

“One of the best healthcare systems in the world.”
—PRESIDENT BARACK OBAMA

8 TRENDS THAT WILL
DEFINE THE FUTURE OF MEDICINE

The
Cleveland
Clinic Way

LESSONS IN EXCELLENCE FROM
ONE OF THE WORLD'S LEADING
HEALTHCARE ORGANIZATIONS

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Care Should Be a Healing Experience for Body and Mind

I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.

— Maya Angelou

In 2006, Harvard Business School invited me to discuss a case study on Cleveland Clinic. After a positive first session, a student at the second session raised her hand to ask a question. “Dr. Cosgrove, my father needed mitral valve surgery. We knew about Cleveland Clinic and the excellent results you have. But we decided not to go because we heard that you had no empathy there. We went to another hospital instead, even though it wasn’t as highly ranked as yours.”

The student then paused and looked me right in the eyes. “Dr. Cosgrove, do you teach empathy at Cleveland Clinic?”

I was floored. No one had ever asked me that before, so I didn’t have much of an answer. Cleveland Clinic had recently adopted an initiative called “Patients First” that focuses on delivering better care to patients and their families. But we didn’t yet *teach* empathy, and we hadn’t yet committed ourselves to thinking that much about the feelings of individual patients.

Ten days after visiting Harvard, I went to Saudi Arabia for the inauguration of a new hospital. King Fahd of Saudi Arabia was there. The president of the hospital said, “This hospital is dedicated to the body, spirit and soul of the patient.” I happened to look over and saw the king weeping. Many members of the audience were crying as well.

I thought, “We’re really missing something. We need to treat the soul and spirit of the patient, not just the body.”

A century ago, when most doctors were solo practitioners ministering to patients, they couldn’t offer sick patients many treatments that actually worked. What they could offer was reassurance, comfort, communication

and empathy. By the end of the 20th century, however, medicine had changed. Teams of highly trained specialists had emerged, delivering complex, effective, technically advanced care. Meanwhile, the human dimension of care fell by the wayside. Doctors devoted most if not all of their energy to enhancing their ability to heal patients’ bodies, not their souls. Hubris and even arrogance emerged among caregivers who, ironically, had chosen their careers because they cared about patients as people and wanted to help them heal.

I was as guilty as anyone. When I went to medical school during the 1960s, heart surgery was in its infancy. Up to 20 percent of patients were dying on the operating table. I focused on fine-tuning what I was doing in order to bring down the mortality rate. I didn’t spend much time talking to patients or thinking about their feelings. I didn’t think about society, the whole patient or how an organization works. All I did was heart surgery — all day, every day. I spent my life in pursuit of technical excellence.

But technical excellence is not nearly enough. Doctors have always defined quality in terms of actual outcomes — cure rates, remission rates, complication rates, mortality rates and so on. But outcomes, which deal with the physical body, are only half the story. A galaxy of feelings and impressions is involved in the healthcare encounter. The medical profession has a name for all this: “patient experience.”

Patients may not know how to measure clinical outcomes and they may not understand the technical know-how a doctor must have in order to perform a complex heart surgery or neurosurgery, but they can form clear judgments about their experience. They know whether their rooms are clean, whether people smile at them and whether people are polite. They recognize differences in the quality of food and in how an organization looks and feels. Most of all, they can tell if they’ve had a healing experience — or if being in a hospital has only impeded their healing.

Beginning in 2006, Cleveland Clinic underwent a much-needed cultural and organizational makeover. Determined to treat the whole patient, not just the physical body, it made patient experience a top strategic priority. It established an Office of Patient Experience and appointed its first Chief Experience Officer. The organization redefined “Patients First” as providing care that addresses every aspect of a patient’s encounter, including the patient’s physical comfort as well as his or her educational, emotional

and spiritual needs. The goal was to create a patient experience that distinguished Cleveland Clinic from all other providers. That required making changes in two broad areas — the physical components of patient care, such as space and food; and the service-related components of patient care, including how well caregivers communicate with patients and conduct themselves as professionals.

Although room for improvement remains, patient satisfaction scores have solidly improved, and patients now write letters expressing their thanks for how they were treated. Honest self-evaluation can be hard, but it's the only way to move forward. Now it's fulfilling to be able to tell people, "Yes, we *do* teach empathy."

