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POSTMASTER: Change of address or return undelivered copies to: Alpha Omega Alpha Honor Medical Society, Post Office Box 2147, Menlo Park, CA 94026.
The smiling face of Ted Harris graced the cover of the Summer 2010 issue of *The Pharos*. The editorial page featured a moving memorial for Ted, penned by David Dale, former president of Alpha Omega Alpha. The issue also contained, fortuitously or not, my poem “Endings Are Beginnings,” written on the occasion of my retirement from medical practice, fifty years after seeing my first patient as a sophomore medical student. The title of the poem, or at least the concept, also forms the theme of this editorial for the Autumn 2010 issue of *The Pharos*. This issue marks the transition from Ted’s stellar leadership at the helm of the magazine to that of a yet-to-be-chosen editor, and prompts the following thoughts:

Endings indeed are beginnings. Future issues will feature essays, stories, tributes to Ted, and poems, solicited by the interim editor from the distinguished members of the editorial board of *The Pharos*. They are thus a further reflection of Ted’s influence on the stature of the magazine, and may help to point the way for the future direction of *The Pharos*.

In trying to discern the major themes championed by Ted Harris, I have seen the following:

1. A sharp focus on the future of health care policy and health care reform in this country.
2. A strong commitment to the human aspects of medical practice, illuminating the humanity of both the patient and the practicing physician.
3. Steady emphasis on the role of the arts and the humanities in the field of medicine, executed through the publication of poems, paintings, illustrations, current literature, and the cinema.
4. Ample use of illustrations to enhance the words carried in this magazine.

In short, Ted made *The Pharos* both relevant and fun. Accordingly, I see the following as challenges for the next editor of *The Pharos*:

1. To participate in the daunting task of helping to shape the debate about the future of health care; there is little doubt that our current “system” of health care is in need of reform. This goes far beyond the passage of a piece of legislation mandating certain desirable goals for health care to actually making health care change come alive. It will be in operationalizing reform in health care delivery that the real pay-off will come, not only for the benefit of patients receiving care but also for the benefit of the men and women delivering such care. I think that *The Pharos* could play an important catalytic role in this process.
2. To never waver from emphasizing the human aspects of health care delivery.
3. To continue and even to expand the role of the arts and the art of medicine in medical practice.

To accomplish these goals, I envision an opportunity to expand the audience reached by *The Pharos* from its current engaged but circumscribed readership to a broader and more diverse audience. For I believe that the potential for good residing in AΩΑ and its journal, and the creative fertility of its readers, are forces that can energize and even potentially redirect the health care debate at this momentous time. The need has never been greater. In making these statements, I am inviting spirited discussion of these ideas through letters to the editor and discussion among the members of both the Alpha Omega Alpha board and *The Pharos* editorial board.

Finally, I want to express my appreciation to the board of directors of Alpha Omega Alpha for giving me the opportunity to serve as Interim Editor while the search for a permanent new Executive Director of AΩΑ and Editor of *The Pharos* proceeds.
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Dr. Tinsley Randolph Harrison.
Photo courtesy of Dorothy Carpenter Medical Archives of Wake Forest University.
Tinsley Randolph Harrison, MD

A legacy of medical education

K. Tinsley Anderson
The author is a member of the Class of 2011 at Wake Forest University School of Medicine.

Tinsley Randolph Harrison is a grand figure in the history of medicine who touched many lives through his teaching, philosophy of education, and personal care. He is important not only for such seminal works as Principles of Internal Medicine, but because he reached into the future of medicine by establishing a model of internal medicine departments and medical education that remains largely intact today. Tinsley Harrison was destined to be a doctor. His heritage in the medical arts prepared him to refine his skills at several renowned institutions. After establishing himself as a dynamic teacher, thought-provoking researcher, and remarkable physician in sixteen years at Vanderbilt University, Harrison made the historic move to Winston-Salem to establish the Department of Internal Medicine at the newly relocated and revamped four-year Bowman Gray School of Medicine (BGSOM, now the Wake Forest University School of Medicine). Harrison's philosophy touched all aspects of medicine at BGSOM—medical student education, intern and resident schedules and instruction, the in- and outpatient departments, research, and more. His model of medical instruction and student integration into the workings of a hospital shaped the future of every student's experience and learning at BGSOM and ultimately set a model for medical schools everywhere.

