



# RHIANA MENEN

# Attending Surgeon of Breast and General Surgery — St. Luke's

#### How did you get your start in medicine?

I have known I was going to be a doctor since I was a little girl. This was reinforced in high school when I fell in love with science. I became certified as an EMT as a high school senior. Throughout college, during summers and breaks, I worked as an ambulance driver in LA and Orange County to pay for tuition. As an EMT, you go directly into people's homes and meet them where they live. I learned early on about the individual barriers people face that are determinants of health. These include supportive family members, hygiene, access to nutrition, environmental pollutants, and access to outdoor space. These are things I think about now as a doctor that I would never have experienced from medical school or residency alone. Starting at the bottom of the health care "food chain" was also a humbling experience that has informed how I have interacted with my health care colleagues throughout my career.

#### How did you select your specialty?

I have always been drawn to oncology because it combines evolving science with a long-term relationship with women who generally do very well. Breast cancer is a particularly amazing specialty because research moves so rapidly, meaning that patients are continually getting the most evidence-based and up-to-date care. It is

also a multidisciplinary specialty in which a team of experts collaborates to design the best individualized treatment plan. We can then do the smartest, best surgery that maximizes benefits and minimizes long-term side effects.

## How did your practice at St. Luke's come to be?

When I started at St. Luke's 6 years ago, there was no breast department and no integrated plastics and reconstruction. Over the past years and as the Medical Director for Breast surgery, I am so proud to have helped develop an integrated multidisciplinary program that brings the best possible care to our patients. When possible, women are offered immediate reconstruction after mastectomy- a consideration that allows for the transition after surgery to be as seamless as possible.

### What makes your practice unique in our community?

Our practice is truly built around our patients. We know that a cancer diagnosis is often one of the most stressful and scary encounters in a person's life, both for the patient and the family. That is why every person in our office is dedicated to making it a compassionate and caring environment. We also focus on nutrition, wellness, and women's health, to make sure patients are getting the prevention

they need as well as the tools to maintain a healthy lifestyle after treatment.

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## Do you have any physicians who have influenced you over the years?

Dr. Sakti Das is a urologist and humanitarian who emphasized what a privilege it is to receive surgical training. I began traveling with him to surgical camps in India as a second-year resident and have made it a part of my practice ever since. My father is from India, and I had the good fortune to travel internationally at a young age. This experience underlined how lucky we are to have grown up in such a resource-rich country. It is an honor and privilege to use my skills where they are needed all over the world.

## What are your goals for your patients and your practice?

The goals of my practice are, first and foremost, to provide excellent care. When I finished my breast surgical oncology fellowship at MD Anderson, I was offered

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a position at the university. I was continually impressed by the world-class cancer care that was available to those who could afford to travel to these centers. My goal in coming to Boise was to bring MD Anderson to the Treasure Valley. It is the guiding tenant of my life as a doctor that people deserve excellent care, regardless of their race, sex, status, or ability to pay.

#### How would you define quality care?

Medicine is an evidence-based practice. Nowhere is this more true than in cancer, where standards of care change every few months. Quality means that no matter where a person goes, he or she will receive the same standards of treatment. The best part about working with St. Luke's Cancer Institute is interacting with my amazing colleagues within the multidisciplinary specialties of medical oncology, radiation oncology, genetics, nurse navigation, social workers and mental health and lymphedema treatment and prevention. I can say that patients in the Treasure Valley receive some of the finest care available anywhere in the world.

#### Tell us more about the work you have done internationally with medically underserved populations.

I became a surgeon in part because I planned to do international work. Since 2016 I have traveled every year (except over COVID-19!) to Kenya for surgical camps as a volunteer with the Tiba Foundation — a U.S.-based nonprofit that helps fund care in this rural setting. Then in 2019, a friend of mine sent me with a donation of 200 sustainable menstrual hygiene kits from a nonprofit called Days for Girls. Period poverty is particularly prevalent in rural areas such as this, meaning that girls often miss a week of school per month just because they do not have access to menstrual hygiene products. During the distribution of these kits, it became clear that not only was menstrual hygiene and education a barrier, but also safe transportation to schools and the hospital. Over the past two years, working with the local Kenyan hospital and community leadership has led to the development of a program called the BodaGirls, a women's run motorcycle taxi service that focuses on entrepreneurship, menstrual hygiene access, and health care delivery and is changing what it means to do "Women's work" in rural Kenya. (For more information, please see **bodagirls.org**). This is the kind of work that I imagined doing when was a medical student. It keeps me going and renews my joy for medicine.

