

A SPLENDID PLACE TO BE . . .

AN INTERVIEW WITH DR. DANIEL FISK-TEPEYAC OB/GYN

BY PATTY WHELPLEY—VOLUNTEER

Tell us about your childhood and the path that led you to your vocation. Was there any defining moment that made you realize you had a calling as an OB/GYN?

Dr. Fisk: I lived my entire childhood and adolescence in a small hamlet just outside of Oneonta, New York, that had a population of about 200 people, with a post office the size of someone's living room. The region around Oneonta consists largely of the foothills of the Catskill Mountains, heavily forested, with a multitude of dairy farms inhabiting the valleys.

I will always be grateful for the fact that my parents were happily married for 44 years. Dad was an older man when he met my mother, and was 50 years old when I was born. He and I graduated from the same high school 50 years to the day from one another. The newspaper in Oneonta ran a story about us the year I graduated. Dad was a wonderful Christian man for whom I had the utmost respect. He was a man of impeccable character, with a ramrod-straight moral compass. He was the rock, the proverbial "north star." I loved him dearly. I knew he loved me, too. Very few men can say that, and I consider it to be a real privilege to be one of them. Dad passed into eternity on December 28, 2002, at home, remarkably enough, with our extended family all close by in town for our annual Christmas celebration. He is buried in Oneonta, not more than half a mile from the house where he was born, 90 years before. My mother still lives in Oneonta. A deeply faithful Christian woman, she is a marvelous musician, and an accomplished pianist, having recorded several CDs. She recorded her latest CD in April of this year.

I have two older brothers, one of whom is also a physician, specializing in pathology, sub-specializing in transfusion medicine, who currently is on the faculty at SUNY Upstate Medical Center in Syracuse, New York. My oldest brother lives in Binghamton, New York, and is a systems analyst for a subsidiary of IBM. Both are married with their own families.

I left Oneonta to go to college in the midwest at Wheaton College in suburban Chicago. College was a great experience, and the pre-medical program at Wheaton was first-rate. At this point in my life, I knew I wanted to be a physician and surgeon, but I had no idea I was going to end up as an obstetrician/gynecologist. I originally was thinking of general, orthopedic or cardio-thoracic surgery. Neurosurgery would have done nicely, too. I majored in biology, was vice-president of the

Christian Action Council (evangelical pro-life group), spent Sunday afternoons among the homeless in downtown Chicago as part of the Skid Row Outreach ministry and served as student representative to the Faculty Committee on Health Professions. I graduated *magna cum laude* in May 1984.

It was at Wheaton that I met my wife, Susan, while I was a professor's assistant in the biology department. We were married after I finished my second year of medical school, on September 27, 1986. In college, I was on a full-tuition 4-year scholarship program in Army ROTC, and came out with a commission as a second lieutenant in May 1984. My training was exactly the same as for the guys who ultimately went on to infantry, armor, field artillery and the like, even though I went to medical school on an educational deferment.

It wasn't until medical school that I finally realized that I wanted to be an obstetrician/gynecologist, though through most of my early years, it was, in all honesty, my last choice. I did my best work, receiving academic honors in neurosciences, electrocardiography, general surgery, urology, cardio-thoracic surgery and gynecologic oncol-

ogy. It wasn't until I delivered my first baby in 1987, when I was a third-year medical student (my wife, believe it or not, was expecting our first any day), that I decided I was going to have to be an obstetrician/gynecologist. I remember the moment vividly. It was magical for me. I couldn't wait to do it again. A few days later, my oldest son was born, which was yet another glorious never-to-be-forgotten moment. Every birth that I have attended since that time has been equally breathtaking; it just doesn't lose its sparkle for me, even at 3:00 AM, though I may be a bit less expressive about it at such hours of the night. Truly, there is nothing like a newborn, and a beaming, radiant new mother (and a proud father) to soften the heart, even in the hardest and darkest of moments.

I eventually realized how human, and how humane, this field could be. Academically rigorous and challenging (sometimes physically), but highly personal and rewarding, there was much that attracted me to it, and held my attention. Being naturally pro-life oriented, I felt that I could make a difference in this field. Gynecology is heavily oriented toward surgery, but has a good deal of primary and preventive care as well, so naturally I found the breadth of this specialty quite appealing. I also enjoyed the fact that I could have a genuine and healthy doctor-



Dr. Daniel Fisk

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patient relationship with those under my care.

After college you worked for the military. Can you tell us a little about that?

Dr. Fisk: I was on a scholarship program for college that led to a commission as a second lieutenant in the Army when I graduated from college in 1984. Having been accepted to medical school at Northwestern University in Chicago, I was granted an educational deferment to get my medical degree, which came in June 1989 (I took off some time to get married and work with some department members doing a medical research project).