Harrison was in born in Talledega, Alabama, on March 17, 1900, to a sixth-generation physician, William Groce Harrison. Groce Harrison was more educated than most of his nineteenth-century medical contemporaries, having graduated from Auburn University and studied at the University of Nashville, with more academic instruction further afield in later years. But his early medical education consisted mostly of lectures from local practitioners and a few examinations. Medical education in the United States in the later part of the nineteenth century lacked anatomical dissections and much of the scientific instruction like laboratory work that would come to characterize twentieth-century medicine. Groce Harrison recognized his educational deficiencies, and when money and time afforded, he pursued greater knowledge in his field. In 1892, he enrolled in Baltimore Medical College, his second medical school, and there learned of a new institution in the European model being set up nearby at Johns Hopkins Hospital. At Hopkins, Groce Harrison met and befriended William Osler, the man who would come to influence American medicine and the lives and careers of Groce and his descendants.

Groce Harrison and William Osler kept in touch throughout the years and Groce often wrote or met with Osler to ask career advice. In one such encounter, Groce asked for counsel about taking a chief of Medicine position in Mobile, Alabama, and giving up general practice. After discussing the young Harrison family's finances, Osler instructed Groce to "get into a small subspecialty that does not involve exposure to all kinds of weather. Go abroad and get a year's training, if that is all you
can afford. And train those boys [Groce’s sons] to be teachers of medicine.”1p38 Though Tinsley later said that he had no knowledge of this encounter until after he took his first position as chairman of Medicine at BGSOM, Osler was obviously a great influence in the Harrison household. Of his childhood, Tinsley later noted, “I believe that learning to distinguish between the synonyms God, Jehovah, Adonai, the Lord, and Dr. Osler are my earliest memories.”1p2

Young Tinsley was a good student and his parents were willing teachers. From his mother he was imbued with scripture and Shakespeare; from his father, on their long walks together and home visits to the ailing, he learned about biology, astronomy, and certainly medicine. Tinsley’s interests were as varied as his parents’. Groce Harrison wanted only the best education for his son, so Tinsley applied to Harvard College, planning to study law. He was accepted, but family finances precluded his attending. Therefore, upon high school graduation, he matriculated at the University of Michigan. Osler’s and Groce’s influences were strong, however, and after one year in Michigan Tinsley transferred to Johns Hopkins. Unfortunately for Tinsley, Osler died in 1919, the year Tinsley arrived in Baltimore.1p15

Harrison’s early career was successful and notable for the friendships he made. He spent his first two years after medical school graduation at Peter Bent Brigham’s hospital in Boston, returning to Johns Hopkins for his third year of internal medicine training. Canby Robinson of Vanderbilt University School of Medicine persuaded Harrison to take up the chief resident position there in 1925. His lifelong friend Alfred Blalock accompanied him. Both served as junior faculty at Vanderbilt for sixteen years, arriving and leaving on the same day.

At Vanderbilt, Harrison began his research career in earnest, focusing primarily on heart failure and the circulatory system. In 1935 he published Failure of the Circulation based on his own investigations. In it he promoted the idea of qualitative investigation instead of the descriptive methodology that had been the norm. After publishing a new edition in 1938, he refused to write further editions because he had no new data to contribute. Though some of his research is not well known, he also made advances in basic science, such as proving that digitalis shifted potassium out of myocardial cells. He was prolific in his sixteen years at Vanderbilt, ultimately publishing 107 papers in addition to Failure of the Circulation.2

The move to Bowman Gray

When Bowman Gray died in 1935, the former chairman and president of R. J. Reynolds bequeathed $750,000 in stock to Wake Forest University to convert its two-year program to a four-year medical school in Winston-Salem. The North Carolina Baptist Hospital was to expand from its 100-bed facility to 300 beds to serve the school and to allow the program to grow to the more modern four-year model. Dean Coy C. Carpenter of the Wake Forest University School of Medicine worked tirelessly for several years to appoint faculty and
arrange the structure of the new school. Dr. Herbert Wells, soon to become professor and chairman of the Department of Physiology at Bowman Gray, suggested Tinsley Harrison’s appointment to Dean Carpenter. Harrison seemed intrigued when Wells proffered the idea: “I am thoroughly open minded on the subject and the possible prospect of being able to start from the ground up and build a department . . . second to none.”

Harrison’s credentials were as strong as his desire to create a first-rate school. Vanderbilt’s Dean W. S. Leathers had no hesitation, except his unwillingness to lose Harrison, in recommending him to Dean Carpenter. In a letter to Carpenter, Leathers noted: “He is a conscientious and untiring worker and at the same time possesses a degree of brilliancy that is unusual.” But Harrison was not just an ideal physician. Leathers also commented, “The students tell me that he has remarkable ability as an instructor and presents his subject enthusiastically and effectively. In other words, he possesses marked inspirational qualities as a teacher.”

