



WESTCHESTER PHYSICIAN

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PRESIDENT'S MESSAGE

A NEW ACADEMIC YEAR, A STRONGER WESTCHESTER PHYSICIAN COMMUNITY

Anaïs Carniciu, MD

As the leaves begin to turn and we embrace the energy of a new “school year,” I am filled with gratitude for my Westchester physician colleagues. We teach, we mentor, we heal, and we are growing the next generation. September always feels like a fresh start: new interns and residents becoming more comfortable in our hospitals, the hum of academic conferences resuming, physician parents sending their children back to school, and a renewed sense of purpose for all of us who care for patients in this community.

Across the country, physician shortages (especially in primary care and certain specialties) are drawing widespread attention. But here in Westchester, we are not just responding; we are leading. Our region is seeing real momentum: new residency programs, expanded training opportunities, and a renewed interest in private practice that is helping to diversify the healthcare landscape.

For example, Northern Westchester Hospital has launched its Internal Medicine Residency Program, enrolling 16 interns with plans to expand. Meanwhile, Westchester Medical Center continues to train more than 60 internal medicine residents and additional base-year interns, anchoring core rotations at Valhalla. This influx of young physicians brings energy and innovation. Research consistently shows that physicians are more likely to stay and practice where they train, benefiting our entire count.

Importantly, Westchester is not only seeing growth in large health systems but also in independent physician practices. Several new specialty groups have opened offices this year, offering patients more choice and maintaining the vital balance between community-based care and hospital-based care. These practices often serve as key teaching sites, allowing residents and medical students to experience high-quality, patient-centered care outside the hospital walls. Supporting and sustaining independent practices helps preserve physician autonomy and ensures that our patients have access to a wide range of care models.

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ANAÏS CARNICIU, MD
President, WCMS

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Upcoming Events:

WAM Golf Outing

Tuesday, October 21, 2025
Westchester Country Club
Rye, NY

Details in the newsletter pg 4

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FROM THE EDITOR...**EXCERPT FROM MY NOVEL VALENTINE'S DAY (AVAILABLE ON AMAZON)****PETER ACKER, MD**

What now? He pulled the folded patient list from one of his pockets and smoothed it on the countertop. A small notation was at the bottom of the page. *Autopsy, 3 p.m.* He looked at his watch. *I can just make it*, he thought and sprang to his feet, happy to once again have a destination he could hurry to. It occurred to Shawn that he distrusted moments of calm, and on his walk to the morgue, he thought of the psychiatrist, always in a hurry, like the rabbit in *Alice in Wonderland*. He thought, *I suppose I'm just like her, like a shark needing to move, to keep swimming to supply my gills with fresh oxygen.* He reached the staircase and raced down the stairs. *Down the rabbit hole.*

Halfway down, he met C. J., who was taking slow steps up.

"Dude, you're always in such a rush. Where you going?"

"Morgue."

"I hate to tell you this, but those bodies will wait for you."

"Quite amusing, C. J. One of your best efforts. Actually, I'm going to an autopsy, which is scheduled to start at three."

"Sounds like fun. I'll go with you."

They went down the remaining stairs to the basement where the morgue was located and went along a dank, poorly lit corridor with heating pipes above them.

"Jesus, could they make it any spookier? All we need is a little Halloween music. By the way, whose autopsy are we attending?"

"A guy I helped take care of in the ER yesterday. He was found in an alleyway, unconscious, and upon arrival he was eight on the Glasgow Coma Scale. One pupil was dilated though reactive to light. He went into respiratory arrest and we had to tube him."

"Did you get to do it?"

"Naw, Chuck was there. He practically pushed me aside so he could. I think he was trying to impress the ER attending. He struggled, though. The guy's neck muscles were in spasm, so Chuck was trying to manhandle those vocals into view. His forehead was dripping sweat all over the guy's face from the effort. He finally got it in, but I tell you, it was ugly."

