

# PITTMED

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**T**he caterpillar is a necessary stage but becomes unsustainable once its job is done. There is no point in being angry with it and there is no need to worry about defeating it. The task is to focus on building the butterfly. —Elisabet Sahtouris

Pitt's Dr. Mylynda Massart is in a Facebook group with other family medicine physicians from across the country. Recently, one of the doctors posted a question about a couple of patients she had seen. Each patient had inherited one copy of a gene associated with a specific cancer. The posting physician wondered, *Were these patients at a heightened risk for cancer?* And, *Were there any guidelines for interpreting these tests?* She got lots of comments from the group, none of which was correct. (Though they received lots of "likes.") One person suggested there were no guidelines. (There are.) Others said that if the patients had inherited just one mutated gene, they needn't be watched closely. (They should be.) When it comes to these cancer predisposing genes, one copy puts you at high risk.

This social media thread is not an outlier. The scientific community has advanced our knowledge of genomics at a rapid pace. Yet physicians and patients are largely in the dark about how genetics really bears on wellness. Mylynda is of a very rare breed. She's a family physician and a genetics expert (an MD/PhD). She recognized during her own training the powerful impact on prevention, diagnosis, treatment, and outcome that an understanding of genetics could and should have in the clinic.

Mylynda was able to clarify the cancer genetics situation with her own post and in a phone consultation with the original posting physician. And through more formal efforts here and at the national level, she's educating primary care clinicians to help them get the right medicine to the right patient at the right time (what is called "precision medicine"). Learn how in this issue.

All physicians should be trained in contemporary genomics at a reasonably granular level, but that's not why I bring up Mylynda here. I offer Mylynda as an example of a creative thinker and innovative healer leading us to better health and likely longer lives. Our world needs more physicians like her. As I told the School of Medicine Class of '19 in my commencement address to them, we will look to their generation not only to deliver on the powerful promise of modern medical science but also to lead the way to fix the broken American health care system of which we find ourselves a part. In my address, I offered some advice to the members of this generation to help them rise to these large challenges:

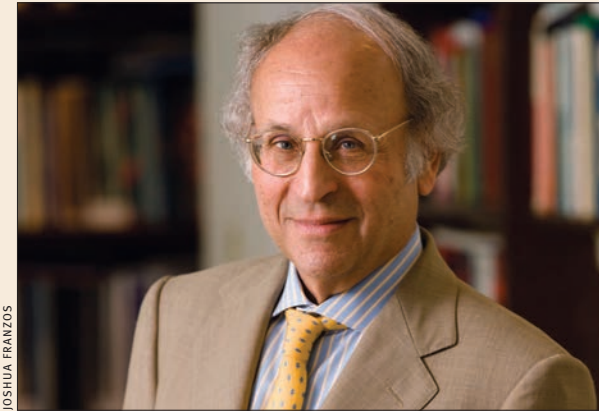
Choose innovative, imaginative, and fearless words as you wrestle with setbacks and difficult diagnoses. Choose words like "how" and "why." For those pursuing research, remember that the difference between good medical science and great medical science is often in the quality of the questions asked, not their number.

Get out of your comfort zone. Know what you're good at, but also make sure you explore different cultures, interrogate ideas that are antithetical to what you believe, and examine art forms you don't get. In short, try things that don't reflect your self-image.

Feed your curiosity and question dogma. I'm a fan of basic science and the humanities, both of which may seem complex, abstract, remote, not practical. Yet they both can lead to transformational ideas.

In this moment, this Zeitgeist, we are looking to you to help humanity figure out how to shape a future in which we all can thrive. As physicians, we must first attend to the health of individuals and then to diverse populations; as citizens, we must also address the greatest threat, the health of our planet.

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