

***The Big Black Book***  
***of***  
***Daniel K. Onion, MD***

1942-2022

*A tribute by the health professionals whose  
lives he enriched and transformed.*



## **Contents**

Foreward .....	4
Chapter 1: William Alto, MD .....	5
Chapter 2: Jean Antonucci, MD .....	6
Chapter 3: Armand Auger, MD .....	9
Chapter 4: Eric Bronstein, MD .....	10
Chapter 5: Ann Byron.....	12
Chapter 6: Steve Diaz, MD .....	13
Chapter 7: Andrew Dionne, MD.....	14
Chapter 8: Greg Feero, MD, PhD .....	16
Chapter 9: Karen Gershman, MD.....	18
Chapter 10: James Glazer, MD.....	19
Chapter 11: Bob Gramling, MD, DSc.....	21
Chapter 12: Kelley Harmon, DO .....	22
Chapter 13: Nathan R. Harmon, DO.....	23
Chapter 14: Betsy Hart, MD .....	24
Chapter 15: Al Heath, FNP .....	26
Chapter 16: Deirdre Heersink, DO .....	27
Chapter 17: John Henson, MD .....	28
Chapter 18: Persis Hope, FNP .....	29
Chapter 19: Scott Horton, MD .....	30
Chapter 20: Gilliam Johnston, MD .....	31
Chapter 21: Donald Kollisch, MD .....	32
Chapter 22: Kenneth Lajoie, DO.....	34
Chapter 23: Michael Lambke, MD .....	35
Chapter 24: Xiao Qing (Lily) Li, MD .....	36
Chapter 25: Jeffrey M. Lovitz, MD .....	38
Chapter 26: Chris Lutrzykowski, MD .....	39
Chapter 27: James MacDonald, MD .....	40
Chapter 28: Amy Madden, MD .....	42
Chapter 29: Daniel L. Meyer, PhD.....	43

Chapter 30: Cathleen Morrow, MD .....	44
Chapter 31: Michelle Mosher, DO .....	46
Chapter 32: Barbara Ann Moss, DO .....	48
Chapter 33: Syed A. Naseeruddin, MD .....	50
Chapter 34: Debra M. Nathan, MD.....	52
Chapter 35: Timothy T. Pieh, MD.....	53
Chapter 36: Jenny Pisculli, MD.....	54
Chapter 37: Laurie Radovsky, MD.....	55
Chapter 38: Michelle S. Rebelsky, MD .....	56
Chapter 39: James Schneid, MD .....	57
Chapter 40: Melanie May Thompson, MD.....	58
Chapter 41: Jean Tsigonis, MD.....	59
Chapter 42: Holly Gerlaugh Weidner, FNP, PA-C.....	60
Chapter 43: Donald Raj Woolever, MD.....	61
Chapter 44: Nancy Zurbach, MD.....	62

## Foreward

Daniel Kent Onion, MD came to practice in rural Franklin County in the early 1970's. Over the subsequent five decades Dr. Onion's contributions as a clinician, educator, and advocate for population health irrevocably changed health care in the State of Maine. Among his many activities, Dr. Onion may be best known for his work as Director of the Maine-Dartmouth Family Medicine Residency from 1985-2002. This memorial was created by the MDFMR community to honor his legacy.

Dr. Onion enriched the lives of many colleagues and trainees during his time in Maine. You will find the remembrances of some of those individuals in this memorial; the stories are engaging, poignant, and often quite funny. The words paint a picture of a remarkable individual whose compassion, curiosity, intelligence, intensity, and, yes, often biting sense of humor, synergized to create a force of nature in primary care medicine. The title is a nod to the "Little Black Book" series of medical education textbooks for which Dr. Onion was the founding author and editor.

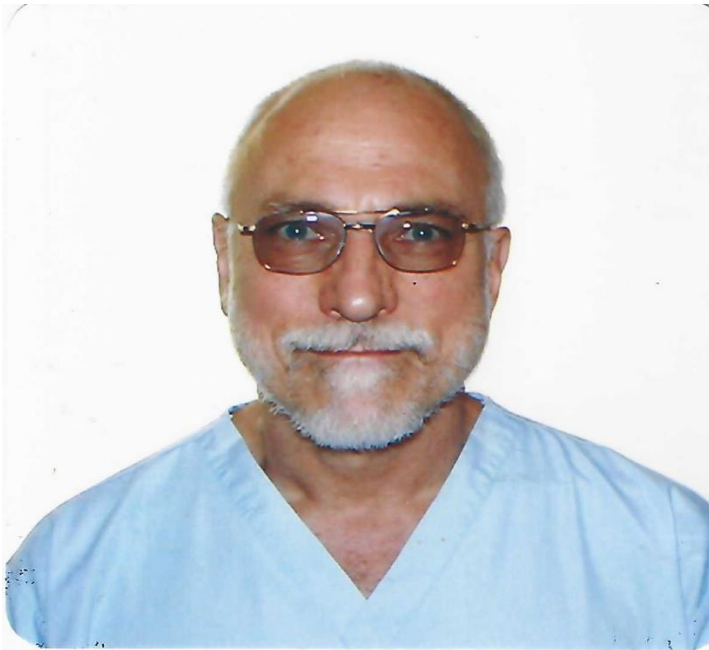
The words that follow are un-altered, except for correction of some obvious grammatical errors, and addition of an occasional missing punctuation. My apologies for any photos where the aspect ratio is not quite right, or if I failed to list your favorite degree in the table of contents. All contributors have given their permission to have their images, words, and names shared.

Finally, thank you to Dr. Onion's wife Pat, as well as his children Alene, Amanda, and Fritz for sharing their husband and father with all of us.

W. Gregory Feero, MD, PhD  
Faculty, Maine-Dartmouth Family Medicine Residency  
Fairfield, ME  
July 29, 2022



## Chapter 1: William Alto, MD



My family first met Dan, Pat, and Alene in 1989 in Pohnpei, Federated States of Micronesia. I was teaching at the Pacific Basin Medical Officer Training Program and Dan came to spend his sabbatical with us, teaching our students how to read EKGs while writing the first copy of his Little Black Book. Like many expats in faraway places, his family joined in with our small community, Alene attending school with our children. The Onions were frequent dinner guests.

When I decided to return to the states, Dan was ready to help out arranging interviews at Dartmouth and Augusta. Although we took a job in Colorado, I learned that DKO had connections and looked after his friends. Later he came to visit in Colorado to go fishing and after that he invited me to join the MDFM startup at FMI North (Waterville) where we spent 17 years.

Again I experienced Dan's loyalty and support. When we were short-handed for faculty, Dan took night call in Waterville. When I had an interest in offering dental care to our patients, he supported the initiative and took on the dental board when they complained. He encouraged our efforts to provide care for opiate-addicted women. Dan arranged for me to write the LBB of International Health and pushed my academic promotions through Dartmouth. Pat helped my wife, Sue, find employment at Colby.

But more than a boss and a mentor, Dan and Pat were friends. We traveled together. After we left Maine, they visited us in Seattle and most recently in Hawaii. Dan's LBB and Pat's little book of poetry are on our bookshelf.

Dan was a true polyglot. As you read other's comments contributed to these essays, you will be amazed at how much he contributed to medicine, his community, and his friends and family. We will all miss him.

William Alto, MD  
Former Faculty, MDFMR

## Chapter 2: Jean Antonucci, MD



I first met Dan, well at the residency of course, but not the way you'd think. When I came up to interview, there was some kind of weirdness and I remember that I "wasn't allowed" to meet him. I think he was new. So I showed up for the welcoming bagel nosh down by the river. My truck had broken down on the Pennsylvania Turnpike. I had everything I owned in it, and my cat on the front seat; I came up in '87 when there had been a flood. There was no housing. I found a little house to rent in Waterville— I got up here and found someone sleeping on my porch, wanting to know if I would rent a room to him. Lots of craziness.

When I showed up for the bagel nosh I was wearing some mismatched clothing, not knowing if I was going to be OK here; everyone seemed to know each other, and, I hate bagels. And I don't schmooze well. So I tried to talk to Dan, I mean he was the director.

He was clearly distracted and paying no attention to me while I blathered on. All of a sudden he turned and looked down at me said loudly, suddenly very alert, "Oh! You're Jean Antonucci! I thought you were going to be taller." I figured then that I'd be OK.

So there are lots and lots of funny little remarks, millions of times throughout the residency, and I wasn't a very good resident. I didn't work hard enough and I made stupid mistakes, but Dan always liked all of us. I remember that laugh, and that he just always liked us. If I was saying this out loud this would be where I might cry. Being liked and thought well of is not what my friends got in their training.

Once Dan (who was known to us as DKO) was just delighted to round with me on my type one diabetic patient because on exam of her abdomen he heard a succussion splash — who even knows if that's a thing?

Once when I admitted someone who came in with a heart attack, a woman who had been up fishing in the woods above Greenville he didn't ask me about her heart, he asked me where were the fish she caught?

There are lots of silly and crazy things like this but about five years or so after I graduated, I came home to Dan's voice on my answering machine, asking me if I would be his daughter Alene's doctor. Wow; my knees got weak; but I muddled through that and I believe Alene is still alive and well — he was so nervous about her and guilty about her that one day in the middle of the parking lot outside the FMI he gave me this absolutely gorgeous handmade pottery bowl — pictures attached — to thank me for taking care of her. I didn't really take care of her he just told me what he wanted done. ☺

I didn't really see him or hear from him much for several years, although we live probably half an hour from each other and on the same page in the Gazetteer — he's the one told me about the Maine Gazetteer, "you should go here, the road ends, but then there's a trail" etc. he would say.

Then I was called up before the Board of Licensure in Medicine — they were on a witch hunt that humiliated me and it was really difficult, my lawyer was not helpful to me although she was supposed to be on my side. I was "read" things allegedly from my charts, things that were not in my charts at all but read assumptions like that I had given someone a certain very addictive medicine when in fact I had told her it wasn't in her best interest and I would taper her off after her difficult hospitalization — things like that. Lots and lots of things but you're not allowed to respond and Dan used to be on the board so after about 18 months of this I called him up.

