes is still in Buffalo, where he practices at Kaleida Health's Niagara Family Health Center on the city's Lower West Side.

As it turns out, it's just where he was meant to be.

Story By Nicole Peradotto | Photos By K.C. Kratt

> People say, 'They have access—they can go to the emergency room.' But it's still not good quality of care because there's no prevention going on. It's just treating one crisis after the other. — *David Holmes, MD*

"It's funny how things work out differently than you expect," says Holmes, clinical assistant professor of family medicine in the School of Medicine and Biomedical Sciences. "The last place I was thinking of was urban America, but I really enjoy it here. It's a win-win situation. I'm rewarded by my patients and others in my community whom I serve, and they get something out of it, too."

Last June, Holmes was rewarded yet again for his commitment to the underserved: From a field of physicians nominated by patients and colleagues, the New York State Academy of Family Physicians named him the 2007 Family Physician of the Year. Although he was not ultimately selected for the title of American Family Physician of the Year at the national level, Holmes was among five finalists narrowed down for that honor.

In winning the state award, Holmes received widespread recognition for medical service that extends well beyond the borders of his day job. As president of the Western New York chapter of the Christian Medical and Dental Association, he recruits local physicians for the Good Samaritan Referral Network, a group of specialists willing to waive or reduce their fees for poor patients.

He also serves as the volunteer medical director of family medicine services at Good Neighbors, one of two free medical clinics he helped found. The other is at Cornerstone Manor, Buffalo City Mission's shelter for women and children.

"His medicine is how he serves." This is how Lora Warkentin, PhD, director of Cornerstone Manor, sums up Holmes' commitment to the city's neediest patients. "He certainly has the energy and vision for what should happen in this community," she says. "A lot of people talk about these efforts and applaud them, but he's willing to put his money where his mouth is."

Training and Ongoing Resolve

You could say that giving back is in Holmes' DNA. He was born in Kenya, the child of Christian missionaries who had already spent eight years in Ghana before their youngest of three was born.

The family moved to Long Island when David was four, too young to accumulate appreciable memories of Africa. Nevertheless, his family spoke so fondly and frequently of that time that it seemed to him that he'd been there much longer.

Even in Stony Brook, his parents managed to bring the world to their doorstep. Holmes' mother, who taught English as a second language, invited international students over for the holidays. One Ghanaian graduate student lived with the family for several years while completing her education at the State University of New York at Stony Brook.

Through his parents, Holmes saw the embodiment of Christian service and selflessness. "It wasn't just about believing something. It's was about putting faith into practice," he says.

Still, he acknowledges that his faith wavered during his undergraduate years at Stanford University. "I definitely had times when I said, 'Is this really true?' And then I just found that people with faith seemed to be a lot happier and had a whole lot more purpose in their life. Without some kind of faith, life seemed meaningless. It gave me a sense of meaning and purpose, so I decided to really commit and follow the example of my parents and others."

After graduating from Stanford, Holmes married his college sweetheart, Lucy Hung. The two attended the University of Vermont College of Medicine, where they used their clinical electives to explore areas of medicine—and the world—that intrigued them. After a rotation at a rural clinic outside New Orleans, the couple traveled to China. There, they learned about acupuncture and other traditional medical practices; in their free time, they visited Lucy's birthplace, Taiwan.

After that, they were off to Kenya, where they worked in a 60-bed hospital equipped with a small lab, a few medications and little else. "It didn't have any X-rays, and there were no EKGs. There were often more patients than beds, so they had two patients in a bed. It was a big eye opener," Holmes says.

The lack of basic supplies and resources was frustrating, he further recalls, and seeing patients suffer because of it was heartbreaking. Among them was a 10-year-old boy who came to the hospital with symptoms consistent with polio. "It was really sad to see something that was so preventable, and here he was destined to life in a wheelchair—if they could even find him a wheelchair."

The senselessness of the boy's fate only strengthened Holmes' resolve to care for the poor. Returning to the States, he and Lucy finished medical school and moved to Buffalo for residency training at UB—with David at Millard Fillmore Suburban Hospital and Lucy at Women and Children's Hospital.

Community Spirit

In 1995, David completed his residency; however, because Lucy was chief resident, she stayed on for a fourth year. While waiting for her to complete her training, David took a job as medical director of the Bailey Family Health Center on Buffalo's Lower East Side, a clinic that Erie County Medical Center had established in association with UB's Family Medicine Department.

To his surprise, he found the work more gratifying than he could have imagined.

"The news is filled with stories about murders and other crimes in Buffalo. However, in reality there are a lot of good things going on in the city as well," says Holmes. "One thing I really liked right away is the whole sense of community that didn't seem to be as present in the suburbs—or, maybe even in the rural areas. In the city, everything is so close together that neighbors seem to know each other."

