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ayed Hashemy demonstrated an impressive grasp of procedures and techniques for a new surgical assistant, remembers Dr. Ralph Layman, director of trauma surgery and kidney transplants for Henrico Doctors' Hospital.

As Layman soon learned, Hashemy went to medical school in Ukraine to become a general surgeon before returning to his native Afghanistan and working with Doctors Without Borders. But several years, many miles and some heavy life experiences had passed by the time the two men met in 2019.

Still, when Hashemy remarked that he wasn't a doctor, Layman told him he was; he just wasn't licensed as a general surgeon in the United States ... yet.

Layman had worked with international doctors while in the Army, including six deployments as a surgeon to Iraq and Afghanistan. These doctors have to perform extraordinary feats to help patients despite lacking resources and sometimes the trauma surgery training they need, says Layman, who became a mentor for Hashemy.

Layman's words planted a seed in Hashemy. Being a surgeon again was a dream he had almost lost hope of fulfilling. Four years later, it's one he is ecstatic to be on the cusp of realizing.

This month, the 35-year-old Hashemy begins a five-year general surgery residency at Mission Hospital in Asheville, North Carolina. He learned the news on Match Day, March 17, the day more than 40,000 applicants nationwide check to see if they have matched with a residency program.

Beyond the opportunity to continue doing the thing he loves best, helping patients, Hashemy is grateful he is preparing to move toward, not away from, something.

A ROCKY PATH

After graduating high school in Kunduz, Afghanistan, at age 16, Hashemy won a scholarship to study in Ukraine, where he spent seven years in medical school and three years in a general surgery training program. After graduating from the training program in 2014, he returned to Afghanistan and passed the exams to become licensed in his native country. He worked in a community hospital for about eight months in Kabul.

After a decade away, Hashemy wanted to work closer to his family, so he took a post with Doctors Without Borders at a 92-bed hospital in Kunduz that handled major trauma injuries from all over northeastern Afghanistan.

Doctors Without Borders appealed to Hashemy because it treats everyone without prejudice. Its philosophy — "If you are a human being and you need medical help, we are here to help you" — fit with the reasons he became a doctor, he says.

Hashemy went from performing simple and routine surgeries in Ukraine to trying to save victims of car crashes, gunshots and bombs in a trauma center. His struggles with the violence and suffering were compounded by a lack of understanding from family and friends, who had become somewhat desensitized to it.

"They have seen those kinds of explosions and those kinds of attacks several times, like almost every year or every six months. But for me, since I was away 10 years, I haven't heard any gunshots. I was not exposed to that level of stress," he says.

The professional mental health providers offered by Doctors Without Borders were essential to helping him cope with both the stress of daily life there and the night that changed everything.

A TRAGEDY, A BEGINNING

On Oct. 3, 2015, Hashemy was working on a patient when an explosion went off nearby. Staff continued the surgery, but suddenly, a second explosion rocked the hospital. People began fleeing as the building fell around them and caught fire.

The damage was caused by a mistaken U.S. airstrike and killed at least 42 people, >

RICHMONDMAG.COM 45

including 24 patients and 14 staff members. In a Doctors Without Borders release from 2015, Hashemy recounted the bombing, caring for the wounded and his devastation at seeing the hospital destroyed.

Because there were no signs that the hospital would be rebuilt, Hashemy eventually resigned and was invited to teach at Kunduz University. However, his time there was plagued by bureaucracy and the power struggles between the official government, the Islamic Republic of Afghanistan, and the Taliban, which was a "parallel government" with conflicting systems.

In 2017, Hashemy attended a higher education conference in Baltimore and stayed after to travel and visit friends. During that trip, he met and fell in love with the woman who would become his wife. They settled in Northern Virginia.

Hashemy wanted to take the United States Medical Licensing Examination required for medical licensure, but he quickly realized he wasn't proficient enough in English, especially medical terms.

He struggled for months to find a job before taking a post as an Amazon delivery driver. Hashemy improved his English enough to become certified with the American Board of Surgical Assistants, so in addition to delivering packages, he started picking up temporary surgical assistant assignments.

