

Naomi Higuchi, R.N., C.R.N.P., M.S.N.

FILE: HIGUCHI1

EHRHART: Today is April 26, 2007 and this interview is with Naomi Higuchi, who is an RN at Children's Hospital. This interview is taking place for the Louise Schnauffer Oral History Project, which is being conducted for the College of Physicians of Philadelphia and funded by the Foundation for the History of Women in Medicine.

EHRHART: Would you mind if we started out by you please stating and spelling your name and how you were or have been acquainted with Dr. Schnauffer?

HIGUCHI: My name's Naomi Higuchi. My first name is N-A-O-M-I, my last name is H-I-G-U-C-H-I. I was acquainted with Dr. Schnauffer...she was my surgeon when I was followed here at Children's Hospital. After I graduated from college and started working here I became one of her colleagues.

EHRHART: Did you work directly with her?

HIGUCHI: I did with some of her patients.

EHRHART: Do you recall what setting or location you first met Dr. Schnauffer in?

HIGUCHI: I was an in-patient. I was in high school and I was an in-patient. I was in the hospital because I had come in with a – I have Crohn's disease and I came in in a flare. My gastroenterologist decided that it was time for me to have surgery, so Dr. Schnauffer came by to introduce herself and meet me. My parents had already met her and I had not met her yet, so I met her on my own.

EHRHART: That's really a unique situation to be in. How old were you at the time?

HIGUCHI: I think I was around 14 or 15.

EHRHART: Do you recall what your first impressions of her were?

HIGUCHI: She was this short lady in an OR dress, an operating room dress, and I wasn't quite sure who she was. At first I thought she was someone either from the nursing staff or someone from housekeeping, and I didn't realize who she was until she started talking. She was just this very comforting person who came in, introduced herself, and explained exactly why she was there. She was not the type of physician who made you feel like she's the physician and you're the patient. She was very comforting. It was almost like talking to a family member.

EHRHART: How do you think she established that type of connection with you? You said she was comforting and that type of thing. How was she comforting? In what ways?

HIGUCHI: I think just the way that she approached me. She knew that I had an idea as to why I would be needing a surgeon. She was very non-threatening. She introduced herself, she sat down, she made herself comfortable. Basically we started talking about things that I was doing in high school, how was I feeling, had people spoken to me about the fact that I would need surgery? And she told me: "Ask whatever questions you want. This is what we're planning on doing. If you have any questions you can always find me." So she was very accessible and just very open about everything. She did not have a hidden agenda, or she didn't come across as having a hidden agenda or anything.

EHRHART: Was that different from the way that you had...I don't know how often you had had a need to see physicians or surgeons before you met her, but is that what you had been experiencing meeting other people, or was she different somehow?

HIGUCHI: The physician who followed me from the gastroenterology department was also very open, was easily accessible. So she basically was the type of physician I was used to in dealing with the attending physicians. The residents and some of the fellows were different and you weren't quite sure if you should trust what they were saying or not trust what they were saying. But she was the type of person: "This is what we're doing, these are the people you're going to meet. This is my plan. If you have any questions you're more than welcome to call me, you're more than welcome to ask for them to call me so that I can talk to you."

EHRHART: Did you take her up on that?

HIGUCHI: I didn't need to, but the day of surgery she came in and made sure that I knew what was going to happen -- made me feel comfortable, asked me if I had any questions. So it was a nice transition.

EHRHART: What were the years in which you were in contact with her as a patient?

HIGUCHI: 1979 to 1986.

EHRHART: Were you her patient for multiple procedures?

HIGUCHI: Yes. I don't know how many surgeries she did on me, but she did all of my pediatric surgeries. I want to say probably nine or ten procedures.

EHRHART: As you described her, your first impressions of her and the fact that she was very open -- I think you used the words "open" and "comforting" -- did you find that to be consistent throughout those years?

HIGUCHI: Definitely. She was the type of person that once she got to know me and I started having more and more surgeries that we would sit down in her office and she goes, "Okay, this is what I think we need to do. I've spoken to your gastroenterologist. This is the plan that I think will work. What do you think about this?" So she brought you into the decision-making process and so you could negotiate and she knew where you were coming from, and I knew where she was coming from so that there was no, "Well, I thought you were going to do this." That didn't

happen because she was able to say, "This is what's always happened whenever you've gone into the operating room. I think we need to do this now because of what's happening. You need to have surgery because of your health." So I think that helped a lot.