It was at this point that I was called to active duty, and was sent to Denver, Colorado, at Fitzsimons Army Medical Center to do my internship and residency training. We had a joint program with the University of Colorado at the time.

From there, my first duty assignment was with the 1st Infantry Division at Fort Riley, Kansas, about 125 miles west of Kansas City, near the town of Manhattan, the home of Kansas

State University. There were about 55,000 people who were beneficiaries of the military health care system in that region of Kansas, between active duty, dependents and retirees. With many of them being young and of reproductive age, our department was among the busiest services in the entire hospital (we used to joke about

“Operation Desert Stork”). It was a nicely balanced mix of obstetrics and gynecologic surgery that I encountered there, and we were all given clinical faculty appointments at the University of Kansas Medical School, as we were a popular teaching site for their family practice residents. I spent three years at Fort Riley, the last two as chief of obstetrics and gynecology. It was also during this time that I was certified by the American Board of Obstetrics & Gynecology, and was promoted to the rank of major.

By this time, I was interested in getting back to an academic teaching medical center, and had family reasons to want to come back east. I was given a faculty position at Walter Reed Army Medical Center in Washington, DC. This was a joint teaching appointment with the National Naval Medical Center in Bethesda, Maryland. We were also given faculty appointments as clinical professors at the Uniformed Services University of the Health Sciences. I enjoyed my time there immensely, and did hundreds of surgeries, large and small, with the residents, fellows and subspecialty faculty. I gave several lectures, taught one-on-one and in small groups in academic rounds and meetings and helped with the mock-oral board examinations for those preparing for certification. I was also the Quality Improvement/Assurance officer for the Department of Obstetrics and Gynecology, and was responsible for the extramural peer-review program for medical-legal matters for a several state region of military medical treatment facilities.

My one “combat-zone” deployment came in early 1998,

when Saddam Hussein threw the UN inspectors out of Iraq. President Clinton ordered a substantial build-up of troops in Kuwait as part of the strategy of dealing with this situation. I spent three months in the Middle East, before returning to the continental United States. The experience ended up being a very important turning point in my career.

I left Walter Reed, and the military, in September 2000, almost exactly twenty years after I became an ROTC cadet in college. I decided not to go into the reserves due to family concerns, and the difficulty in practicing our field with one foot in and one foot outside the service. I felt that my career path lay much more in the direction of being a doctor than a soldier. With the realities of caring for combat casualties (like we face now in Iraq and Afghanistan), I also felt that as an obstetrician/gynecologist, I offered little surgical expertise for critically wounded soldiers on the battlefield that could not be better found elsewhere. I simply am not a trauma surgeon, and did not want to pretend to be one. Still, I am glad to have served and would do so again without hesitation.

I maintain membership in the Association of The United States Army, in addition to my other professional memberships. Many of the people with whom I served have been, or are now, deployed in Iraq, Kuwait or Afghanistan. If I had stayed in the reserves, I would probably be with them now.

What we have done should become a practical, real-world paradigm for truly Christian medical practices around the world that seek to do the same. It is visionary, forward-thinking, and radical. It can be frightening, invigorating and exhausting....I never fancied myself as a radical, but here I am. And it is a splendid place to be.

Joining Tepeyac Family Center (TFC) is a separate calling in itself. How did you hear about TFC and what called you to join them?

Dr. Fisk: I have a vague recollection of hearing about Dr. Bruchalski during my leaving-the-military job search as “the Catholic guy who doesn’t do birth control who’s always looking for a new colleague” as it was said by one of the physician recruiters with whom I was working. Initially, I was reluctant to even consider this, as I had a wife and three sons, and no real connections in this area (all the Army doctors leave this area after the service to go seek their fame and make their fortunes). I felt I needed something more mainstream and well-established, to get used to civilian life and practice again, and to establish a reputation in the area.

When I left the service, my first job was with a practice across town in Fairfax that also worked out of Fair Oaks Hospital. It was a big practice, seemingly financially solid, having been formed 21 years before by the two senior partners. During my first day of orientation with them, on a tour of labor and delivery, I met John Bruchalski for the first time. I believe he was the first doctor I met at Fair Oaks. The person giving me the tour whispered that, “he’s a great guy and we all love him, we cover for him, and he covers for us, but he’s Catholic and doesn’t do birth control...but he’s a really nice guy.” I finally realized who he was. In the months that followed, John and I crossed paths on many occasions in the labor and delivery department, and we saw each other in the doctor’s

lounge at lunchtime. We both noticed we had much in common about our basic world view, value structure and spiritual orientation, though we come from different religious traditions.

