

Lecture – Thinking outside the office June 2, 2025

FIRST SLIDE

Thank you for having me. It is hard to believe that the Maine-Dartmouth Residency program is 50 years old, but I graduated in 1982 and have been retired almost 4 years, so the time goes by. In the 40 years that I spent in Skowhegan doing full spectrum Family Medicine; I found that my training in Augusta was crucial to the work that I did for all that time. It is great that there is a Residency alumni organization now; I was not aware of that until I was asked to give this talk.

I am hoping today to inspire you to do something a little different, what I call “thinking outside the office;” to summon your passions, your strengths and your knowledge base to address larger societal issues that you care about, because they can affect the health of your patients. I thought that sharing some of the things that I did over the years might give you ideas about using your medical knowledge to help your community. There were many changes to medical practice in the years that I worked, but I found that there were often vexing problems affecting my patients which were tied to bigger issues in our society. I saw patients dealing with issues like substance use disorder, domestic violence, teen pregnancy, abysmally low breastfeeding rates when I first started practice, and increasing anxiety and suicidal thoughts in teens, especially after Covid hit.

I had already learned the importance of education, and started to learn about the importance of a patient’s microbiome, the dangers of exposure to toxic chemicals, and started being more and more concerned about the health of our environment. I would see patients increasingly with problems that were linked to environmental issues, like increasing rates of Lyme disease, increased asthma rates with smoke coming down from Canada from wildfires, exposure to toxic substances, like my husband’s peripheral neuropathy which was determined to be from the arsenic in our well water.

Sometimes my interest was piqued after a patient visit, a recurrent problem that multiple patients were addressing, sometimes from an intriguing article that I read or a conversation with friends or community members. I hope to share with you some of the projects that I got involved with over the years and a few vignettes that I remember that got me interested in those issues. I also found myself running for office in 2008, and spent 2 years in the Maine State Legislature, trying to manage to continue to do medicine as well as serve in the Maine House, so I hope to talk about how you can impact legislative issues as well.

Projects that you get involved with sometimes turn out well and sometimes do not. I will give you some follow-up on some of the outcomes of these projects as well.

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Every doctor has patients whose income is right at the eligibility threshold for MaineCare and I had a patient who qualified when her 3rd child was born, but intermittently lost her coverage. When she developed recurrent C. difficile colitis (3 times over about a 6 month period) and had to quit her job in food preparation because of this illness, she eventually qualified through MaineCare for a fecal transplant in Boston (they had just become available). That was when she lost her insurance coverage again. Since she couldn't work doing food prep with the infection, she got behind on her rent and was evicted. She called Pine Tree Legal to see if they could help with the eviction, but they could not. She moved back in with her abusive ex-partner so she would have a place to live. Needless to say, she couldn't afford to pay for her fecal transplant out of pocket.

So what happened? This mother still had a 1 year old in diapers when she lost her MaineCare and had recurrence of her C difficile for the third time. She had tried several different antibiotic regimens as well as probiotics when she had the infection. We talked about options and we watched a You Tube video together in the office on how to do a do-it-yourself fecal transplant. She used her child's feces, put it in the blender and used an enema bag to self administer her child's feces. Her disease risk was low with her own child's stool and the result was remarkable; almost immediately her symptoms went away and she never had another recurrence of her C. difficile. She was able to return to her work in the restaurant and though she was evicted from her apartment, she was able to get out of her abusive relationship once she was able to get back to work with help from our local domestic violence group. Eventually she found work with health insurance.

Things that I got involved with reflecting these issues:

In the State House, I served on the Health and Human Services Committee. While there, I served on committees looking to reduce health care costs and a committee trying to expand MaineCare. One of my friends was tasked once a year to find an important health care topic and write an article for the Morning Sentinel, our local newspaper. When she called me for advice, I suggested she write about the importance of a healthy microbiome, which she had never heard of. This is a picture of the article that we wrote together.

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I remember seeing a gentleman who was about 40 years old in the office. He was a patient of one of my former partners, who had quit and moved elsewhere. He came into the office frequently and was going to the ER about 3 times a week with various complaints as well. He was demanding, and when you saw his name on the schedule, you were unhappy since it seemed that no one could help him (I bet many of you have had patients like this). After a few months, it was obvious that he needed a consistent PCP and I volunteered, though reluctantly. It was around this time that information about ACEs (Adverse Childhood Experiences) was in the medical literature. The ACEs study had been done years before, but finally practitioners were realizing that ACEs can increase the risk of many medical problems. I decided that I would do an ACE screen during one of our visits which was eye opening. He described 9/10 ACEs and the level of abuse by his former stepfather made me tear up when I heard about the extensive physical and mental abuse he had endured over many years. After doing the screening, I then I asked what happened to his abuser and it turned out that the abuser had been allowed for years to see his half siblings in their apartment, since his mother thought he needed to "see the kids" and the abuser still lived in his apartment complex, doing maintenance work there. The patient would still randomly see this guy, and when he did, his anxiety about his years of abuse would erupt.

