

Lois Boulware was born and raised near Perry, Missouri, a small town located some 25 miles southwest of Hannibal. Her parents, James and Linda(Moss) Boulware, were family farmers, but they also surrounded their daughter with books and instilled in her a love of reading, a gift that, in due course, led her to Culver-Stockton College in nearby Canton, Missouri, where she received her Bachelor of Science degree in 1926. Boulware carried from Culver-Stockton two things that profoundly influenced her subsequent career. The first, a common theme in both education and Protestant theological circles during the Progressive era, was an appreciation for self-improvement, a concept akin to today's lifelong learning but with strong social and moral components as well. The second, acquired from her zoology course, was an interest in medicine.

Lois Boulware did not embark immediately upon her medical career. After a brief stint as a teacher, she earned a Masters Degree in Physiology and Physical Education from the University of Iowa in 1932; not until 1937 did she earn her M.D., also from the University of Iowa. The Depression years were difficult for medical students, as state legislators repeatedly slashed appropriations for the University and as student financial assistance dwindled as well. Like many students then and now, Boulware pooled family assistance, loans, and earnings from part-time work as a seamstress at the Psychiatric Hospital to pay for her medical education. In the 1930s and, indeed, until the 1970s, female medical students were few in number at American medical schools, and just six women graduated in Boulware's class of 101 – a group that included Robert Hardin, dean of the College of Medicine from 1962-1969, who later remembered Lois Boulware as class “den mother.”

While a fourth-year student, Boulware attracted the attention of Milford E. Barnes, M.D., chair of the Department of Hygiene and Preventive Medicine, who aimed to create a student health service to provide health care to University of Iowa students and also to serve as a model for good clinical practice. With the encouragement of Dr. Barnes, and after a year's internship to fulfill licensure requirements, Boulware began her career as assistant director of the University of Iowa Student Health Services in 1938, a position she held until the early 1970s, a good many of those years spent working with longtime Student Health Services Director Chester Miller, M.D. To say the least, a career in student health was an unlikely avenue to wealth or professional distinction; nonetheless, Dr. Boulware's unflagging devotion to her job, her compassion, and her listening and diagnostic skills earned her the affectionate nickname “Dr. B.”

As assistant professor emeritus in the Department of Preventive Medicine and in phased retirement from the Student Health Service, Dr. Boulware embarked on a second career, one that began quite serendipitously. During a 1971 stay at her Canadian vacation home some 300 miles north of Toronto, Boulware happened upon a *Time* magazine article describing a New York nurse's response to her own – not altogether happy – experience as a hospital patient, an experience that had led her to establish the nation's first hospital patient advocacy program to facilitate physician-patient communications and to guide patients through the maze of institutional barriers. So taken was Boulware with the concept that she provided a copy of the article to John Colloton, who had held administrative posts at the University of Iowa Hospitals and Clinics since 1958 and who began his long run as UIHC director in 1971. Colloton encouraged Boulware to develop the patient advocacy idea for application within UIHC, a challenge that “Dr. B” undertook with characteristic gusto.

In the 1960s and early 1970s, when primary care and family medicine were yet new fields in search of definition, the physician-patient relationship was much more narrowly construed than today, and ideas of patients' rights as well as expectations regarding patient involvement in health care decisions were correspondingly limited. The result, far too often, was that patients found the health care experience, perhaps especially in large institutions like UIHC, frustrating and intimidating in

more or less equal measure. To illustrate the patient's perspective, Lois Boulware described teaching rounds at UIHC: "They (attending physicians, residents, and students) come in your room like the white militia and you, the patient, don't know the general from the guy on KP." To make the physician-patient relationship more balanced and to make the health care experience more patient-centered, Boulware argued that patients needed a third party, or ombudsman, to aid in communication, to explain procedures, to guide them and their families both physically and emotionally, and, in general, to help them to manage their own care.

Dr. Boulware approached the problem directly. With a typewriter, a telephone, a paging unit, and a simple desk as a base of operations, she walked the wards and talked to patients and families in order to learn how – from the patient's perspective – the system worked, how it didn't work, and how it might be improved. As head of the Patient Representative Program until 1977, Boulware enjoyed direct access to top administrators, who were, at a time of increasing consumer pressures and increasing competition for patients and health care dollars, determined to create a more patient-friendly culture at UIHC. One example of Boulware's innovations was the introduction of interpreters for patients possessing little or no knowledge of English. As the Patient Representative Program developed, Boulware recruited Dorothy Rogers, Charlotte Wilson, Margaret Nusser, and Susan Boyd to her staff. Eventually, faced with a workload that overwhelmed her four-person paid staff and unable to meet her self-imposed goal of consulting with each patient within 24 hours of admission, she also recruited Norma Adams to develop the UIHC Volunteer Program, a program that, like many of Boulware's innovations, continues today.

Lois Boulware published no papers on her experiences in building the Patient Representative Program; instead, she confined her writing to case studies and to the manuals that guided patient representatives. Her terse commentary, as one brief sample suggests, was the stuff of legend:

"We are not do-gooders or bleeding hearts! We are not adversaries. We are not passive collectors of complaints. We are active observers, we listen, we communicate and we seek to be catalysts. We are fully accountable and our assignment within the administrative framework is to constantly seek maximum response to the needs of our patients and visitors."

Retiring a second time in 1977, Lois Boulware took on yet another mission, this time to create a facility for family members of patients undergoing surgery. The result was the Day of Surgery Lounge, staffed by experienced professionals who provided technical information regarding surgical procedures and relayed progress reports from the operating theatre. Already in 1978, the Lounge provided service to more than 10,500 visitors, and appropriately enough, the facility – now located in the Colloton Pavilion – today bears Dr. Boulware's name.

To be sure, Dr. Lois Boulware did not win renown as an academic physician. In fact, there were precious few opportunities for women in academic medicine in the 1940s, '50s, and '60s; as late as 1965, for example, just 30 of 374 UI College of Medicine faculty members were women. Nonetheless, despite limitations imposed by time and circumstance, Lois Boulware brought distinction upon herself and upon the University of Iowa College of Medicine through a lifetime devoted to the provision of medical care with a human touch. An avid golfer and fisherwoman, "Dr. B" also enjoyed an active personal life, which she shared with her longtime companion, fellow University of Iowa graduate and Iowa City pediatrician Dr. Lorraine Frost.