C. J. laughed. "I wish I'd been there."

"It got worse. The guy went into full cardiac arrest. We started pumping on his chest and gave him three rounds of meds. Then there was a bit of discussion of what was on the EKG—Chuck was adamant that it was fine V fib, though I thought it was electromechanical disassociation, like hopelessnessville, and of course, I was stupid enough to say so out loud. I thought we should call it, but Chuck called for a sternum tray and before you could say boo, he had opened up the guy's chest and his fat hands were in there squeezing away at the guy's heart. It was pretty bloody awful."

Shawn became aware of the sharp smell of formaldehyde.

"I guess we have to cross the river 'Stinks' to reach the land of the dead."

"C. J., you surprise me. That was quite clever."

(Continued on page 5)

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Westchester Academy of Medicine hosts The Third Annual Bertrand-Pilkington Golf Outing & Fundraiser

**Date—Tuesday, October 21, 2025
Westchester Country Club
99 Biltmore Avenue
Rye, NY 10580**



**Registration, Driving Range & Halfway House Lunch
Tee times will begin at 11:00am & will be assigned
6:00 PM—Cocktails
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PRESIDENT'S MESSAGE**A NEW ACADEMIC YEAR, A STRONGER
WESTCHESTER PHYSICIAN COMMUNITY**

ANAÏS CARNICIU, MD, PRESIDENT

(Continued from page 1)

On the facilities side, White Plains Hospital is adding a 10-story, 475,000-square-foot tower with 144 private rooms, and Westchester Medical Center has broken ground on its state-of-the-art Critical Care Tower. These expansions, along with the growth of independent and direct-care physicians, create fertile ground for collaboration, education, and shared innovation.

What does this mean for us, as physicians, today? It means opportunity. Opportunity to mentor. To teach. To partner with both institutions and independent practices that are shaping the next generation of doctors. To advocate for systems that allow physicians to thrive in whichever practice setting they choose: hospital-based, private group, or solo.

And as we step into this new academic year, it is also a time to grow our own community. A strong and engaged Medical Society means a stronger voice for physicians at the local and state level. It allows us to offer more mentorship programs, more networking opportunities, and more educational resources. We hope that with these new opportunities, our membership will continue to grow. We are welcoming residents, early-career physicians, and seasoned colleagues alike into a society that truly represents the full spectrum of Westchester medicine.

Over the next months, WCMS will highlight ways to get involved, from community opportunities to advocacy that supports physician-led care. I encourage each of you, whether in a hospital system or an independent office, to lend your voice and experience. Together, we can build a physician workforce that is well-supported and deeply connected to the community we serve.

This September, as we continue to meet new colleagues and greet patients returning from summer travels, let's recommit to the future of medicine in Westchester. The care our patients deserve depends on the investments we make today. I look forward to seeing our community grow, both in numbers and in impact, as we move into this exciting new season.

If you know a colleague, resident, or early-career physician who isn't yet a member, invite them to join WCMS this month. Your voices make our profession stronger!

Warmly,
Anaïs Carniciu, MD
President, Westchester County Medical Society



FROM THE EDITOR...

**EXCERPT FROM MY NOVEL VALENTINE'S
DAY (AVAILABLE ON AMAZON)**

PETER ACKER, MD *(Continued from page 2)*

He laughed and put his arm around Shawn's shoulders. "You old man. Just because you lived through it doesn't mean I can't read about it."

"Hey, you impudent youth," answered Shawn while wiggling out of C. J.'s grip. "Show a little respect."

They were laughing as they pushed open the double door entrance to the morgue. It was a large room, with numerous stretchers, each covered with a sheet concealing cadavers of varying sizes. Two walls were totally occupied by stainless steel body lockers. At the far end, was an assembly of eleven around a large autopsy table, all of whom looked up at sound of their laughter.

Shawn and C. J. stood, nonplussed, for a moment, before taking slow, stately steps with all eyes upon them. They took their places near the feet of the body on the table. The body was open from the bottom of its neck to top of the pubis. The internal organs glistened under a large, operating-room-style lamp.

On the right side of the body at about its midpoint, stood Dr. Mutter, the large and jowly chief pathologist. Next to him closer to the head was the chief resident, Chuck, his large belly sitting comfortably on the small shelf formed by the space between the edge of the table and the thorax of the cadaver. Then, continuing clockwise, were the ER attending, a second-year resident, a third-year resident, the diener and five medical students.