The joy of stepping back into the medical field was dampened by heartbreak when Hashemy's marriage fell apart. Moving to Richmond in 2019 to work as a surgical assistant at Henrico Doctors' Hospital offered distance and a fresh start.

Hashemy's dream of becoming a licensed surgeon meant finding time for intense studying, first to improve his English and then for his licensing exams, all while still working as much as seven days a week. He also began sending money to his parents, who both lost their jobs when Afghanistan fell under Taliban control.

Layman says that Hashemy took on increasing responsibilities as a surgical assistant. Soon other surgeons recognized his abilities. He describes Hashemy as a testament to perseverance and as someone who overcame the burdens of being a displaced person, improving his English and always worrying about loved ones who are in harm's way.

"He has gone past all these problems with the mindset of getting to a spot where he can do what he wants to do, and what he wants to do is help other people. So, I think that is kind of a miraculous thing," Layman says.

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-Dr. Ralph Layman, director of trauma surgery and kidney transplants

After passing the second of the three licensing exams with good scores, Hashemy applied to the National Resident Matching Program, hoping for an assignment. He got one interview, with Mission Hospital, "so all my eggs are in one basket," he says.

Learning he matched with a hospital is one of the most memorable moments of his life because it creates a path to his dream of becoming a surgeon again. Hashemy says, "All those nights, all those mornings, every sacrifice you made, every emotion you suppressed, every drop of tears is being honored. All of the great heights of this life and the valuable lows of this life, you persevered for this day."

Dr. Courtney Sommer, director for the Mountain Area Health Education General Surgery Residency Program, says Hashemy impressed the hospital with his unique career path.

"He is dedicated and passionate about training here in the U.S. after practicing in [Ukraine] and Afghanistan in austere conditions. He obviously has a wealth of experience to bring to our program, and at the same time remains humble and aware of the differences he will encounter in this next phase of his path to become a surgeon," Sommer says. "We feel Dr. Hashemy will bring maturity, grit and incredible work ethic to our program. We look forward to helping him further develop his skills."

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JULY / 2023

'Make Every Breath Count'

A double lung transplant recipient's gratitude knows no bounds | Photos by Jay Paul

BY LAURA MCFARLAND AUGUST 13, 2013



Lung transplant recipient Sam Kirton at the National Donor Memorial at the United Network for Organ Sharing

"Are you ready to take your first breath?"

When Samuel Kirton's wife, Susan, leaned over his hospital bed and asked him that question, he admits he initially shook his head no.

Kirton, who had received a double lung transplant the day before, knew he was at a point of no return. His old lungs — wrecked by idiopathic pulmonary fibrosis, a disease that causes lung tissue to stiffen and scar, preventing them from expanding and making it harder to breathe — were gone. He was restrained and intubated, and the next moment, when the tube was removed, was among the most pivotal in his life.

"At this point, when they pull that tube out, it's either I've got new lungs that are going to work or they're not. If it doesn't work, there is no turning back," he says.

Then the ventilator tube came out, and he sucked the first gasp of air into his lungs and released it. In and out. In and out. In and out.

"If you could paint a picture of what a sigh of relief looked like — I took that first breath, and I knew it was going to be OK," Kirton says.

And it was. On July 20, 2021, 10 days after Kirton successfully received two new, healthy lungs, he went home to continue recuperating and fully embrace his second chance at life.

It's an opportunity he knows came at an incredibly high price: the life of the person whose lungs now sustain him and the loss of a loved one for the donor's family and friends.