After being tentatively offered the position of the chair of Medicine, Harrison and his wife visited Winston-Salem. Along with his desire to create a department to his own liking, the charming people the Harrisons met apparently sealed the deal. Harrison said of Dr. Wingate Johnson, one of a few physicians who had already committed to be on staff, “The impression he made on me had a great deal to do with my decision to accept the position.” He also seemed to be swayed by the charisma of the Gray family as well as their support of the new school. Harrison later said of the Grays, “They indicated to me they were behind the school and were going to stay behind it.”

Dean Carpenter’s many appointments strengthened the fledgling school’s reputation: Dr. Camillo Antom, a world-renowned chemist, Dr. Wingate Johnson, clinical professor of Medicine and chief of the Private Diagnostic Clinic, and Dr. John Williams, a well-known researcher from Johns Hopkins, among others. Dr. Rusty Holman, chairman of the Department of Pathology at the University of North Carolina at the time, said of Harrison’s acceptance of the position, “Now for the first time, I know you are going to have a first class medical school because you’ve got Tinsley Harrison there.”

Once he decided to take the job, Harrison worked unrelentingly to create his ideal department. He and Dean Carpenter corresponded frequently in the months running up to the July 1, 1941, beginning of the school year. After one conversation on December 20, 1940, regarding plans for the school and the department for the next few years, Dean Carpenter suggested Harrison write him a letter summarizing the details. The next day, Harrison wrote a twenty-five-page letter detailing the outlines of the new department, from the minute to the grandiose. Harrison wrote,

Aim of the Department of Internal Medicine
To become the best department of internal medicine anywhere. This should be looked on as not just a praiseworthy Utopian dream but as an attainable although difficult objective. The velocity of progress toward this aim will
naturally vary according to conditions, but the direction of progress should not be altered under any circumstances. In this letter, he described salaries, educational philosophy, physical layout of the facilities, and much more. In subsequent correspondence, Carpenter and Harrison discussed such trivia as the style of furniture and the color of the walls. Being wily and aware of the limited funds of the school, Harrison was clever in his allocation of resources:

From a psychological standpoint it is probably better to have very inadequate space for the Outpatient Department rather than moderately inadequate space because in the former instance the defect will be so apparent that there will be more opportunity to obtain special grants to remedy it.7

Educational ethos
As Harrison and Carpenter discussed their plans for the new Bowman Gray School of Medicine, Harrison suggested a major change in the training of students and house staff. Traditionally, most of the teaching in medical schools was conducted by local practitioners who contracted with the schools but worked in their own clinics outside of the institutions for which they taught.8 Harrison believed that proper instruction of the trainees required considerable time from seasoned physicians who were faculty and primarily academic. In Nashville, he had noted the antagonism between the medical school and private practitioners; he therefore preferred that his faculty not practice outside of the school. With great tact, he refrained from objecting to members of his department practicing privately, but made it known that he would not. “The indigent patients will be my patients and I was happy with that decision and I never regretted it, because I do not think I made a single enemy for the school during the years I was there.”5p5

Harrison also believed in the value of bedside teaching. He said, “Teaching was all with patients, so patient care and
teaching were the same thing.” Harrison also wanted his students to be able to educate themselves: “The purpose of clinics and lectures will be primarily to stimulate thinking rather than to teach facts.” One tradition of his was to have several students over to his house about once a month for dinner. After the meal, one student would present a paper and then the group would discuss it. Harrison apparently enjoyed baiting each side so that each member would be so convinced of his own position that they all pursued the subject to seek an answer or proof. Harrison took teaching seriously, saying, “There was a close emotional bond between teacher and student, not just an intellectual bond and that’s the difference between education and instruction.”

Harrison followed in the footsteps of his father and William Osler by becoming a huge proponent of lifelong education for both trainees and seasoned physicians. He often ran a Monday night Clinical Pathological Conference (CPC) in which a case was presented and first the students, then the house staff, then a faculty member reviewed the case and suggested their assessment, diagnoses, and plans. Robert Morehead of Bowman Gray and a former student of Harrison’s wrote, “Almost without exception, the CPC was regarded as the most stimulating and informative educational exercise conducted at the medical center.” The conference was given on Monday nights to allow regional physicians, who sometimes came from a hundred miles away or more, to attend. The aisles were especially packed when Harrison was running the CPC. The CPC at Wake Forest continues to this day, but only once a month. Unfortunately for the audience but definitely benefiting the attending and pathologist who give the final review, the patient and his outcome are known to those final presenters, unlike in Harrison’s day, when the senior staff was as blind as the students. When Harrison was the attending presenter, he was rarely wrong but noted that he always learned something.

