On Mentorship: Lessons From My Father

Barbara Burtness, MD

If you stay in academic medicine long enough, you’ll find yourself talking about mentorship. Among the commonplaces you’ll hear, maybe even from your own mouth, is that mentoring is like parenting: it takes patience; praise goes farther than criticism; it’s easier to do if you yourself had a wonderful mentor yourself who showed you how it’s done; and it’s key to know when you are done and it is time to step back and watch the results of your efforts. You might hear that a great mentor is one who has had great trainees, and there is a lot of truth to that, too.

We assume that mentorship is a good thing. Being human, we assume that the wisdom we personally have accumulated about oncology is worth passing on. But how do we know? If we’re writing a training grant, we can assess how successful we’ve been by reporting the impact factors of the journals our mentees publish in, or the grants they’ve been awarded. All a bit hazy. I spent some time thinking recently about the specific wisdom I want pass on, the fundamental point of being a mentor, and what I am really trying to transmit when I work with a young faculty member who is just starting out in cancer medicine. This all started when I wrote my father’s eulogy, so I will tell that story first.

My father’s death was one that would be familiar to many readers of the JNCCN. He was an elderly man with interstitial lung disease, among other comorbidities, who developed metastatic ras-mutated adenocarcinoma of the lung. He stayed in the hospital a few times, went to the emergency department (ED) a few times, and had a solitary and very poorly tolerated dose of pemetrexed. He learned that the chemotherapy wasn’t working; when he then had symptoms of a cord compression at home, he elected inpatient hospice over another admission via the ED. And a few days later I had a eulogy to prepare.

The activation events in my grief pathway were complex: I grieved over his suffering and helplessness, over my mother’s aloneness, over my own loss, over the inadequacy of our means to treat the cancer he had; and I wanted to say all of that. But I also hoped I could tell the story of a good life, and of a death that came after a completed life. He had been a very helpful man, willing to do anything for us and for his friends and neighbors; he had many rich experiences; and he delighted in his grandchildren. And although his illness had been very hard, he loved life until the very end.

In his last visit with his brother, my father recalled that line from Shakespeare that says “this thou perceiv’st, which makes thy love more strong/to love that well which thou must leave ere long.” My dad said he had always thought of this as being said by the aging poet to his friend, but that now he thought of it as being said before the mirror: that his love of life was strengthened by knowing that his life would soon come to its end.

Many of the stories that came to mind, many of the things I remembered as I worked to put his good life into words, turned out to be about what he passed down to his brothers and me. He put a lot of time into teaching us the things he loved—these were principally chess, sailing, and poetry—but I came to see that he was really trying to show us how to reach for mastery, to show us the payoff of being passionate about your endeavors. I think this was his greatest gift to us, and this, perhaps somewhat unconsciously, is at heart what I have tried to convey to the young people I work with.

We happen to work at a time when organized medicine is doing all it can to deintensify therapy for head and neck cancer and has spearheaded efforts to deintensify therapy for human papillomavirus–associated head and neck cancer.

The Last Word

Barbara Burtness, MD
Barbara Burtness, MD, is a medical oncologist interested in the application of targeted therapies for head and neck and upper gastrointestinal malignancies. She is Chair of the ECOG-ACRIN Head and Neck Cancer Committee, a member of the NCI Head and Neck Steering Committee, and the Esophagogastric Task Force of the NCI GI Steering Committee. She has served on the NCCN Guidelines Panel for Head and Neck Cancers, and chaired the NCCN Task Force on Management of Dermatologic and Other Toxicities Associated With EGFR Inhibition in Patients With Cancer. She is Co-Leader of the Developmental Therapeutics Program at the Yale Cancer Center. She serves on the editorial boards of Clinical Cancer Research and the Journal of Clinical Oncology; has authored more than 100 peer-reviewed articles, and edits a textbook on Molecular Determinants of Head and Neck Cancer. She demonstrated the role of cetuximab with chemotherapy in head and neck cancer and has spearheaded efforts to deintensify therapy for human papillomavirus–associated head and neck cancer.

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out by the relative value unit (RVU) target, and the downstream RVU target, and the clinical research productivity dashboard (to name a few of the metrics I’ve been held to in recent years). We also happen to work at a time of unprecedented progress in cancer medicine. Perhaps the dashboards have something to do with our progress, though I tend to think not too much. I put more weight on the people who train in oncology, and what it is that we have to teach them.

Miraculously, every year a new crop of young doctors, compassionate and inquisitive, shows up to learn oncology. More miraculously still, a subset of these young doctors watch their attendings juggle patient care, clinical research, teaching, and writing, and still decide that this is how they, too, want to spend their careers. I’ve been privileged to work with some very well-prepared, goal-directed young oncologists and watch them build their own body of work. I’ve had some very specific things I wanted to teach them—the best way to give high-dose cisplatin is one example of something I talk about a lot. Mostly I’ve wanted to show them how to study cancer. I’ve tried to reflect for them how far oncology has come in the 24 years I’ve spent in the field, and what spectacular successes their generation will likely bring about.

Our work is fueled by investigators who stick with a project not because of a productivity goal, but because they want to know the answer. And we only make progress when they carry that work out with exactitude and high standards. I’ve tried to share my hope that our field will be carried forward in the hands of people who get to enter a patient’s room and start the conversation with, “The good news is that we have a successful new treatment for your cancer,” and who will be thrilled to be able to say they worked on finding that treatment.

So, yes, mentorship is like parenting: you need to be attentive, you need to enjoy building connections for your younger colleagues, and you need to joy in their successes. And it is like my father’s approach to parenting, too: the most important thing to pass along is the spark; the passion for our particular work.