

SUMMER 2026

THE message



A Newsmagazine of Spokane County Medical Society

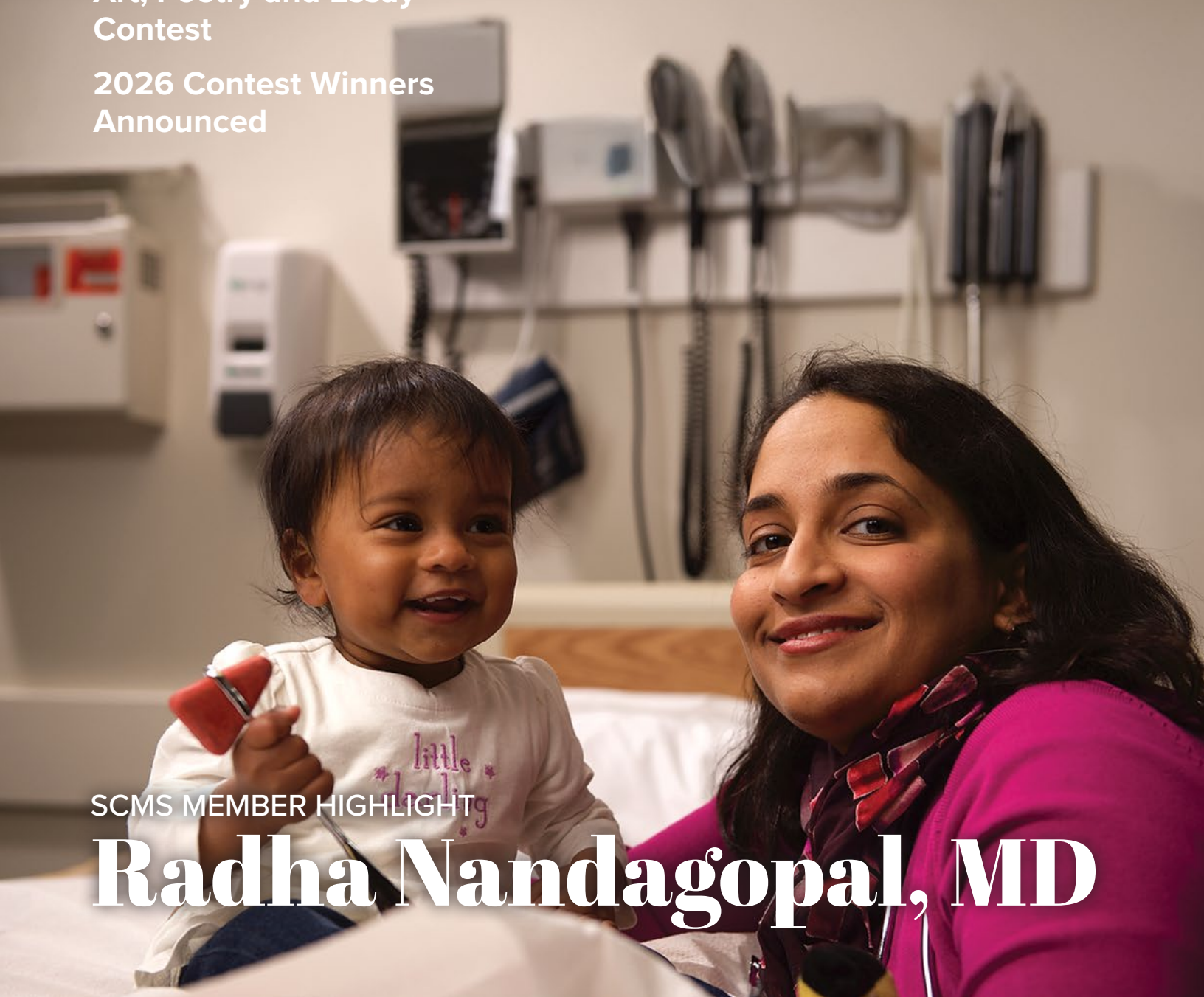
“The Human
Connection in Medicine”
Art, Poetry and Essay
Contest

2026 Contest Winners
Announced

River City Youth Prepares
for a Summer of Growth

SCMS MEMBER HIGHLIGHT

Radha Nandagopal, MD





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Table of Contents

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President's Message 2

MEMBER COLLEGIALITY

Membership Recognition - June - August 2026 3

New Members: May 2026 3

Op-Ed: Positive Response to Moral Injury 3

SCMS Member Highlight Radha Nandagopal, MD 4

WSMA Leadership Development Conference 6

FOUNDATION

River City Youth Prepares for a Summer of Growth 7

SCMS Foundation Awards AED to Matt Mueller,
Advanced Life Support (ALS) Responder of the Year 9

COMMUNITY ENGAGEMENT

Kratom: A Review and Clinical Implications 10

Classifieds 11

MEDICAL EDUCATION

2026 SCMS Women in Medicine Conference 12

SCMS "The Human Connection in Medicine" Art, Poetry and Essay Contest.