Besides the CPCs, patient-centered teaching, clinical demonstrations, and only the necessary amount of lectures, Harrison also wanted his students to be able to educate themselves:

“Our students do not finish school with enough facility in using the library. I believe it would be a good plan if, from the very beginning, the students were given a list of articles to read. . . . The object of this would be to try to teach the students that their learning must in the long-run come from the journals rather than from textbooks.”

As students progressed from didactics to practice, Harrison pushed upperclassmen to take on more responsibility and learn the skills they would need in their new lives as doctors in practice. He implemented significant changes to the fourth-year curriculum. In a letter to Dean Carpenter he wrote,

“My notion would be that the fourth-year students should have perhaps two hours a day of lectures and clinics and the rest of the time they should act as rotating internes, having somewhat less authority than our present interns have but more authority than students ordinarily have.

. . . . This as I see it, is the greatest defect in medical education at present—that the boys simply wait around during their fourth year for their internships and don’t really work the way they do the other years at medical school.

To this day in virtually every medical school in the country, fourth-year students continue to act in this capacity as sub-interns, learning the day-to-day skills of practicing clinicians. Harrison was a model for his students and colleagues. His work ethic was impeccable and virtually unattainable by others. He tried to instill this into his students:

“You owe me only one thing; I don’t care whether you go into surgery, obstetrics or internal medicine or what, but do it better than anybody else. That’s a feeling I still have, that my boys must do it better than anybody else and they may have to decide what they do, but if they don’t do it better than anybody else, then I’ve fallen down as a teacher.”

His work ethic permeated his thoughts on medicine as a profession.

“I don’t believe that a 40-hour week is compatible with being a member of a profession. A 40-hour week is for a man who has a dull job, repetitive, an assembly line sort of stuff, or heavy labor and that’s ample because this man derives no satisfaction from his work, he has to get his satisfaction during his leisure time. But for a person to consider himself a professional, which means your client, or your patient, or a member of your congregation, or your pupil—you come first, I come second. That’s what a professional person is.”

Harrison’s reasons for going to BGSOM were the personal connections and his desire to establish a department second to none. His reasons for leaving after two short years were multifold and might have been in part because of his unrelenting attitude towards work. There are suggestions that disagreement about the attending faculty arrangements coupled with Harrison’s notoriously meticulous nature led him to move to Southwestern Medical College in Dallas in 1943. However, Harrison also noted that his feeling of responsibility to use his expertise to help establish another school and more personal family reasons pushed him to move on.
Harrison. He wrote to the members of the class of 1943, the last class he taught at BG,

I still look back on the period in Winston-Salem as one of the peak periods of an academic life that has now lasted nearly one-half century. The greatest thing about it was the smallness of the classes which enabled me to know, personally, every one of you.12

He said Winston-Salem was

the greatest community I’ve ever lived in. . . . The people there, the friendliness, the open-armed attitude they had toward our faculty. I’ve never encountered this anywhere like it was in Winston-Salem.5p25

Beyond BGSOM

Harrison achieved much in his long career. Besides his accomplishments at Vanderbilt, his remarkable influence as chair of Medicine at BGSOM, Southwestern Medical College, and the University of Alabama at Birmingham, he achieved many other eminent positions—president of the American Society of Clinical Investigation, founder and first president of the Southern Society of Clinical Investigation, President of the American Heart Association, founding member of the Council of the National Heart Institute, and recipient of the Kober Medal, one of the greatest honors an internist can receive.2 Beyond these, his most well known contribution to medicine is Harrison’s Principles of Internal Medicine, first published in 1950 and now in its seventeenth edition. Arguably his greatest gift to medicine is the spirit and philosophy he gave to U.S. medical education. His forward thinking ideas still propel BGSOM’s current curriculum for students and house officers. His ethos of medicine still hums in the principles and objectives of American medical education and in our personal and professional development. His words say it best, as he writes in the introduction to the first edition of his seminal work:

No greater opportunity, responsibility, or obligation can fall to the lot of a human being than to become a physician. In the care of the suffering he needs technical skill, scientific knowledge, and human understanding. He who uses these with courage, with humility, and with wisdom will provide a unique service for his fellow man, and will build an enduring edifice of character within himself. The physician should ask of his destiny no more than this, he should be content with no less. . . .

Tact, sympathy, and understanding are expected of the physician, for the patient is no mere collection of symptoms, signs, disordered functions, damaged organs, and disturbed emotions. He is human, fearful, and hopeful, seeking relief, help, and reassurance. To the physician, as to the anthropologist, nothing human is strange or repulsive. The misanthrope may become a smart diagnostician of organic disease, but he can scarcely hope to succeed as a physician. The true physician has a Shakespearean breadth of interest in the wise and the foolish, the proud and the humble, the stoic hero and the whining rogue. He cares for people.10

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The cold and bitter night.
Alone.
Sometimes I think about death.
And sometimes,
I yearn for something
Beyond the reason
Of my being,
And beyond
The being of my reasoning.
Alone.
I am not really
Thinking
About anything
Except the beating of my
Heart.