Cleveland Clinic is not alone in emphasizing patient experience, but this focus is still not the norm. American healthcare must do better. In the 21st century, no provider can afford to offer anything less than the best clinical, physical and emotional experience. As patients become savvier, they will increasingly judge healthcare providers not only on clinical outcomes but on their ability to show compassion and deliver excellent, patient-centered care.

The government is furthering this trend with new programs that reward the delivery of value in healthcare instead of the volume of procedures doctors perform. As part of its value orientation, the government is collecting patient satisfaction scores from hospitals around the country and disseminating them for patients to view. It is also linking Medicare reimbursement to these scores.

Medical professionals are thus feeling increasing pressure not just to talk about empathy but to take steps to demonstrate real compassion, even while lowering costs. The day is fast approaching when the profession will take to heart the words of Rene Favaloro, the Cleveland Clinic surgeon who performed the first published coronary artery bypass in 1967: "The patient is more than an illness. He has a soul."

Navigating the Cultural Sea Change

Cultural change is difficult for any large organization. In Cleveland Clinic's case, reorienting caregivers to provide an excellent patient experience was like teaching a bunch of right-handed people how to paint with their left hand. Surprisingly, the greatest resistance came from physicians.

Early on, Cleveland Clinic had decided to reassign the reserved parking spaces near the front of its buildings to patients, not doctors. One physician complained: "What is this, patients first and doctors last?" Exactly. Other physicians wondered whether reform promoting kindness and compassion was necessary. They said, "Dr. Smith is kind of mean to people, but he's a great surgeon" — as if that were enough. Being a great surgeon is about being technically proficient *and* treating patients well.

Cleveland Clinic premised its case for treating the whole patient on several principles, not the least being that it was the right thing to do. The latest research suggested that patients did better when they received more empathetic care.¹ To drive this point home, skeptics were asked to put themselves in the patient's shoes. What if they were lying in that bed? How would they want to be treated?

Cleveland Clinic also reiterated its business case for change. Because current technology can level the playing field with respect to the outcomes patients might receive at competing hospitals, Cleveland Clinic can further differentiate itself by treating patients well and providing a true healing experience. A speaker at a recent Patient Experience Summit put it well: Medical centers, like all businesses, "need customers more than customers need [them]."²

Within the first couple of years after that encounter at Harvard Business School, Cleveland Clinic made a number of initial changes that demonstrated its commitment to putting patients first was more than just talk. It made medical records more accessible so that patients could view them whenever they liked and informed patients that they had a right to do so. It did away with that longtime irritant, visiting hours. Recognizing how important family members are to the healing process, caregivers began encouraging them to visit whenever they liked and to spend as much time as possible (with the exception of the Intensive Care Unit, where families might have to stay in the waiting room when caregivers are working with the patient). A multidisciplinary team enlisted fashion designer Diane von Furstenberg to help create an alternative to the traditional, open-back gown to address the frequent patient complaints about the indignity and

1 Mahommedreza Hojat et al., "Empathy and Health Care Quality, *American Journal of Medical Quality* 28, no. 1 (2013): 6–7.

2 Quoted in Evelyn Theiss, "Patient Experience Summit Emphasizes Empathy and Engagement by Caregivers," May 22, 2012, http://www.cleveland.com/healthfit/index.ssf/2012/05/patient_experience_summit_emph.html.

discomfort they suffered when wearing them. Such policy changes and initiatives might seem minor, but they have made a big difference.

As another example of putting patients first, Cleveland Clinic expanded its “redcoats” program. Redcoats are greeters in red coats whose sole job is to orient patients, provide directions, get them wheelchairs — whatever needs to be done. “It is very overwhelming coming here,” says redcoat Jeannie Parish. “Sometimes patients come by themselves from far away, and then they are told they have a terrible disease. They have to find their way back to their car. We intercede for them in any way we can. Maybe they need a sandwich or a glass of water or a shoulder to cry on or a hug. We want to make sure people never leave here being upset with the care they received. We want them to know that someone cares.”

Cleveland Clinic has also made ongoing efforts to improve the look and feel of its physical space. Many medical environments seem sterile, institutional and impersonal — not the best places to heal. Along with decluttering and sprucing up its existing hospitals, Cleveland Clinic made new facilities feel homier by making them more open, better organized and bathed in natural light. All facilities implemented more comforts for families, such as pullout beds in some of the rooms. On the main campus, a rooftop garden was built to provide patients and their families with a soothing place outdoors, away from the hospital’s clinical atmosphere.