I know exactly where I was on route 27 in New Vineyard when he called me back and it was kind of awkward at first. I didn't know when he was going to call me back and I was driving and it's very hard to talk about such things because you second-guess yourself and wonder how much you've really done wrong and there's a lot of fear and the very first thing Dan said to me after years really probably of not seeing me was "you're a good doctor." I thought "How do you know, how can you know what work I do now?" but that's how he was. He had my back. I got him to come with me when I was called in again. I am not sure how I got it to happen and by then they realized they goofed and mumbled a few things and dismissed me but they were so pleased to see Dan and gathered around him chatting.

We kept in touch a little bit after that. I got the Christmas letter which is always funny because there's always people in there that you have no idea who they are.

My final stories are more recent ones.

I knew he was sick; one day he might've needed a ride to Portland and he told me he was afraid and I would've been happy to take him. We were in touch occasionally and very sadly so very sadly, I emailed him a few days before he died, not knowing how sick he was, asking him if he wanted a ride to Alex's service ...

A year or so before that I was running the primary care service in Farmington and I was always pushing them about primary care and how to do it better, and they generally just sat and stared, they didn't say much, that crowd. I had Dan and Rod Prior come and they talked about their work in Franklin County preventing cardiovascular disease and the group just stared and Dan told them to keep a registry which these days probably has to be done on index cards the same as it was 20 years ago because computers



won't let us do it. Anyway I was really pleased to have them come and talk about their work. The group around the table just sat and stared as always and then, at the end, they applauded!

I am very very bothered by Dan's death it's not like I've been at the house or was at the death bed or came to Christmas parties but somehow or other he was important to me, a constant over the yrs. with that laugh and support and always always on to trying something to help folks. And he was good to me.

I have attached also a picture of a wooden dolphin that he gave those of us working one Christmas eve brought back from sabbatical in Tonga ha And a stained glass piece that must have been a wedding present but he was not at my wedding. What great family, what a great life, and a great man.

Jean Antonucci MD

Currently working at Northern Light as primary care physician doing MAT





### Chapter 3: Armand Auger, MD



Dr. Onion was an incredible physician, role model and mentor. His knowledge, dedication and skill are in equal measure to his humility, kindness and grace. He had a vision for the future, saw a serious health problem in a rural county and affected positive change that will last for generations to come.

May his family be comforted in their time of sadness and loss. Please know, that the hundreds of physicians Dr. Onion trained and worked with will help thousands of people long into the future. Of someone, we can ask no better than that.

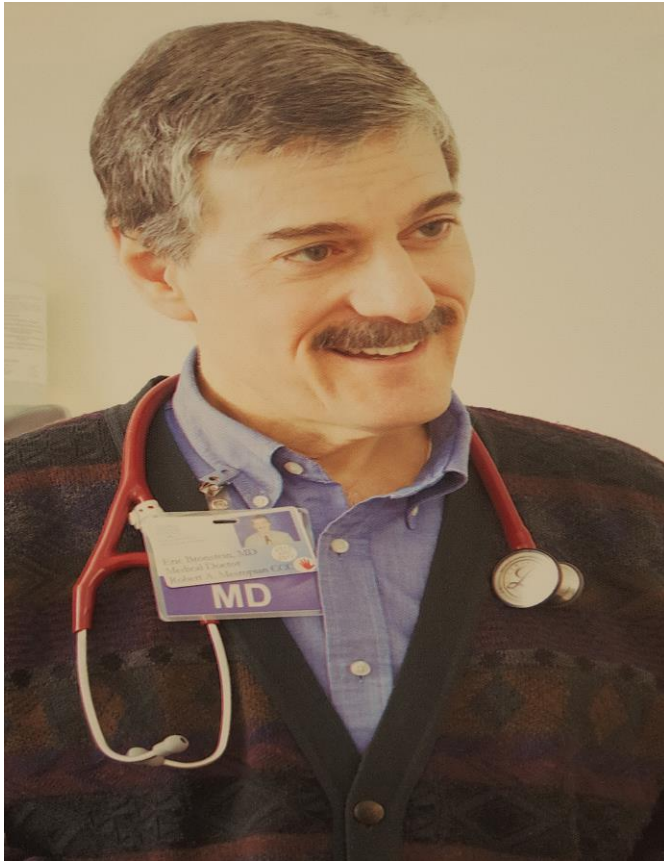
We are very fortunate indeed to know and work with a very few truly special people who inspire us and make us better people for knowing them. We are even more fortunate if we realize that in our time when we know them. We have all been that fortunate because Dr. Onion was that special.

Armand Auger, MD

Family Physician/Faculty

Four Seasons/Maine Dartmouth Family Medicine Residency

## Chapter 4: Eric Bronstein, MD



Dan Onion was an inspiration to me for what the best primary care physician might look like. His intelligence and academic rigor amazed me. His own creation of his Little Black Book reflected his command of information about what seemed to be everything. This was of course years before the internet. He was very intense. It was fairly intimidating to me to even try to frame a question in a way that would not quickly expose my ignorance or poor understanding of a complicated health care issue. And yet Dan was apparently just as much in his element running a team of oxen and managing his own forest land. I always admired this combination of being so intelligent and yet so practical and down to Earth.

I have two favorite memories of Dan.

The first is that he always seemed to be dressed in street clothes while out wind surfing on his lake. He wore his wallet in his pocket. And the legend was that it never got wet.

The other is that during what must have been my first year in the Maine-Dartmouth Residency, I was on call, and Dan was the backup Attending MD, whom we could call if we really needed help with a patient care issue.

At one point I needed help and so paged Dan at home, worried that I was probably waking up his family too in the middle of the night.

I asked Dan about a particular plan of medical treatment, and whether it would be ok to try.

Dan's response was, "Do whatever you want. Just don't screw it up."

Somehow that advice helped me get through the night.

But what I was always left with was his tremendous respect for Family physicians and primary care providers, and the confidence that we were critical partners in delivering the highest quality of health care to our patients.

Eric L. Bronstein MD

Family Physician, Alice Peck Day Multi-Specialty Clinic

Lebanon, NH

Maine-Dartmouth Family Medicine Residency 1985 - 1988

University of Colorado Health Sciences Center MD 1985

University of Chicago, BA 1976

## Chapter 5: Ann Byron



I was the Team Activity Coordinator for the then Blue Team of the Family Medicine Institute when Dan joined the practice as director. He saw his patients on this team, which meant I was fortunate to see him in action with them. One was my father. As a patient growing older with infirmities, Dad delighted in telling me after each visit: “Ann, dear, I received some very good news from Dr. Onion today – he says I’m living another 6 months because when I left, he said *See you again in 6 months, Bob.*” We always chuckled heartily at that piece of hopeful news received.

I later transitioned to the residency program where my interactions with Dan changed. Most of my duties now centered around recruitment and the interview process. He’d often come to my desk for a variety of administrative reasons. Once he interrupted me filing my nails and actually laughed right out loud (his laugh was infectious - we all loved hearing it). Another time, he leaned in asking what the radio station was I was listening to (the oldies station) which he noted for his own future listening. One of my last interactions with him was recent & over the phone – he always apologized saying, *Annie – yours is the only number I can remember ...* how sweet.

None of us here at that time will ever forget the Halloween when Darth Vader appeared in our administrative doorway. Only his hands gave a hint of who this larger-than-life presence was 😊.

I join my Residency family in the sadness of this very special man’s passing.

Ann H. Byron  
MDFMR Admin Office

## Chapter 6: Steve Diaz, MD



When I interviewed in early 1993 for the Maine-Dartmouth Family Medicine Residency, I was coming off a gap year after medical school, trying to find my way. When Dan interviewed me, he let me know training here would be the best training you could receive. Comprehensive family medicine training, in the state capitol where you could make a difference in advocacy locally and regionally, and best practice tutelage of knowing why you do what you do.

I thought I would complete the three years and head home to California. His mentoring hooked me, I stayed on yet not in primary care, focusing instead on emergency medicine, emergency medical services and disaster medicine. Administratively advancing at MaineGeneral Medical Center, having a stint as the state medical director for Maine Emergency Medical Services, and chief medical officer for both the state disaster team and the national disaster medical assistance team known as New Hampshire-1. Also was on the National EMS Advisory Council appointed by the secretary of transportation, and two years as the Maine Hospital Association chairperson.

I have had tons of opportunities to grow, and advocate, and learn how to become a leader. I forgot to mention, Dan also told me, back in early 1993, “the opportunities you will have here you will not perhaps have in other places, Maine is special. And really needs good docs.”

He infected me with the Maine spirit and has been supportive of all the things I have tried all these many years. Except when I had a bout of atrial fibrillation as a third year resident, he diagnosed me in clinic, and asked me what we should do. I said “Shock me, Dano.” He said let’s try something else first. And for those of you who had Dan as a teaching attending, I for one will never look at a sticky note the same way.

Steven Diaz, MD, FAAFP, FACEP

Chief Medical Officer, MaineGeneral Health

Author, *The Little Black Book of Emergency Medicine*, lead series author Daniel K Onion, MD

## Chapter 7: Andrew Dionne, MD



Dr. Dionne was my hero, and one of the driving forces for my going into Family Medicine and coming to the FMI. I first worked with Dan when I came to Augusta as a medical student in the summer of 1997. Dan led the residency with a group of amazing and truly committed faculty. In my mind, I will always remember Dan from a few snapshots. When Dan had patients in the hospital, he was always there to oversee their care, but did a masterful job of letting us think we were making the decisions. I can remember many nights on call when Dan came in from home to help manage critical patients, and then headed to the FMI family room to sleep on the couch, always available to us at a moment's notice. His one-on-one teaching sessions on EKG reading and dermatology were a master class in those areas, and always made you feel as if you were the most important part of his busy day. And I learned most in our 4:45 conferences daily, with Dan sitting in the corner, the latest draft of *The Little Black Book* draped over his lap, scrawling new notes in the margins with every conversation.