Geoffrey B. Crawford, MD

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Photo courtesy of the author.
A medical ear in the early morning tennis group—when to advise and what to say

Herbert Y. Reynolds, MD

At 6 AM our early-birds group assembles to play tennis and talk. The exercise is invigorating and the tennis is quite good, given some foot faulting with serving and occasional confusion about keeping the game’s score. Players are trim, with bags full of rackets, and often carrying a cup of coffee or Gatorade; but a closer look shows some with a wrist support or a knee strap stabilizer. We are all older. The group, numbering about twenty-three men and women, has been together for almost a decade with little turnover. Most play multiple times a week. Exercise is extolled as the main reason for playing, but talking has increasingly crept in. It first occurs as the group assembles in the clubhouse, then before the warm-up, and during court changeovers on odd games. Conversation gets to the essence of what is becoming more important as the years pass along. Individuals in the group are in academics, the professions, and government leadership. There are seven other physicians, two of whom are in clinical practice; two of us volunteer in free medical clinics. Thus, getting advice or hearing opinions on a variety...
of topics is an unexpected bonus provided by the group.

The interaction of our tennis group probably mirrors the dynamics found in other groups of collegial people doing something together. Our group might be similar to book discussion groups, investment clubs, bridge tables, musical ensembles, or just social friends. You may find yourself in one or a number of these group situations. My intention is to stimulate reflection about the appropriate role for one with special health care knowledge to assume in the group: Just listen? Say little or nothing? Give personal advice as appropriate? These are not our patients, so offering official medical advice is not the issue, or shouldn’t be.

Court medicine

As chatting is frequent, a spectrum of health-related topics have been presented and some actual health issues encountered, as a few examples briefly illustrate:

- General off-the-cuff comments may be made, such as “I worry about the future health of my children and grandchildren who tend to be gaining weight and don’t exercise enough.”
- One raises the topic of elderly parents with a recent significant health event. They may require relocation, reluctantly, to a retirement complex.
- An exposition of a health report, which seems to be a rehearsal of a presentation for others, is bounced off you; my giving some technical explanation about the kind of imaging study done, and correcting pronunciation of several tests and parts of the procedure seems appreciated.
- With a tennis partner who has a knee meniscus tear and is awaiting arthroscopic surgery, but still wants to hit tennis and get some exercise, the situation becomes more immediate when I see him favoring his leg and appearing to limp a bit. Should I offer the advice “let’s stop and rest your knee and not aggravate things,” or continue the tactic of hitting balls down the middle of the court, so he doesn’t have to move much?
- However, a complaint may seem more urgent and force a decision. At a court changeover, my opponent commented, “My chest feels tight and I need to cough; I think I am wheezing.” “I’ve had a cold for a few days; should I worry?” Ouch. For a pulmonologist familiar with dealing with upper respiratory infections that might settle in the chest, perhaps this was all, and a few questions might clarify the symptoms. The need for a direct ear auscultation on the chest wall, obviated by Laennec’s invention2 that I usually carry in my tennis bag for such a possibility but didn’t have then, seemed excessive. But the late sixth-decade age of my partner made “let’s sit down awhile” seem the better option than resuming tennis play. Fortunately, nothing untoward subsequently happened.

Wrap up

My example is a tennis group where friends get to know each other through playing a sport, socializing while doing so, and develop a comfort for picking at each other’s expertise in the context of a familiar environment. Candid questions can arise and unexpected circumstances develop; one’s medical opinion can be sought. Other readers can extrapolate this to similar groups you are involved with where you develop an easy rapport with other members. As part of a broader message, there are two things to consider: First, physicians often get accustomed to and even enjoy a rather formal medical persona, as found in the academic or clinical practice office setting with the white coat, restricted accessibility, and salutatory “Doctor.” But playing a sport or engaging in a common activity helps strip away the veneer of formality, making one more approachable. Second, in this informal atmosphere medical questions or concerns may come forward more easily. It is a gratifying feeling to be asked, but there are obligations to consider. Beyond empathy, how to respond, what to say, and how much to get involved, are the more difficult issues to consider. I didn’t anticipate that medical questions would be so intertwined with a sporting or social activity. Sometimes it is difficult to refrain from offering advice or comments on a suggested diagnosis. Moreover, the Hippocratic Oath gives some assurance that getting too involved is not appropriate,3 but curbing the impulse can be hard. What advice and experience might you share about this dilemma?