So what happened? This patient immediately stopped going to the ER after we did his ACE screen and talked about ACEs. I arranged for him to get a case manager, who found him a trailer, far away from his abuser. He still had medical problems, but once his anxiety was under control, was able to deal with them much better and rarely came in except for his regularly scheduled appointments. The results of doing an ACE screen were so helpful to me that I started doing ACE screens on all pregnant women, and anyone else who I considered a "difficult patient." It was remarkable what those discussions did to my doctor-patient relationship.

Things that I got involved with reflecting these issues:

I eventually trained all of the staff at the Somerset County jail about ACEs and occasionally gave lectures on ACEs and Resilience to inmates in a Parenting Father's program, as well as doing lectures on ACEs around the community. When I became a legislator, I tried to raise awareness of ACEs to fellow legislators. I also trained the staff at the Somerset County jail about ACEs which they were surprised was very helpful with their work. One of them commented that this needed to be taught to new officers, and apparently now it is at the State Police Academy.

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I remember after being in practice for about 10 years, I read an article about research done in a medical practice to see if there were any interventions that doctor's offices could do which would help kids with their reading ability. They had several strategies which they studied, included having volunteers read to kids in the waiting room while they were waiting for appointments and several other strategies which I cannot now remember. What their research showed, however, was that kids having books in their homes was one of the biggest predictors of whether kids were successful in learning to read and reading regularly. Many years before the "Reading is Fundamental books", I started a program in my office handing out books to kids, with a goal of 10 books at well child checks ages 1, 2 and 3. I also had a chapter book shelf at the office readily available and kids were encouraged to take as many chapter books as they wanted home and they did not need to bring them back. Patients were often seen browsing through the books as they waited for their appointments. Most of these were used books, but Scholastic Books gave me a teacher's discount when I sometimes ordered books to compliment that ones that I found at yard sales, thrift shops or books my kids had outgrown.

So what happened? How did the book project go? I gave out over 17,000 books to the preschoolers over many years and many hundreds of chapter books as well. I expanded to giving books to preschoolers through KVCAP and some of the schools in my area. Was it helpful, I don't know but I saw a patient for a 1 year old well child check near the end of my time in medicine. I had delivered this baby and had previously delivered the mother as well as her 2 siblings, years before. At the end of the visit, I asked the mother if she would like some books for her baby. She said, "We still have all of the books that you gave us over the years and we read them many times; save the books for others who do not have them." When I was campaigning by going to doors, a young man asked me if I was the doctor who gave out books to kids and I said yes – he said what a great thing that was – I probably got his vote as well. I hope that the book project made a difference. This time my friend wrote a newspaper article which included the importance of reading to children (PICTURE ON SLIDE)

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One of the nurses at the hospital in 2004 approached me and asked me if I would consider getting my waiver and prescribing Suboxone. When I explained that I didn't know what Suboxone was (and didn't know what the waiver meant), she said her son was a narcotic addict (the words that we used in those days) and she wondered if I would consider seeing him as a patient. My oldest child had just started college in Boston and in those days the closest training was Boston, so I read up on it and decided to do a weekend course and had an excuse to have dinner with my son in the process. As far as I know, I was the first Suboxone prescriber in Somerset County and ended up being the doctor in my community at the forefront of education and advocacy for people with Opiate Use Disorder. Eventually, a local task force was created with multiple community members to deal with opiate issues in our community. The task force

included treatment providers, DHS workers, people doing prevention work in the community, people with a history of substance use themselves and others. One of the priorities the community and this group found was the need for a drug court, which was present in many other counties in Maine, but not in Somerset County, as well as a need for sober living options.

So what happened? My first Suboxone patient, the nurse's son, never solved his problem with opiate use disorder. He was on Suboxone for a few years, but I still see his name in the police record in the paper occasionally with charges likely due to his substance use disorder.

Things that I got involved with reflecting these issues:

As a legislator, I submitted the first opiate bill with many provisions including one that would allow Narcan to be used by first responders if encountering a person with a likely overdose. That bill did not pass the first year, but the Narcan part of my bill passed in the 2nd year of my term. Eventually, almost everything in my original bill passed, but took 8 years to do so. One thing that I learned as a legislator is that change takes time. Once the Narcan bill passed, though, I helped train first responders at the Somerset County Jail in how to administer Narcan if encountering someone who is overdosing – that was very rewarding. As a legislator, I also tried to help establish a Drug Court in Somerset County, but was told there was no money and no judges and it wasn't going to happen. – but then I talked to our District Attorney who loved the idea of a drug court and suggested starting an alternative sentencing program, which we did. ASAP (the name of the program) has been going for over 11 years and is run by all volunteers from our community without a need for a judge or a court. We have low numbers of clients, usually no more than 6, but our recidivism rate is extremely low for those who have finished the year long program – only 2 clients have been rearrested. I am still a member of ASAP after more than 12 years.

