

# LEGACY PARTNERS

THE WHITNEY-HARKNESS SOCIETY NEWSLETTER | SPRING 2015

## IN THIS ISSUE:

- 1 **ADVANCES**  
A discussion with Alexander J. Swistel, M.D.
- 2 **VISIONARIES**  
Mervin Block
- 3 **ASK THE EXPERT**  
Norman E. Ross  
on Life Insurance
- 4 **LEGACY MINUTE**  
Connie Guion, M.D.



## ADVANCES | ON THE FRONTIERS OF BREAST CANCER TREATMENT

**A Discussion with Alexander J. Swistel, M.D., Associate Attending Surgeon, NewYork-Presbyterian/Weill Cornell Medical Center and Associate Professor of Clinical Surgery, Weill Cornell Medical College**

### Tell us how the Breast Center came about.

Breast Centers are a relatively new concept, though the benefit of geographically situating all the physicians that a person being treated for breast cancer needs—the surgeon, the oncologist, the radiologist, the plastic surgeon—in one location seems obvious. In the 1970s, some women were afraid to seek treatment for breast cancer because of the radical surgical techniques used at the time. The physical scars that some experienced negatively affected

their body image, with no options for reconstruction. In the 1980s, public figures like Nancy Reagan and Happy Rockefeller reduced the stigma of the disease by speaking openly about their mastectomies. As a result, the general public became aware that it was possible to have a fulfilling life after breast cancer. Consequently, women started seeking treatment earlier, leading to the development of less invasive surgery.

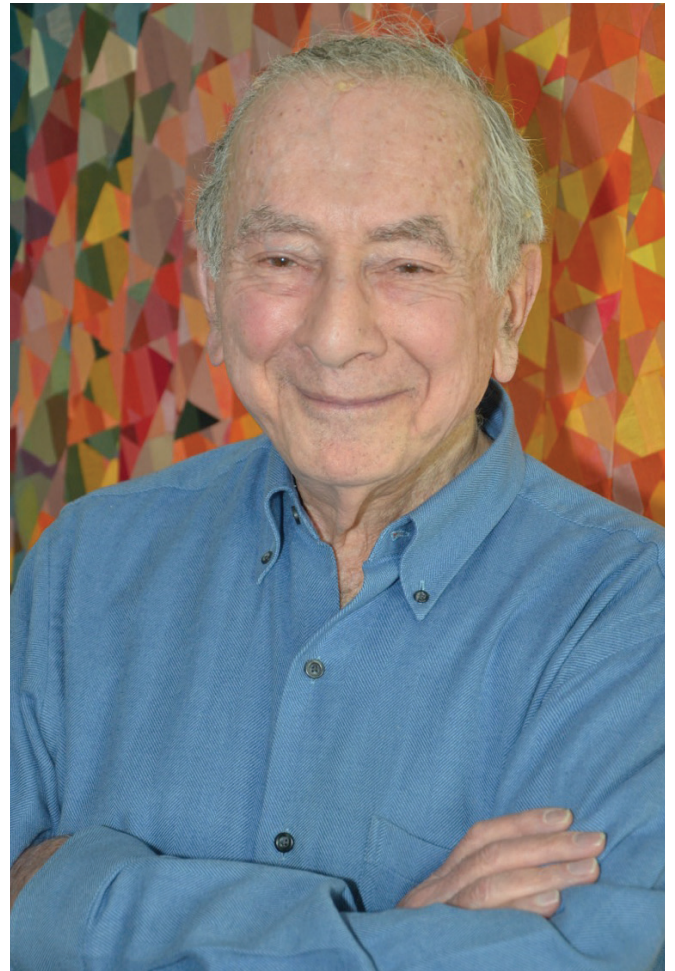
## MERVIN BLOCK

Mervin Block was fired from his high school paper. He doesn't remember the reason, but he remembers that, unlike the rest of the young reporters, he refused to ingratiate himself with the paper's faculty advisor. Today, Mervin can look back on an award-winning career in journalism and know that the advisor made the wrong call.