References


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Commentary

First of all, congratulations to Dr. Reynolds for being part of a long-term tennis group where “players are trim” and “the tennis is quite good.” He is far ahead of my game.

The tennis, however, is just a symbol for any group of friends who meet regularly and include several physicians along with a majority of well-educated lay people. How best to respond when medical questions arise? This can sometimes be a delicate problem.

Some time ago, in The Pharos, I longed for a return to the Doctors’ Dining Room where physicians from varying specialties could cross-fertilize with speculative conversation (Summer 2007, pp. 36–37). The Reynolds problem is quite different since it involves predominantly lay people in a non-professional environment.

The problems Reynolds warns of are quite familiar to most physicians. Casually met lay people often ask one’s specialty and then proceed to ask a question clearly personally related. Dermatologists in particular are susceptible to the person in the next airplane seat rolling up a sleeve and asking: “Doc, what do you think this is?” (I myself insulate myself by declaring myself a proctologist, thus ending the questioning.)

It is almost always more prudent, however, in a social situation such as described here, to avoid anything which could be interpreted as specific advice, positive or, worse, negative. Always include the caveat that one should rely on the opinion of one’s personal physician.

In Dr. Reynolds’s enviable tennis club there are several other physicians, so it is easy to manage a difficult question by passing it around and creating enough multiplicity so that a direct answer is avoided. In the very rare instance in which you believe that harm is being done, or about to be done, it might be wise to remark that: “I guess that if I were I with that problem I’d get another opinion.”

Charles M. Plotz, MD, MedScD
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I can evade questions
without help; what I need
is answers.
—John F. Kennedy

The score is 3-2, you’re changing sides and having a sip of water at the net, and your tennis buddy says, “Herb, I had a slightly elevated PSA, then a bunch of biopsies, and now, at the age of seventy-nine, they want to cut out my prostate. Whaddya think?”

A vote of thanks to Herbert Reynolds for articulating a question that comes up every day across the planet and evokes a different response from everyone who’s asked.

We have thirty-four fellows in our tennis group in Palo Alto, locally known as the “Termites” because we used to play at Terman Park. The median age is about seventy-eight, the range sixty-five to ninety. Each of us plays two or three times a week at 8 AM.

The issues that arise cover the future of the planet, the economy, immigration, Afghanistan, and dozens of others. The medical questions tend to span the panoply of chronic disease and more: osteoarthritis, heart disease, cancer, hips, knees, shoulders, headaches, and general aches and pains. Should my wife continue with mammograms each year? My memory is going downhill: should I be worried? What will become of the younger generation? (Someone—I forget who—answered that question, “They’ll grow up and start worrying about the younger generation.”)

I try to respond to each and every medical question (and a few planetary matters) as helpfully as possible, always with a caveat: “I don’t give advice to anyone based on partial information. I will sometimes indicate what I would do if I were in your position. More importantly, if this keeps bothering you, see your primary physician.” If it’s clearly a special problem, I don’t hesitate to name a doctor whom I consider outstanding in that area.

My buddy with the prostate cancer had no symptoms, no palpable mass, and a normal bone scan. I went into some detail as to the options, the risk/benefit of each, age and prostate cancer, and the meaning of a PSA. I told him that if I were in his position, I would hold off on surgery, radiation therapy, and hormones, and enjoy his grandchildren, life in general, and tennis in particular as central to maintaining his good spirits and good health. That was four years ago, and he’s still hitting unreturnable drop shots.

Herbert L. Abrams, MD
(AΩA, State University of New York,
Downstate Medical Center, 1977)
Professor Emeritus of Radiology,
Stanford University School of Medicine
Palo Alto, California
Post Chemo Treat

Home again after chemotherapy—
low white blood count
and anemia
mandate solitude
and no virus exposure,
so she curls up
in a mohair throw
on her American Sheraton sofa
and reads a favorite,
Henry James,
fortified
with a bowl of popcorn
and a glass
of chardonnay.

Henry Langhorne, MD
Wind

And so it has come to you too.
The winds of death
brushed past your door;
scraped the paint away.

Long shreds hang helplessly
Bare wood stares through

And I, who seek to
form my life
in the shape
of a shield
against the wind

I search for paint and brush
And find none.

Sharon Maas

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Illustration by Jim M'Guinness
A caricatured performance reminiscent of an old black and white movie with an occasional Doppler rainbow muscular walls thrusting with duty valves fluttering like industrious butterflies. Whoosh, whoosh, whoosh, tricuspid I'm told, then pulmonic followed by mitral and lastly, the Grande Dame, the aortic like the mouth of a puffer fish blowing human surf without the ebb, just the flow.

