

Dr. Cope: Physician, Educator, Student, Innovator and Mom

LISA M. GOETZ, PHD

Doris K. Cope, MD, was elected to serve on the ACMS Board of Directors from 2007–2009. Dr. Cope is professor and vice chair of pain medicine in the Department of Anesthesiology at the University of Pittsburgh School of Medicine; she also serves as director of the UPMC Pain Medicine Program, an interdisciplinary clinical, teaching and research program with six sites committed to the evaluation and treatment of the entire range of pain, disability and rehabilitation problems.

Among her many accomplishments, Dr. Cope is a Fellow in the 2006–2007 Class of the Hedwig van Ameringen Executive Leadership in Academic Medicine (ELAM) Program for Women at the Institute for Women's Health and Leadership at Drexel University College of Medicine. The institute offers an intensive one-year program of leadership training with extensive coaching, networking and mentoring opportunities aimed at expanding the national pool of qualified women candidates for leadership in academic medicine, dentistry and public health.

Ten years ago you came to Pittsburgh to serve as the clinical director of the Pain Evaluation and Treatment Institute at UPMC. How did this opportunity arise? As a Southerner, how did you acclimate to Pittsburgh?

Actually, I was raised in Chicago but lived in the south since attending Augusta College, then the Medical College of Georgia; so, when I came to Pittsburgh I remembered that the weather up north is still cold on Easter. When I first got here, I was stereotyped as a slow-paced Southerner until people got to know me better. I did my residency at the University of South Alabama Medical Center and was appointed assistant professor and awarded a five-year NIH award. In addition, I was appointed chief of anesthesiology and pain at the VA Medical Center in Biloxi, Mississippi. I faced two major changes at the University of South Alabama: first, the founding chair of the anesthesiology department was dying; and second, the academic part of the department was drastically reduced. Our chair was close friends with

Dr. Peter Winter, then chair of anesthesiology at the University of Pittsburgh. Upon his visits to his dying friend, Dr. Winter convinced me to come to Pitt to revive the pain program. On my arrival, the clinical pain division was in danger of being outsourced to private practice physicians, but in ten years we've grown from seeing 200 patients a year to



photo courtesy of UPMC

Dr. Cope with the physicians of the UPMC Pain Medicine Program: (back row, l. to r.) ZongFu Chen, MD; Brian Cicuto, DO; Edward K. Heres, MD; Dean J. Mariano, DO, (front row, l. to r.) Nashaat N. Rizk, MD; Cheryl D. Bernstein, MD; Dr. Cope; Jeffrey R. Eck, MD. (not pictured): J. Carvelli, MD, and Debra K. Weiner, MD.



about 30,000 at six dedicated pain sites. In the beginning, I practically lived in my car traveling to various hospital locations to see pain patients on the floors. I thought a better approach would be to develop fewer of these focused pain treatment sites. Rather than be the “McDonald’s” of pain treatment, I wanted to be the one or two gourmet restaurants.

At what point in your life did you decide that you wanted to become a physician? Why did you choose to specialize in pain management?

As a child I first wanted to be an archeologist. Then I realized that being an archeologist required many long hours in the sun and sand meticulously digging up artifacts. It was more interesting just to go to the museums. Then I wanted to be a college professor living the well-contemplated academic life, but at the time the only graduate school choices at Augusta were business administration and psychology, so I earned a master’s degree in clinical psychology. Part of my graduate program involved career counseling to college students. When I took the career aptitude test myself, the results said I would make a good minister or doctor, but not a very good farmer or forest ranger. After graduate school, I was working as a religious director at a church and decided to apply to just one medical school and only one time. I was told that pretty women were never accepted into medical school because they would be a distraction to the male students. When I was accepted, the church secretary said to me, “Well, I guess you aren’t as good looking as you thought.”

You recently finished a year-long fellowship in Drexel’s ELAM program for women’s health and leadership. How important is it for you to focus on issues facing female physicians?

When I put on a white coat and treat a patient, to me, my gender is irrelevant, but a lot of women have experienced “the old boys’ club.” I personally haven’t had a markedly negative experience as a female physician. People like me or not for *me*. I tend to diffuse tense situations with humor. At the VA hospital in Biloxi, a Cajun cardiovascular surgeon would call all of the women “babe.” I told him that I was “Dr. Babe” to him. The next day he called me “sport,” so I guess I got a promotion! I am currently the first female president of

the Academy of Anesthesiology, a very exclusive organization that has been in existence for over 75 years. I’ve accomplished a lot just by being easy to get along with.

You are the mother of five sons. Forgive the question you probably have been asked many times: “How do you do it?”

Do what you love and hire the rest! I stayed at home one year with each child after he was born. I would finish a project, have a baby, find a new project, finish, have a baby. I always found a way to have a profession that I could put down and pick back up again. I was 30 years old when I started medical school. I have always taken my children with me when I travel. I don’t have the advantage of baking cookies every afternoon, but my children have traveled abroad widely. My 16-year-old is the only one still at home. He’s at the age where he says going to plays with me is “the worst part of his whole life!” One of my sons is a sophomore in college, another just graduated from Pitt, and two sons are grown and on their own. I finally got my girls, though: I have three granddaughters in Savannah, Georgia.


How does becoming involved in organized medicine benefit physicians?

Physicians are trained to provide care. Therefore, we tend not to be adversarial. We aren’t lawyers. We tend not to fight. However, we need to be more politically savvy in order to protect the things that are important to us: patient care and the practice of medicine. Organized medicine gives us the opportunity to come together for the sake of the profession and our patients’ welfare.

What are some of your interests outside of medicine?

I enjoy history and literature. I like to ski, sail, swim, travel. I love the outdoors, especially the ocean. That’s the one thing Pittsburgh doesn’t have. I had a historic house on the ocean that was destroyed by Hurricane Katrina. Many of my friends were affected and so many homes lost. It was the end of an era.

Is there anything your colleagues in the ACMS would be surprised to learn about you?

I live a pretty G-rated life, and I love my two cocker spaniels. 

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