



Gregory J. Davis, MD, FCAP

Never Bored

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The WUKY pledge drive was in full swing. Gregory J. Davis, MD, FCAP, was taking his shift on the volunteer phone bank when the program director came over and asked, “Aren’t you a doctor?” Quickly, he replied in the affirmative, but there was no medical emergency. Instead, she said, “We need a medical reporter, somebody to do a weekly one-minute wrap-up of breaking medical news.”

That was the beginning of “The Medical Minute,” which evolved into “Dr. Greg Davis on Medicine,” a four-minute feature each Wednesday. “It has been a lot of fun,” says Dr. Davis, who was a campus disc jockey in college. “We talk about everything from new treatments for cancer to challenges in getting health care up in Appalachia, to why it’s good to read books and breathe fresh air.”

In February and March of this year, Dr. Davis interviewed Richard C. Friedberg, MD, PhD, chairman of pathology at Baystate Health in Springfield, Massachusetts, and a professor at the Tufts School of Medicine in Boston, about new diagnostic technologies. “The challenge is to take concepts and express them in a way that your audience can understand,” Dr. Davis says, something he learned as a fellow in forensic pathology and continues to employ as assistant state medical examiner for the state of Kentucky.

“When I first went to court as a resident, I was describing a gunshot wound,” he says. “I said to the jury, ‘The bullet went from anterior to posterior and exited,’ and saw their blank faces. So then I said, ‘The bullet went from front to back and up. Here’s an ink pen that I’m holding beside my body the same way the bullet went through.’”

“If I’m working with doctors, it’s obviously going to be a different language than if I’m working with a jury,” Dr. Davis says. “But I really think that as pathologists, we need to be able to communicate with our patients, surgeons, internists, pediatricians, whoever. We are providing a service to them and part of providing that service means communicating in an accessible way.”

Dr. Davis is a professor of pathology and laboratory medicine at the University of Kentucky College of Medicine in Lexington, where he serves as director of residency training, director of the autopsy and forensic consultation services, and a professor in the Graduate Center for Toxicology. He teaches courses in forensic pathology at the medical school, where he has also been a preceptor for several electives, including a course on patient-centered medicine, a course titled, “Patients, Physicians, and Society,” and another course called “The Healer’s Art.”

Training should enable residents to become comfortable, effective, and confident as members of the medical team, Dr. Davis says, and part of that is an appropriate working vocabulary. “We need to get away from referring to colleagues who are always on the wards as ‘the clinicians,’” he adds. “If they are the clinicians, who are we? We are clinicians too, just often one step removed.”

The variety that characterizes pathology creates opportunities to connect with virtually every specialist, Dr. Davis points out. “I think of the community pathologist as a hero in a lot of ways,” he says. “Here she’s going from a frozen section on a breast biopsy to the blood bank for a transfusion reaction workup, then there’s a strange bug over there in microbiology, then back to cytology, body fluids, and Pap smears.

Depending on how much of a specialist or generalist you are, there is no gender, age group, or organ system beyond your bailiwick, and it is different every day.”

“Medicine at heart is a guild profession,” Dr. Davis observes. “We attach these young people to our sides and model transformation.” As role models for future pathologists, he says, he and his colleagues try to be thoughtful about small things that are not so small. Quoting Charles Hirsch, MD, chief medical examiner for the city of New York, he adds, “The most important tool of the pathologist is not the scalpel, it’s the telephone.”

“It all comes down to the golden rule,” Dr. Davis says. “What if this specimen was from, or this interaction was with, my mom, my wife, my husband, my brother? Really good doctors, whether pathologists, OBGYNs, or psychiatrists, internalize that,” he says. “They may not think it consciously every day, but they internalize it.”

“I have been elated in my profession,” he concludes. “I’ve been frustrated, I’ve been happy, I’ve been sad, and I’ve been intrigued. But I sure as heck have never been bored!”