Paul Rousseau, MD

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One simple question can change the world

George L. Spaeth, MD

The author (AQA, Harvard Medical School, 1959) is the Esposito Research Professor at the Wills Eye Institute and professor of Ophthalmology at Jefferson Medical College.

Many patients in my practice today are elderly, a good proportion of them are comfortable from a financial point of view, and many live in retirement homes. The overwhelming majority previously had a productive vocation. In response to a question that is a routine part of my history taking, specifically, “What are you doing with your time now?” the answer is almost always, “Nothing.” Many feel bored, and almost none are involved in activities directed toward the well-being of others.

These individuals could be doing much that would help our world’s needs. Other people have had a similar thought, as a result of which there are a variety of opportunities for “retired” individuals to be active in a constructive way.

Several months ago, I asked an eighty-five-year-old, vibrant, well-dressed woman, “What are you doing to make the world better?” Her response was one of stunned amazement. Why would I possibly ask that question? The issue seemed never to have crossed her mind. There was no answer. She immediately started describing her visual symptoms. For the rest of the day, I asked every patient the same question, interspersed among other routine parts of history, such as, “Are you having any trouble using the eye drops?” “Do you think your visual ability is the same, better or worse than it was when I saw you last?” and other routine and expected questions. The query, “What are you doing to make the world better?” was presented just as if it were a usual part of history taking.

A few people were so dumbfounded that they simply ignored the question. Most were doing nothing that they thought was making the world better; they justified this by detailing the difficulties they were having in just taking care of themselves. A small portion mentioned volunteer work such as being “active in my church,” but on further questioning this...
involved arranging flowers, counting the money in the collection boxes, cooking for the parish get-togethers, etc.

What was certain was that none of those thirty or so patients that day were thinking beyond themselves.

I left that day discouraged. Here was a group of relatively wealthy, intelligent, productive people who were for all practical purposes essentially ignoring the current state of the world. The hundreds of thousands of Iraqi citizens dying as a result of an ill-conceived and probably unnecessary war were just too far away to be of concern, the millions of abused woman too distant, the millions of undernourished, sick children with no reasonable hope for things getting better just too remote.

One month later, when at the same office, I saw several of the patients again. One told me that, as a result of the question I had asked, she had signed up to go work with Habitat for Humanity in New Orleans. “It was the best week I have ever spent,” she added. Another, Mrs. B told me that she had decided to use extra land she had for a camp to which she would invite young Palestinian and Israeli boys and girls to come spend a month together in order to get to know each other.

Two out of thirty is a relatively low percentage, but much higher than zero.

Most of us who live in the United States consult a physician at least once yearly. If all physicians asked, “What are you doing to make the world better?” as a routine part of the examination, my hunch is that it would have a significant effect on the patients, helping them to get past their fixation on themselves and their tiny surroundings. That in itself would probably help them to become healthier, happier people. Probably such a question would help broaden the physicians and their staffs, as well. Additionally, the medical profession would come to be perceived as a group of people sincerely concerned about the well-being of the world, as well as their individual patients.

Let’s all take that additional thirty seconds with each patient to ask, “What are you doing to make the world better?”

Where to go to help change the world

Action Without Borders (www.idealist.org)
American Red Cross (www.redcross.org)
America’s Promise—The Alliance for Youth (www.americaspromise.org)
AmeriCorps (www.americorps.gov)
Elderhostel (www.elderhostel.org)
The Executive Service Corps (www.escus.org)
Experience Corps (www.experiencecorps.org)
Generations United (www.gu.org)
Habitat for Humanity (www.habitat.org)
Mentor (www.mentoring.org)
National Retiree Volunteer Coalition (www.nrvc.org)
Peace Corps (www.peacecorps.gov)
Points of Light Foundation & Volunteer Center National Network (www.pointsoflight.org)
Service Corps of Retired Executives (SCORE) (www.score.org)
Senior Corps (www.seniorcorps.org)
United Way of America (www.unitedway.org)
USA Freedom Corps (www.usafreedomcorps.gov)
Volunteer Match (www.volunteermatch.org)
Volunteers in Medicine (www.vimi.org)
Volunteers of America (www.volunteersofamerica.org)
Hearing

In seventh grade my teacher said,
“If no man hears, there is no sound.”
What of the honking goose, the howling wolf?
Does human absence still their voices, make them mute?

How like ourselves to hear a world
defined by just our presence.

Yet goose and wolf speak for themselves,
about themselves, but with an aural modesty.
They cannot dictate that their sounds, their words,
are those that only merit hearing.

Somewhere an ancient elm falls dead.
Honor its demise. Grant that it too makes a sound.