In talking about the sense of community he has found in Buffalo's inner-city neighborhoods, Holmes explains that the care he has given patients is wholeheartedly reciprocated when the occasion arises. He tells, for example, about the time his car was stuck in a drift during a severe snowstorm and a patient recruited several friends to help push it. "When they finally got it out, there was a big cheer from the people across the street who were watching," Holmes remembers. "Then some guy shouted, 'Free physical exams all around!'"

"Third World" in Our Backyard

At the end of 2001, the Bailey Family Health Center closed and Holmes—who directs UB's family medicine clerkship and electives and is associate vice chair for medical student education in the Department of Family Medicine—began practicing at Niagara Family Health Center.

In some ways, he doesn't feel that far removed from Kenya. Indeed, he's found disturbing similarities between the Third World country and America's second-poorest city, a designation Buffalo received last fall, based on official census data.

For one, there are very few primary care doctors practicing in the inner city. Also, inner-city patients suffer from high rates of preventable diseases.

"There's a lot of obesity that causes diabetes, as well as hypertension," he explains. "Those are the three big diagnoses: obesity, diabetes and hypertension. And then there's smoking. And a lot of depression—a lot of undiagnosed depression that often surfaces as anger, and goes from one generation to the next, unfortunately."

Because access to medical care is so limited, the urban poor often wait until their health is in crisis to seek care, Holmes notes. Even then, some avoid treatment because it's too expensive.

"Hospital administrators often talk about improving the quality of care, and that's a good thing to do. But to me, the quality of care that people get in Buffalo and in America is excellent for those who have access to it. But the quality of care is dismal, nonexistent, for those who don't have access to it.

"People say, 'They have access—they can go to the emergency room.' But it's still not good quality of care because there's no prevention going on. It's just treating one crisis after the other. And there are a lot of people who avoid the emergency room because they're afraid of the bill."

Compelled to improve these circumstances, Holmes in 2003 helped convert a community workroom at Cornerstone Manor into a free clinic for

its residents. Until his schedule became too hectic, he volunteered at the shelter a half-day a week. "It's not too difficult to set up a primary care doctor's office," he says of his accomplishment. "You just need a stethoscope, a few medication samples, some basic first-aid material and a prescription pad."

But bringing the project to completion required far more than the basics, argues Cornerstone Manor's Warkentin. Indeed, it might never have come to fruition without Holmes' quiet decisiveness in driving the project forward.

"These things do not happen overnight," Warkentin says. "To set this whole thing up, and to set it up legally, took a lot of time. A bunch of us were talking about this, but he was the one putting feet to it."

A year after the Cornerstone clinic was launched, leaders at Holmes' church were scouting out various charitable projects to support. In the past, they had helped tsunami victims in Sri Lanka and survivors of other catastrophes in far-off destinations. But Holmes proposed a project they could spearhead right around the corner: To fill the void that had been left by the closing of the Bailey Family Health Center and other clinics, why not establish a free clinic on the East Side?

With the financial backing of Eastern Hills Wesleyan Church, Good Neighbors Health Care was opened in a former Mack Truck garage. To date, seven physicians, including Holmes, regularly volunteer there.

A HOLISTIC APPROACH

Whether volunteering at Good Neighbors, working at Niagara Family Health Center or doing rounds with medical students at Buffalo General Hospital, Holmes makes an effort to address issues of faith with patients who are receptive to the topic.

"I'm not about pushing religion," says Holmes, who has developed a Spirituality in Medicine Interdisciplinary Training Program for the medical school (see sidebar below). "I'm about helping others to improve their health and well-being.

"Research demonstrates that our health and well being are influenced by our physical body, our thoughts and feelings, our social situation and relationships, and by our spiritual beliefs and practices," he adds. "It only makes sense, then, to address all these aspects of a patient's life. Not doing so is providing incomplete care."

To Tom Rosenthal, MD, chair of the Department of Family Medicine at UB, Holmes' thoughtful bedside manner is one of his greatest strengths.

"He has an ability to appreciate and understand the story that the patient brings to the patient-physician encounter, which includes the patient's spirituality," says Rosenthal. "He's able to help patients by reflecting back to them how that story has impacted where they are today, and how they might modify their future for better health."

HOLMES EXAMINES A YOUNG PATIENT AND HIS FAMILY AT A SUGARCANE VILLAGE IN THE DOMINICAN REPUBLIC

Holmes' work with the underprivileged serves as a model to medical students and faculty alike, Rosenthal adds.