2026 Contest Winners Announced 13

Best Essay: But I'm A Virgo, Doctor 14

Best Image: POV: The Cure to Depression is Volunteering for Special Olympics 15

Best Poem: What Blood Teaches 16

SCMS Mission

*Serving as the guardian of community health and wellness
while leading and promoting the professional practice of medicine.*

FOLLOW SCMS ON



President's Message



As we move into the summer months, I'm reminded of how important this season is for reconnecting and rejuvenation. It's a time for us to connect with our colleagues, our community, and also the sense of purpose that brought us into medicine in the first place.

Earlier this spring, I had the privilege of attending the Washington State Medical Association Leadership Development Conference. The experience reinforced themes that feel especially relevant in today's environment: the need to rebuild trust—both with our patients and within our own medical system. Conversations throughout the conference emphasized patient trust, community advocacy, and strengthening communication as core leadership priorities. These are not abstract concepts. They directly influence how we show up in our exam rooms, our hospitals, and our communities. Rebuilding trust with our patients requires transparency, empathy, and a renewed commitment to listening. At the same time, rebuilding trust within our own system means supporting one another as colleagues by acknowledging the challenges we face and working collaboratively toward solutions. Organized medicine, including SCMS, plays a critical role in creating that sense of shared purpose and advocacy.

One of the highlights of this season was the Women in Medicine Conference. This event continues to grow as a meaningful forum for connection, education, and empowerment and continues to be an excellent way to inspire leadership development, support professional growth, and foster community among those committed

to advancing women in medicine. Whether you attended or supported colleagues who did, I hope you share my appreciation for the energy and engagement this conference brings to our region.

Looking ahead, I encourage everyone to mark your calendars for our August 20th Mixer. These gatherings are more than social events; they are an essential part of maintaining the collegiality that defines our medical community. Opportunities to meet informally, exchange ideas, and build relationships across specialties help strengthen not only our professional networks, but ultimately the care we provide to our patients, and are an avenue with which we can rebuild trust in the medical system.

As we look to the months ahead, I encourage each of you to stay engaged, whether through attending events, participating in committees, or simply reaching out to a colleague. Our collective voice remains one of our greatest strengths, and it is through that voice that we can continue to shape a healthcare environment that supports both our patients and our profession.

Thank you for all that you do each day to care for our community. I look forward to seeing many of you later this summer. ■

Sincerely,

A handwritten signature in blue ink, appearing to read 'SD' followed by a stylized flourish.

Shannon Dunn, DO, MPH
2026 President, SCMS

Mark Your Calendar Today for 2026!

AUGUST 20, 2026

SCMS GMM & Mixer

SEPTEMBER 25, 2026

SCMS Medicine 2026 Conference

WATCH YOUR EMAIL FOR MORE DETAILS!

Membership Recognition for June-August 2026

Thank you to the members listed below.

Their contribution of time and talent has helped to make the Spokane County Medical Society the strong organization it is today.

60 YEARS

George Pavay, MD
07/01/1966

40 YEARS

Robert Benedetti, MD
07/17/1986

20 YEARS

Julie Kaczmark, MD
07/01/2006

Pamela Kohlmeier, MD
07/31/2006

Scott Smith, DO
08/07/2006

New Members: May 2026

PHYSICIANS

Jacquelyn Victoroff, MD

Op-Ed

POSITIVE RESPONSE TO MORAL INJURY

Moral Injury refers to the deep psychological, emotional, and spiritual damage that occurs when an individual perpetrates, witnesses or fails to prevent acts that fundamentally transgress their own deeply held moral beliefs and ethical codes. This creates significant stress for healthcare providers—including physicians, nurses, and social workers—who advocate for patients only to have necessary care delayed or denied by health insurance payers.

Independent film makers have recently addressed these dilemmas faced by healthcare workers in a new film “Suck it Up, Buttercup.” According to their website, the film is an investigative and deeply human documentary that brings together frontline leaders and patients to reveal the realities of the American healthcare system. It exposes failures while highlighting the people proving that a better system is possible.

You can view the film’s trailer at <https://siubfilm.com>. If there is interest within the Spokane medical community, we could explore hosting a facilitated local showing of the film.

Please feel free to contact me at shepard.mary@gmail.com or reach out to the Spokane County Medical Society at shelly@spcms.org if you would like to discuss this further.

Best regards,
Mary Shepard, MD

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Hello, freedom!

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Radha Nandagopal, MD

Works at:

Vice Dean for Educational and Faculty Affairs at the Washington State University Elson S. Floyd College of Medicine; practices pediatric endocrinology at Providence Sacred Heart Medical Center.

Specialty:

Pediatric Endocrinology.

Why SCMS:

Physicians from all specialties, including those involved in medical education, need to be heard and have avenues for advocacy. Especially in a community like Spokane County, we must have conversations across disciplines, employers, and clinical environments. I am especially proud of the work SCMS has done to foster and grow the Women in Medicine symposium each year.