EHRHART: Did you ever feel as though because of your age at the time and maybe your knowledge of the medical field, that she was ever talking down to you in any way?

HIGUCHI: No. She knew what your level was and she didn't "dumb it down" or talk down to you. She made sure she knew at what level you were at and spoke to you at that level.

EHRHART: Did you ever see her interacting with other patients who maybe were younger than you were because you were a teenager at the time?

HIGUCHI: I didn't see her interact with any younger patients at the time when I was a patient, but when I started working at Children's I did see her interact with some of the toddlers. She was able to make her interaction developmentally appropriate, so she was appropriate for any level.

EHRHART: Going back to the time that you were one of her patients: Could you describe the way in which she would speak with you and your family regarding the treatment?

HIGUCHI: She would sit down with us, either at the bedside or we would go down to her office. She would have spoken with the gastroenterologist ahead of time, and she would explain what their plan was. A couple of times I had to have emergency surgery. She would come in and say, "This is what we need to do, and this is why we need to do it." She was very clear with us [about] what the risks were and why is it needing to happen this way and why we wouldn't be able to wait or put things off. I think that she was very open and she understood the stress that we were under at the time in terms of having to have any surgery done, and just knowing that every time you do more surgery you are at a higher risk. I think she took that into consideration every single time. She made sure that my parents were comfortable with the decisions that were made.

EHRHART: When you were speaking with her... Clearly having an illness as a child or teenager, young adult, is difficult. I was wondering do you recall what emotions you were having as you were speaking with her regarding your illness and the procedures?

HIGUCHI: I think sometimes I was angry that I had to have surgery. Other times I was sad and frightened, and she understood all of that. She also knew that I was the type of student who didn't like missing school. When I was in college and she was still following me they would try and arrange things so that if I was feeling well enough that I could get out and go to class if I needed to and then come back in, go out on passes. I think that she understood what emotions I was feeling; the fact that sometimes I was really angry about everything I had to go through, and that I was scared. A couple of times I had some major complications after surgery and I think she understood that. I know one time after surgery...the surgery was more complicated than originally planned and she came to find me in the recovery room because she knew if I woke up and I was sicker than I had expected that I would be upset about it. So she came and found me in

the recovery room before I got sent back to the floor. In most cases kids would have gone to the intensive care unit, but she knew that it would be scarier up there for me than sending me back to a regular floor, so she arranged for me to go back to a regular in-patient unit rather than being admitted to the ICU. So she understood where her patients were emotionally and what their expectations were, and what would happen if things changed and they weren't aware of it.

EHRHART: Would she ask you, "So Naomi, how are you feeling about this?" or is it something that she would be able to surmise based on your interaction?

HIGUCHI: I think she could surmise it, but I think she also wanted to make sure that what she was observing was correct, so she would ask, "So what do you think about this?" or "How are you feeling about this?" I think she knew me well enough also that she could pick it up without me saying anything.

EHRHART: If you had, as you did, you had several procedures done with her. Can you describe how you would, or how she would interact with you immediately before a procedure and immediately following a procedure?

HIGUCHI: Before every surgery she would make sure that she saw me in the operating room before I had general anesthesia. She would always check in with me to see how I was doing in the operating room. The nurses knew me in the operating room. It was nice because I would have a familiar face. She would say, "Okay, this is what we're doing. How are you doing?" Then afterwards she would try and get to me in the recovery room if she could, but I wasn't always awake enough. The one time that I described earlier, she woke me up just to make sure that I knew. But I usually would see her either the same day of surgery later back in my room, or the day after. So she made sure that she saw her patients before they went to sleep, which was nice.

EHRHART: Following the procedures then, how did you, I don't want to say "how did you feel when you saw her again?" but how was that interaction then? What was she there for and what communication occurred at that time?

HIGUCHI: She would come by to see how I was feeling, making sure I was comfortable, making sure that her team was taking good care of me. She knew I was very particular about certain things. She would make sure that I had adequate pain control, that the orders that needed to be changed were being changed, that I was doing okay emotionally. "How are you doing? I know you want to get out of here, but you need to be here for a few more days and this is why." I think part of it was to make sure that I was physically doing well postoperatively, but also to make sure I was doing well mentally: that I knew what was going on, and that my care was what it should be and that her team was meeting her expectations in terms of providing the care that needed to be given. So it was multifactorial.