One day at lunch, he and I were talking about practices, how we do things and the like, and he mentioned to me, somewhat timidly, that he “had been known to” pray with patients. I responded that I thought that was wonderful, and how I wished I could feel the license to do that in my own practice, and would welcome any opportunity to do so. I thought he was going to fall off his chair in surprise. I told him that I was very interested in combining faith and practice, and had a dream to be able to do so in a truly Christian medical practice someday. It was only a few weeks later that he called me at home one night and asked if there were any way I would consider joining Tepeyac. I told him I would like that.

Not coming out of a tradition that has so consistent an approach to pro-life issues as to embrace natural family planning and natural fertility awareness, it took me some time to assimilate a different orientation on these issues, but once I did, there was no turning back. I can truly say I have not missed contraception at all, and I feel a tremendous relief (the kind only God can provide) that I no longer facilitate immoral relationships among my patients, that I can be consistently and truly pro-life, pro-marriage, pro-family and that I can share the good news of the gospel of Jesus Christ with people even in the midst of my daily professional life.

The issue of being markedly different from the rest of our profession in some key areas weighs heavily on some, and I know it did me for a while, until I had been working at Tepeyac for a few weeks. I became convinced, though, that if my faith was to have any meaning for my profession, any impact on it at all, then it would have to take on a character that was radically different from the perspectives I had been taught during my training and that were unquestioningly accepted within broader professional medical circles. The decision to do so was not easy, but it brought out the clarity and poignancy of a passage of scripture I had always found challenging, 2 Corinthians 6:14-18:

Do not be yoked together with unbelievers. For what do righteousness and wickedness have in common? Or what fellowship can light have with darkness? What harmony is there between Christ and Belial? What does a believer have in common with an unbeliever? What agreement is there between the temple of God and idols? For we are the temple of the living God. As God has said: “I will live with them and walk among them, and I will be their God, and they will be my people.

“Therefore come out from them and be separate,” says the Lord. “Touch no unclean thing, and I will receive you.

“I will be a Father to you, and you will be my sons

and daughters,” says the Lord Almighty.
(New International Version)

I’ve heard through the grapevine that you and Dr. Anderson are considered some of the top gynecological surgeons in the area. Can you tell me more about this?

Dr. Fisk: Dr. Anderson and I have decided that a growing need in the future will be for reconstructive pelvic surgery (repairing the damage of childbirth) including that for urinary and bowel incontinence and for pelvic organ prolapse to correct pelvic floor dysfunction. This is a highly specialized area of surgery, and one that is within the scope of what we can do at Tepeyac, but it is a rapidly evolving field. The techniques, procedures and surgical materials used to perform these surgeries have improved dramatically in the past decade. We are anticipating even greater advances in the coming decade when a good number of Tepeyac patients will start to require such services.

We are actively seeking out Continuing Medical Education resources, attending conferences and hands-on surgical courses hosted by medical schools across the country to try to stay up on this field. I just recently attended one in Nashville, Tennessee, hosted by Vanderbilt University on Issues In Pelvic Surgery. Johns Hopkins Medical Institutes in Baltimore also puts on a yearly update in Urogynecology and Pelvic Surgery. There are numerous others as well. We feel that we have an obligation to those who have been persuaded to be open to life (as often as God blesses them with it) to help restore as much wholeness and normal function as we can to pelvic organs that have been compromised by the wear and tear of repetitive childbirth as the result of these convictions.

Just as we dedicate ourselves to the study of high-risk pregnancies, childbirth and infertility, so we will do for reconstructive pelvic surgery. In the process, we will grow and improve professionally, and ultimately become the full-service obstetric and gynecologic surgical practice we feel will honor God and serve those who have chosen to obey Him in this way. This is not to say we will not provide these services for others who may not have. Of course, we will. We will care for all those whom God will send our way, in whatever way appears best suited to their needs and God’s commands.

What other conferences and seminars do you participate in that would be of interest to the TFC family?

Dr. Fisk: All of us are required to earn 60 hours of continuing medical education each two years to maintain licensure in Virginia. We do a great deal more than that to stay abreast of current thinking in our field. We are fortunate to live so close to major metropolitan centers such as Washington and Baltimore. The opportunities are plentiful here. INOVA Health Systems also sponsors many seminars through Fairfax Hospital (a major teaching center of George Washington University) that



Dr. Fisk caring for a special patient

are pertinent to our field. I have previously mentioned Johns Hopkins Medical Institutes, but there are many others throughout the continental United States each year.

We are planning for the future needs of Tepeyac's patients, as I mentioned previously, but we also are sure to balance it off against the immediate needs of high-risk obstetrics, general gynecology and infertility as well. There are many seminars and professional meetings that address current research and thinking in these areas, such as the American College of Obstetricians & Gynecologists Annual Clinical Meetings, and those sponsored by the University of Virginia or the Medical College of Virginia on pertinent topics to our field.