Top concern in medicine:

Burnout, especially among women physicians. As medicine is corporatized beyond what many of us could have imagined in our training, I worry about how to train the next generation of WA physicians to love medicine as much as I do, to advocate for their patients and themselves, and to keep up with the demands of a career that keeps on demanding.

Why my specialty:

I love taking care of whole families, which is what I believe pediatrics is all about. When we care for a child, we reassure parents, we model for siblings, we explain to grandparents – and keeping the child as the focus helps keep me grounded as a pediatrician. I chose to specialize in pediatric endocrinology because – like many before me – I had wonderful mentors in that space during residency, and I find the network and pathways of chemical messengers we call hormones endlessly fascinating. They impact everything – and it's pretty amazing how much of an impact we can have on children's quality of life in our field, especially with so much recent technological progress (e.g. insulin pumps and monitors).

When I'm not at work:

I am doing something with my husband, 3 kids, and dogs. I have three wonderful daughters, Savithri, age 19, Srividhya, age 16, and Madhavi, age 11. My husband Niranjana Bhat is a pediatric infectious disease physician by training, and he works in global vaccine research.



My go-to activity to unwind:

Gardening, crochet, taking walks, listening to podcasts and audio.

What I read:

These days, I listen to more books than I read – I particularly enjoy books that help with leadership and communication skills, and nonfiction like memoirs and biographies.

What you might not know about me:

I’ve lived in Spokane since I was about 18 months old, and I left to go to college at MIT, then medical school at UWSOM. My husband, originally from Tennessee, and I moved to Atlanta for my pediatrics residency and his Epidemic Intelligence Service fellowship at the CDC, after which we spent 8 years in the DC/Baltimore area completing our fellowships and pursuing the first parts of our careers. We moved back to Spokane in 2014, and I was lucky to find work as a supplemental employee covering for a now-close friend! Who knew where the next few years would lead us.

Proud moments in medicine:

Getting to meet Dr. Elson Floyd, the late President of WSU, and working with others in the community to help start the WSU Elson S. Floyd College of Medicine is definitely the highlight of my career. Medical education is, to me, the way to give back and to stave off burnout. Learners are idealistic, full of potential, and help me see what’s good in medicine. We have now graduated 6 classes of new MDs, and several



are now back in our state, practicing! How many people get to have that kind of full circle moment? It is truly a privilege to have been able to watch this medical school grow and thrive.

Best advice:

Don’t let anyone tell you what your career should look like. Write down what you want to do – and then go do it!

What’s next:

Building and growing at WSU! I would love to be more involved in the Spokane and Washington communities at large, helping children and families beyond the work we do in our clinical lives. ■

WSMA Leadership Development Conference



Each year, the Spokane County Medical Society sends the current president to the Washington State Medical Association Leadership Development Conference, which is a two-day gathering designed to strengthen physician leadership, advocacy, and connection across our state. This year, I had the opportunity to attend for

the first time and it was inspiring and thought-provoking. I attended with my service dog, Sven, who seemed to enjoy the experience as much as I did, particularly the quieter moments along the lakeshore, watching the birds and taking in the beauty of Lake Chelan. The setting itself played an important role in the overall experience, offering space to reflect, recharge, and connect in a way that is often difficult to achieve in our usual day-to-day routines.

The theme of the first day included the evolving role of physicians as leaders, not only within our clinical environments, but also within our communities. Sessions explored how we can more effectively advocate for our patients both inside and outside the exam room, emphasizing the importance of physician voices in shaping public health and policy. This year the agenda addressed broader drivers of health, including the impact of social determinants and the concept of “food as medicine.” Sessions provided tangible tools for incorporating these considerations into clinical care and how we can advocate for policy changes regarding food security and nutrition in schools, reinforcing the idea that effective leadership in medicine requires a holistic view of the factors influencing patient health.

Another major focus was communication and trust. Multiple speakers highlighted the urgency of rebuilding trust with our patients and restoring confidence in the medical system more broadly. Throughout the various sessions we explored practical strategies for navigating difficult conversations, engaging patients with empathy, learning to listen and disagree effectively, and communicating evidence-based information in ways that foster understanding rather than division. Dr. Lora Shahine highlighted how we as providers can leverage social media to battle misinformation and rebuild trust with our patients. The second day’s keynote



speaker Dr. Kelly Casperson was so engaging and inspiring and continued the conversation about how rebuilding trust with our patients requires transparency, empathy, and a renewed commitment to listening. This seems like a daunting task, but after attending this conference and being surrounded by so many people who want the same thing, I feel hopeful that rebuilding our and our patients’ trust in the medical system is achievable in our lifetime.

Overall, the WSMA Leadership Development Conference was an incredibly meaningful experience both professionally and personally. It reinforced that while the challenges we face in medicine are significant, we are not facing them alone. Across the state, there is a shared commitment among physicians to lead with purpose, advocate for our patients, and rebuild the trust that is foundational to our work. I returned from Chelan feeling re-energized and better equipped with practical tools, new perspectives, and a renewed sense of connection to organized medicine. I am grateful for the opportunity to represent SCMS at this conference and look forward to bringing these ideas forward as we continue our work together here in Spokane. ■

River City Youth Prepares for a Summer of Growth



River City Youth is providing 25 North Spokane high school students with paid summer internships growing food in the heart of Spokane’s West Central neighborhood through this year’s Summer Agriculture Internship Program. The program follows more than three months of work by high school interns in the Spring Agriculture Internship Program, during which they planted and cared for hundreds of vegetable and flower starts and seedlings from late February through early June.