EHRHART: Yes, it sounds that way. Would it be at that point, immediately, let's say as you woke up or what have you, that she would communicate to you the success, or?

HIGUCHI: She definitely would make sure that I knew what happened, if they ran into any problems during the surgery. She would let me know either if things went just the way they were supposed to: "We ended up taking out x number of inches of intestine," or "This is what we found." So she would let me know what happened during surgery because she knew that that's something that I wanted to know.

EHRHART: Were you at that point planning to pursue a career in the medical field?

HIGUCHI: I wasn't sure what I wanted to do. Originally I was either going to be a chemistry major or a lawyer. She was okay with that. She didn't try to influence me one way or another. One of the surgical fellows tried to influence me, and he's like, "You know, if you become a chemistry major you could go to medical school," and I was like, "Oh yeah, I'll think about it." Then when I was in college I transferred from an arts and science program into the nursing school and she was very supportive of it because she thought that was something that would fit my personality. She thought that was a very good choice, but she didn't try to influence what it is I wanted to do. I needed to make that decision, and she was very supportive. She wrote letters of recommendation for me for colleges. That was something that she wanted to do.

EHRHART: Since we're there -- we'll go backwards later. Do you believe, now looking back, that she had an impact on your decision?

HIGUCHI: I think she did, just because of the way that she was always willing to help people and she was very caring. I think that did influence me, and the fact that okay, here's this lady, who, probably when she was going to medical school, no one else gave her a chance. And she's very kind, she's very caring, look at all that she can do. I don't want to go into medicine, but there's probably something else I can do to help kids. So I think indirectly she influenced my decision.

EHRHART: And in addition to that, how about as a role model as a woman working in medicine? Is that specifically... seeing a woman doing this work as opposed to another male surgeon?

HIGUCHI: At the time that I met her I hadn't had much interaction with women physicians, and I thought it was really neat. I thought it was really cool that here's this lady who's a surgeon, who is very unassuming, blends in with everybody else, you would never know that she was a surgeon. I just thought it was the neatest thing, and that it's like, "Wow, if she could do it, probably anyone could do it." So I thought it was pretty interesting. I thought she was a great role model.

EHRHART: So she was aware of your decision to become a nurse.

HIGUCHI: Yes.

EHRHART: You had mentioned that. Do you recall how she responded when you told her, "I'm going to apply"?

HIGUCHI: She was very happy. She was very happy, she was happy that I was finally figuring out what it is that I wanted to do. She thought it would be really neat that if I went into pediatrics that I would probably stay in the area, and she thought that was a really cool thing to be able to work with a patient who would then become a nurse. She thought it was really cool that she would possibly be working with a former patient.

EHRHART: Did she give you any advice regarding your career?

HIGUCHI: She just made sure that I stayed grounded, that I knew that yes, I was a high achiever and everything, but that it doesn't really matter how you do as long as you do it well. So it's like you don't have to have really good grades, but if you're enjoying what you're doing and you're doing the best that you can, that's great, that's all you need to do. You don't need to push yourself to the point where you're getting sick. There were a couple of times that she lectured me that I waited too long before coming in because I was sick. She was like, "You need to take care of yourself. School can wait."

EHRHART: And then regarding what the field would be like once you got here?

HIGUCHI: She told me that it's going to be hard. She said nursing is a tough field and that it would be challenging, both because I had been a patient, and also just the population that I had chosen, the fact that I had decided to go into pediatrics. She did tell me that, "It is going to be rough," but that she was like, "I have every confidence that you're going to be able to do this and that you're going to be good at it."

EHRHART: Let me just ask you sort of a follow-up to that that's not entirely Schnauffer-related, but do you feel that your having been here, maybe not even at Children's Hospital, but having gone through what you've gone through with your own personal health, how do you think that's impacted the care that you provide for other children?

HIGUCHI: I think it helps in that I can understand the stressors that the families are going under and the fact that the kids really don't want to be here and what it's like to be poked and prodded and having to be stuck in the hospital. I think it's made me a little bit more sensitive to what might be going on in someone's life and a little bit more understanding of why some parents are really over the edge or really stressed out and they say what they say because it's understandable, because a lot of people don't understand how stressful it really is being in a hospital and not getting answers right away and not getting sleep at night. So I think it's helped me to understand better what they're going through.