The organization also improved its food, making it healthier and more appetizing, and introduced a medical concierge desk that provides assistance to patients traveling from out of state. It rolled out Cleveland Clinic Caring Canines, certified therapy dogs and volunteer handlers who provide emotional support, increase the number of smiles, and generally reduce anxiety for patients and their families. And the list goes on.

These changes were conceived in response to patient feedback and caregivers’ intuitive sense of what was wrong with the typical hospital experience. Patients’ ratings of Cleveland Clinic on government-mandated satisfaction surveys help the organization monitor its progress. Survey results are compiled into dashboards, categorized by hospital, department and unit, which are used to continually improve and tweak operations.

To identify areas of improvement, the Office of Patient Experience collaborates with the Institute Experience Council, a group of doctors and nurses from each institute and from Cleveland Clinic’s community hospitals and health centers. Within each hospital unit, Patient Experience

Teams comprising doctors, nurses, housekeepers and other personnel meet regularly to review patient surveys and address negative comments.

Patients have a say too. The Office of Patient Experience organized more than 15 Voice of the Patient Advisory Councils, which are made up of current and former patients who meet regularly to discuss issues affecting patients and families. They review new policies affecting patient experience and advise the organization on educational materials and environmental changes.

In addition, the Market Research Department formed an online panel of more than 4,000 patients and contacted panel members once or twice a month to ask questions about patient experience issues and get creative ideas. One patient wrote, “This program makes me feel like I help in some of the decisions that are made at Cleveland Clinic.” Another wrote, “It makes me feel that you actually care about patients and their concerns.”

The process for improving patient experience led to the creation of many new programs. For instance, staff began using green cleaning products that were safer for the environment, patients and employees. And an innovative initiative called HUSH (Help Us Support Healing) outlined specific measures to reduce the noise commonly found in hospitals. From 9 p.m. to 7 a.m., lights were dimmed, doors of patients were closed, overhead paging was eliminated, phones and pagers were placed on vibrate, patients were offered earplugs and eye masks, TVs were used with headsets, and employees and visitors were asked to hold conversations in a quiet and respectful manner.

Ultimately, all these changes have stemmed from the desire and determination to empathize with patients — to understand and respect how they *feel*, in addition to providing them with the best medical care. They reflect the creed articulated by one of Cleveland Clinic’s founders, Dr. William Lower, who wrote in the 1920s that “a patient is the most important person in the institution” and is not a statistic.

Patient-Centered Care Calls for All Hands on Deck

The core of a better patient experience isn’t better gowns or changes in visiting hours or cleaner rooms (although all these are important). It’s improving how people at Cleveland Clinic treat others they encounter, one patient and one moment at a time. Government-mandated surveys ask

patients questions about the interpersonal treatment they've received: What attitude did hospital staff show your visitors? How friendly was your doctor and how much time did he or she spend with you? Did hospital staff address your emotional needs? Cleveland Clinic wants to give its patients good reason to give glowing responses.

“Our goal is to avoid the dispassionate and cold care patients used to receive at our hospitals and probably at most hospitals,” said Chief Experience Officer James Merlino, MD. “We want our people to be empathetic caregivers who take time to treat people well. We may not have the hard data to prove it, but we believe in our hearts that a patient who is treated with warmth and respect will get better faster.”

This isn't a merely academic topic. Doctors are patients too — and some have had sick family members who haven't received the most compassionate treatment. Dr. Merlino never thought he'd work at Cleveland Clinic after his father was treated there and died of a complication. The medical treatments his father received were excellent, but his father wasn't treated very well by the staff. “I'm sure my father died thinking Cleveland Clinic was the worst possible place. The nurses didn't respond when he called. When my father asked for something, it didn't come. The staff didn't seem to get along very well with one another. It was terrible. So we've been determined to change all that. We know we can do better and bring out our best, most compassionate selves on the job. It's an initiative that means everything to us, and to me, both professionally and personally.”