River City Youth’s summer program will focus on developing communication, collaboration, and relationship-building skills among its 25 high school interns. Participants will nurture and harvest produce from the organization’s garden, plan and complete hardscaping projects to improve the garden space, and gain experience in cooking, environmental restoration, and food distribution. Returning interns from previous program seasons will serve in leadership roles within pods of five students, sharing the knowledge and skills they gained through their past experiences with first-time interns. Produce from the garden will be distributed free of charge to community members through partnerships with local food distribution non-profits. It will also be used by interns to plan, prepare, and serve three Community Dinners for up to 50 people in partnership with local chefs.



CONTINUED ON NEXT PAGE



In addition to these projects, summer interns will care for two newly established sites in River City Youth’s Monarch Pathway Project, a new initiative within the organization’s internship programs focused on developing public pollinator gardens throughout Spokane’s West Central neighborhood. These gardens provide habitat for monarch butterflies and other native pollinator species. Established by youth during this year’s spring programming, the first Monarch Pathway sites are increasing community awareness of the importance of native plants and pollinators while providing participants with hands-on experience in environmental restoration. Summer interns will also help facilitate a new International Youth Day event at River City Youth, connecting with alumni from the program’s two decades of internship and job-training efforts to celebrate the power of youth leadership and engagement.

After the summer program concludes, River City Youth will offer a seven-week Fall Agriculture Internship Program for 15 high school students, helping close out the growing season in Spokane. During this program, interns will prepare new Monarch Pathway sites, winterize the garden and existing pollinator sites, and participate in additional environmental restoration projects with the organization’s community partners. From February through November, local youth make these community projects possible through their dedication to growing not only the plants and ecosystems around them, but also themselves. ■

In 2025, the SCMS Foundation approved a 3-year, \$5,000 annual grant to River City Youth Ops as its anchor program in their effort to support a smaller community partner where their contribution could make more of a difference at the intersection of health and community benefit. Their hope is that this support will generate enthusiasm within our medical community for the work SCMS is doing in representing physicians and encourage you to donate to the Foundation.

The Foundation was established in 1996 by the Spokane County Medical Society’s Board of Trustees, and continues today to be focused on supporting local programs that serve the health needs of our community. Its mission of “promoting and supporting the development of future physician and physician assistant leaders within our community, and identifying and funding important and innovative projects that advance the health of our community” is driven and preserved by the physician and physician assistant members of the Spokane County Medical Society.

Designated as a charitable organization, your contributions to your Spokane County Medical Society Foundation keep the foundation healthy as we work to keep the community healthy. Please make a charitable donation today to continue the valuable work of the Foundation. You may make your check payable to the SCMS Foundation and mail it to PO Box 650, Veradale, WA 99037.

SCMS Foundation Awards AED to Matt Mueller, Advanced Life Support (ALS) Responder of the Year

SCMS Foundation (SCMSF) board member Travis Prewitt presented a certificate for an AED to paramedic Matt Mueller who was named the Advanced Life Support (ALS) Responder of the Year in a May ceremony at the Spokane Fire Training facility.

He was nominated for the award by Jeffery Fraser (right), Captain, EMS Division who cited Matt's leadership, calm under pressure, and superior clinical judgment during a high-risk drowning-related medical emergency at the Bear Gulch Fire as well as contributions in education and readiness of new providers.

For several years the SCMSF has donated an AED to the Responder of the Year in recognition of the critical role they play in pre-hospital emergencies. ■











SCMS GMM & Mixer

Thursday, August 20, 2026

6:00 – 8:00 p.m.

Enjoy a time of collegiality in a relaxed atmosphere at the historic Review Building and take in the city view from the 7th Floor Terrace of The Spokesman-Review!

-  *Meet WSMA leaders for Q&A!*
-  *Get news you need to know about issues before the Legislature!*
-  *Networking with peers!*
-  *Appetizers and the first drink are hosted!*
-  *MD/DO/PA members and nonmembers welcome!*
-  *Residents and medical/PA students welcome!*
-  *No charge for attendance!*
-  *Space is limited - RSVP today!*

*Location: The Review Building, The Spokesman-Review, 7th Floor
999 W. Riverside Avenue: front entrance / 926 W. Sprague Avenue: back entrance
Metered street parking until 7pm. Free after 7pm.*

Click here to RSVP by August 14th or visit www.spcms.org!
Questions & sponsorship details, email: shelly@spcms.org.