#### In your opinion, what are some of the biggest issues facing women's health today?

We are in a crisis of women's health care here in Idaho. Legislative changes have meant that the life of a woman is no longer in the hands of herself and her doctor. Instead, it is mandated by people who are incapable of

understanding the subtleties and pitfalls that patients may face in the complicated and fraught terrain that is reproductive medicine. This is not politics. This is health care. I am an advocate for women's self-determination all over the world. Unfortunately, in 2023 the place we are most needed is at home.

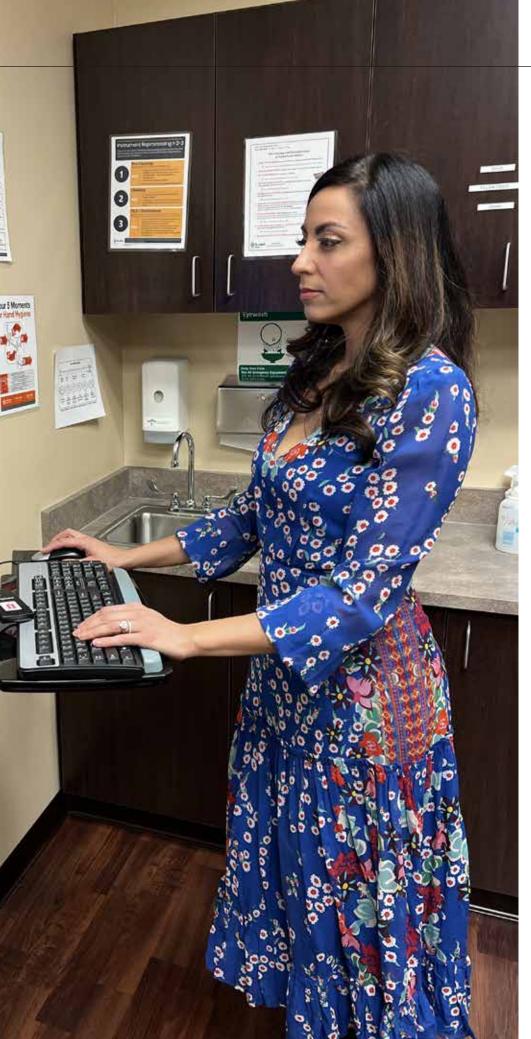


#### What motivates you?

I am committed to improving the status of women's health care. As so many of us know, one of the greatest problems in the Treasure Valley now is that our patient population is growing faster than our ability to care for them. This leads to long wait times for consultation and surgery. While this is frustrating and disappointing under normal circumstances, when it comes to cancer surgery, it can affect outcomes. We also understand how anxiety-provoking it can be to have a non-cancer but high-risk diagnosis that needs surgery. As medical director, my highest priority currently is reducing wait times. Not only are we trying to recruit more excellent breast surgeons, but we are making the system more efficient to get as many patients seen and scheduled for surgery in the shortest period. The second priority has been to ensure that all surgeons in the community are adhering to the same standards of cancer care. We have incredible general surgeons across the valley who provide excellent breast care. The goal is that a patient receives







the same standard of care regardless of their surgeon. This is the value of evidence-based care and ensures that the health of the entire population is elevated.

#### What concerns, if any, keep you up at night?

Access, access, access. My highest source of stress is that patients must wait so long to see me, then so long for surgery. This adds unnecessary anxiety to an already unbelievably difficult situation.

#### What keeps you engaged when things get hard in your practice?

I have an amazing team, my nurse, Deena and PAs Jay and Lauren. Together we remind each other about our mission for patient care and alternate being each other's family, therapist, friends, and co-conspirators. We try to alternate having bad days. We mourn together if patients don't do well and celebrate the (thankfully many!) victories. There would be no practice without them.

#### How do you try to maintain a balanced life outside of work?

I think everyone should be married to a psychiatrist. It is very helpful. My husband keeps me talking and laughing, and my boys, ages 11 and 12, keep the wonder alive every day. I decompress by cooking good food and gardening, and I take adult ballet classes through Ballet Idaho. I also have an incredible network of women in my life through what surely is the most interesting, accomplished, and entertaining book club in history.

#### How have you seen the practice of medicine change over the years?

I think COVID-19 changed the practice of medicine. It was so difficult to be fighting on two fronts. Navigating cancer care and general practice in an infectious disease pandemic was hard enough, but in medicine, we are used to long hours, hard work, and adapting to constraints. What I don't think any of us realized was how the spread of misinformation could lead to the erosion of trust, conspiracy theories, and the demonization many of us faced.

#### What are some of the most rewarding aspects of your profession?

Seeing patients succeed. When breast cancer patients initially meet me, they can feel hopeless and scared. What I tell people is, "It doesn't



matter what I find. I have a plan for it." It is so gratifying when patients send pictures or cards showing that they are back in their lives after beating cancer. One of our young patients recently visited us in the clinic with a wonderful gift. She had been diagnosed with breast cancer at age 30, requiring chemotherapy and surgery. We offer oncofertility to our young patients who want it, to preserve the ability to have children after treatments that can often

cause irreversible infertility. We were able to quickly coordinate egg retrieval without delaying her treatment, and just this year, she was able to have a perfect baby boy. This is the kind of result that helps us do this difficult and emotional work.