What was required to change the everyday behavior of 43,000 care providers? At Cleveland Clinic, it involved inculcating a strong service mentality. Dr. Merlino told of a time in 2009 when he spotted a spill on the floor outside one of the elevator banks. He walked to the cafeteria to get paper towels to clean it up. As he returned, he saw a number of other employees walk over the spill, completely ignoring it. It struck him that they weren't engaged enough in the mission of the organization to protect visitors who might slip on the spill and fall. That wasn't good enough.

To ensure that patients are treated more humanely and respectfully, Cleveland Clinic has had to foster a culture in which everyone takes ownership — a culture in which people connect everything they do, whether or not related to their specific job, to the organization's mission of caring for and empathizing with patients. So, regardless of whether they are surgeons, nurses, administrators or staff, if they come across a spill, they clean it up.

If visitors ask where the bathroom is or appear lost, they offer to help them find their way. And if, like Peaches Houston, they encounter a patient or visitor who is having a rough day, they offer comfort with a kind word or gesture.

Cleveland Clinic surveyed employees to measure how engaged they were with their jobs and held managers accountable for improving engagement. It invested millions of dollars in training caregivers to understand the organization's mission and how they fit in, with the goal of ensuring that *everyone* who comes in contact with patients, not just doctors, sees themselves as care providers.

In 2011, all 43,000 employees went offline for a day to attend Cleveland Clinic Experience sessions called “Communicate with H.E.A.R.T.” (Hear, Empathize, Apologize, Respond, Thank). Each session included pep talks and training. Videos of patient stories reminded everyone of why they got into healthcare to begin with. But the real work of the day took place at the tables, where caregivers from every level of the organization intermingled (e.g., the chief financial officer sat with a perfusionist, a surgeon, a lab tech and a housekeeper). They shared stories, complaints and ideas and talked about how they could make their jobs better and make the organization a better place for caregivers and patients alike. At the end of the session, everyone received a badge that identified him or her as “caregiver.”

As of this writing, every new caregiver hired, regardless of position or pay grade, receives this training. Cleveland Clinic has copyrighted the training materials and shared them with several other medical institutions interested in improving how their own employees think about their roles. Recognizing that a day of training is not enough to permanently change behavior, the organization has created a number of other training modules that emphasize strong communication skills and service-related behaviors.

“Respond with H.E.A.R.T.” teaches all caregivers how to address patients' concerns consistently and well when problems arise. “Shop for H.E.A.R.T.” trains employees to watch their peers and hold them accountable for providing excellent patient service. “S.T.A.R.T with Heart” lets caregivers practice identifying emotions and expressing empathy. And “Lead with H.E.A.R.T.” gives managers and supervisors techniques they can use in every interaction with their teams as well as with patients and visitors in order to create an ideal service culture.

All evidence suggests this training is working. Since 2008, employee

engagement scores have trended consistently upward, as have patient ratings of their experience. The number of patient complaints has declined. And every week, Cleveland Clinic receives letters from patients describing how meaningful and helpful their interactions with individual caregivers have been.

Improving Caregiver-Patient Communication

Helping all employees see themselves as caregivers was an important step forward, but it wasn't enough. Medical staff can be extremely engaged in their jobs and the mission of the organization without necessarily projecting the desired level of empathy. Why? Because they don't know how to communicate with patients. Patient experience efforts aren't worth anything without strong caregiver-patient communication. Such communication encourages patients to comply with their doctor's advice and to take their medications, improving health outcomes while reducing patient anxiety. In addition, physicians who listen and show respect are less likely to be sued, so they need to be very attentive to communication.

Cleveland Clinic assembled a panel of more than 70 physicians from inside and outside the organization to help produce a physician guide to patient-centered communication. The guide contains the basic standards drawn up for the medical community by the Institute of Medicine and the American Medical Association, along with detailed conversation tips and strategies for dealing with difficult patients. The guide applies equally to residents and fellows, since they too need to be well-versed in interpersonal skills. To help them master the art of interacting with patients, trainees received conversation tips and guidelines on cards that fit easily in the pocket of a lab coat.

In recognizing the importance of the patient's frame of reference in caregiver-patient communications, Cleveland Clinic makes a concerted effort to educate patients and encourage them to partner with their providers in their care. Each inpatient receives a brochure titled "What to Expect During Your Hospital Stay," which explains the many kinds of professionals patients might encounter during their stay and advises patients about what to expect regarding medications, the hospital environment and the discharge process. It also encourages patients to ask questions and jot down concerns as they arise. "Patients need to bear some of the responsibility for

good communication," Dr. Merlino says. "They can help by knowing what to expect and telling us what's working and what isn't."