"Let's continue, shall we?" said Dr. Mutter. His face was long and lugubrious, his speaking voice low and mournful, but at regular intervals he would flash a sudden, twenty-volt smile that never failed to disconcert those around him with its incongruity. "We have excellent exposure here, thanks to Joseph." He nodded at the diener, a Haitian dressed in scrubs without a lab coat, head shaved, biceps tattooed, who stood impassively. "Now, students, what does the word 'autopsy' mean?"

(Continued on page 8)

STOP THE TRAIN**Elliot Barsh, MD***(Links to articles mentioned are found in the body of this piece)****“Live always at the edge of mystery, the boundary of the unknown.” - Robert Oppenheimer****Hi everyone.**Welcome back as we celebrate Rosh Hashanah, the Jewish New Year.**A new year can mean many different things to us.**Simply put, a new year is about change,**We wipe the slate clean and start fresh.**We resolve to be **healthier, nicer, kinder,** or **harder working** than we were in the year past.**Let's think bigger!**Bigger than just us!**A new year does not have to only be a passive change of the calendar.**We can "enter" the new year intentionally, and "pass" into a new state of being.**A "rebirth" of purpose, a new mission.**It is a chance to believe in ourselves again.**To be open hearted and full of hope.**To believe that something new is possible.**No judgement, only renewal.**A new year is about standing tall and letting go.**We stand with intention.**Upright and resolute, with purpose.**Ours is a "posture of mission".**We turn our back on the comfort of what we know, and face the **mystery** of what lies ahead.**What lies ahead is unknown to us, and according to German-Jewish philosopher Walter Benjamin, "is usually what we need to find."**He goes on to say that by letting go we can "forget about ourselves and get lost in where we re going."**"To be lost is to be fully present, and to be fully present is to be capable of being with the uncertainty and mystery of what lies ahead."**Does knowing we are capable feel comfortable?**Maybe not at first, but we are all a part of how the new year story will be written.**I hope the coming year will be healthy and sweet for all of us and everyone.**See you next month.**Be safe.**E**"Too much reality to bear."***The End of Days***"We can "weaponize" joy with the words we speak."***Why Does Everybody Swear All The Time Now?***What happens to us when we use vulgarity all the time.**"Eat because we are hungry, learn how to stop eating when we are full, slow down and make time for meals, keep someone company, and enjoy!"***It's Not You. It's the Food.***We know the answer to chronic disease.***Starlings in Winter by Mary Oliver***Chunky and noisy,
but with stars in their black feathers,
they spring from the telephone wire
and instantly**they are acrobats
in the freezing wind.
And now, in the theater of air,
they swing over buildings,**dipping and rising;
they float like one stippled star
that opens,**(Continued on page 7)*

STOP THE TRAIN
Elliot Barsh, MD
(Continued from page 6)

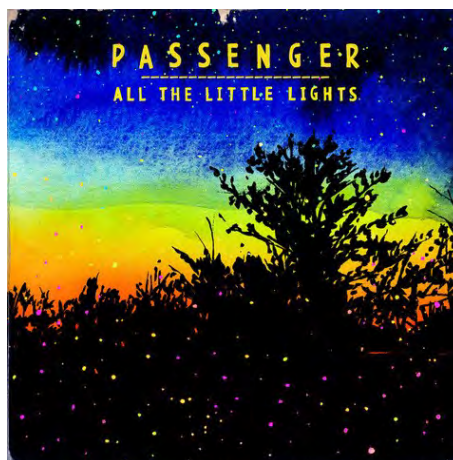
becomes for a moment fragmented,
 then closes again;
 and you watch
 and you try
 but you simply can't imagine
 how they do it
 with no articulated instruction, no pause,
 only the silent confirmation
 that they are this notable thing,
 this wheel of many parts, that can rise and spin
 over and over again,
 full of gorgeous life.
 Ah, world, what lessons you prepare for us,
 even in the leafless winter,
 even in the ashy city.
 I am thinking now
 of grief, and of getting past it;
 I feel my boots
 trying to leave the ground,
 I feel my heart
 pumping hard. I want

to think again of dangerous and noble things.
 I want to be light and frolicsome.
 I want to be improbable beautiful and afraid of nothing,
 as though I had wings.