Kratom: A Review and Clinical Implications



By: Francisco R. Velázquez, MD, SM, FCAP – Health Officer, Spokane Regional Health District

Joshua Pierce – Health Promotion Manager, Spokane Regional Health District

INTRODUCTION TO KRATOM

Kratom, the common term for leaves or other products derived from the Southeast Asian tree *Mitragyna speciosa*, was introduced into the United States in the 1980s and has gained popularity since the mid-2000s. It has been used for hundreds of years in Southeast Asia both for recreational and medicinal purposes, largely due to alkaloids: mitragynine and

7-hydroxymitragynine (7-OH).

Kratom was historically used by farmers, laborers, or fishermen as a stimulant to combat fatigue from hard labor. Though not a hallucinogen, kratom's association with a sense of euphoria also motivated early users.

Medicinally, kratom has been used to treat symptoms of substance use disorders (including opioid withdrawal), pain, anxiety, gastrointestinal issues, and other ailments.

Recently, more potent kratom byproducts have been introduced into the U.S. market. Pseudoindoxyl mitragynine (MP) and 7-OH are semi-synthetic derivatives of mitragynine, the main alkaloid found in kratom. Mitragynine acts as an atypical opioid agonist, weakly acting on the μ -opioid receptor, and is primarily responsible for producing kratom's psychoactive and analgesic effects.

7-OH is a mitragynine metabolite that is converted from mitragynine in the liver. It has a significantly higher potency than its parent metabolite and has been shown to have higher abuse potential. According to researchers, 7-OH is 22-fold more potent than mitragynine as a μ -opioid receptor agonist. It is then further converted to MP in human plasma, producing a chemical even more potent than 7-OH and nearly as potent as fentanyl.

Kratom use has increased dramatically in recent years, along with concerns about dependence and the lack of clear treatment guidelines. According to the 2023 National Survey on Drug Use and Health, an estimated 1.6 million



people in the U.S. use kratom products annually, with five million people saying they have used it at least once.

In Washington state, recent legislation to ban kratom and 7-OH failed at the state level. However, locally, the Cities of Spokane, Spokane Valley and Medical Lake have enacted ordinances that prohibit the sale of these substances. A similar ordinance has been introduced in the City of Cheney.

WHY THE URGENCY TO BAN KRATOM AND 7-OH?

National Poison Data System (NPDS) reports from 2015 to 2025 reveal a staggering increase of approximately 1,200% in kratom-related exposures. Most cases involved adult males between the ages of 20 and 39. However, the fastest growth occurred among people aged 40 to 59, whose rates nearly matched those of younger adults by 2025. These trends parallel patterns in Spokane County's opioid overdose data.

In Washington, NPDS reports show that most overdose incidents involved kratom alone (62%). However, polysubstance use of combining kratom with other

substances was associated with significantly more hospitalizations, more severe medical outcomes, and many of the kratom-related deaths (79%). Until recently, tracking systems did not consistently distinguish between kratom alone and kratom combined with 7-OH.

More recent data from the CDC's State Unintentional Drug Overdose Reporting System (SUDORS) indicates that 86 overdose deaths in Washington were directly associated with the presence of kratom and 7-OH. This data demonstrates increasing risks and highlights the need for stronger surveillance, prevention, and policy responses.

HOW ARE PEOPLE ACCESSING KRATOM AND 7-OH?

Kratom and 7-OH products are commonly sold in gas stations, convenience stores, and smoke shops. They are marketed as energy boosters, over-the-counter pain relievers, concentration aids, or herbal supplements. Their placement on store shelves creates a false assumption of safety and regulatory oversight.

In reality, the U.S. Food and Drug Administration has not approved kratom or 7-OH for any medical use. Kratom cannot be lawfully marketed as a dietary supplement and cannot legally be added to food products. Yet there are few barriers to purchase. The lack of age restrictions in Washington is especially concerning, as it allows youth to purchase kratom products with ease.

ADDICTION AND TREATMENT CHALLENGES

Regular kratom use can lead to dependence and addiction. Individuals who attempt to stop often experience withdrawal symptoms similar to those seen with opioids. Despite this, there are no formal, evidence-based treatment guidelines for kratom dependence.

Some clinicians treat kratom use disorder in a manner similar to opioid use disorder, using medications such as buprenorphine, methadone, or naltrexone. However, these approaches are based largely on case reports and clinical judgment rather than standardized protocols.

WHAT CAN BE DONE NOW

Naloxone (commercially sold at Narcan®) is still a useful medication to be used in the event of an overdose, since kratom and 7-OH can bind to the same opioid receptors in the brain and cause respiratory depression, similar to what is seen in an opioid overdose.

Kratom's increasing use and accessibility, including among youth, make keeping naloxone on hand even more important. An overdose can happen to anyone who uses opioids or kratom. You can learn more about the use of naloxone, where to buy it, and how to recognize an overdose by visiting srhd.org/stopoverdose. ■

Classifieds

MEETINGS

SCMS GMM & MIXER THURSDAY, AUGUST 20, 2026. Enjoy a time of collegiality in a relaxed atmosphere at the historic Review Building and take in the city view from the 7th Floor Terrace of The Spokesman-Review! Appetizers and the first drink are hosted! MD/DO/PA members and nonmembers welcome! Residents and medical/PA students welcome! No charge for attendance. Space is limited so RSVP today at www.spcms.org!