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I also should tell you a little bit about myself, since it is relevant to some of the work that I ended up doing in my community. I spent much of my childhood outdoors, playing in the woods, catching frogs, catching butterflies, rescuing turtles that crossed the road and eventually taking up birdwatching. I used to birdwatch from my office window in between patients in the first 10 years at my office, until they cut down the wild area across the parking lot. I also occasionally brought birds that I had rescued from the road to the office with me until I could bring them to Avian Haven (the closest bird rescue site), including a great blue heron, bohemian waxwings that had hit hospital windows and smaller birds like sparrows and robins. Once at noontime, I went outside to find some insects or worms for a robin that was in a

box in my office and someone presented for their appointment telling the front desk staff that “someone was in the woods looking under logs and they were told “That’s just Dr. Dorney looking for worms for her bird.”

Things that I got involved with reflecting these issues:

When I was in the legislature, I submitted 2 bills related to expansion of solar energy. One, to set up no-interest loans for rooftop solar for rural schools and towns passed; the more extensive bill that would have expanded solar development did not, but eventually almost everything in that bill over a 6 year period. When I retired, after 1 ½ years of Covid work, I was burned out and not sleeping well. I developed paroxysmal SVT, which I thought was related to the stressors that I was experiencing. I decided to refocus on my love of the environment and look at how time in nature affects mental health, my own as well as others. I was also concerned about climate disruption, and the disappearance of insects and birds. I ended up watching many WebINRs and read a lot of books about helping the environment. I was already the steward of a 27 acre field in Skowhegan and started doing research on plants already growing there, native plants in Maine that were rare or endangered, and the concept of “rewilding” to create better working ecosystems. There was a growing awareness of anxiety and depression improving with exposure to nature as well as improvements in people’s microbiomes with exposure to nature. . The first few months of my retirement, I spent most days by myself on Parsons Family Preserve and experienced the benefit of being outside on my own mental health.

Soon I was raising and planting rare and endangered plants that were native to Somerset County if I could get seeds. I also studied the butterflies and insects on Parsons (the rewilding spot) and starting planting host plants for native butterflies that I saw as well. I created nesting sites for native bees and put up 6 bird boxes, all of which were taken last year. I also researched native plants that could provide nectar and pollen throughout the growing season for pollinators. I did 2 local TV programs, first about how to plant native perennials and then about rewilding. Three years ago, I started a horticultural program with the Environmental Science teacher at our local high school to teach students horticultural skills and raise native perennials, This made plants available to our local community, since few native plants were available in my area. Last year we raised 2000 native perennials, this year over 1500. I also recently got involved with community members and school administrators about planting native plants at a new school being built in Skowhegan, where they are trying to have more outdoor education and outdoor play areas as well.

LOOKING AT THE LAST SLIDES: I have to explain the pictures here – first is an American Lady Butterfly on Purple coneflower that we planted on Parsons Family Preserve, the first one I had ever seen. I have to disclose that *Echinacea purpurea*, the Purple coneflower is not actually native to Maine, but native to New England and very beneficial to pollinators, so I plant them. Then you see a picture of me starting a You Tube video discussing how to raise native perennials, and a recent work day with Freshmen at Skowhegan High School who came to

Parsons to work for the morning. They spent several hours planting flowers (some for the first time), uprooting small saplings that I didn't want, and moving brush. When they took a break and ate some donut holes their teacher had brought, they spontaneously went for a walk in the woods; disappearing for about 20 minutes and laughing and smiling when they returned. I think that they improved their microbiome and their mental health that day!

SEE SLIDE

My one term in the legislature was time consuming but very rewarding. I served on the Health and Human Services Committee and I served on a committee looking to reduce health care costs and spent tireless hours with a committee trying to expand MaineCare. This experience made me realize how much legislators can benefit from voices in the medical community and how often legislators do not understand the intricacies of medical practice.

What I also learned was that legislators benefit from hearing from community members about problems they are facing and they can also benefit from medical knowledge when making difficult decisions. What does this mean for you if you have a burning issue that you are concerned about and want to express your concern?

- Talk to your local legislator or someone you might know in the legislature about your ideas for a possible bill or concerns about a proposed bill

- See if a group that you support has information about an upcoming bill; many groups have lobbyists who regularly testify at the legislature (like the Maine Medical Association, the Maine Hospital Association, environmental groups, etc). Talking to the lobbyists or seeing what the groups are doing may be helpful

- Submit testimony if you can to the committee yourself (this may take hours) . If you don't have time for that, have someone else submit your testimony in person at a hearing for the bill you wish to discuss , or at least submit testimony to the committee in writing

- If you choose to testify, Committee members find it helpful if you have ideas on how to change a bill that would improve it.

Maybe this gives you inspiration to run for office; obviously most doctors don't have the time to knock on doors to run for office, let alone have the time to be in the legislature. You might find time, though, to join a local organization or run for local office. Get involved with State issues with the Maine Medical Association or other groups that you support. Find local media outlets, like our local TV channel or write letters to the editor. Do educational sessions from your local hospital or start a local support group. One of my partners joined the school board, another set

up an online breastfeeding support group. So my advice to you? Find connections with others in your community and you can do great things!