*"And I thought to myself, 'Oh son, you may be lost
 in more ways than one'"*

*But I've a feeling that it's more fun than knowing
 exactly where you are."*

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FROM THE EDITOR...

EXCERPT FROM MY NOVEL **VALENTINE'S DAY** (AVAILABLE ON AMAZON)

PETER ACKER, MD (Continued from page 5)

All five, along with Chuck, intoned simultaneously, "To see with one's own eyes."

"Exactly. And that's what we will do—just look." He flashed his smile. He went around the table pointing at each medical student in turn and asking them to describe what they saw.

Shawn looked at the head. The face was in perfect repose, the eyes open, staring straight up to the heavens, the lips slightly parted, indifferent to the mutilation occurring on its own body. He thought of his father's face at his wake. His eyes, though, had been closed, with his hands placed neatly over his abdomen, and he had been dressed in a dark suit. From a distance, both his father and his former patient had appeared to be sleeping, but up close, there was no mistaking the difference between a cadaver's face and that of a living man who was merely lying still.

Dr. Mutter instructed the diener to free the abdominal organs from their moorings deep within the peritoneal cavity. The diener slid his hand over the liver and up under the diaphragm. With a small knife, he cut its fibrous attachments and the major vessels and pulled the whole organ and lifted it out. He held it aloft, quivering, blood dripping into the basin below. Dr. Mutter, pointer in hand, identified its main anatomical features.

"Here's the main bile duct, and the gall bladder, the right and left lobes."

The liver slid off Joseph's hands into a stainless-steel dish, where it glided and spread to fill the confines of the dish, quivering briefly before lying still. Joseph took the dish and placed it on a scale. He recorded its weight. The spleen, stomach, intestines, pancreas, kidneys, and bladder were similarly removed, inspected, and weighed, and a small portion of each was cut off and put into labeled jars of formaldehyde for later microscopic analysis.

Now the abdomen was a large cavity, and Shawn stared into its depths. Shadows lurked in the deeper recesses, and serosanguinous fluid sat in the very lowest portions, filling in depressions between the lower ribs of the back and on either side of a central longitudinal ridge that was the vertebral column. Dr. Mutter's attention was now focused on a minute inspection of each organ and peppering and cajoling the students. "What do you see? With your own eyes, what do you see?"

But Shawn couldn't take his own eyes away from the abyss before him. He felt a sense of vertigo, as if he

were staring down from a great height, and he placed his hand on the edge of the autopsy table to steady himself. He began to feel a sense of strangeness, of alienation. *What do I see? Is it the same thing that everyone else sees?* His own eyes embedded in their sockets peering out at the world—were they seeing the same things others were seeing? This man before him had been living and breathing and seeing just the day before. He himself had been one in the group bearing witness to his demise, despite what some would term heroic—and perhaps others, grandiose—attempts to delay his journey to the other side, to the pathologist's table. Now Shawn was bearing witness to a dismemberment, like putting away groceries after a trip to the market.

Shawn felt a poke in his side. It was C. J., the jester, pulling him back to reality.

He whispered, "Hey, Shawn, can you join me for dinner later? I'm making fried liver and sweetbreads with onion, served with a fine Chianti."

Shawn lifted his eyes from the abdominal abyss and smiled. Then Dr. Mutter's searchlight eyes left the medical students and lit on the two interns. His smile flashed on.

"Doctors Budd and Finn, having a bit of revelry, I see. Perhaps you can help out the students here." He reached into one of the basins and pulled out the liver, which had been nestled comfortably in its new, but alas, not final resting place; he held it aloft, reminding Shawn of a movie, a western he had seen as a child in which a Native warrior had triumphantly hoisted a freshly cut scalp high into the air.

"What do see, Budd? What do you see?"

C. J. whispered, "Dinner," as Shawn tried to suppress a smile. He leaned forward to look more closely. The surface was pocked with small poppy-seed-sized spots of brown, each surrounded by the normal maroon color of the liver. It looked so familiar. It lapped tantalizingly at the edges of his mind. *What was it?* He was distracted briefly by imagining what a functional MRI of his brain would look like now, lighting up various points in his brain as neurons worked into overdrive trying to ferret out the visual memory that was stored somewhere among billions of synapses. That distraction was all that was needed, because the answer suddenly came to him, unbidden.