In my career, Dan had been a tremendous support to me. In my third year of residency, Dan recruited me to help him write a paper for a British general practice publication, and then invited me to join him in presenting the paper to a conference in East Anglia. He was always encouraging residents and students to step out of their comfort zone, and was the first to recognize hard work and excellence. In the first few years of my hospitalist career, Dan encouraged me to join his book series, writing *The Little Black Book of Hospital Medicine*. I never thought that I could accomplish such a feat, but with Dan's guidance and editing, we completed the work, and it is one of the proudest achievements of my career. Lastly, I will never forget the kindness and support that Dan showed my family when we lost our daughter shortly after her birth while I was in residency.



A few paragraphs can never sum up the effect that Dr. Onion had on my life and career, and I'm sure others will say the same. He leaves an enduring legacy of patients, families, students, and physicians who are the better for his life. He will be greatly missed and never forgotten.

Andrew Dionne, MD

Lead Physician, Medical Staff Administration & Wellness, MaineGeneral Medical Center

Former Chief Medical Officer, MaineGeneral Medical Center

## Chapter 8: Greg Feero, MD, PhD



Having only a single elective when returning to clinical rotations during MD/PhD training at the University of Pittsburgh in 1998, I chose a one month block at MDFMR at the Family Medicine Institute in Augusta. Ties to Maine as well as the prospect of spending a month in late spring in the State were motivators — little did I know what I was in for.

On arrival I was immersed in a remarkable outpatient experience — led by an intense, sometimes gruff, often intimidating, but supremely caring and dedicated educator — Dan Onion MD. I found a community of teachers and learners — really a family — fostering excellence in trainees, commitment to the largely rural population they served, with an eye towards creating physician leaders able to effect change for the betterment of primary care locally, regionally, and nationally. Participating in “4:45’s” with Dan, it was apparent that excellence and rigor in medical training was not the sole province of the ivory towers of academia. Dan was the bedrock of that culture.

Fast forward a year — during my transitional year training in Pittsburgh in preparation for a combined neurology/neuromuscular disease residency/fellowship I had an epiphany. Life would be hard if you didn’t really like what you were doing clinically — so I decided to call Dan Onion and ask if he first, remembered me, and second, if he would consider taking a slightly used, soon to be over-specialized, intern in transfer to MDFMR to train in Family Medicine. I did not even think of looking elsewhere.

Characteristic of Dan, not only did he remember me, but in effect he offered me a position on the spot — in retrospect, a truly life-defining event. Through residency training Dan supported my passion for the intersection of primary care and genomics — even when, likely to his dismay, at the end of residency I decided to continue my training at a medical genetics fellowship at Harvard. What did Dan do? Instead of dissuading me, he offered me a better prospect — a faculty position at MDFMR, using a carrot rather than a stick to keep me in Maine and in the sphere of Family Medicine.

I have never looked back regarding Family Medicine — and like so many, owe so much to Dan professionally and personally (including — not trivial — catching my first landlocked). He will be so sorely missed.

W. Gregory Feero MD, PhD

Research Director, Maine Dartmouth Family Medicine Residency

Professor, Department of Community and Family Medicine, Geisel School of Medicine at Dartmouth

Associate Editor, Journal of the American Medical Association

Co-Chair, Roundtable on Genomics and Precision Health, National Academies of Sciences, Engineering and Medicine

Former Senior Advisor to the Director, National Human Genome Research Institute, NIH

## Chapter 9: Karen Gershman, MD



Perhaps one of the most important lessons I learned from Dan, occurred early in my career when I stormed out of a meeting.

“Gershperson— Always stay seated at the table” he directed. “As good as it may feel to dramatically exit in righteous indignation, what you will forfeit is a chance to shape the outcome.”

DKO surrounded himself with faculty he disagreed with. Now, looking back, I wonder if he was the most open-minded of us all, because he learned by engaging viewpoints foreign to his own. He learned how “normal” my gay life was. I learned that hunters and trappers were not just murderers of lower life creatures— but in fact had a deep respect for the denizens of the forest, their habits, their predilections.

STAY SEATED AT THE TABLE. No telling what you might discover. What could be more relevant? What could be more compelling?

Karen Gershman, M.D.  
Professor emeritus and  
Founding Director Geriatric Fellowship  
Maine Dartmouth Family Medicine Residency

## Chapter 10: James Glazer, MD



One January, years ago, Dan stretched a long extension cord from his home to one of his neighbors'. Dan treated his neighbor, "Charlie," for COPD. Charlie needed regular nebulizer treatments, and CMP had just cut off Charlie's power. Dan wanted to make sure that Charlie could keep operating his nebulizer to stay out of the hospital.

This act of Dan's wasn't unique, or even unusual for him. In his residency at Boston City Hospital, Dan once took care of an elderly patient with pneumonia. Dan learned that she lived in Woodstock, near his childhood home. He and Pat gave her a ride home to Vermont when they traveled there for Thanksgiving. Dan later spoke of this as an important step in him becoming a "real" doc.

When I reflected on these kinds of actions, I used to think of them as evidence of Dan's selflessness, his generosity, or his commitment to medicine. I think I'm not alone in having spent much of my career in medicine attempting, and failing, to emulate him.

Over time, I have come to appreciate a fuller picture of those symbolic electrical conduits in Dan's life. I have watched him as he maintained many connections with those around him — academic collaborations with colleagues from Harvard, Dartmouth, Farmington and the residency, service to his neighbors in Vienna as the Town Health Officer, volunteerism with the Thirty Mile Watershed, the Parker Pond Association, Neighbors Driving Neighbors, and so many others.

Professional connections were not unique for Dan. He took similar care as he tended emotional connections among the recipients of his teaching legacy, as well as his neighbors, friends and family.

Now, thinking of the rich network of conduits Dan laid, tended, and reinforced over the years, I see that Dan made us all part of a community, his community. We are all better for it.

Dan himself reflected on how important community was for him. In an address he gave in 2008, Dan said, "So Francis Peabody was right, the secret of caring for the patient is caring for the patient, but we can be even more effective and have more fun, when we care about their communities as well."

Dan wrote of us, his residents and colleagues, "The support I get from all of you is professionally stimulating, as well as loving and nurturing beyond my own skills to reciprocate, but I try the best I can." Even as Director, Professor and all the rest, Dan saw himself as a peer and a learner first.

I think that, of all the qualities of Dan's I'd like to emulate, it was his unique mix of humility and curiosity that was most compelling to me. We all loved him, and we will miss him so much.

James L. Glazer, MD, FACSM  
The Alpine Clinic  
North Conway, NH  
Assistant Clinical Professor  
Tufts University  
Department of Sports Medicine  
Physician, US Ski Team



## Chapter 11: Bob Gramling, MD, DSc



Brief Memory: Dan had a profound impact on my career, particularly with his approach to a conversation that I was worried to have with him. I had completed an elective at MDFPR as a fourth-year medical student and so loved the faculty, residents, mission, location, and educational experiences that I ranked MDFPR as my top program. However, I was not sure I was good enough because I have a visual disability that made common, everyday procedures very hard for me to do. I was not sure I could cut it as a family doctor, especially in a rural town that MDFPR training would prepare me to serve. So, I set up a meeting with Dan to make sure he knew about my limitations so that MDFPR could choose whether to rank me. Dan greeted me in his typical pragmatic sort of way, invited me to share what was on my mind and listened. I'll always remember what happened next. He softened, smiled and, with a seemingly mischievous sparkle in his eyes, said, "Bob, that self-awareness already makes you a good doc. We'd be lucky to have you."

Thanks, Dan. I was lucky to have you and MDFPR, too.

Bob Gramling, M.D., D.Sc.  
Holly & Bob Miller Chair in Palliative Medicine  
Tenured Professor of Family Medicine  
Head, Division of Palliative Medicine  
University of Vermont

## Chapter 12: Kelley Harmon, DO



Dr. Onion's impact on my life, and our community's lives, has been tremendous. In my early days of residency, he was a wonderful mentor and teacher, and I realize I might have been one of the last of MDFMR residents to “graduate” from his dermatology rotation. He helped me and others gain confidence in the way he held expectations high, but supported us with caring guidance. I will always remember his voice, his laughter, his characteristic signature on a medical chart "DKO," and the expert way he commanded attention as he gave rigorous, practical lessons unpacking the complexities of the human body. He role modeled excellent teaching skills that inspired the academic in all of us who've taken on the challenge of medicine as a profession. His example surely shaped the way I think about creatively delivering education that is useful to our learners at the residency. And I chuckle as I remember this too.....he could be impatient, but always in scenarios when the system broke down or when he felt patient care was compromised in any way.... this impatience was on behalf of those in need and he channeled that energy into positive and meaningful change to benefit not only one, but the whole.

At the end of one summer rotation in the hospital, Dan graciously opened his lake home to our inpatient team that had spent many long hours together. He shared the picturesque waterfront, served lobsters, and to our toddler's delight, corn on the cob, which made for an entertaining evening. Dan invited us into his world, and enjoyed helping us form a community. I treasure the last note we received from him — it was a holiday card that remarked how proud he was of me and Nate for finding balance as we built both our family and our careers. I'm grateful for his influence in our lives, and I will honor his memory by passing along the lessons he taught me to the next generation of medical learners.