- "I don't know anything about my lungs; I don't know if they were another 60-year-old male or an 18-year-old student-athlete. Male or female. Asian, African American, Caucasian none of that is known," he says. "What I do know is that if I had not gotten a transplant in July, my wife and I did not expect that I would have been there at Christmas of that year."
- But someone possibly the donor, possibly a family member turned their tragedy into the gift of life, and it is an act of generosity and kindness Kirton says he will be grateful for until he takes his last breath.
- Since his donor is anonymous, there is no grave for Kirton to visit to pay his respects. So, on July 10, 2022, and again this year, he marked the anniversary of his surgery by driving from his home in Lake Anna to Richmond to visit the National Donor Memorial located at the United Network for Organ Sharing.
- At the entrance to the memorial, called the Wall of Tears Fountain, he watched water pour over stones inscribed with the relationships a loved one might share with an organ donor mother, brother, daughter, friend, husband and thought of the people his own donor left behind.
- After descending a ramp and standing in front of the Wall of Names, bearing the first names of scores of organ donors, he prayed for his donor's family. "It is amazing to think that all of those people had the chance to make a difference in someone's life."
- When he was diagnosed with pulmonary fibrosis in 2017, Kirton was given two to five years to live; there is no cure for the disease. His doctor also told him they would plan for the best care possible.
- After his diagnosis, Kirton stopped working and went on full disability. He and his wife decided to make the most of whatever time they had left together. Travel was a big focus for them, including fulfilling dreams of visiting Antarctica and Asia.
- Some days Kirton's condition was stable, and other days he struggled. He started supplemental oxygen in 2019 for exercise, and his condition gradually worsened. Doctors initially approved Kirton for a transplant in 2020, but then the COVID-19 pandemic hit.
- Dr. Shambhu Aryal, medical director of the Lung Transplant Program at Inova Health System, says most programs went inactive for lung transplants for several months during that time.
- With any chronic disease, mental health issues can be a problem, and those are only magnified with an aggressive and fatal disease, says Aryal, who has been directing Kirton's care since 2018. Despite the delayed transplant, his worsening condition and increasing dependence on oxygen, Kirton managed to focus on both his physical and mental well-being. "Many people cannot do that, and that alone makes them ineligible for transplant. So that resilience is really important. Sam did stand out. He has always been a very positive individual," Aryal says.
- Kirton was put back on the transplant list in March 2021 and began the wait to see whether a donor would be found. His lungs continued to deteriorate, and by the time he received the transplant, he was always on oxygen and his breathing sounded like "Velcro pulling apart."

Faith got him through that time, Kirton says. So much was out of his hands — the wait for a viable donor and, if one was found, successfully undergoing an eight-hour transplant surgery and the uncertainty of his body accepting the new organs. But he prayed, he had confidence in his medical team, and he kept his spirits up by focusing on the things he could control. "I knew that [no matter] the outcome of this whole journey, I could only do the things I could do. I couldn't worry about all of the other things."

Even after receiving the transplant, Kirton has maintained his positive attitude and channeled it into mentoring patients with pulmonary fibrosis and starting a support group, Aryal says. "Sam has always been a great advocate for patients with pulmonary fibrosis."

Kirton is realistic that the transplant wasn't a complete cure and his life will be filled with medical follow-ups. He takes about 34 pills and does multiple breathing treatments each day. Since the transplant, he has survived pneumonia, COVID-19 and having a stent put in to open his airways.

But even those setbacks haven't kept him from enjoying each new milestone he marks with his family or his continuing advocacy work inspired by these experiences. Kirton encourages others to become organ donors, speaking with firsthand knowledge about how much of a difference it can make in so many lives. He also advocates for the Pulmonary Fibrosis Foundation, which seeks to accelerate the development of new treatments and ultimately a cure for pulmonary fibrosis. However long he has on this earth, Kirton says, his goal is to "make every breath count."

No Sugarcoating It

WHO report labels aspartame a 'possible carcinogen,' says it's safe within limits By Laura McFarland

he World Health Organization muddied the waters on the long-running debate about the safety of the artificial sweetener aspartame by recently labeling it as "possibly carcinogenic to humans."

The International Agency for Research on Cancer (IARC), the cancer agency of the World Health Organization (WHO), and the Food and Agriculture Organization Joint Expert Committee on Food Additives in July released an assessment citing "limited evidence" for carcinogenicity in humans but still classifying aspartame as a Class 2B carcinogenic and reaffirming the acceptable daily intake of 40 milligrams per kilogram of body weight (a 154-pound person would have to consume 9 to 14 cans of aspartame-sweetened drinks a day to exceed that limit, according to WHO).