EHRHART: I don't think that I asked you this earlier, but would you mind just stating in the different capacities where you've worked here and maybe elsewhere?

HIGUCHI: When I first started out, I started out as the staff nurse on the surgical floor. I went back to graduate school and then did a few years in pediatric rehab as a clinical nurse specialist, and then came back to CHOP as a liver transplant coordinator and then moved on to sedation. I'm currently a nurse practitioner with the sedation service.

EHRHART: So in addition to being an RN, you're also a certified...

HIGUCHI: I'm a certified nurse practitioner.

EHRHART: And then there were other initials after your name in the e-mails you sent me. What is the other?

HIGUCHI: I have a master's of science in nursing, and I also have a national certification, and I don't know what those initials are or what that title is.

EHRHART: I just wanted to make sure I got the...

HIGUCHI: It's RN, CRNP, and then MSN.

EHRHART: I'm just going to backtrack a little bit to a few other questions regarding your treatment period with Dr. Schnauffer, and then I want to ask you another question about when you started working here. But before I do that, if you feel that you've already answered this it's fine, we can hop forward. I think we did already do this. How frequently would Dr. Schnauffer visit you following your procedure, and what emotions do you recall having when speaking with her?

HIGUCHI: She would stop by every day, either in the morning or in the evening after her operating room schedule was done. But she would stop by every day. Sometimes it was just a sit-down and talk, "How's it going? Did you see the show last night? Did you hear what's going on out in the world?" so it wasn't always medically focused, it was also "Have you seen the newspaper?" or "Have you heard what the nurses are talking about?" Or, "The nurses in the OR are going to a Christmas party, they want to know if you wanted to get invited." So things like that. There were a couple of Christmas parties that I did go to because I was dating somebody, it was one of the surgeons' sons. It was kind of weird. She would let me know about what was going on in the OR, she would keep me up-to-date on gossip in the OR. So it wasn't just medical stuff, you knew about all the gossip that was going on and she would fill you in on the hospital politics. So it was really neat.

EHRHART: Wow. So you heard a lot about the ins and outs of Children's Hospital. And then you came back and worked here, too, or are working here, so that says a lot, though. Was it in a malicious type of way, though, that she would do this?

HIGUCHI: No, it was just more like fun, like, "So-and-so in the operating room, she just started dating so-and-so," because I knew who they were. She was like, "Oh yeah, they're dating," and it was like, "Oh, okay, that's pretty neat." It was just more fun stuff. The nurses didn't mind because they knew me well enough that they didn't mind either. It was kind of fun. And the nurses would be like, "Do you know what Dr. Schnauffer's up to?"

EHRHART: Oh, so they would tell you, too?

HIGUCHI: Yes, I would get it all around.

EHRHART: So what surprised you that Dr. Schnauffer was up to?

HIGUCHI: I always thought she was this really quiet lady and I found out she likes to go out with the operating room nurses, they would go out to dinner. She would like to sail, she was into all sorts of things. I just didn't picture her as doing all of this, and I was like, "Oh what do you mean Dr. Schnauffer went out with you guys last night, you guys were drinking? I don't understand this." Not that she was heavily a drinker, but the fact that she would go out and hang out with the nurses and stuff, because you never heard about any of the other physicians doing it. She would just sort of like hang out and be your regular old person. One time I ran into her in the airport because I was flying back from Boston and she was flying back from a class reunion, a college reunion. She was like, "What are you doing here?" and I was like, "Flying back from Boston from visiting my sister." She was like, "Oh, I was up here for my college reunion. I was with my rowing team." I was like, "You rowed?"

EHRHART: Would you say that they collectively, not only Dr. Schnauffer, but also the nurses as well, almost worked to make you as part of the Children's Hospital community here?

HIGUCHI: They did sort of make me part of the community because I was a frequent flyer, so they knew that I knew certain people. When you went into the operating room...they liked to listen to music while they're doing surgery, so they would say, "Okay, so what do you want to listen to?" And it would be my choice: "Okay, we have this, this, and this. You can go to sleep to any of these." If I didn't know who the anesthesiologist was, the nurses made sure that the anesthesiologist took very good care of me. It was sort of like having another family here to take care of me and watch out for me, just because they knew me so well.

EHRHART: Were you specifically under the care of Dr. Schnauffer the entire time?