## What methods do you employ to keep improving your knowledge and experience?

I read journals constantly and frequently

attend national meetings. But perhaps the best learning comes from weekly multidisciplinary discussions with our tumor board. This is an expert panel that includes surgery, radiology, pathology, medical oncology, radiation oncology, research nurses, pharmacy, genetics, nurse navigators, and lymphedema specialists. We have a comprehensive discussion reviewing tough cases and reviewing new research and national guidelines. One important part of evidence-based care is that your patient never perfectly fits a study. This is where collaboration among a trusted team of experts means that patients are truly getting the personalized cancer care they deserve.

#### Do you have a career highlight?

Becoming medical director of a department that did not exist when I was hired felt like a big accomplishment.

## If you could offer any advice to younger physicians, what would it be?

This is advice that you hear repeatedly but does not really resonate until you begin to live it. Find a niche in which you feel truly fulfilled. But this can be complicated and may be outside of our day jobs. For me, conventional measures of success in this career were not enough to make me feel satisfied, especially in this world of EMR, insurance authorizations and doctor google. But my work with the Tiba Foundation and in co-founding the BodaGirls, in particular, has given me a sense of accomplishment that work alone could not provide. Volunteer work also helps to provide balance. It forces my attention away from the hospital, and once I look up, I remember that there is a whole life out there with my husband and kids.

## If you were not practicing medicine, what profession do you think you may have chosen?

I joke that if I were to leave medicine, I would go into closet organizing. Creating organization out of chaos appeals to me, like solving a jigsaw puzzle (which I love!). But when it comes to closets, no one dies, and you don't have to give bad news.

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#### **Fun Facts**

Hometown - Orange, CA

**Secret talent** — I was trained as a classical ballet dancer and still take adult classes through Ballet Idaho.

## **Practicing medicine for how long** — Six years

**Any pets** — So many! Five chickens, a duck, two bunnies, a tortoise, a bearded dragon, and an English bulldog.

**Something that would surprise people to learn about you** — I am a little bit of a hippy. I grind my own wheat and make sourdough from the same starter I have had for 12 years. I love to can, ferment and generally make stuff.

#### Getting to know the doc...

When you were younger, what did you think you were going to be when you "grew up?"

A surgeon

#### Your first job.

EMT/ ambulance driver



#### Tell us about your family.

I am the oldest of four siblings, and we are all very close. I have an amazing husband who is a psychiatrist in town and two beautiful boys who are my whole world.

#### Indoors or outdoors person?

Inside nice and warm with a book — but looking out at a beautiful natural setting.

## The last thing you researched on the internet.

Tortoises

#### Your guilty pleasure.

A book in the bathtub. (This sometimes leads to library fines)

#### Favorite snack.

Homemade sourdough with avocado and everything bagel seasoning

#### The last book you really enjoyed.

Lessons in Chemistry — Bonnie Garmus

## A movie you could watch on an endless loop.

Mermaids- An older movie with Cher and Wynona Rider

#### A fun adventure you have been on.

I studied Traditional Chinese Medicine in Beijing for a summer during medical school. We took a trip to a remote part of the Great Wall of China, hiked for several hours, then zip-lined off.

#### The best advice you have ever received.

I very often encounter patients with a very treatable cancer who opt for unproven alternative therapies. I used to be very distressed by this. My husband told me: "You can't care more about someone than they care about themself." This is my mantra. It means I can only give what I can give. The patient has to take it from there.

## Something in life you are happy you did

Had kids in residency. It was so hard, but I am grateful to have had the support

of my husband and brother Evan, who was our live-in nanny. I can't imagine trying to start a family and a practice at the same time. Hats off to those women who do it!

#### Interests/hobbies outside of work.

Ballet, keeping animals, cooking, gardening, reading

## Any hobbies you would like to try if you had more time?

I always wanted to learn how to play the piano.

#### A habit you would like to change.

Committing to too much

#### Some place on your bucket list.

Japan

#### Favorite sports teams?

Liverpool FC

## Anything your parents taught you that sticks with you today?

My father grew up in India. He emphasized how lucky we were to grow up in a country where so many have so much. But he also reinforced the importance of living sustainably and using only those resources that we need.

## Personal accomplishment you're most proud of.

The work with the BodaGils. My dream is that one day this program will be replicated all over the world.

## Charities you are involved with or support.

Tiba Foundation, home of the BodaGirls (bodagirls.org), Idaho Food Bank, ACLU

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