Beginning as a copyboy in his hometown of Chicago, Mervin quickly moved up in the ranks, with assignments as varied as the criminal court beat, City Hall, art critic and men's fashion editor (although, he admits, "They couldn't find anyone who knew less about men's fashion than I did").

He worked for fourteen years as a general assignment reporter, where he interviewed literary luminaries such as T.S. Eliot and W.H. Auden; Hollywood icons such as Alfred Hitchcock and Elizabeth Taylor; world-famous artists such as Maria Callas and Ludwig Mies van der Rohe; and political figures, including Joe McCarthy, Nelson Rockefeller and two U.S. presidents—one past, one future. This incredible Who's Who of twentieth century icons included everyone from Elijah Mohammed to Margaret Mead to a surprisingly canny Marilyn Monroe. Mervin recalls a fellow reporter trying to embarrass Monroe by asking her who her favorite poet was. Immediately, she replied, "Rilke."

In 1963, Mervin was recruited out of Columbia University's Graduate School of Journalism (he already had a master's from Northwestern's Medill School of Journalism) to work for CBS, and he eventually began writing for the "Evening News with Walter Cronkite." Over the next few decades, he also worked at ABC and NBC, and enjoyed a prolific freelance career—sometimes too prolific. He remembers arriving at his apartment at 11:45 p.m. after writing for CBS's "Sunday Night News," anchored by Harry Reasoner, and then waking up just an hour and twenty minutes later



so he could head over to NBC and write for the "Today Show." Mervin continues to exhibit the same incredible work ethic today, having taught at Columbia's journalism school for thirty years, written five books and conducted his Television Newswriting Workshop at stations in 45 states, plus Canada and Singapore.

Thanks in part to the care he has received from NewYork-Presbyterian doctors, Mervin has been able to keep up his busy life, and he has included the Hospital in his plans. Noting that giving anonymously is one of the highest rungs on Maimonides' ladder of charity, all that Mervin will say is that he "supports the Hospital." It is thanks to the generous spirit of people like him that the Hospital can continue its lifesaving work, and we are so grateful.



**Norman E. Ross**  
President,  
The Ross Companies,  
NewYork-Presbyterian  
Planned Giving  
Advisory Council

## LIFE INSURANCE: A MEANS TO SECURING YOUR LEGACY

A legacy gift, such as a bequest through your will or a gift through your living trust, is a popular and effective way to support your favorite charity. Unlike a current gift of cash or securities, a legacy gift is deferred until after your lifetime and is often a specific dollar amount or percentage of your estate.

Many legacy gifts, however, are subject to some uncertainty: will there be sufficient assets to fulfill your philanthropic plan? Life insurance can guarantee that a legacy gift will be satisfied independent of all factors (e.g. market performance, taxes, medical expenses) that may increase or reduce the value of your estate.

Most commonly, families acquire life insurance policies to assure financial security for spouses, children and grandchildren. However, life insurance can also be used to ensure that a specific dollar amount will be paid to a charitable beneficiary after your lifetime.

Additionally, life insurance policies offer flexibility. If you are carrying a policy that is no longer needed for family financial security, you can repurpose it to support your philanthropic interests.

There are a number of ways to utilize life insurance to fulfill your charitable goals. NewYork-Presbyterian Hospital can be named as the owner and beneficiary of your life insurance policy. In this scenario, you would make annual gifts to the Hospital for premium payments. These annual gifts would be tax-deductible.

Alternatively, NewYork-Presbyterian Hospital can be named as the sole beneficiary, co-beneficiary or contingent beneficiary of a life insurance policy. This method would not result in a current income tax deduction but could lead to a federal estate tax deduction down the road.