Kelley Harmon, DO

Director of Addiction Medicine and Family Medicine Faculty, Maine-Dartmouth Family Medicine Residency Board certified: Family Medicine, Osteopathic Manipulative Treatment and Addiction Medicine

## Chapter 13: Nathan R. Harmon, DO



I had the honor of being trained and mentored by Dr. Onion throughout my family medicine residency and geriatric fellowship at Maine-Dartmouth. Although many things stand out from my time with Dr. Onion, his passion for continued learning and education as well as his empathy and compassion for his patients are the two greatest lessons I carry with me. He was an excellent diagnostician, in every way — history taking, physical exam, interpretation of diagnostics — and he always sought out the newest and most up-to-date information to add to his every present, ever editing, little black book. He was excited to take the residents to the radiology reading room or the pathology lab to review images or slides. I had the pleasure of sharing an office with Dr. Onion and I was always impressed at his compassion with patients and their families when he was taking a phone call, conveying difficult information or just checking in to provide emotional support. I try to carry those lessons with me with every patient.

Nathan R. Harmon, DO

ABFM Family Medicine, CAQ Geriatrics, CAQ Hospice and Palliative Medicine. Currently a Palliative Medicine physician with MaineGeneral Palliative Care and Hospice.

## Chapter 14: Betsy Hart, MD



My first memories of Dan were formed through his distinctive handwriting and extraordinary skill in concisely capturing all that was essential, and nothing that was superfluous, in his SOAP notes documenting patient visits. Soon after graduating from college in 1984, I had called Alex McPhedran after reading John McPhee's "Heirs of General Practice," which had just been published as a full-length story in *The New Yorker*. I asked Alex if "I could come see what you are doing at Maine-Dartmouth," meaning for a few days. Alex paused and responded thoughtfully "one does not decide whether to go to medical school overnight. I better find a job for you." So Alex hired me half-time in medical records at the FMI, and I spent the rest of my time shadowing residents and faculty, including Dan, who had come to Maine-Dartmouth two years earlier, and Jim Schneid, who had joined the faculty a year earlier. So it was through the beginner's mind of a medical records clerk (in the days of paper charts and notably of shared family charts, complete with genograms) that I first saw glimmers of Dan's connections with patients, especially when prominently noted in the social history that fishing was a patient's hobby. I didn't yet know enough to be intimidated by Dan's fount of knowledge and diagnostic acumen. But I do remember the nascent Little Black Book in its ever-present original binder form, and how Dan was able to simultaneously focus on details of every lab value in a 4:45 case presentation, while at once thumbing through the binder pulling up relevant references.

When I returned to Maine-Dartmouth for rotations as both a third and fourth year medical student, I had learned just enough to be sufficiently awed and intimidated. Most memorably when during my residency application interview Dan asked me "So, what journals do you read?" And I froze wondering how honest I could be in admitting that just keeping up with my course work felt like an admirable feat at that point.

Our residency class graduated in 1993, a month after the May publication of the first edition of the **Little Black Book**, subtitled "Pearls and References." So of course the "Wizard of Onion" skit at graduation featured memorable gems such as one riffing fondly on "Onion's Pearls" and a feast of you guessed it.... "Pearled Onions."

Foundational role modeling drawn from both Dan's profound engagement in the care of the community and the art of his practice of medicine occurred when I was invited back in 2003 as Maine-Dartmouth's pioneer, or guinea pig, Geriatric Fellow. First an essential lesson in the care of communities - "Learn from those doing the work out there." Karen Gershman, as the founding director of the Geriatric Fellowship, had asked Dan to coordinate the public health curriculum for the fellowship. I had been a

member of the Board of the Maine Rural Health Association for some years and was Maine's representative to the New England Rural Health Roundtable, so I had particular interest in Dan's expertise in addressing the needs of aging rural Mainers. But Dan said, "you don't need to learn this from me. Get out into the community." And he sent me off to create my own curriculum based on the guidance of those on the frontlines at the Area Agencies on Aging and what was then called the State of Maine Office of Elder Services.

Two shared patient experiences with Dan that were formative in who I became as a doctor stand out:

A man on my primary care geri panel, who was in his 80s, had profound congenital hearing loss and associated speech production impairment; he had carried a dementia diagnosis for several years before our geri team evaluated him. By unearthing that this gentleman's formal schooling had ended in 8<sup>th</sup> grade and subsequently adjusting the assessment, Dan figured out that this man had been incorrectly diagnosed and "labeled" for years based on inadequate adaptation of the assessment tools to account for hearing and speech impairments. Never have I seen a patient more profoundly grateful and astonished than when Dan went to the boarding home with me to explain to the patient and his caregivers that he didn't have dementia at all, and rather that the medical system had not personalized his assessment appropriately. This stoic Mainer teared up as grappled to make sure he had understood Dan correctly and then thanked Dan for taking the time to sleuth it out.

Soon after that we went to see one of my nursing home patients who had been discharged from the hospital on a modified diet. Dan helped me explore goals with the patient and family and then he explained that she could aspirate on her own secretions and that there was no reason to puree her food and limit the pleasure of eating or to make her drink thickened liquids that were unpleasant and robbed her of her enjoyment of drinking fluids at all. Until then I had mistakenly thought dietary modifications were "required" for safety. Dan helped me as a budding palliative care physician to understand when the medical system may fail patients with our assumptions about what matters most.

For these and other moments I am grateful. I carry these stories with me every day and hope I can do justice to their lessons.

Elizabeth Balsam Hart, MD

Director of Medical Services/Hospice Medical Director- Androscoggin Home Healthcare and Hospice Harvard-Radcliffe 1984; Dartmouth Medical School 1990; MDFPR 1993; Maine-Dartmouth Geriatric Fellowship 2004; CAQs in Hospice and Palliative Medicine and Geriatrics

## Chapter 15: Al Heath, FNP



As we all know, Dan was a heck of a clinician, teacher, and advocate for public health in rural Maine. But he was also a wicked good fisherman and though I meet him thru the residency I got to know him much better on the water. Dan's often gruff manner would melt away when describing his latest trout/salmon escapades, favorite fishing hole, or new flies to try.

When I first met Dan he would often complain that he didn't have much luck catching striped bass in the lower Kennebec and so was very excited to know that was my home waters. His first trip to fish with me we got VERY lucky and caught more than 60 stripers each and finally stopped due to exhaustion. In the many years since, I don't think we ever met without him mentioning that epic outing with a smile on his face.

Al Heath, FNP  
MDFPR faculty, retired



## Chapter 16: Deirdre Heersink, DO



Dr. Onion was the inpatient attending on my first August rotation on Internal Medicine at Maine Dartmouth Family Practice Residency. His reputation preceded him, his expectation for excellence, and I was appropriately daunted. He did not intimidate for sport but because he had crafted his art for many years knowing both the technical demands and fortitude necessary to be capable of being a quality physician. We strove not to disappoint as best we could in the vast swift waters we entered.

At the end of our rotation he graciously invited the entire team to his lakeside home for a lobster dinner. I'll never forget the confidence and grace he demonstrated when stepping on a wind surfboard fully dressed in a blue oxford, khaki pants, and leather shoes to demonstrate to Gayle our senior resident, how to do it. Gliding back to the dock and stepping ashore without a single drop of water on him, a tough act to follow, but we will strive.

Deirdre Heersink D.O. CMD

Medical Director Maine General Geriatrics GrayBirch Rehab/LTC and Maine Veterans Home Augusta

## Chapter 17: John Henson, MD



Formidable. Bigger than life. Stoic. Surprisingly generous. What a great example for the residents he trained.

The first place I met him outside of the FMI was on the Dudley trail up Baxter, right before a downpour caught us all on the exposed rocks. He was on an annual hike up with his family. Both of us surprised to see someone from the FMI up there.

What a brain: The highest compliment given at the hospital was when a consultant would compare you to "Dan Onion." He taught a rigorous and exacting approach to reading EKG's. I was fortunate to take the elective with him, which helped me on a daily basis working in the emergency room.

It was great to feel that a man of his stature cared about me. The fondest memories of him were outside the hospital, like when he took residents on his service out to dinner, a very classy thing to do in Augusta, Maine in 1990.

John Henson MD  
Residency class of '92

## Chapter 18: Persis Hope, FNP



The ways Daniel K. Onion MD affected my career are, I am sure, too numerous to count. I first met Dan in 1995 when he interviewed me for a position as a faculty Nurse Practitioner with MDFMR at the FMI. I read the “Little Back Book” to prepare before my interview. I guess it worked because he did end up hiring me, though maybe not enthusiastically. We became great friends. Whenever I ponder my differential and think about all aspects of my patients’ conditions, I know I am channeling Dan. Whenever I find myself caring deeply about my patients I also know it’s thanks to, among others, Dan. When I want to make sure a patient does not have a PE, I know it’s thanks to Dan.

I can see Dan now in my mind’s eye with his stethoscope tucked into his belt. I remember heading to the FMI library to start the 4:45. Those were magical times I will always remember and cherish. He was one of a kind, and he will always be my favorite Darth Vader.

Persis Hope FNP RNC IFMCP  
Faculty, MDFMR

## Chapter 19: Scott Horton, MD



Dan Onion affected my career path in overt and subtle ways. As an intern, I'll never forget spending a busy and complicated night "on call" with Dan. His academic chops, his always putting the patient first, his acumen and nuance acquired by his vast knowledge base combined with his clinical experience, and even the excitement and the camaraderie of doing excellent work together were infectious. His work ethic set a standard to which I aspire to this day. That includes no shortcuts, no lazy thinking, always keep expanding my differential diagnosis as indicated, and help my patient to understand my reasoning; all while being attuned to my patient's best interests.

Dan kept his medical knowledge current and his curiosity remained strong. Who can ever forget Dan Onion's "little black book?" His powerful intellect and work ethic were truly remarkable. Dan's remarkable life also included much that was outside of medicine reflecting diverse interests. He reflected upon me the importance of having a life outside of medicine as well. It was an honor and privilege to have learned so much from this gifted human being.

Rest In Peace, Dan.

Scott Horton, M.D.

MDFPR 1984-1987

Meredith, NH

Career includes private FP (5 years), ER (20+ years), UC (8 years)

I've maintained my Family Medicine boards throughout. I cannot think of better preparation for my career choices. Additional training is always available, but the foundation learned in Augusta, ME proved invaluable.