Cleveland Clinic introduced Patient Service Navigators (PSNs) to assist with communication between patients and caregivers. PSNs are patient advocates who help address patient and family needs. They visit patients daily and provide personalized guidance and support, orienting new patients to services and daily schedules in a hospital unit and sharing information about the health team. PSNs also tell family members what they need to know about parking, lodging, cafeterias and other services, and they are available to help resolve conflicts between patients and caregivers.

PSNs can make all the difference between an ordinary experience and an extraordinary one. For example, one PSN worked with nurses to help a terminally ill patient attend his daughter's wedding by arranging to have the wedding right in the patient's nursing unit. Food, flowers and parking passes were donated, and a social worker and the patient's oncologist performed readings. The family was grateful that the patient had the opportunity to participate in his daughter's special day.

Cleveland Clinic also trains its medical students to become better communicators and more empathetic in general. At least one study has shown that physicians-in-training become *less* empathetic as they go through medical school.³ That's understandable given the intensely competitive, guild-style training that medical students typically encounter. The long hours and other pressures of postgraduate training and working as a doctor can take their toll. Cleveland Clinic's Lerner College of Medicine has incorporated training in the humanities in order to teach professionalism and communications. Scholarly presentations help students and residents reflect on various aspects of medicine, the patient as a person, their growth as physicians and as individuals, and healthcare delivery in general.

A student at the college participated in a performance of dramatic vignettes based on reflective writing he and other first-year students had done. As he reported, "I reflected after anatomy lab that our medical training held the risk of our seeing patients as bodies, not as people. When we came together and watched a dramatization of our experiences, it opened up a dialogue with the person inside the body, with the unspoken thoughts and feelings of my classmates, and with my own fears and awakenings."

³ Mohammadreza Hojat et al., "The Devil Is in the Third Year: A Longitudinal Study of Erosion of Empathy in Medical School," *Academic Medicine* 84 no. 9 (2009): 1182-1191.

Dr. James Young, Dean of the medical school, used an apt metaphor to describe the college's goals for the training: "We were trying to blow on those embers of empathy that are present in everyone and get them burning at the appropriate level. We were teaching students to recognize the challenges to empathy they're likely to encounter while practicing medicine and to develop techniques to take care of themselves — have empathy for themselves — so that they can be there fully for others."

Communicating better is an ongoing effort. To track how well caregivers are pleasing patients, senior leadership makes rounds through the hospital on a monthly basis.

The Ritz-Carlton hotel company famously describes its mission as "Ladies and gentlemen serving ladies and gentlemen." Cleveland Clinic wanted to provide that same level of respect and decorum and make its communications more satisfying for patients. They deserve nothing less.

Emotional Healing

As a scientific organization, Cleveland Clinic must draw a sharp line between activities that have a physical or scientific basis and those whose mechanisms are more subjective. But some emotional conditions may benefit most from a mix of objective and subjective therapies. A hospital is a unique environment that encompasses the extremes of human experience: birth, death, hunger, pain, loss, anxiety, longing, parting, relief, elation, spiritual renewal. Many patients, visitors and caregivers would prefer not to experience these states alone; many yearn for guidance, focus or someone to talk with or to listen to them.

Rev. Dennis Kenny, Director of Spiritual Care at Cleveland Clinic, knows the full range of emotions that can be experienced in the healthcare setting. He and his colleagues in the Center for Ethics, Humanities and Spiritual Care established the Department of Healing Services to address the multiplicity of emotional and spiritual conditions for which patients may want and need attention. Healing Services can arrive at the patient's bedside in many forms; the team includes social workers, specially trained nurses, chaplains and massage therapists and offers relaxation techniques such as guided imagery, meditation, hypnotherapy and touch therapies. Many of these services are offered at no charge. They overlap with treatments offered through the Center for Integrative Medicine (which also offers acupuncture,

mind/body coaching, chiropractic and holistic psychotherapy, and specialized weight-loss programs).