HIGUCHI: For any surgeries, yes, it was always Dr. Schnauffer.

EHRHART: I was just wondering if maybe there was a difference between her versus the male physicians or male surgeons.

HIGUCHI: I didn't interact a lot with the male surgeons here. The surgery fellows who came through were very warm and very open. I used to joke around with them. The attending surgeons I didn't really get to interact with a lot. Dr. Koop I was sort of intimidated by just because of his size. And there was Dr. Bishop, and I didn't know him that well, I just knew what I had heard from the other nurses. So I really didn't get to interact with them as much.

EHRHART: I was just wondering as far as like a comparison, either just personality-wise, or gender-wise.

HIGUCHI: Dr. Koop, once he knew that I was one of Dr. Schnauffer's patients he would always say, "Hi, how are you?" I embarrassed one of the fellows in front of him once and I think he got a big kick out of it because he didn't know his fellow was sick. I was like, "You drinking plenty

of orange juice? Because I remember you had a cold this morning.” And Dr. Koop just sort of looked at the fellow and the fellow was like, “Yeah, I have a cold.”

EHRHART: You said that she visited you every day. Does that include weekends or is that only weekdays?

HIGUCHI: She did come in on a couple of weekends, but you didn’t see her as frequently on the weekends.

EHRHART: Would you say that she met and/or exceeded your expectations in her interaction with and interest in you?

HIGUCHI: Most definitely. I was spoiled because the gastroenterologist who followed me was involved in everything I did and would help me meet whatever goals I wanted to do or help me do whatever I wanted to do despite my health, and she did the same thing. She knew that I played field hockey in high school and that I wanted to go to hockey camp. She also knew that I was very much into my grades and classes, and she took all of that into account whenever she made any decisions. She always asked, “How is school going?” and took a genuine interest, like, “Oh, you’re taking chemistry. So what do you think about chemistry? I always had problems with this, this and that.” It’s not what you expect from a physician. It’s one of those things where she took a genuine interest. And she was like, “Hey, did you hear they’re doing research and they’re trying different vitamins now? Maybe this is something that we need to discuss with Dr. Boyle and see what he thinks about it.” She turned my mother on to Prevention magazine. She told her that would be a great magazine for her to read. She definitely exceeded what I expected from any physician or a surgeon.

EHRHART: When we’re young, of course, our parents do a lot to set the tone for what they think of other people, or we observe the way they talk about certain people. I was just sort of wondering what your parents’ or caregivers’ impressions of Dr. Schnauffer were.

HIGUCHI: They thought that she was the neatest person that they’d ever met. My dad had a lot of respect for her. He does not do well in hospital settings, and when I had surgeries he would come and Dr. Schnauffer would tell him, “Go home, get out of here, you’re nervous, you’re not doing well, you’re looking green, go home. I’ll call you if you need to know anything.” They just had a lot of respect for her because she did sit down and talk to them. She knew what their personalities were like, and she was available to them. Whenever she was in the operating room she would make sure that someone came out during the surgery to tell them progress, any complications, so she made sure that they always knew what was going on and she knew how concerned they were. The one time that she was operating and the surgery was just taking a lot longer than she had expected, she sent someone out to let my mother know that “This is what’s going on; yes, we’re having problems; yes, this is what’s happening; this is what I’m going to need to do; and these are the complications I think that are going to happen.” I think that at one point she might have scrubbed out of surgery to go out and talk to my mom. They have a lot of respect for her, and they’re always asking about her still, if I still see her, how she’s doing, things like that.

EHRHART: Would you say that from your parents you got a green signal that this was a safe...because if parents are tense about something or someone and they don't care for a particular person, it gives you as a child or as a young adult a "go ahead" signal: "It's okay, this person is safe," or like the "red light," like "Danger, beware." What vibe did you get from your parents in that?

HIGUCHI: The vibe I got from them was that she's a person that you can trust, that we're very comfortable with, that she is going to fit into the care team that you have now, and that she's someone that we think that you really should sit down and talk to and get to know.

EHRHART: What adjectives would you use to describe Dr. Schnauffer?

HIGUCHI: Patient-advocate, witty, mischievous at times, compassionate, talented, caring, short. I think it's hard to describe her, because she's all of those, and also she could be your best friend.

EHRHART: "Patient advocate," that was the first on your list. Why was that the first on your list?