## Chapter 20: Gilliam Johnston, MD



One of Dan's favorite teaching tools was the pulmonary embolism: a condition that can masquerade as many other conditions; easy to diagnose if you think of it, potentially deadly if you don't. The running joke was that, at the end of every patient presentation, Dan would ask, "Did you think about a PE?" Woe unto you if you had not. Back in the olden days (1980's) the imaging study of choice for diagnosing a PE was the VQ scan. If you needed one in the middle of the night you had to call the Radiologist at home and explain why you needed for him or her to get dressed and come to the hospital. (And the rationale could not be "Because DKO is my Attending and I don't want to miss a PE!" — even though that was perhaps your rationale.) In cases that were not clear cut (which were most cases of potential PE's), an inexperienced resident might feel a lack of conviction about the need to wake the Radiologist. And so talking first to Dan on the phone in the middle of the night you might say, "Do you think I really need to get the VQ scan?" And Dan would say "No, you don't have to get the VQ scan." (Pause.) "But if the patient dies you do have to get the post-mortem. That's how you stay honest."

So while we all think of Dan as a great and influential teacher, what I think he taught best was integrity. When I was on faculty in the early 90's a resident was found to have documented an H&P that he did not fully do. As we discussed the case at faculty meeting, Dan said, "If we lose our integrity we lose everything — in the end that's all we've got." Which I took to mean we may not know the answer, or we may not have adequate treatment for the patient's disease, but we must first and foremost be honest about our own limitations and those of our profession. In subsequent decades of practice that was what stayed with me the most. I can't say I practiced it perfectly, but Dan's words shaped who I became as a physician and resonated daily in my work. I feel deep gratitude for that.

Gilliam Johnston, MD, MDFPR '91

Dartmouth-Hitchcock Department of Community and Family Medicine (retired)

Plainfield, NH



## Chapter 21: Donald Kollisch, MD



My career in academic Family Medicine has been influenced by a number of wonderful people who I have worked with or worked for. I have also had a small number of luminary Physician mentors whose careers and unique perspectives have inspired and nourished me, even if the person did not know how influential they were. Dan Onion is in that latter group.

From 1996 to 2003 I was on the Board of the Maine-Dartmouth Family Practice Residency. I was, at the time, on the faculty of the Dartmouth Medical School and the Lebanon Family Practice Residency, gearing up my efforts at understanding how educational organizations work, and how to help them be responsive to community needs. Moment of embarrassing truth here: when Dan retired as Chair of the Augusta program, I applied for the job, and didn't get it. Happily, Jim Schneid did a much better job than I could have done!

Dan's leadership example continued to inspire me, and — as my career evolved and I ended up as the Associate Dean for Academic Affairs of another medical school — I would occasionally ask myself “What would Dan do?” His example of doing the right thing and doing it well was grounding.

Two other specifics: I was a big fan of the amazing Franklin county project of Burgess and Sandy Record. They demonstrated that a common-sense and community-wide primary-care intervention could reduce cardiovascular morbidity and mortality in a low-income population. (Record NB, Onion DK, Prior RE, et al. Community-Wide Cardiovascular Disease Prevention Programs and Health Outcomes in a Rural County, 1970-2010. *JAMA*. 2015;313(2):147–155. doi:10.1001/jama.2014.16969). But I didn't realize how integral Dan was to that project until he first-authored the follow-up study in *JAMA* showing that the benefits were not durable after the (inexpensive!) intervention ended (Onion DK, Prior RE, Record NB, et al. Assessment of Mortality and Smoking Rates Before and After Reduction in Community-wide Prevention Programs in Rural Maine. *JAMA Netw Open*. 2019;2(6):e195877. doi:10.1001/jamanetworkopen.2019.5877)



As our respective careers evolved, Dan and I both ended up caring for older patients. (Amazing that our patients age with us!). And Dan — prescient as usual — focused on small, do-able clinical interventions that could have large impacts. His work in figuring out when and how to help older patients phase out of driving their cars (and trucks) valuably demonstrated to me how to shape the last chapters of my own medical career.

Dan, if you can hear this, many thanks for being my silent mentor.

Donald Kollisch, MD

Associate Professor of Community and Family Medicine and of Medicine  
Geisel School of Medicine at Dartmouth

## Chapter 22: Kenneth Lajoie, DO



As a Waterville based Resident, my contact with Dan was less immediate than others, however his presence and quiet dignity was pervasive in the whole organization as the Director of Maine-Dartmouth during my time. My approach to teaching medical students and training doctors reflects Dan's impact to my training. He preferred to guide and lead rather than instruct and direct. This was the method employed by many of the Faculty at Maine-Dartmouth and I believe that was Dan's influence on the program.

I recall being on call in Augusta with a cardiac ER admission. Dan arrived with his briefcase. He did not tell me what to do. He was present, guiding, offering notes from his Little Black Book and supporting. I still have a copy and use "the Onion."

Dan's influence on me and my career was like Dan himself, quiet, consummate, unpretentious, but strong.

Farewell Dan.

Kenneth Lajoie, DO, MPH  
FRACGP, Fellow Royal Australian College of General Practice  
Practice Principal, owner Reynella Family Care  
Old Reynella, Adelaide, South Australia

## Chapter 23: Michael Lambke, MD



During my interview at the FMI, Dan, and a waitress at the A1 Diner, take credit for cementing this family doctor's journey of a lifetime as a rural family physician in Skowhegan. He, for his forthright confidence and humanity; my paraphrase during the interview, "I can't rate it compared to other residencies, but you will be a solid physician" followed by, "oh, that's what you look like!" when he saw me later leaving the interview in dungarees and a t-shirt. I will skip the story of the waitress, all appropriate I assure you, but I like to think he would take pride sharing credit with a waitress for the recruitment of physicians to rural practice.

The residency staff, faculty, fellow residents led by Dan and the patients and community challenged me to learn, grow and love. In hard moments, I am reminded of the privilege of caring for patients as their physician, Dan's ebullience in its diagnostics and practice as he would check in his briefcase (formative LBB) and remark, "oh yes, I thought I knew that" and that, in the face and many responsibilities, it is important to stop and eat.

Thank you Dan for your generous inclusive spirit, your intellectual curiosity and life of action.

Michael Lambke, MD  
Assistant Professor of Family Medicine  
Tufts University School of Medicine  
Skowhegan Family Medicine  
Redington-Fairview General Hospital

## Chapter 24: Xiao Qing (Lily) Li, MD



I am deeply shocked and saddened by the news of Dr. Onion's passing away. As a class of 2012 family medicine resident, I did not have many chances to work with Dr. Onion directly except during our geriatrics rotation, morning rounds, or conferences; however, each time I worked with him, I walked away with a valuable lesson.

As an international medical graduate, I had a hard time communicating with geriatric patients. I had difficulty pronouncing words such as "world," which resulted in both patients and I being frustrated during Mini-Mental Status test. I was scared that I would fail this rotation. But Dr. Onion gave me instant feedback after each patient encounter to improve my pronunciation. There was also a time when I was doing a geriatric case presentation, but no one was paying attention due to many other distractions. Dr. Onion had listened to every word I said and congratulated me for doing a good job even in such a difficult circumstance. His encouragement made me strive for success. In the end, I passed the geriatrics rotation and developed an interest in providing care to seniors. Right now, I have given priority to underserved seniors who have language and culture barriers, and transportation difficulty in my community.

Dr. Onion's teaching style was to start with questions in order to motivate us to think critically. One time, Dr. Onion gave us a lunch conference about normocytic anemia etiology. As per his usual style, he presented a case scenario with lots of questions. He told us that we almost got all the correct causes, but there was one more left. The moment I tried to slip away, my name was called. I simply said, "I do not know." Dr. Onion encouraged me by saying, "Lily, just give a guess." I guessed with no confidence, "A mixed microcytic and macrocytic?" Dr. Onion was excited, "Yes! Correct!" He was so happy for us to be able to reach all the answers by ourselves. He turned a passive lecturing lunch conference to an active one and almost everyone participated. I have applied his teaching style in my everyday patient education. Before "lecturing" patients, I make sure to start with a question. Patients always surprise me with how much or how little they know.

Dr. Onion will be greatly missed as a caring and inspiring mentor. His influence has crossed the border to Richmond Hill, Ontario, Canada. I will follow his footsteps to advocate for underserved seniors in my community.

Xiao Qing (Lily) Li M.D.  
Elgin Mills Medical Clinic

## Chapter 25: Jeffrey M. Lovitz, MD



It is with sadness that I write this memorial to Dan Onion. I actually completed my residency training just as Dan was joining the Maine-Dartmouth residency as a faculty member. Over my 30 plus years of practicing family medicine in Waterville we interacted a number of times. In 2013 I retired and moved to Belgrade. I thought that I should try to become part of the community and volunteered at the Belgrade -Rome food pantry. At the pantry I saw a poster for Neighbors Driving Neighbors (NDN), a program founded by Dan. I thought it was a great idea and began to volunteer as a driver. During the pandemic Dan asked me to join the board to serve on the NDN medical committee. After he became ill Dan asked me to chair the committee. I then became a witness of Dan in action.

His knowledge and his ability to communicate it was astounding. I hope we can continue NDN as part of his legacy. I also want people to know that Pat Onion was also a key person for NDN.

Jeffrey M. Lovitz MD

BA Colby College 1970 degree in Sociology

MD University of Vermont College of Medicine 1978

Family Practice Residency Maine-Dartmouth 1978-1981

Waterville Family Practice 1981-2013

Served twice on the board of the Maine Academy of Family Medicine

## Chapter 26: Chris Lutrzykowski, MD



I first met Dan during our interview at Maine-Dartmouth in the old Haynes building. It was a quiet, laid back experience that belied the intensity of his directorship. My next experience was our first morning report when Dan came through the door with his usual speed, banged his suitcase sized briefcase onto the table, opened it with another loud bang and then slammed down his large peripheral brain onto the table in the form of a three ring binder that eventually became the first edition of the little black book. After that session where I argued with Dan about the use of Theophylline in the treatment of CHF I felt I was surely destined to be on his bad side but nothing was further from the truth. As a resident, the last thing anyone wanted to do was to get on Dan's bad side but he applauded hard work, evidence based medicine and nuanced care of his patients.