"He grew up a child of missionaries, and the value of serving basically defines him. He's a committed individual with perspective. His family's important, being knowledgeable about medicine's important, but being knowledgeable about the patient's own particular situation is also important to him."

Last winter, Holmes was able to combine quality family time with the medical service that has characterized his career. Carrying on his parents' tradition, he embarked on an unconventional vacation with his wife, Lucy, now an associate professor of clinical pediatrics, and their four children, ages 12, 9, 6 and 4. For several days they worked in makeshift medical clinics set up in various sugarcane villages in the Dominican Republic.

"That was a lot of fun. We had to bring our stethoscopes and any medications we thought we were going to need because they didn't have anything. Our older sons worked with the team pharmacist, and he taught them how to dispense medications. And when he left, our sons took over the pharmacy department, which was basically a table in the corner."

While he was there, Holmes learned that the Dominican Republic guarantees its citizens health care but doesn't make the same pledge to the Haitian immigrants who harvest the sugarcane. As he considered their plight, he wondered how much he could do for them in just a week's time.

Then, while examining a patient, he discovered that the boy had a hernia. He referred him to the volunteer surgery team, and the patient's hernia was repaired a day later.

"I'm not sure what would have happened otherwise," Holmes says. "But I do know he would have suffered."

Once again, Holmes seems to have found himself right where he was supposed to be. BP

SPIRITUALITY IN MEDICINE

Interdisciplinary Training Program introduced to curriculum

Along with memorizing body parts and learning to diagnose and treat diseases, UB medical students were introduced in fall 2007 to a new set of courses incorporating spirituality into their training to become physicians.

Restoring the heart and humanity of medicine is the goal of the Spirituality-in-Medicine Interdisciplinary Training Program, a new four-year curriculum developed by David Holmes, MD, clinical assistant professor of family medicine and associate vice chair for medical student education (see related article, above).

Development of the new curriculum is being funded by a $50,000 Templeton Grant from the George Washington Institute for Spirituality and Health at George Washington University.

"Many patients have spiritual beliefs that affect their health and well-being," says Holmes, who also directs UB's family medicine clerkship and electives.

"According to a 2004 Gallup poll, 90 percent of American adults believe in God, and 84 percent say that religion is very important or fairly important in their own lives."

Spiritual practices have also been shown to be associated with fewer hospital days, less depression, less substance abuse, lower blood pressure, greater sense of well-being and more, he adds.

"Spirituality in medicine research took off in the 1990s and is still going strong," Holmes says, "with the majority of studies demonstrating a positive association between spiritual beliefs and practices and health."

He notes that both the American Association of Medical Colleges and the Joint Commission of Accreditation of Healthcare Organizations have issued policy statements saying that physicians need to understand a person's spirituality and culture, how they perceive health and illness, and particularly their desires regarding end-of-life care in order to communicate effectively with patients.

Karen Devlin, who will manage the new program, adds that understanding the impact of spirituality and culture on their patients also guides the physician regarding compliance with treatment recommendations.

The importance of such understanding is presented starkly in *The Spirit Catches You and You Fall Down,* a book that chronicles the trials of American doctors attempting to treat a Hmong child with epilepsy who comes from a culture that considers her seizures as a sign of a special connection to the spirit world.

The Clinical Practice of Medicine course during the first year, when students work in outpatient settings, will include studying the doctor/patient relationship in the context of spirituality and learning how to use spirituality as a tool in treating patients and in guiding the students' own experiences.

During the second year, when students work in inpatient settings, the course will incorporate the role spirituality plays in the compassionate care of patients, and will focus on how to "care for the caregiver," which involves dealing with stress management and the suffering of patients. During a workshop on delivering bad news to patients, students will learn how to ask patients about their spiritual beliefs and sources of support, and will consider how their own sense of calling to the medical profession is expressed in their actions and values toward patient care.

Concepts of spirituality and faith also will be added to some of the third-year clerkships. Students will spend time learning the role of hospital chaplains in health care and when to refer patients to them, learning about the role of spirituality in end-of-life care working in Hospice and meeting with leaders of different religions who will discuss their beliefs about end-of-life and after-life.

The fourth-year curriculum already offers a popular elective, "Faith, Medicine and End-of-Life Care," which includes journal writing and clinical experiences with physicians, Hospice chaplains and chaplains who care for HIV patients.

The role of spirituality and health care in underserved populations will be added to the elective "Interprofessional Care of Medically Underserved Populations," an evening elective open to students in UB's five health-sciences schools. Interested students also may have the opportunity to do research in spirituality and health care in such areas as addictions.

The Spirituality in Medicine Interdisciplinary Training Program will remain a permanent part of the medical school curriculum. BP

By Lois Baker