HIGUCHI: Because she made sure that I got what I needed, and that as long as what I requested was reasonable, that those requests were met. And she made sure that her team of residents and fellows knew that. I was very particular who would pull central lines. I didn't want a resident pulling a central line, and she would tell the fellow: "You need to do this. Do not send a resident in. You need to do this." Or, "You need to go and discuss this with her. Do not send the resident in." Then just talking to the nurses and talking to the OR staff, and just coordinating things, because she knew where I was coming from and she made sure that things happened the way that I was comfortable with. I think that's very important, that she was there saying, "No, this is what we need to do. Yeah, this is what you should do, but this is what we need to do for this particular person." So I think that's very important.

EHRHART: I almost get the feeling -- and by all means if I'm totally wrong, say it -- that the way she managed details within patient care was really just multi-task out the wazoo, for lack of a better word. But just really detail-oriented to the extreme. Would you agree with that?

HIGUCHI: She seemed like she was detail-oriented, but it was sort of invisible also because she would just do things naturally. I guess she really was detail-oriented, but it never came across that way. It all came across: "This is what I do, and this is what I do for everybody." She just made things happen.

EHRHART: Do you think she did this for everybody, what you're describing?

HIGUCHI: I think she did. I really think she did.

EHRHART: Why would you think that?

HIGUCHI: Later on when I was a staff nurse, and watched her work with other families and patients, she did the same thing for them. She would come by and visit, sit down, talk to them.

The patients that were repeat patients that she knew really well, she would make sure that things were done a certain way. Even though she knew the family might be a pain in the neck, she was like, "This is what we need to do, this is the best way to approach it, and this is why it is that we need to do this." So I think from what I saw, she did it pretty much for everybody.

EHRHART: What was that like, coming back and working with her? And first of all you have to explain, please, in what capacity you worked with her, and then explain a little bit about how that felt for you.

HIGUCHI: I worked with her when I was a staff nurse on the surgical floor. At first it was really weird, because I used to be her patient, and now I'm here as a staff nurse. She didn't really treat me any differently in that she still respected who I was and what my background was, and she respected me like any other member of the staff. She made it easy for me to transition into that role. She was like, "Okay, how is it going?" but she was also very professional in that she didn't let the patients know that she knew me as a patient. She was able to do that fine line. It made it sound like oh, she had worked with me forever and that she knew who I was because of that, not because I had been a patient. So she was able to help me make that transition.

EHRHART: So she wasn't like, "Oh, that's Naomi, she was one of my patients, look at how great she's doing now." She didn't use you as a trophy or anything?

HIGUCHI: No, and if she had a patient that she thought would benefit from talking to me, she would ask me, "Would you mind talking to a family? It's up to you. You don't have to do it, but I think that they would benefit from hearing what you have to say about your experience." So if she approached me like that then we would go in and she would explain, but it was always as "Naomi's been through some similar things. I think it would really be good if you guys sat down and spoke and she can probably help explain things to you."

EHRHART: Was that regarding the specific procedures or condition, or was it regarding they were a little bit uneasy about Dr. Schnauffer for some reason?

HIGUCHI: I think part of it was some of the surgeries, because I had had temporary ileostomies, and they're pretty shocking for a teenager. And since I had been through it I think she thought "It'd be good for you to talk," because yes, it was hard, but I managed and I did well with it. And after a while it didn't bother me, and I think she thought that would be good for other people to hear. Yes, it's temporary, it's there for a little bit, but you feel so much better afterwards. I think some of the patients had a hard time with that, so she was like, "Would you mind talking to...? You can approach it any way you want to, but I think that they would benefit from this. You don't have to do it, but if you are willing to I think it would help."

EHRHART: Do you think it did then?

HIGUCHI: I think it did. I know it helped one patient who was giving the nursing staff a hard time. Finally one night I went in and I was like, "You need to stop this. You just need to stop this and this is why you need to stop this. I've been through this. I did fine. I went to college, I'm working as a nurse. You lead a normal life." And it was just like, "Well, why didn't you tell

me this sooner?" I was like, "Because it was none of your business, but you pushed me to the point where it was like, 'you need to just stop.'"

EHRHART: So it was more procedural and "what you're going to go through"-oriented, it wasn't them questioning Dr. Schnauffer's expertise or anything like that?