"Nutmeg liver." Shawn raised his eyes from the liver to Dr. Mutter's jowls, which were vibrating like a rooster's crop from the action of his risorius muscle.

"Excellent, Budd; you do yourself proud. And what is its etiology?" Pop: another smile.

(Continued on page 9)

FROM THE EDITOR...

EXCERPT FROM MY NOVEL **VALENTINE'S DAY** (AVAILABLE ON AMAZON)

PETER ACKER, MD (Continued from page 8)

"I believe it's from chronic passive venous congestion, most likely secondary to mild heart failure."

"Right you are!" And then turning to Chuck on his left, "Dr. Buggy, you are training your interns well."

Chuck emitted a tense smile. "Why, thank you. I do my best with the material provided me."

"OK, nutmeg liver, and an outstanding example of it. You don't see this every day. Of course, it has probably very little to do with the proximate cause of death, but it's one little piece of the puzzle and something we can see with our own eyes. Now, if I may digress. Luckily, it's a Saturday afternoon and we can all stay as long as we want. Nutmeg liver! Now, students and residents, let's see how many medical conditions are named in some way after food."

"Oh, yum." whispered C. J. into Shawn's ear.

"Dr. Finn, what's that?"

"Oh, uh, Burger's disease."

"Not quite, Finn. It is actually Berger's, with the French pronunciation. Anybody else."

"Sausage fingers in rheumatoid arthritis," offered one of the students.

Then, as if a dam had burst, the group came to life and answer after answer spewed: cayenne pepper spots in Schamberg disease, fish-odor syndrome, *peau d'orange* in hereditary mastocytosis, port-wine stain, strawberry tongue, *café-au-lait* spots, and finally, currant-jelly stools. A medical smorgasbord.

"Excellent, excellent. The rest of the abdominal organs on gross inspection do not exhibit any obvious pathology, though perhaps something will show up on the microscopic examination. Let's move on, shall we?" Dr. Mutter smiled.

The diener began to place the organs back into the abdominal cavity while Dr. Mutter inspected the lungs and the heart. "The heart is a bit enlarged and the lungs are somewhat congested, but not enough to seriously compromise his health. So we still do not have a cause of death. Onward, to the brain!"

"Does this guy love his job or what?" whispered C. J. to Shawn.

Dr. Mutter nodded to the diener, who picked up a small circular electrical saw and turned it on. Shawn was amused at the startled reactions of the med

students and thought, *Yet another small piece of their initiation into this profession.* Dr. Mutter held the base of the corpse's head while the diener applied the whirling blade to the forehead just at the hairline and began to slowly advance it around the head's circumference. Small specks of bone sawdust collected on either side of the cut skull. Finally, the blade completed its journey around the head, finishing at its starting point. Dr. Mutter lifted the top part of the skull like the top of pumpkin when making a jack-o'-lantern. The gray glistening brain lay beneath.

"Here we have exposed the cerebral cortex: its frontal, parietal, and occipital lobes. All quite normal. Let's look at the great vessels."

For some minutes, Dr. Mutter worked in silence as he carefully dissected a small portion to have a window to look at the great vessels.

"There we have it," he exclaimed suddenly.

Shawn peered in and saw a large collection of blood, a hematoma, deep in the brain.

"Students, here is one food-related item we left off our list. He died of a ruptured berry aneurysm. Dr. Finn, perhaps you can explain to the students what I'm talking about."

"A berry aneurysm is a congenital weakness in one of the cerebral arteries that gradually enlarges into a sac-like structure that looks like a berry. They are prone to rupture, particularly when blood pressure is high."

Shawn felt the sense of vertigo returning as he stared at the hematoma. It really had been hopeless for this guy. His fate had been settled at birth, and a long fuse had been lit that inevitably burned until it exploded, like the thread of human fate the ancient Greeks believed in.



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-Elizabeth Amato, President and CEO, HealtheConnections

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