Patients, visitors or caregivers who feel an urgent need for this kind of attention can call on the services of the Code Lavender team, named with a color as are other urgent hospital calls. Summoned to the scene of an emotional emergency, the Code Lavender team can provide immediate comfort, counseling and therapies, or services that extend across two or three days.

When Rev. Kenny and his colleagues launched the Code Lavender team, they anticipated an equal number of calls from patients, visitors and patient care personnel. To their surprise, 95 percent of calls come from caregivers. Perhaps this shouldn't have been so unexpected. Hospital caregivers are highly trained professionals, but they are also human beings with emotions, memories and experiences that affect their responses to illness and mortality just like they affect anyone else. In forming personal bonds with the patients and families they serve, they may feel a strong individual stake in the outcome of a patient's treatment or care. Caregivers do not get used to death and suffering; instead, they develop strategies that enable them to function amid these profound moments. Healing Services is able to give these caregivers the kind of immediate support they sometimes need.

Natoma's Story

In 2010, Natoma Canfield, a middle-aged woman from Medina, Ohio, took a bold step, writing a letter to President Barack Obama that described her inability to afford medical coverage. The letter went viral, becoming for a time a focal point for public discussion and debate. Two months later, Natoma started feeling tired and sick. One day, she collapsed and was taken to a Cleveland Clinic hospital. She was near death and needed immediate blood transfusions.

The next day, she was diagnosed with leukemia, and her worst fear had come to pass: having a serious illness yet lacking insurance to fall back on. She had the worst kind of leukemia, which required a bone marrow transplant. Even with that extreme measure, she stood only a 33 percent chance of recovering.

Natoma was eligible for several types of government and private assistance. Cleveland Clinic provided charity care based on her income and helped her receive government assistance through

Medicaid and Medicare. Over the next nine months, Natoma underwent an extreme regimen that included chemotherapy and radiation. For many days, Natoma lay in bed, unable to do anything; her head was so scattered from the treatments that she could barely recite the alphabet. She was scared that she never would be able to think normally again and perform everyday activities.

Encouraged by her doctors, she had the bone marrow transplant. She waited and waited for the levels of platelets in her blood to go up. Doctors tried drugs and other treatments, to no clear effect. “And then one day,” Natoma’s sister tearfully recalled, “they started going up. And they kept going up.”

As of 2013, Natoma’s platelet levels are almost normal and she is back home, able to embrace life again. Natoma and her family don’t just credit the treatments themselves for enabling her to beat her life-threatening disease. “The doctors and nurses, we can’t say enough about the good treatment they provided,” her sister related. “And not just them. It’s everyone. It’s the whole philosophy; the things that aren’t medical that make a patient come back. The cleaning lady who comes in and is so positive. The social workers. The cafeteria workers. The valets that helped us. The redcoats. The yoga instructor who helped us forget about leukemia for an hour. The appointment ladies who always treated my sister with dignity and respect. Sometimes it’s just the person who smiles or hugs you. When you live at a hospital for two years, it’s wonderful that you have those resources. These are the kinds of things you just don’t ever forget.”

Natoma recalled an episode with the music therapist that was critical to her recovery. “A woman comes around. She has a little piano and guitar, and we sang songs together. That was the beginning of my healing experience.”

What Natoma experienced was a new kind of hospital — one that didn’t just offer the technically excellent care she needed, but that attended to her soul and her spirit as well. Every patient, at every hospital, should experience care like this; it helps to improve patient outcomes and is a less costly way of delivering care. The medical profession seems to be getting the message and moving toward a more humane, compassionate and enriching patient experience.

But we need to hasten the pace. You can help by paying attention to how your doctors communicate and to the general atmosphere of your local hospitals. Look up patient satisfaction scores on the Internet. If you’re not satisfied with the care you’re receiving, say something. Make an effort to understand your condition and to ask questions of your doctor. Be an active partner in the care you’re receiving.

Putting patients first is better for both patients and caregivers. For caregivers, it makes the practice of medicine so much more fulfilling. One patient wrote that there were “no words to describe this place called Cleveland Clinic.” As this patient told us, “In the film *Field of Dreams*, Shoeless Joe Jackson walks to the edge of the ball field and asks Kevin Costner’s character ‘Is this heaven?’ Costner’s character answers, ‘No, it’s Iowa.’ For us, the answer is, ‘No, it’s Cleveland,’ a line we are unable to say without tears welling in our eyes.”