HIGUCHI: No, that never came up.

EHRHART: That's very interesting. Anything else regarding your work with her after you came back and worked at Children's Hospital and started working here?

HIGUCHI: She made sure she kept in touch. I think she liked the fact that I was here because she could keep in touch with me and see how I was doing. She was always interested in how my health was going. I needed some surgery as an adult and she wanted to know how that went. She told me things like, "You need to tell the surgeon this, this, and that. Make sure they understand this. If they have any questions they should call me because I can give them some information if they need it."

EHRHART: So even though you were here working with her as a professional, she still was concerned about your health and following you and making sure that things were working out as you were an adult?

HIGUCHI: Right. And also she wanted to know: "How are your parents doing? How is life in general? Are you going on vacation? Are you taking care of yourself?" So she kept in touch.

EHRHART: You had mentioned that you did remain in contact with her, and clearly you came back to Children's Hospital then, but did you develop a different kind of relationship with her, like a friendly, or personal...?

HIGUCHI: It was a friendly relationship. When I was working in liver transplant, my office was down the hall from hers and I would be able to just pop in and just say "Hi" and just sit down and chat.

EHRHART: A lot of people that I've spoken with have looked at Dr. Schnauffer as a counselor, or as someone they would seek advice from and that type of thing. Did she ever fulfill that role for you?

HIGUCHI: She did. She was the type of person that you could just go in and sit down and say, "I'm having an issue with something," or "Can you give me some advice?" or "This is what's going on." And she would just listen, and she would say, "Okay, this sounds like what's going on, have you tried this?" So she was a counselor.

EHRHART: So that was more in regard to your health?

HIGUCHI: Health and also professionally. So a little bit of both.

EHRHART: You used another adjective that struck me as interesting to describe Dr. Schnauffer, and that was "mischievous." I would like to know what you mean by that, please.

HIGUCHI: As a patient, one summer there was a group of us who were stuck in the hospital for a month or about that long. One night we decided to call one of the radio stations and put in requests. We were trying to figure out appropriate songs for the different services. I can't remember what song it was, but we found a couple of songs for the surgeons, and we called the resident on call and we were like, "You need to listen to this radio station, you just need to listen to it." And they played our request. The next morning Dr. Schnauffer came in, she goes, "I hear you were busy last night." I was like, "Well no, not really, why?" She goes, "I heard that you were making radio station requests." I'm like, "Oh." She goes, "That was really neat, how did you come up with that? You know, next time you need to try this, this, and that." I was like, "Okay, you're not supposed to be giving me these ideas." So she really had a good sense of humor. She sort of had that mischievous side to her.

EHRHART: Any other examples of that?

HIGUCHI: Not that I can think of off-hand. Every now and then she would say something and you would just look at her like, "Oh? You're not supposed to be telling me these things." When I worked with the liver transplant surgeons, she had a really good relationship with them. She used to tell me a couple of things: "Oh, just say this to them and see what their reaction is." And I was like, "I can't say that." "Oh, just say it to them and see what their reaction is, and then afterwards you can tell them that I told you to say it." So I was like, "Okay." It was like stuff that they'd be like, "Where did that come from?" "Oh, Dr. Schnauffer." And they were like, "Oh, okay." But they would look at you like, "How did you come up with that idea?" She liked to sort of shake things up a little bit in a fun way.

EHRHART: I think I've hit all of the questions on the paper. I have these two additional ones. Is there one event or thing that she did or said that has particularly stayed in your mind? And we could look at this both as when you were a patient, and then later as a colleague.

HIGUCHI: I think the one thing that she did that really sticks in my mind is the one time that I had surgery. I was supposed to go in for day surgery; it was supposed to be a short procedure. It ended up being an 8- to 12-hour surgery. And the fact that she was concerned enough that if I woke up in the intensive care unit I would be really upset and that she made sure that I could go back to a regular floor, and the fact that she came to me in the recovery room, woke me up and explained everything to me, even though I was still groggy from anesthesia. But she wanted to make sure that I knew what was happening, what had happened, and what the plan was, and that it was going to be a tough recovery. She made sure I knew that up front, even though I just had surgery and I was feeling miserable. That really sticks out in my mind as she didn't have to do that, and a lot of surgeons don't do that. But I thought that was just something that was really important. My mom told me later that when she came out to talk to my parents, she said, "I'm going to go in, I'm going to wake her up. I'm going to tell her all this stuff because I'm really concerned if she wakes up in the intensive care unit she's going to freak out, she's not going to know what's happened. And I need to talk to her and let her know what happened because I told

her it was going to be a simple surgery, and it wasn't, and I need to explain why." So that really sticks out in my mind.