Dr. Anderson and I have decided to maintain our board certification through the Annual Board Certification process (I believe Dr. Bruchalski will soon do the same), which essentially certifies a practitioner in real-time. It involves a fairly intense schedule of reading professional journals and on-going examinations on these readings, with certification granted only after passing the mail-in examinations three times per year. The articles are selected by the board as those most relevant to current clinical practice, and are extracted from a variety of professional journals in many broad and specialized areas. It is somewhat rigorous, but it keeps us sharp, and makes it feel like we are going to school nearly constantly. We do this in addition to the seminars, meetings and educational conferences we attend that I mentioned previously.

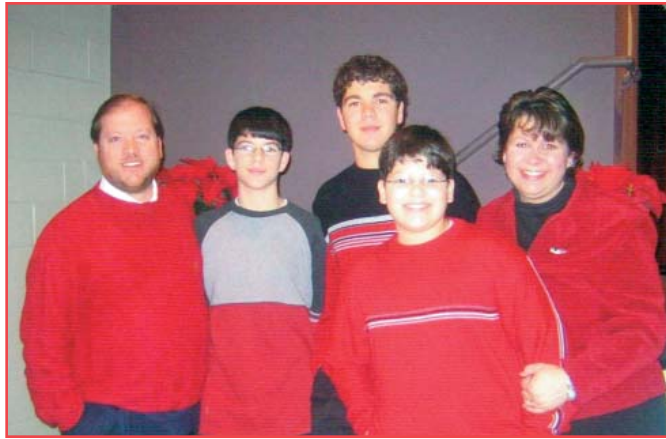
The American Board of Obstetrics & Gynecology is serious about keeping its diplomats current in all areas of practice. We applaud their efforts to do so, and readily accept the discipline it takes to maintain this level of competence on behalf of our patients. We feel it is our professional responsibility to do so, both for the Tepeyac family, as well as before God.

How about your personal interests? What would you like to tell us about your family, your kids, or your hobbies?

Dr. Fisk: This year will mark the 20th anniversary of my marriage to Susan, one of the most wonderful women in the world. She has been with me through many "trials and tribulations," through medical school, residency, early practice, military deployments and relocations, now in private practice and with the added fun of raising three sons.

Our boys are all teenagers now, with my oldest son, Matthew, getting ready for college next year. He plans to go to James Madison University in Harrisonburg, and wants to major in music industry. He is active in the teen ministry at our church and is a faithful Christian himself. In many ways, his character reminds me of my father, in whose footsteps I hope he walks. He has become an excellent trumpet/cornet/flugelhorn musician with a special interest in jazz improvisation.

Our middle son, Andrew, is becoming an accomplished musician in his own right, with a burgeoning ability in the lower brass instruments, particularly the euphonium. He has earned a place in the Virginia All-State Concert Band in his freshman year, and his teachers feel he has great promise. He also plays the piano in the high school stage band (jazz band) and is quickly learning the electric guitar.



The Fisk Family

Left to right: Dr. Daniel Fisk, Andrew, Matthew, Michael, Mrs. Susan Fisk

Michael, our youngest son, is in eighth grade at Robinson Secondary School, and has become quite facile with the trombone. Michael, along with his brothers and I, have played together in our church as a brass ensemble at Christmas for the past couple of years, and we hope to expand this into a year-round performing group, time-permitting.

Musical performance on brass instruments is one of our family's hobbies. The other is baseball (!!!). Being a native of Otsego County, New York, where the National Baseball Hall of Fame is located (did I mention that...), and where baseball putatively was invented by Abner Doubleday, I could no more help being a rabid baseball fan than Jay Leno could help being a stand-up comedian. There is a mystique about baseball, its culture and this region of New York that my boys and I find especially intriguing. Every vacation when we go to visit Grandma in New York, the boys and I have to make the pilgrimage to Cooperstown, about 20-25 minutes away, to go to the Hall of Fame. We've been there seemingly countless times now, but it, too, never loses its attraction.

This, too, has become a family hobby and tradition, my boys having played a great deal of baseball in several leagues. We have spent hours and hours (some of my best conversations with them have happened during these times) playing catch, practicing hitting and fielding, and just enjoying major and minor league baseball games. We talk about it over the dinner table, too, much to my wife's chagrin and boredom.

Is there anything else that you would like to say to the patients and friends of TFC?

Dr. Fisk: We have re-organized Tepeyac Family Center and Divine Mercy Care into a non-profit entity based on the principles of obeying God's Word and being committed to pro-life, pro-family and pro-marriage principles as taught by God, somewhat dependent upon the contributions of those who support our mission. What we have done should become a practical, real-world paradigm for truly Christian medical practices around the world that seek to do the same. It is visionary, forward-thinking, and radical. It can be frightening, invigorating and exhausting.

Should we expect no less from God?

I never fancied myself as a radical, but here I am. And it is a splendid place to be.