REGISTER TODAY! SPOKANE COUNTY MEDICAL SOCIETY PRESENTS MEDICINE 2026, Friday, September 25, 2026, at the Historic Davenport Hotel. Registration and details at www.spcms.org!

SPOKANE PHYSICIAN FAMILY SUPPORT GROUP

Group support is available for physician family members in Spokane. During times of stress or crisis, whether it involves your spouse, your children or yourself, a listening and confidential ear is often just what physician families need. The group meets in the evening every week. Its members have experience in substance use disorders, behavioral health issues and many other common problems that occur in families. Limited to physician families and their spouses. You are welcome to come to the group as a couple or alone. Contact Carl at (509) 991-3537 or Bill at (509) 710-0636.

Interested in placing a classified ad?

Contact Shelly Bonforti, SCMS Publications
Email: shelly@spcms.org

2026 SCMS Women in Medicine Conference



What an incredible day at the 2026 SCMS Women in Medicine Conference at Gonzaga University’s Hemmingson Center on May 29, 2026! A heartfelt thank you to Shelly Bonforti for orchestrating every detail and making the day run beautifully — none of this happens without her.

Thank you also to our planning committee, speakers, and sponsors for making it possible, and to everyone who spent their Friday with us.

The conference mission is to educate, inspire, and empower women in medicine, developing personal and professional leadership skills while providing opportunities for networking and closing the gender gap in healthcare. We heard about leading multigenerational teams with Sherri Lynch, PhD, from Gonzaga University, investing basics with Jonna Damiano, the neuroscience of presence-based leadership with Dr. Rebecca Burson, and building kindness cultures with Christine Cronin, DPT.

A special thank you to the local healthcare leaders who joined us for our lunch panel: Dr. Daniel Getz, Dr. Rebecca Mallo, Dr. Janelle Clauser, Dr. Amy Eddy, and Dr. Tanya Keeble. Your perspectives made the afternoon truly special.

Thank you to our sponsors for their generous support: Northwest Sports and Exercise Medicine (Dr. Laura Fralich), Hospice of Spokane, Inland Imaging, Providence Inland Northwest, and Wolf Chiropractic.

See you next year!



SCMS “The Human Connection in Medicine” Art, Poetry and Essay Contest 2026 Contest Winners Announced

The Spokane County Medical Society’s (SCMS) Medical Education Committee is pleased to announce this year’s three \$500 award winners for their “The Human Connection in Medicine” Art, Poetry & Essay Contest held this spring, with prizes generously funded by the Spokane County Medical Society Foundation’s Thomas F. Heston, MD, Scholarship.

The Medical Education Committee (MEC) hosted its 6th annual arts and humanities contest in a continuing effort to help promote wellness and social wellbeing among our Spokane medical/PA students and residents, receiving 13 submissions this year. This contest is one way to show these individuals the supportive nature of the Spokane Medical Community, allowing for a platform to engage all the schools involved in UME and GME that exist in the community.

All current Spokane-based medical residents, medical students and physician assistant students were invited to submit an entry by April 30, 2026, on the topic of “The Human Connection in Medicine” in one of three categories: Best Poem, Best Essay, and Best Image (unpublished original art, photograph, or video). The winning entries were chosen by the committee’s contest judging panel and were blinded to the entrants’ names and programs.

Best Poem “What Blood Teaches” winner Emma Hietala provided insight on her inspiration for her entry. “I am deeply honored to receive the Best Poem award in the Spokane County Medical Society’s “The Human Connection in Medicine” contest. As a PA student, I have come to appreciate that medicine is built not only on science and clinical knowledge, but also on empathy, compassion, and meaningful human connection. Writing provides an opportunity to reflect on those experiences and the privilege of walking alongside patients during some of the most vulnerable moments of their lives. I am grateful to the Spokane County Medical Society for creating a space that celebrates the humanities in medicine and reminds us of the importance of preserving our humanity as healthcare professionals. Thank you for this recognition and for supporting students as we grow into the next generation of medical providers.”

Noelia A. Torres Resto, MD, Best Essay “But I’m A Virgo, Doctor” winner, stated, “This essay reflects my experience

moving through medical training while rediscovering the importance of genuine human connection (both with others and oneself) in clinical work. Writing it gave me an opportunity to reflect on the ways medicine teaches us to listen for symptoms, and the growth one makes in clinical practice as our patients teach us to listen for people. I am grateful to SCMS for creating a space where these reflections can be shared.”

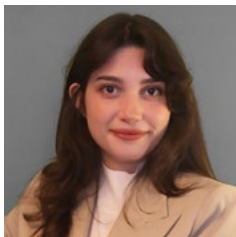
“I am honored to receive “The Human Connection in Medicine” Arts & Humanities Award for my video submission showcasing my experiences volunteering with the Special Olympics community here in Spokane that continues to inspire my journey in medicine,” expressed Maurice Devers, DO, Best Image “POV: The Cure to Depression is Volunteering for Special Olympics” winner. As a physical medicine & rehabilitation resident physician, I get no greater satisfaction than being able to help restore the function and improve the physical capabilities of the special needs community in Spokane, while the videos I create serve to create significant exposure to this community.”