Dan had a medical issue requiring a hospital stay early in my second year — his entire panel was literally dumped in my lap by an MA during that time and that was my first experience with understanding the complexity and depth of a true family doc. His care of patients was efficient, knowledgeable and despite what some would believe to be a gruff exterior, very caring indeed. As I worked more closely with Dan over the next 3 years, I learned more about leadership than I had at any point prior in my medical career. It was hard not to aspire to be a physician such as Dan and I think many of us would say at least a part of how we approach patient care is a direct descendant of his teaching.

Dan always had great stories and was a gifted story teller from seals with conjunctivitis, to plowing fields with oxen to flying in small planes when engines failed, it was hard not to ask for more. His laugh was infectious and his confidence was a foundation for anyone to work from. I still use his EKG reading techniques to this very day when I see patients. He will be greatly missed.

Chris Lutrzykowski, MD

Program Director, Sports Medicine Fellowship MDFMR



## Chapter 27: James MacDonald, MD



First, I want to write how sorry I am to hear of Dan's passing. He was so iconic I thought he was one of those who might defy death.

I dreamed of MDFPR in, of all places, a little hut in Swaziland, Africa. When I was a Peace Corps Volunteer there, I read by the light of a kerosene lantern John McPhee's "Heirs of General Practice." And I knew that I wanted that to be my home someday. Eight or so years later, I showed up for my interview with the Director, Dr. Onion. I swear I thought I was meeting Clint Eastwood — the "make my day" quiet voice, the 2 day stubble, the stoic demeanor cut now and again by a sly (sardonic?) smile. More or less, I thought to myself: Dude? I thought MDFPR was where a short-haired hippie like me would be at ease. This is going to be interesting.....

And it was.

He was, for me, a teacher like many I had at Harvard. A role model, a father-figure, and a teacher — but also somewhat unapproachable, at least to me. Always felt slightly "half-assed" in Dan's presence, like a military guy who's supposed to be at attention but has his shirt only half-tucked. And because of that, I think I will always have that slight feeling of "impostor syndrome" that will always drive me to learn more, to be more diligent, to be better....so I can be like Dan.

And I know I never will.

Two stories that will remain with me until I join Dan in the great hereafter, and which I think capture him.

1) I'm an intern and on call early in the year. My first patient has passed away in the middle of the night and nurses on the floor have called me. This is it: my big moment to pronounce someone dead. Yes, I have the "Little Black Book," but more important was that other spiral bound antique: "How to Be a Scut Monkey." Ok, feel for a pulse, listen for lung or heart sounds, put your cheek up to the mouth to ascertain if there are breaths. Check, check, check. The woman has passed. Dan is my attending, so I call to tell him someone on the service has passed away. He asks me a question and I think I hear "Did you get the pulse?" Oh, yes, I assured him, you know me Dan. Harvard educated just like you, I know my stuff. I used that stethoscope and my clinical acumen..... "No MacDonald," he interrupts. "I said: Did you get the post?" (post-mortem).

2) I'm on OB/GYN service and it's summer. I've been doing some trail running with my shirt off—'cause it's summer and I'm buff (NOT). One night I can't sleep because my left shoulder and arm are burning. Next morning in the shower I notice a rash that looks like poison ivy, but it's not itchy. It hurts. That day at lunch I pull Dan aside and ask him to take a look. "Hey, Dan, I think this may be shingles. What do you think." And he looks at me with mild disdain, and in that Clint Eastwood voice says, "MacDonald, if you can't diagnose shingles by the time you graduate, you won't." Coda: Dan calls ID and determines that if I keep my arm covered, I can still be on L&D.

Dan – I love you. I'll say a prayer for you tonight. Thank you for all you did for MDFPR and for me.

James MacDonald, M.D., M.P.H., FAAFP, FACSM  
Clinical Professor of Pediatrics and Family Medicine  
Ohio State College of Medicine  
Nationwide Children's Hospital  
Director of Research, Division of Sports Medicine  
Deputy Editor, Clinical Journal of Sport Medicine

## Chapter 28: Amy Madden, MD



Dan is the reason I chose to practice family medicine. I remember my first exposure to Dan as a newly-accepted Maine medical student through FAME, a loan program designed to help bring students back to Maine. We gathered at the Senator Inn in Augusta to hear more about the importance of giving back to Maine's communities as the state was investing in our education. While the concept was compelling, nothing solidified the idea of returning to Maine to practice like listening to Dan speak about the rigors of medicine and committing to being the best physician we could in service to our communities. More than his words, however, was how he demonstrated these ideals in his care of patients, exceptional teaching, and community service. To this day, I find myself exercising the lessons imbued by Dan, whether in a thorough physical exam, looking for the latest evidence on how to treat a condition, or learning more about my patients as people.

While it was easy to find Dan intimidating given his intellect and high standards, his sense of humor was a gift as well. Nothing was quite as satisfying as getting Dan to loudly bark with laughter - a very genuine sound from a generous soul.

Amy Madden, MD

Medical Director HealthReach Community Health Centers

Dartmouth Medical School 2003; MaineDartmouth Family Medicine Residency 2008; MaineDartmouth Geriatric Medicine Fellowship 2017

President, Maine Medical Association 2019-2020 (joined as a resident at Dan's "request")

Belgrade Regional Health Center

## Chapter 29: Daniel L. Meyer, PhD



My story feels a bit like “It’s a Wonderful Life”:

If not for DKO, I would be a different person, my kids would be different people...

In 1987 I was looking for a job “back-east” and my only viable offer was with the VA Regional Health Services Research Center at Tufts. A friend suggested that I “cold-call” Dan Onion, who said “as long as the VA is paying for your ticket to fly from Wisconsin, drive up and we’ll talk.” Somehow knowing that a rogue medical sociologist was just what MDFPR needed, Dan got the Betterment Fund to guarantee 3 years of my salary; I got to work with him for 22 years...and to learn to love Maine. (What clinched the deal for me was him taking me up to Blueberry Hill with Alene).

Dan was always seeing problems and finding opportunities. Since the Betterment Fund had not needed to fund that guarantee back in 1987, we worked with them for the matching funds for the 1993-96 \$800,000 Robert Wood Johnson Local Initiatives project that confirmed his contention that on-site social services were crucial to effective primary care; it’s still going strong today, helping patients and doctors.

Of all his qualities of leadership, one stands out for me: he listened to others and actually considered and changed his original course if he saw the logic of it. Dan was a private person; if I had loved fishing we might have become good friends. Instead we were respectful colleagues. I will miss his creative, searching, caring mind.

Daniel L. Meyer, PhD

Associate Prof., Dartmouth Medical School (retired)

Director of Research MDFMR (1987-2009)

Brunswick, Maine

## Chapter 30: Cathleen Morrow, MD



My career was incalculably influenced by the powerful Dr Onion. Virtually every career decision I made subsequent to arriving at MDFMR in 1992, when I was hired as a “sabbatical” fill in was influenced either by his disciplined example or direct order!

Dan and I and Russ DeJong together laid the groundwork for the expansion of the residency to the Fairfield practice and the Thayer hospital campus — long before there was a “MaineGeneral.” Russ and I began practicing in Fairfield, recruiting faculty (Mike Clark, Harry Colt, Bill Alto early arrivals) and ultimately matching our first residents for the Fairfield site (Tim Higgins, Michelle Rebelsky, Stewart Mones and Fred Rimmele — the remarkable trail blazers). Dan and I fought a great deal of resistance from the medical staff of Thayer in those days; Russ was well underway with the tough crowd in OB-Gyn. His tenacious, principled, stubborn and unflappable approach to conflict was exemplary.

Ultimately I landed at the “mothership” — the ivy league academic medical center, a place I could never have imagined myself belonging to — and a place he knew full well desperately needed the strong voices of “real” Family Medicine doctors. Dan’s influence — he was never intimidated by academic snobbery — was central to that decision. Steadily, over many years, Dan introduced me to the Hanover universe — flying over for teaching conferences, meetings, slowly acculturating me to the place and they to me. Those flights are among my fondest memories. Dan was so comfortable in a tiny plane flying close to the mountain ridges, telling hilarious stories about thunderstorms and anesthetized deer

awakening in the cockpits of such airborne tin cans. I have never known just how intentional he was, but I do know I would never have had the courage or foresight without Dan. Later, when I became Chair of the department he called to congratulate me and I told him I blamed him for this “promotion.” It remained a permanent running joke for us, whenever I was particularly beleaguered I would remind him that this job of mine was his fault.

Dan lived an exemplary life. My single small career is a tiny example of the profound ripples of influence he had. Simply look at the medical staff of the entire central and western Maine region; the leadership at Maine General hospital, the health outcomes of the community of Farmington which he doggedly studied and published; the statewide imprint of his work in geriatric care, to begin to absorb how far and wide his influence has been felt and lived.

I am deeply grateful for the life of Daniel Kent Onion, privileged and lucky to have shared some time in it. I will hear his voice in my head always, guiding me toward doing the right thing, even when it is terribly difficult.

Cathleen Morrow MD

Chair; Department of Community and Family Medicine 2015-2022

Dartmouth-Hitchcock Medical Center and Geisel School of Medicine at Dartmouth Faculty; Maine

Dartmouth FM Residency 1992 -2008

Founder with DKO of the expanded MDFMR residency; Thayer campus Waterville and the Fairfield, ME practice.