The cancer research agency has a fourlevel hazard classification indicating the degree of certainty that a substance can cause cancer. With Class 2B classification, there is limited evidence in humans and less than sufficient evidence in experimental animals that a substance causes cancer.

First approved by the U.S. Food and Drug Administration in 1974, aspartame is widely found in various food and beverage products, including diet drinks, dairy products such as yogurt, toothpaste and medications such as cough drops and chewable vitamins.

The assessment from WHO using language that seems to link the artificial sweetener to cancer—a concern that has followed aspartame for years—appears to be a significant change. However, the FDA followed the WHO's announcement with its own statement saying the agency disagrees with the committees' conclusions on "one of the most studied food additives in the human food supply." It pointed out that the committees did not raise safety concerns for aspartame under the current levels of use and did not



change the acceptable daily intake.

"FDA scientists do not have safety concerns when aspartame is used under the approved conditions," according to a statement on the FDA website.

So what, if anything, changed because of the new assessment? First, it helps to understand how the statement came about, says David Turner, Ph.D., associate professor at the Massey Cancer Center.

The two WHO committees conducted independent but complementary reviews of scientific evidence, including some recent studies pointing to cancer risks, Turner said.

The IARC committee concluded there was sufficient evidence to say aspartame is a carcinogen and may cause cancer.

The other committee concluded that, while aspartame may cause cancer, humans are not generally exposed to high enough levels.

Turner, who works in cancer research related to

food, says people are generally not exposed to high enough levels of aspartame for it to be a cancer risk but adds that "there is a lot of research that needs to be done to definitively say that."

One drawback, Turner says, with existing studies is that they often fail to acknowledge subgroups that may be more at risk, such as people who are obese, struggle with chronic conditions or have genetic mutations.

"I pretty much agree with what they are saying but with the caveat that there could be specific groups that might be more susceptible to aspartame and the damage that

> it does, and you would expect that they might get cancer more readily than other people," Turner says.

It is difficult to do longterm studies on the effects aspartame has on humans because they involve so many unknowns and are so expensive. Cancer generally occurs over several years and has multiple



David Turner, Ph.D.,

recommends using aspartame in moderation.

FROM TOP: GETTY IMAGES; COURTESY MASSEY CANCER CENTER

SEPT / 2023

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contributing factors, Turner says. Even long-term studies done with animals consuming the sweetener have produced varying results, he adds.

"One way of putting it is we don't all just eat aspartame. We eat other things — fats, sugars, whatever it is you eat — that can also affect what happens with aspartame," Turner says.

Cancer is a leading cause of death globally, killing one in six people every year, so "science is continuously expanding to assess the possible initiating or facilitating factors of cancer, in the hope of reducing these numbers and the human toll," Francesco Branca, director of WHO's Department of Nutrition and Food Safety, said in an agency statement. "The assessments of aspartame have indicated that, while safety is not a major concern at the doses which are commonly used, potential effects have been described that need to be investigated by more studies."

Turner says he wishes the committees had specific recommendations to the wider research community on where to go in the future.

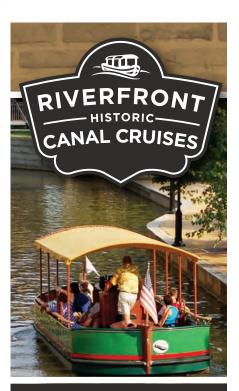
For consumers, Turner points out there is often too much ambiguity with nutrition that confuses people.



Virtually everything with nutrition comes back to the moderation line."

—David Turner, Ph.D.

"Virtually everything with nutrition comes back to the moderation line. If anyone is feeling uncomfortable, there are lots of sweeteners that don't have aspartame in them, so they can really swap over," he says. "Anybody that is uncomfortable, it is on the label; you can really avoid them quite easily. But also, definitely don't have too much of this stuff. That has definitely come out from this study."



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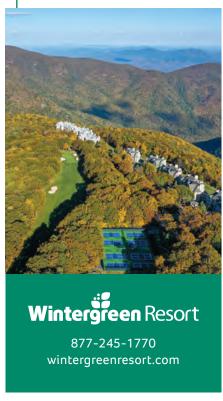
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