“The members of the contest judging panel were moved and impressed by the heartfelt words and images expressed in all the submissions,” stated committee chair Dr. Geoff Jones, “but selected the entries which most closely captured the essence of the goals of the contest.”

We’re pleased to present all submissions in the SCMS “The Human Connection in Medicine” Art, Poetry and Essay Contest digital book here:

www.spcms.org/assets/pdf/97683+SCMS-MEC26





BEST ESSAY
But I'm A Virgo, Doctor

Noelia A. Torres-Resto, MD

PGY-2 PSYCHIATRY RESIDENT, PROVIDENCE SACRED HEART MEDICAL CENTER

It started off like any other patient interaction.

“How are you feeling today?” A question I ask a million times a week, and still I brace myself for whatever comes next.

“I’m a little irritated,” he said, and without hesitation—deadpan and sassy, as he sometimes was—he added, “but I’m a Virgo, so that’s just how I am.”

We laughed.

It was, on the surface, an entirely reasonable answer. It accounted for mood, offered personality, even gestured toward self-awareness. It was the kind of response that could be documented without objection: *patient reports mild irritability, attributes this to baseline temperament.*

It was also the kind of answer I might have gotten from my best friend—a Tarot-loving, astrology-obsessed woman with a knack for reading you like a book. And with the image of her plastered in my mind’s eye, I broke character. For a moment, I was no longer The Doctor—trained to interpret, to categorize, to maintain distance. I was the me I am with my friends—warm, intuitive, a person with their own story.

I went home still thinking about his comment. Comical as it was, it wasn’t *that* funny. Something else was buzzing around my mind, so I decided to follow it.

I thought back to who I was before medical school. I loved the arts, I supported local bands, friends’ art shows, I went to protests and got pepper sprayed my fair share of times (y’know, the classic undergrad experience). I remember promising my college friends I wouldn’t turn into “one of *those* med students,” the kind to stay up late, do Anki in their sleep, and always manage to sneak medicine into regular conversation. But the metamorphosis was already underway, and before I knew it, I was marching down the aisle, exoskeleton underneath my toga and diploma in hand.

There’s a particular kind of narrowing that occurs during medical training. It is not taught explicitly, but it is learned quickly. Detachment is encouraged, but careful not to take it too far, you don’t want to seem unempathetic. Detach enough that you can handle the insides of this human cadaver, but deliver bad news empathically (don’t worry, there’s a mnemonic for that!), learn these algorithms solely for the purpose of deciphering test questions (remember,

you only have about 1 minute per question!), but don’t get too technical or else the patient won’t understand. Be professional, be personable, minimize ambiguity, don’t be patronizing, shared decision-making, RVUs!

Once you’re in it, you’re in it. It’s not a cult, it’s not quite indoctrination, but somehow only those of us who’ve been through it can really understand what it’s like.

You learn to privilege what can be named, what can be measured, what can be defended. You learn, almost without noticing, to distrust what cannot. Ambiguity becomes inefficiency. Intuition becomes bias. Uncertainty is dangerous and something to eliminate as quickly as possible. Medicine **depends** on this kind of discipline. On pattern recognition, reproducibility, a shared language.

But it also creates a particular kind of distance. A version of yourself that is streamlined, efficient, unfamiliar, less human.

Patients pick up on this uncanny humanness, and Mr. Virgo was no exception. He sat there, hospital gown and socks on, exposed and vulnerable, still attempting to make light of his situation. In the paralyzing solitude of illness, he reached out a hand, begging to be held, or at least, acknowledged. But in medicine, we are taught—carefully, deliberately—not to take it. Not literally, at least.

There are reasons for this. Good ones. Boundaries protect patients. They protect us. They preserve clarity in moments that are already complicated enough. The distance is intentional. It serves a purpose.

And yet, the instinct remains.

To lean in. To soften. To meet someone not just with language, but with something quieter, something closer to recognition.

There is a kind of touch that does not require contact. It happens in the space we allow. In the way we sit with someone just a second longer than necessary. In the decision not to interrupt. In the willingness to follow a thought that does not yet make sense. In the restraint of not translating everything too quickly into something tidy and clinical. In the soft chuckle after a bad joke. It is subtle, and yet, it is often what patients respond to most.

I think about the parts of myself I had learned to set aside. The ones that felt too imprecise, too subjective, too difficult to defend. The instinct to read between the lines. The comfort with ambiguity. The pull toward theatrical expression, toward meaning, toward everything that resists easy explanation. The part of me that knew exactly what he meant when he said he was a Virgo. The same part of me that sits and listens to my best friend explain the planets and their influence on our moods—the part that can inhabit that world without needing to question its scientific basis. Because the meaning isn't in the words, it's in the subtle gesture of giving someone a chance to show you who they are.