## Chapter 31: Michelle Mosher, DO



I am fortunate to be from a community that has benefited from the life and work of Dan Onion MD in so many ways. Dr. Onion was part of the wave of energetic and passionate doctors who came to Franklin County in the 1970s, enabling our area to increase access to care and advance the development of community based health care — truly bridging the transition from country doctor to rural health care system. These were brilliant and compassionate doctors who rooted themselves in the community, appreciated the rural culture and cared deeply for the people who came to them for medical care. I chose to become a doctor because I grew up seeing how important these people were to our community; how important access to respectful, quality medical care is to the well-being people.

I only knew Dr. Onion by reputation prior to my arrival at Maine Dartmouth. I have to admit that I found him a little, OK a lot, intimidating when I first met him. But I soon realized that what felt initially intimidating was actually his exacting pursuit of medical knowledge and skill, his incredible energy, and his task-focused approach that I came to find both contagious and inspiring. I cannot think about subclavian steal without remembering learning the clinical exam and physiology from Dr. Onion. My first hospital death was a patient of his that he allowed me to follow as a medical student. I remembering hesitantly laying my hands on her mottling feet, recognizing that now I should calmly wait, watch, listen and learn what she had to teach me about this part of life.

Dan and I shared other interests as well. We both had built cedar strip canoes. I loved hearing him talk about fly fishing though my skill set there will never compare to his. I recall listening thoughtfully as he



explained to me how I could do a hernia repair on one of our young calves — knowing in my heart I would never undertake the enterprise. But talking with Dr. Onion, one can start to believe they are capable and competent for whatever the task — and that was his magic!

I recall the afternoon when Dan introduced me to Dr. McPhedran at the FMI saying I was a student doctor from Franklin County. As I walked away I heard Dr. McPhedran say, “Dan, this is what we have worked for...,” with true glee. Hearing those words, I felt so proud and more resolute than ever. I reflected on my path to that moment knowing even then that for me, Dr. Onion’s influence and contribution extended far beyond the walls of the residency and hospital. For this I am sincerely thankful.

Michelle Mosher DO

University of New England College of Osteopathic Medicine ‘08

MaineDartmouth Family Medicine Residency ‘12

Hospitalist, MaineGeneral Medical Center

## Chapter 32: Barbara Ann Moss, DO



Mentor. That was what Dr. Dan Kent Onion was to me. We started off by calling him Dr. Onion, he encouraged us to call him Dan and he will always be the one and only DKO.

Who could forget Gershman's portrayal of Dan during graduation skits, stomping into the room with briefcase a-flying, the sound of the clasp's release ringing out, the thump of the latest draft of the LBB. I see him now, sitting on the couch in the family room during the early morning rounds, head leaned in rapt attention, eyes down on his hands as he clipped his nails.

He imbued his rigorous academic teaching with heart and compassion.

He walked the hospital halls with authority without wearing a white coat.

He challenged us to commit to providing the very best care, but to not work harder than our patients.

I considered myself his apprentice, watching him, modeling my clinical care and now my teaching in that apprenticeship model of medicine. As a teacher, he stood by while he had me perform sigmoidoscopies, treadmills, remove a sebaceous cyst or read an EKG. He motivated me to broaden my differential, to choose wisely, to only refer when necessary.

We, in family medicine, were specialists, he would remind us. Our colleagues in other areas were consultants. Oh, how he railed at the moniker of "PCP." We were not providers of care. We are advocates and negotiators.

He related the story of a patient in the Farmington area who arrived at the visit uncharacteristically downcast, had been losing weight, and he was concerned for her mental stability. Upon further inquiry, he uncovered that she, as with so many of our patients, suffered from the consequences of forces beyond her control, beyond the walls of his clinic. She had weathered many financial set backs and other storms we now refer to as the social determinants of health. Then, her remaining milk cow had

died. What she really missed, she told him, was milking her cow each morning. He would tell us this and close his eyes and conjure up the soothing experience of leaning your cheek against the warm flank of the cow while you were milking. He was clearly speaking from experience. He wrote her a paper pad prescription for a milk cow, and called on his social work colleagues to make it a reality. She returned to the clinic the following visit with her usual pep and vigor. Instead of an anti-depressant he had prescribed a cow. He summed it up to say that there's a lot more to medicine than medicine.

He invited me to run the community medicine curriculum he and Bill Alto had created. Each year, he would graciously attend the opening session with me, promoting public health. The last time we were together was May of this year when he and Pat attended the community medicine session for the MDFMR class of 2024. He encouraged the residents to expand their work beyond the walls of the clinic and to create change in the community. He shared the results of his studies published in JAMA and reported on his work with local efforts such as Neighbors Driving Neighbors. He modeled for us the work of a truly full scope physician. He, as always, was enthusiastic about the possibilities and what the future held.

DKO, I am ever grateful for all you taught me, by example and by firm resolve. You will be missed but never, ever, forgotten.

Barbara Ann Moss, DO, MPH, FACOFP  
Resident MDFMR 1998-2001  
Faculty, FMI, Maine-Dartmouth Family Medicine Residency

## Chapter 33: Syed A. Naseeruddin, MD



I remember starting at MDFPR as an advanced first year resident and I recall seeing copies of the Little Black Book laying around other residents' work areas as well as in the precepting room. I browsed through it and thought to myself how amazing a resource it was for residents and so I immediately arranged to purchase one. I didn't even know that Dr. Onion was the writer/editor. I later found out that some of the 2<sup>nd</sup> and 3<sup>rd</sup> year residents wrote some of the chapters after receiving an invite to do so directly from Dr. Onion. I often had hoped that I could develop some area of "expertise" to be asked to be a contributor, but alas my aspirations were not achieve ... until now.

One memory I have is one of having a diabetic patient present to my clinic with complaints of a leg rash. I examined her and presented her case to Dr Onion, feeling that the patient was having a cellulitis and needed antibiotic therapy. Dr. Onion accompanied me to see her; after examining her rash, he pulled me aside and asked if I was familiar with *necrobiosis lipoidica diabetorum*. I had never heard of the condition. Thankfully, I had not yet prescribed medication for the patient and was able to correctly give her a steroid therapy instead of an antibiotic. Dr Onion's sage advice and expertise in dermatologic conditions helped me gain an understanding of skin conditions which I encounter on a routine basis in my emergency room work.

I will truly relish my memories of Dr. Onion. He challenged me on my knowledge and helped me grow as a family physician. He supported my efforts to pursue a sports medicine fellowship as he saw my affinity towards sports and working with Cony High School. His rigorous knowledge of cardiology and hospital medicine helped me become a better senior resident and later a preceptor of medical students and mid-level providers. I am heartbroken for his loss but am comforted by knowing that he passed surrounded

by family and his pastoral surroundings. Rest in peace, Dan Onion, knowing that you improved the lives of many by educating the physicians of Maine.

Syed A. Naseeruddin, MD  
FAAFP, CAQSM  
President, Kentucky Academy of Family Physicians

## Chapter 34: Debra M. Nathan, MD



A gift from Dr. Onion has been on my book shelf for over 20 years. It is a quintessential Dan gift—succinct yet personal, factual yet chosen with care...and wrapped in EKG tracings♥. I count myself incredibly fortunate to have had him as a teacher and a mentor and to this day I often ask myself “what would Dan do?” when faced with a complex patient.

He was so loved and respected by people far and wide. As his resident there was nothing better than figuring out one of his very difficult EKG tracings...or making him laugh. He will be missed but he has left an amazing legacy. Condolences and love to his family♥♥

Debra M. Nathan, MD

Geriatrician, MaineGeneral Rehabilitation and Long Term Care

## Chapter 35: Timothy T. Pieh, MD



My goal is to be just a little like Dr. Onion (I still find it hard to say Dan...). He made me smarter and showed me how fun it is to push for best practice medicine. His twinkle in the eye when you got close to a hard diagnosis or cutting edge updated treatment plan was a rare prize. I cherish the moments he let a compliment (or look of approval) slip out. I think I hold on to those moments to keep me going when work is really hard. When I get frustrated I try to remember that DKO did too, but he just kept doing the work. He played the long game and kept a constant pressure forward towards excellent care. So, I'm going to do my best to be like Dan. Push for best practice and play the long game. I will miss that shocking, guffaw of a laugh — it always startled me. DKO was a legend and I am so lucky to have had him be a mentor.

Timothy T. Pieh, MD

Assistant Medical Director of Emergency Medicine, MaineGeneral Medical Center



## Chapter 36: Jenny Pisculli, MD



I first met Dan Onion as an intern at MDFMR. I was in way over my head in residency having done medical school in a different system. I was, as I am sure many people were, very impressed and intimidated by him. “Call me Dan!” he would say. That was a challenge, but it perfectly showed his egalitarian sense and demonstrated his sense that we are all part of the same community of learners taking care of patients. Even so, it was a difficult barrier to overcome. He had an incredibly scientific and academic mind and yet always took delight in the human interaction of medicine, not just the scholarly aspects. I loved that he seemed to be equally pleased by having spearheaded groundbreaking projects as he was by working in Alaska and being paid, barter-style, with fish. He told stories of both with the same relish.

I was extremely fortunate to have the opportunity to have Dan as a program director, faculty, and a colleague.

It is hard to put into words the many things I have learned from him. Some are very easy to define like reading EKGs and what is multifocal tachycardia, but so many more are a bit harder to pin down — like seeing an aging patient's issues through their eyes, transitioning a patient to hospice, and taking care of a community by being part of a community.

I am extremely grateful to have had the opportunity to know Dan Onion, my life has been richer for it.

Jenny Pisculli MD

Maine Dartmouth Family Medicine Residency Faculty

## Chapter 37: Laurie Radovsky, MD



When I was graduating from Boston University Medical School, I was cornered in the elevator by one of my faculty who exhorted me not to “throw away my career” on family medicine. “You’re too smart for that,” he said. Dan Onion personified how wrong this academic medical internist was. Dan demonstrated the breadth of knowledge needed to practice rural medicine. He also taught us that the relationship with the patient was as important as a broad differential diagnosis. (Speaking of differential diagnoses, was pulmonary embolus ever not on the list?)

