The American Board of Family Medicine (ABFM) welcomes Tanya Lord, PhD, MPH, to our Board of Directors as one of the board’s public members. Dr. Lord brings extensive education and real-world experience to this role, including a Master’s in Public Health and Doctorate in Clinical and Population Health Research.

She currently serves as the Director of Patient and Family Engagement at the Foundation for Healthy Communities in Concord, New Hampshire. In this role, she works with New Hampshire hospitals as they partner with patients and families to improve care. Dr. Lord also consults and presents at conferences throughout the country on her research findings regarding patient safety and quality improvement. As part of her work on the ABFM Board, Dr. Lord serves on the Professionalism Committee, the Research and Development Committee, and the Communications and Engagement Committee.

Dr. Lord’s life changed forever when her son, Noah, died at age 4 following a devastating health care experience after routine tonsillectomy. This tragedy led to her career in health care and the patient advocacy she champions today.

ABFM sat down with Dr. Lord to learn more about her mission to affect positive change by preventing what happened to her family from happening to others, as well as her experience in seeing how the patient’s voice can impact outcomes.

Q: I was reading Noah’s Story on your website (www.drtanyalord.com), and it was heartbreaking. I’d like to talk about this impacted you in the months and years that followed. What was your mission in the aftermath of this tragedy, and what were your first steps toward your goal?

A: After Noah died, nobody would explain anything to us. Just his surgeon would take my calls. One time the surgeon became increasingly frustrated with me. I was a newly bereaved mom, so I’m sure I wasn’t in my right mind or being very logical. And he said, “Tanya, I don’t know what happened to your son. And if I don’t know, you’re never going to know.”

For me, that was the start of my mission. To be told that I wouldn’t be able to understand this event in my son’s life played over and over in my head. Then I started reading research articles about tonsillectomy and post-tonsillectomy hemorrhages, and those articles also seemed to be telling me I was too stupid to understand them. I had this feeling like I was in a battle with the universe. I was determined to understand what had happened to Noah and how to improve health care, so I went back to school. It was during my master’s program that I read “To Err is Human.” That was the first book I found that really discussed medical errors and patient safety. It helped me find my focus.

Q: What were your next steps once your PhD was complete?

A: I started focusing on the idea of including patients and families in quality improvement and patient safety efforts. I was asked to speak to third year medical students at the University of Massachusetts Medical School. That was the first time I spoke publicly about the story, and that snowballed to many people wanting me to work with them. This was eight years after Noah died. I was in school for a long time, but that gave me space to be grieve and prepare myself to talk about what happened. And the world was ready. I came out of school at a perfect time because a lot of organizations were looking for people with this kind of experience.

Q: When did you first hear about ABFM?

A: I’m sure I was aware of board certification from previous health care visits, but I wasn’t familiar with the scope of ABFM’s work until recently. I am part of a group of people who have had negative health care experiences which have led to them wanting to work in the field. We are involved with various like-minded organizations, and we know each other. Tiffany Christensen is part of that group and was stepping down as a public member from the ABFM Board. She was kind enough to include me on her recommendation list.

I got a call from Dr. Warren Newton, President of ABFM, and I thought it went really well. The work sounded very interesting. At the end of the conversation, he said “I think you’re somebody who wants to change medicine.” I said I do. And he said, “Me too.” A few weeks later, I was invited to join.
Q: What does board certification mean to you as a patient?
A: Often, I’m asked for medical recommendations. But as a non-clinical person, I’m really saying, “This is a good doctor because of how they make me feel. They listen to me. I can get an appointment.” It’s all about the process and the feelings attached.

When I hear that a physician is board certified, even not fully understanding the extent of what a physician has to do to be board certified or maintain certification (prior to my joining the ABFM Board), it lets me feel more confident in my doctor. They’ve been reviewed by an independent third party.

Q: What change do you hope to affect in your time with ABFM as the patient public member?
A: I look at my role as an opportunity to give a voice to the patient’s perspective, or at least my version of the patient’s perspective. I’m serving on the Professionalism Committee, and it’s a wonderful group of people. I realized when we met that I really do bring a different perspective, because I’m considering how I would feel if the conversation was about my child’s doctor. Would I want this doctor practicing medicine on me? There’s no right or wrong way to look at it. It’s just bringing that different perspective.

Q: What can ABFM as an organization do to better speak to patients and address patient care?
A: As an organization, I think they’re doing an amazing job. Like I said before, ABFM really does see the value of embedding families and patients and public members into the work of the family medicine physician. I think family medicine believes in this concept of the “whole person” and because they care for the whole family, they’re doing a lot of things right. That’s why I go to a family medicine practice.

Q: This interview will be featured in our newsletter. If you could say anything to ABFM’s family physician audience, what would you tell them?
A: What often ends up happening in a clinical encounter is that, if the patient doesn’t know the right words to use or maybe can’t express themselves in the right kind of language, the physician may become impatient or make assumptions about the patient that isn’t correct. With Noah, I didn’t have the words. I couldn’t communicate in a way that made me seem like anything but a nervous mother.

If you’re a physician, strive to know your patients well. Try to know who will fiercely advocate for themselves and who doesn’t know how to advocate. Give each a voice.

Q: What goals do you have for the future?
A: Medicine will always be on a path to improvement, but I’ve seen huge strides over the past two decades. My work is just a drop in the bucket, right alongside everyone else trying to improve patient care, but it is a privilege to work towards these goals.

ABFM inviting me to the Professionalism Committee shows how far we’ve come. For them to say, “Okay, we’ll let a patient into some of the most sacred spaces in health care,” really means a lot to me. I’m no longer putting pressure on myself to single handedly change health care. I’m just glad there’s a whole lot of us putting our little drops in the bucket.

I want (physicians) to care and to listen, and to always try to do better, because that’s the legacy that we’re building for Noah.

Tanya Lord, PhD, MPH

Q: How are you doing these days?
A: If you had met me before Noah was born, I was an incredibly shy person. Noah was the exact opposite of that. As he got more independent, I said, “Okay, this is my path. To raise this very charming, outgoing person and send him into the world.” And when he died, I had every right to shut down. People would have understood. But, closing myself off would be no way to honor him. He has no legacy if I do that.

You asked earlier what I would want the physicians who receive this to hear. I want them to care and to listen, and to always try to do better, because that’s the legacy that we’re building for Noah.

It sounds strange, but I am truly blessed. It’s exciting to be up on stage talking to hundreds of people. It’s amazing to be invited to be on the ABFM Board of Directors. But I’d hand it all over in a minute to just be a stay-at-home mom of Noah. My passion is driven by him, and what I carry with me isn’t a sadness. It’s love. I didn’t send him into the world, he sent me.

Dr. Lord lives in Nashua, New Hampshire with her husband, Glen. They have two children, Victor and Ivan.