In an interview recently published in Temple Health Magazine, you stated that, “painting is not a hobby; rather, it is a calling equal to my calling to be a physician.” You also acknowledged your roles as a father, husband, teacher, colleague, and friend. What is your advice to your fellow physicians and healthcare professionals in regards to making time in their busy schedules for living a complete life, one that indulges and acknowledges all aspects of their being?

We all need things in our lives that are restorative, regenerative, relaxing, and fun. It is imperative to make time for these things. I tell my students, “Take care of yourself so you can take care of your patients.”

It is obvious that the lives you’ve touched through teaching have meant a great deal to you. Given the overabundance of technological and informational distractions in the today’s world, is it harder to connect with students than it used to be?

No. Students are still people with very human concerns about how to balance their busy schedules with time for family and friends. They still worry about
making the “right” choices. They still like to talk about their favorite TV shows, restaurants, and music.

In “Problem solving: A story for medical educators” (Pharos Alpha Omega Alpha Honor Med Society 2005) you tell a lovely story about encouraging medical students to find their inner child when diagnosing a patient. How have you stayed connected to joy throughout your years as a physician?

I tell my students, “Dare to be silly.” We don’t have to be so damn serious all the time. I like to feel good and look for opportunities to experience fun. I am fortunate to have a wonderful family and wonderful friends; I take pleasure in their company. Joy may come from storytelling with friends, or from a good meal, a good drink, good music, or the pure delight I experience when I get to hold the baby of a former fellow.

As we approach the commemoration of the 1918 influenza epidemic, how would you, as a thought-leader in infectious disease, rate our current ability to cope with an epidemic of those proportions?

Our ability to deal with large scale health disasters is better now that in 1918, but an influenza epidemic of that scale would still be devastating. I suspect it would bring our society to a screeching halt for some time. Many, many lives would be lost. We need an effective universal flu shot.

You served as President of the College from 2010-2012. Given your many other passions and responsibilities, what led you to undertake a leadership position at this institution?

The College is a unique place. I have always been proud to be a Fellow. When I was asked to be part of the leadership team I was honored. Many of my medicine heroes were College leaders, and I felt proud to be asked to follow in their footsteps.

What is one of your fondest memories of time spent at the College?

Here are two: a) Chatting before many Board meetings with Bob Austrian, a College Past-President and a great figure in the infectious diseases world. I loved his courtly manner, his decency, his keen mind, and his delightful sense of humor. b) Getting to talk one on one for an hour with Joshua Lederberg, microbial geneticist and Nobel Laureate, before he addressed the College. His intelligence was awe inspiring.

Tell us about one of your favorite items in the Library or the Museum.

I love opening one of the drawers containing objects that Chevalier Jackson removed from people who got them stuck in one of their airway passages or esophagus. The wooden grids containing coins, pins, jacks, etc. remind me of the magical worlds found in the boxes made by the artist Joseph Cornell.

What is your vision for the future of the College?

It is an exciting time in the history of the College. It has become an important cultural institution with marvelous and various programs that inform, educate, inspire, entertain, and enrich. I think the value and importance of the College in the life of Philadelphia and the world beyond will continue to grow in the coming years. I see the future of the College as very bright indeed.
You say you are a physician and a painter. Not a physician who happens to paint, or a painter who happens to be a physician. Are these distinctions you unwaveringly maintain?

For me, painting is not a hobby; rather, it is a calling equal to my calling to be a physician. I cannot imagine my life without either medicine or painting. We all have many identities — mine include father, husband, teacher, colleague, and friend. The way we define ourselves can enlarge our lives and our possibilities, framing our expectations of others, ourselves, and the world. It’s something I strive to impart to my students.

Q: You believe that art has helped you learn to solve diagnostic challenges. Can you explain?
A: I have developed my powers of observation through painting and analyzing art. Artistic concentration tunes the senses to nuance and detail in all settings, including clinical ones. For example: I was asked to see a patient with a pneumonia that would not abate. A number of physicians had already seen him. When I visited him in his room, I noticed a magazine on the bedside table about tropical birds. It turns out he raised parrots. He had psittacosis, an uncommon pneumonia acquired from parrots. The magazine had been there all along. I was just the first to take note.

Q: In 1996 you wrote an article called “Are all diseases infectious?” (Annals of Internal Medicine) that caught the attention of such luminaries as Anthony Fauci of the NIH. You were the first to note that “the media have largely ignored...the discovery that transmissible agents play important roles in diseases not suspected of being infectious.”
A: So-called emerging diseases like Ebola have been the subject of books, movies, and television shows for decades, yet little attention has been paid — until recently — to the roles that transmissible agents play in diseases once not suspected of being infectious — such as gastric ulcer disease, neurodegenerative disease, inflammatory disease, and cancer. Since this scientific revolution began in the 1970s, we continue to identify more “infectious” causes for diseases formerly thought of as nontransmissible. In some cases, pathogens are causal; in others, they trigger an immune reaction that leads to disease or functions as a risk factor. Host-pathogen interactions are opening new prospects for prevention and treatment.

Q: In “Hot tubs, sex, sushi, and infectious diseases” (Pharmacotherapy, 1991) you wrote about striking and interesting changes in patterns of diseases due to alterations in lifestyle.
A: As social patterns change, we recognize new diseases, new clinical manifestations of old diseases, new ecologic niches for traditional pathogens, and new modes of disease transmission. Even fashion plays a part. In the 1980s, the considerable uptick in cases of osteomyelitis of the small bones of the foot was due to the propensity of pseudomonads to thrive in the moist inner layers of the preferred footwear of the day: sneakers.

Q: You’ve presented the infectious diseases update at the annual meeting of American College of Physicians four times; contributed to every edition of Principles and Practice of Infectious Diseases; won two lifetime achievement awards, including the one from the Infectious Diseases Society of America; and hold rare Master status in the American College of Physicians. What means the most?
A: Teaching. A student I had 25 years ago recently told me: “You remain to me a model of how to honor the profession of medicine.” That touches me. Former students regularly call me for advice, still think of me as their professor. That touches me, too.

When I was an undergraduate, I gave a presentation to my invertebrate zoology class. Afterward the professor said, “Bennett, I hope whatever you do will include teaching.” I hadn’t considered teaching before, but a verdant world opened to me with that single remark.