There was so much about the residency under Dan that was forward-thinking. He made sure that we knew the value of collaboration with “mid-level practitioners” who knew much more than we did. He modeled an egalitarian relationship with patients that made room for their participation in shared decision-making. (I know this is about Dan and not Alex McPhedran, but I remember Alex sitting on the exam table step to be lower than the patient, to balance the power differential.)

Dan proved that one could be a hardworking doctor and still have fun. The residency picnics at Dan’s lakeside home brought together the newly minted family docs with the entering residents and were a wonderful team-building experience. We also got to see Dan in action (literally) as he windsurfed around the lake fully clothed, with no fear that he’d fall in and get wet. One anecdote that I tell often is about these picnics: I remember being an incoming resident and being invited up in Dave Shinstrom’s little plane. Dan insisted that each trip carry no more than one resident from each year in case something untoward happened.

Despite all his knowledge and wisdom, Dan was human and could be slow on the uptake. When I marched around the residency proudly and wordlessly showing off my positive pregnancy test, Dan couldn’t understand why I was so happy to have strep throat.

Dan will always be my role model for knowledge, compassion, and integrity. I wouldn’t be the doctor that I am if not for him.

Laurie Radovsky, MD  
St. Paul, MN

## Chapter 38: Michelle S. Rebelsky, MD



Like everyone else, I am sure there are a thousand little and big times Dan impacted my life and my career, so it is hard to limit it to only two paragraphs. The first is personal, I got pregnant with my first child during my intern year. Early miscarriages were very common in my family and I realized that I wouldn't even be 10 weeks by the time contracts were due for the committing to the second year. So, in true resident fashion, I was just "too busy" to remember to sign the contract, thinking I could drag my feet until I felt comfortable with announcing my pregnancy. Somewhere in the second week of me ducking everyone's calls, Dan came to Waterville to talk to me. He had assumed that I wanted to transfer to the new residency that was starting in Concord to be nearer my husband who was teaching at Dartmouth. I said I hadn't even thought of that, then I just blurted out that I was pregnant and overwhelmed. He was so kind. He offered to help me transfer and reminded me that I could take up to 6 months off. Since I didn't transfer, he then allowed me to do my electives in Hanover as long as they were in Cardiology (definitely another entire Dan story). I have reflected on that conversation so many times when people have come to me with difficult conversations. I am not sure I reach the level of compassion he showed me, but I try.

The second is about the "Little Black book." At the time Dan was working on publishing it, I was enamored with my Apple Newton. For those not familiar — it was one of the first hand held digital devices with handwriting recognition. Dan worked with me and publisher, to see if we could produce an electronic version that would also accommodate notes and comments. Technology was not quite in our favor, but for all of the time I spent working on it, I was allowed to keep the digital pre-copy on which we had been working. It was my first electronic medical textbook. I am down to less than 10 medical texts on my bookshelf but 2 of them are the first and second edition of the Little Black Book of Primary Care.

Michelle S. Rebelsky, MD MBA FAAFP  
Residency Dates June 1994-Dec 1997  
Chief Medical Officer, Audubon County Memorial Hospital, Audubon Iowa

## Chapter 39: James Schneid, MD



When I joined the Maine-Dartmouth Family Medicine Residency in 1983 I had the pleasure of working with Daniel Onion M.D., Alex McPhedran M.D., Helen Mitchell M.D. and Dave Shinstrom M.D. We were a close knit group and supportive of each other as we worked together as a family to nurture a unique family medicine residency. Dan was very skilled in primary care and provided a rigorous structure for disciplined learning. I learned so much from him about hospital medicine and research. It was exciting to work alongside such a brilliant diagnostician.

As Dan moved into the Program Director role, I learned to be confident in making decisions with his mentorship. He modeled a direct, honest approach to management while taking into consideration the opinion of others. He continued the consensus style of management that up to that point had been characteristic of Residency business. Dan developed so many new programs and applied for innovative grants so that under his leadership the Residency became famous and attracted Resident applicants from many diverse backgrounds. Thanks to his leadership we ARE the Maine-Dartmouth Family Medicine Residency.

James Schneid M.D.

Previous Program Director of the Maine Dartmouth Family Medicine Residency

## Chapter 40: Melanie May Thompson, MD



DKO was my preceptor during residency and I always called him Dr. Onion out of awe and respect. He acted like we were colleagues (inconceivable!) and he asked me to call him Dan, but I could only compromise and call him Dr. Dan after that. Dr. Dan was my mentor, an encourager, even a cheerleader through my difficult times. During residency, I had feared he didn't understand my need for family time. He had joked, "What's the worst thing about every other night call? You miss half the cases." But he did understand family and life balance and helped me juggle through toddler/pregnancy times during residency.

Our class tried to get Dr. Dan to approve a retreat. It was not until we could (and did!) provide evidence-based research that reported getaway time with co-workers like a retreat could improve team work, reduce stress and increase productivity that he was swayed. We were allowed to hold a "REE-treat" and gathered for a day at the China Lake Conference Center, somehow cross covering and organizing activities/food. It was winter-something (perhaps because it was cheaper) as I remember snow all around. Do you know how frightening (or exhilarating?) it is to throw a snowball at DKO? It speaks to his ability to change his mind and his down-to-earthness, despite his academic rigor and dedication.

At the end of residency 1993- DKO brought lobster to our work-in-progress house in China. As we sat around on stacks of boards in the unfinished house, my husband Judd lamented, "Great, Dan. Now Melanie will know lobsters come with TWO claws," not one like the less expensive culls/lobsters my Maine husband Judd had been feeding me, this Californian transplant.

I was privileged to have Dr. Dan attend one of my family members more recently at the Maine-Dartmouth Geriatrics Clinic and I was re-impressed and re-inspired by his care, concern, competence and community-connectedness. We'll miss you.

Melanie May Thompson, MD, MPH, '93  
Phippsburg, ME  
Retired Chief of Staff, VA Walla Walla

## Chapter 41: Jean Tsigonis, MD



I believe we got Dan Onion on staff during our years at Maine-Dartmouth. In other words we were his first residents in Maine!! I think he came after my first year. Of course he was famous for his Black Book. I think most of us were using 3x5 cards or small spiral notebooks at the time. Now, of course we have "up to date" at our fingertips. His was the prototype. He was a model for evidence based medicine before the term existed. He joined a winning team of mentors, alongside Doug Collins, Alex McPhedran, and Fred Craigie. I am thankful for them all, along with Ann Byron, who has been a key player.

I appreciate all they taught me academically, socially, and spiritually.

Jean Tsigonis MD, MPH

1978-1981

Retired 2019 still honorary staff at Fairbanks Memorial Hospital in Fairbanks Alaska



## Chapter 42: Holly Gerlaugh Weidner, FNP, PA-C



When Dan joined the residency in 1982, I was initially intimidated by his huge wealth of medical knowledge. But for all his competitive nature, (he could beat me at squash even playing left handed), he had a subtle humbleness and taught me not to down play my own gift of ferreting out a diagnosis by carefully listening to patients.

He was dedicated to having residents and faculty stay in Maine to practice, but also recognized that we needed to explore tangential passions. For me, I always wanted to do international medicine, but didn't want to lose my position at MDFRP. We figured out a way for me to volunteer in Nicaragua for the year while covering my practice with an NP from Alaska. The experience helped me be a better practitioner, teacher and person and Dan understood and valued that.

He had such a "can-do" attitude about life and medicine that was infectious (pun intended). I became more thoughtful about the value in learning procedures that would help my patients (although we conceded that my fingers were too short to get around the sigmoidoscopy gears!) or working on legislative concerns (No smoking in public places!).

But what will stay in my mind is how generous he was with his time and friendship with everyone that he met. Thanks for being such a positive role model for how to love work and life.

Holly Gerlaugh Weidner FNP PA-C  
Currently retired from Colby College Health Center 2018  
Faculty at MDFMR from 1981-2012

## Chapter 43: Donald Raj Woolever, MD



It is such a loss that I never had the privilege of truly working alongside Dan. Although he had retired from clinical medicine by the time I arrived at MDFMR, his reputation, of course, was legendary. I have a few patients at the FMI that used to be Dan's – now that is intimidating!

I loved seeing Dan at least once a year at our Annual Scholarly Symposium; I could count on him sitting in the front row, paying close attention to every word, jotting a couple of notes and then asking the most thought-provoking questions. He was always a great contributor and facilitator of stimulating conversation. We met one-on-one only a couple of times. He would eagerly share his on-going work with the health of the community. His connections and ideas reminded me that MDFMR belongs in the community. Those are the stories of our "Heirs of General Practice" heritage. It is fitting that our new residency requirements will help bring us back around to those roots in the community.

Dan's contributions are so broad. I am humbled to sit in his chair as the current director of the residency. MDFMR remains a force for good and a beacon for primary care and the crucial role of rurally-focused, full-spectrum family medicine. His legacy shines bright.

Donald Raj Woolever, MD, FAAFP  
Director, Maine-Dartmouth Family Medicine Residency

## Chapter 44: Nancy Zurbach, MD



Dan Onion. He would call up his patients and say: "This is Dan Onion." I learned early that I didn't need the doctor encumbrance in order to get attention. I learned much from this plain speaking country doctor, reliable next door neighbor, grizzled fisherman. The best teacher I ever had. And the best boss. Dan Onion hired me and knew I would flourish if he left me alone to pursue my own authenticity.

In my American Civil War iconography, he is General Ulysses S. Grant. Can't you see him after the first day at the Battle of Shiloh when the Union Army had fallen back; can't you just see him, standing under a tree, whittling, chomping on a cigar, disheveled saying: "Yup. We'll beat them tomorrow, though."

I see him.

Thank you, Dan Onion.

Nancy Zurbach, MD

Retired Faculty, Maine Dartmouth Family Medicine Residency