EHRHART: It seems like that meant a lot to you that she did that.

HIGUCHI: Yes, it did.

EHRHART: And how about regarding when you worked with her? Is there anything in particular?

HIGUCHI: The fact that whenever she saw me on the floor she'd always say, "Hi, how are you doing?" and have a conversation with me. You know, "How are your parents doing?" And it's not one of those "just passing you in the hallway and not really wanting to know what the answer was," but she really did want to know what the answer was. The fact that she always did that and made sure that whenever [inaudible] is Naomi working? "Oh, how are you doing?" just making sure that I was taking care of myself and just wanting to know what's going on in my life. So that really sticks out.

EHRHART: Maybe we could look at this in both ways: recent past, versus when you were a patient of hers. Do you remember how she used to interact with other physicians, or nurses, or students, or residents/fellows?

HIGUCHI: She was always professional with them. But she didn't give the impression that "I'm the attending surgeon." It was more like, "Okay, this is what we can learn from this." When I used to observe in the operating room when I was in nursing school, we did a rotation through Children's. She would have the residents...she'd be like, "Okay, this is what we need to do. Okay, now you want to try this." She was a very patient person with them, and always treated them fairly and respectfully. The nursing staff really respected her because she would come by, she would talk to them, she never threw any temper tantrums or anything like that. She loved to teach, she loved to explain. She was always very, I can't think of the word, but she was always very nice in her interactions, and very professional.

EHRHART: So that's when you were training to become a nurse?

HIGUCHI: Yes.

EHRHART: How about when you were one of her patients?

HIGUCHI: She also was a good teacher. If the team came in while she was in visiting, she was like, "This is what I spoke to Naomi about. This is what we're going to try. How are you guys doing? Why are you guys rounding so late?" She was very respectful to them, very professional. Didn't do what they call "pimping" in front of the patients, where she would put anyone on the spot. She wouldn't do that. At least I've never observed her do it, but I don't think she ever did. She wasn't the type of person to put someone on the spot like that unless something was happening and she wasn't happy. I never saw her.

EHRHART: So you never saw her really unhappy about anything?

HIGUCHI: If there was something that was bothering her, the patients never knew it because she made sure that she was very professional in front of the patients and in front of the staff. If there was someone or something that was bothering her, I would think that she was the type of person who would address it in her office, or pull someone aside and say, "Hey." But I never saw her do anything like that.

EHRHART: This term, "pimping" someone, I've never heard of it. So what would be an example? Can you give me an example of what someone would do when they were "pimping" someone?

HIGUCHI: What some of the physicians will do, especially with medical students or residents, is that they will put you on the spot and they'll start asking you all this information that you may or may not have, and may or may not be relevant to what you're discussing. They'll just keep asking you these questions just to see if you know what you're doing, if you're on top of things. And they do it in front of everybody, not just in private. You can be doing rounds, and all of a sudden they'll start asking you these questions. That's what "pimping" is, or that's what it's known as within the medical circles.

EHRHART: And that's always in front of a patient, or someone?

HIGUCHI: Or in front of a group. So sometimes the physicians will be rounding and a physician would just start asking another resident or someone this. It can be in front of anybody.

EHRHART: I think we've covered all of the questions that I had. I have to say, of all the interviews this was the most difficult one for me to come up with questions for. So is there something that I've missed here that you want to talk about?

HIGUCHI: I don't think so. I think you've touched on everything. I mean Dr. Schnauffer was a very caring physician who cared about her patients a lot. And the ones that she would see a lot of, she made sure that she knew what was going on, and cared about them and wanted to know what was going on in their lives to make sure that they were doing well. She was a good listener. I think you've covered everything.

EHRHART: This is April 26, 2007, and this interview has been with Naomi Higuchi, who is one of Dr. Schnauffer's former patients, and who is currently an RN at Children's Hospital. This interview's been conducted for the Louise Schnauffer Oral History Project for the College of Physicians of Philadelphia. This project is funded by the Foundation for the History of Women in Medicine, and my name is Mindy Ehrhart.

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