Those parts of me did not disappear. They were simply made quieter, pushed aside too long out of fear that they'd distract from being a good physician. And sitting across from him, I began to realize they might be the very things I needed to listen with. Medicine taught me how to listen for symptoms. It is only now that I am re-learning how to listen for people. What at first seemed superfluous, it turns out, was never separate from the work.



BEST IMAGE

POV: The Cure to Depression is Volunteering for Special Olympics

TikTok: www.tiktok.com/t/ZP8g7Gg3S

Maurice Devers, DO

PGY-1 PM&R RESIDENT, PROVIDENCE ST. LUKE'S REHABILITATION



BEST POEM

What Blood Teaches



Emma Hietala, PA-S
MEDEX NORTHWEST PA PROGRAM,
SPOKANE

I learned about blood
long before medicine.

Not in textbooks.
Not beneath the bright
theater lights
of an operating room.

But in the quiet violence of
childhood.

I learned it in the way a
slammed door
could echo through a
hallway
like a gunshot.

In the way silence
can be thicker than air.

In the way a father can
disappear
so completely
that even his shadow
forgets your name.

At school
children sensed weakness
the way wolves smell it on
the wind.

They carved words into me
with laughter sharp enough
to draw blood
no one else could see.

Bruises bloom quietly
when they grow in the soul.

Back then
I thought blood meant
damage.

Something spilled.
Something broken.
Something that meant you
were losing.

Years later
I stood in an operating
room
watching a surgeon open a
human body
with hands steadier than
gravity.

The first incision
was impossibly calm.

Skin parted
like a secret finally told.

Red appeared.

Not violent.
Not cruel.

Just honest.
For the first time
blood was not a symbol of
pain.

It was proof of life.

It pulsed.
It moved.
It insisted on continuing.

I watched a heart beat
inside someone's open
chest
and realized something
terrifying:

Every person carries
the same fragile engine.

Every bully.
Every absent father.
Every stranger.

The same soft muscle
fighting gravity
one beat at a time.

Lub.

Dub.

Lub.

Dub.

All of us
walking around
one heartbeat away
from silence.

That realization
changed everything.

Because when you
understand
how delicate a human body
is
you start to see people
differently.

The angry patient
in room four.

The man detoxing in the ER
whose hands shake
like loose wires.

The woman with cancer
who apologizes
for taking too long to
breathe.

I see the same thing
inside all of them.

The same trembling heart
that beats inside me.

And suddenly
medicine is not about fixing
bodies.

It is about witnessing
how fiercely people try to
survive.

I hold pressure on a bleeding
wound
and feel the warmth of life
spilling against my gloves.

Years ago
that sight would have
frightened me.

Now it humbles me.

Because blood is not the
enemy.

Blood is the language
our bodies use to say
"I am still here."

Every drop
a declaration of existence.

Every pulse
a rebellion against ending.

Sometimes patients ask
why I chose medicine.

They expect an answer
about science
or curiosity
or ambition.

I never tell them the truth.

The truth is this:

When you grow up
in rooms where love
disappears
you spend the rest of your
life
searching for proof
that human beings
can still take care of each
other.

Medicine gave me that proof.

It lives in the moment
a frightened patient
grips your hand
before anesthesia.

In the quiet trust
of someone who lets you
see the inside of their body
and believes you will try
to help them return.

It lives in the fragile miracle
that strangers
can hold each other
together
when everything else falls
apart.

And sometimes
standing beside a hospital
bed
with the monitor humming
and the fluorescent lights
buzzing
I realize something
extraordinary.

The human body
is not the most amazing
thing
in the room.

The human connection is.

Two strangers
sharing fear.

Sharing breath.

Sharing the unbearable
knowledge
that both of their hearts
will one day stop.

Yet still choosing
to stand beside each other
in the brief moment
between first heartbeat and
last.

That is medicine.

Not the scalpel.

Not the sutures.

But the quiet promise
we make to one another:

Your blood is not yours alone.

It runs through the same
story
that runs through mine.

And as long as it beats
I will stand here
with you.

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“I believe that more than ever, a united physician voice is the most effective method for amplifying and advocating for the needs of our communities and patients.”

— *Rebecca Mallo, MD - Chief Medical Officer,
Providence Medical Group and
2026 SCMS President-Elect*

“It is important to have a strong medical community to support each other professionally and personally and SCMS is helping build relationships between those in the medical field. This is helpful to the individuals but also helps build a robust culture of medical practice and continuing education – which is valuable to the Spokane community.”

— *Michelle Drobny, DO - Program Director
Spokane Teaching Health Clinic,
Family Medicine Residency, and
2026 SCMS Secretary-Treasurer*

“As a physician in Pend Oreille County, our only Medical Society is the SCMS. As a practicing physician there I have appreciated the advocacy and community that the SCMS provides. As a Clinical Dean for the UWSOM, I appreciate the strong advocacy for medical education in Spokane and a creative, collaborative space to develop medical education in our region – both Spokane and in rural areas.”

— *Geoff Jones, MD - Newport Hospital and Health Services;
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Clinical Dean; Coulee Medical Center and
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