Another insurance benefit that can serve your charitable plan is group life insurance provided by your employer. Naming NewYork-Presbyterian Hospital as a beneficiary of group life insurance provides a significant financial benefit to the

Hospital at no cost to you if your employer pays 100 percent of the premium. An important factor to keep in mind is that employees are taxed on group life insurance

benefits that are greater than \$50,000. Naming the Hospital as a beneficiary of group life insurance in excess of \$50,000 allows the donor an income tax deduction equivalent to the amount that would have been charged as taxable income.

Finally, life insurance can be used as a method to replace wealth for heirs. For example, if you donate highly appreciated securities or real estate to the Hospital today, you will receive an income tax deduction and avoid paying capital gains tax. You could then use life insurance that names your heirs as beneficiaries to replace the value of the gifted securities or real estate.

Life insurance can be a flexible tool to help you realize your philanthropic objectives. You should, however, be sure to review all aspects of life insurance gift planning with your tax or life insurance advisor to assure that the gift is properly structured to meet all of your family, philanthropic and tax obligations.

---

**Life insurance can be a flexible tool to help you realize your philanthropic objectives.**

---



## LEGACY MINUTE | CONNIE GUION, M.D.

Connie Guion, M.D. (1882-1971) was a professor of clinical medicine at Cornell University Medical College, the first woman in America to hold such a position. Known as an advocate for patients of all socioeconomic backgrounds, she revolutionized outpatient care in New York as the founder and Chief of the Medical Clinic at the Pay Clinic (later the Outpatient Department). She was also the first woman to be a member of the New York Hospital Medical Board and to be elected an Honorary Governor of the Hospital.

Photo Courtesy of Medical Center Archives of NewYork-Presbyterian/Weill Cornell



## ADVANCES | ALEXANDER J. SWISTEL, M.D. continued

### What makes the Breast Center at NewYork-Presbyterian/Weill Cornell Medical Center unique?

We offer personalized care. When a patient visits our Center, she will be seen by a doctor who is part of an exceptionally talented team, working hand in hand with researchers at one of the top medical centers in the country. We're also the only academic oncoplastic center in the tristate area. Our focus is not only on helping patients become cured, but also on minimizing scars and preserving their self-image. If a patient comes out of surgery with a deformity, it can affect her quality of life. We believe it's not enough to survive the cancer; you should also have the opportunity to thrive. To maximize the achievement of this goal, our surgeons work closely with plastic surgeons; hence the term oncoplasty for this specialized approach.

Another key to our Breast Center's success is that we are always striving to improve the status quo. I tell my residents, "Look at the science. Walk away from anyone who says, 'We do it this way because it's the way we've always done it.'" Early adaptors make advances in the field. However, to adapt, you have to be willing to learn something new, and often doctors are not willing to do this. I am proud that

**“We believe it's not enough to survive the cancer; you should also have the opportunity to thrive.”**

our team has been on the cutting edge of many innovations. The sentinel lymph node biopsy is a good example. In the past surgeons had to remove the majority of a patient's lymph nodes as part of their treatment. The tumor would be gone but the patient could experience major complications. Now, we are able to identify which lymph node is most likely to be affected, and perform a biopsy on that one node. That previously revolutionary procedure is now

routine. Other innovations have followed a similar path, such as skin-sparing and nipple-sparing mastectomies, limiting the amount of radiation

after surgery, mammograms to find minimal disease and oncologists treating with targeted therapies. We're not the only institution with such innovations, but we are often one of the first to capitalize on the techniques that improve women's lives.

### In your opinion, what is the future of breast cancer treatment?

I see the end of surgery for this disease within the next ten or fifteen years. The most important progress will be made at the molecular level. How did that cancer cell arise? How did it become malignant? How can we specifically target that cell? That's where the answers lie.

**For more information, please contact:  
Nick Pitaro or Lynn Hoyte at  
646-317-7499 or [legacy@nyp.org](mailto:legacy@nyp.org)**

*NewYork-Presbyterian does not provide legal or tax advice. This communication (including any attachments) is not intended or written to be used, and cannot be used, for the purpose of avoiding tax-related penalties.*