*Michael R. Milano, MD*

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living and practicing in Teaneck, New Jersey. His e-mail address is:
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Illustration by Erica Aitken
In my thirty-one-year career as a pediatric hematologist/oncologist I received many heartrending letters and poems from patients and their parents, but my greatest treasure came from seven poems written in the late 1970s by a teenaged girl who had acute leukemia from which she later died. Seeing inside the mind of a teen with a known fatal disease is a rare and unusual gift. To be allowed to share this is even more unique. I have read enough in Pharos over many years to know this is not your usual source. Yet I guess I am searching for a way not to lose this unusual insight from a teen. Linda gave me permission to use her poems before she died, and her parents welcomed the idea.

Richard Patterson, MD
(AΩA, Wake Forest University, 1969)
Winston-Salem, North Carolina

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Why
Oh, God, why are you doing this to me?
I can’t handle it, can’t you see?
You closed me out like a jammed door.
This thing you do, do it no more!
A hospital room for a home?
Something about that is cruel and wrong.
My friends, they’ll never look at me the same,
each day I live is like playing a game.
Win or lose?
What is for me?
Win
or
lose . . .

Fighting
Will there be another day?
To you, oh, God, that’s what I pray.
To let me live and do my best,
Tell me now, is that my test?
Or to try and make others see
how unimportant little trials can be.
They don’t mean too much to me.
I’m fighting, just to be . . .

Dreams
Lord, give me a dream tonight.
One my soul won’t have to fight.
About guys and cars and rings.
Any of those teenage things.
Tonight, dear God, don’t make me scream.
Just a plain ole staying alive dream.

Hearts Break
Mike’s passed away and Teddy’s gone.
This whole world has gone all wrong.
Parents’ hearts break and the children ache.
Up here Leukemia is just like a popular song.
You play it for a while, until you grow tired,
then you quit and tag along.
Most don’t give in or die, they really, really do try.
But it seems like everything goes wrong.
With their little bald heads and puffed out tummys.
Maybe with Jesus they’ll belong.
Me—I don’t know where I belong.
I’m just so tired of playing this song.

Oh, God
Those threats of people’s lives, please make no more.
I care too much for life to let it slip away.
Oh, God, I need you to comfort me, each and every day.
Please, tell me the reason why.
All life is important to me. I can’t sit and watch it go by.
I don’t have all the answers to these awful things.
You’ll never know how much sorrow and sadness they bring.
I’ve got too many problems hanging over me.
Dreams and visions are all that I see.
It says in the Bible you’re what we’re here for.
So think of us before you take any more.

The Prom
Don’t guess I’ll go to the prom this year.
Don’t think I can stand the glare.
Tim says that this isn’t so.
But he’s one of a kind, you know.
He says that they won’t care,
and will love me just the same.
Pity is the word—not love.
I wonder if that’s why he’s playing the
dating game.
After all, what will people say?
If he dumped my bald head and walked away.
No—think I’ll stay home.
Anyway I don’t feel all that strong.
Think I’ll get him a date with Pam.
Tell him I don’t want him around.
So he won’t feel guilty when he walks away.
Oh, God, give me a Prom someday!

Not Alone
If ever you should walk down the road alone, someday,
Know you are not that way, and nothing is wrong.
“’Cause you are not alone!”
You may not see me, but I am there by way of my love.
Sincere, real and pure, as we felt the sensation of touch,
I am there!
I grew in my love, just as a flower, to full blossom!
I may in the same way fade and not be there.
But my love was as beautiful as the flower!
Wise thoughts I cannot give you, to continue alone.
You’re something special, chosen, you alone, chosen by me.
Look beside you, darling, though I may not be there, I will
never be gone.
Don’t let my memory make you blind to love you have
inside to give—the love that was mine.
The love that was good—so, darling,
Want to live!
Health policy

The editors invite original articles and letters to the editor for the Health Policy section, length 1500 words or fewer for articles, 250 words or fewer for letters. Please send your essays to info@alphaomegaalpha.org or to our regular mail-

Cost of a life
Resource allocation in the current health care environment

Benson Shih-Han Hsu, MD
The author is a fellow in Pediatric Critical Care at the University of Wisconsin School of Medicine and Public Health.

JR had trisomy 18, a chromosomal disorder affecting three in 1,000 births. Patients with trisomy 18 possess a characteristic set of physical findings including small size, clenched hands with overlapping fingers, short sternum, prominent occiput, low-set ears, micrognathia, and rocker bottom feet. For the overall trisomy 18 population, a recent case series from Japan showed fifty percent mortality within one month and less than ten percent survival within one year. Cardiac abnormalities are the primary source of morbidity and mortality.

JR was born with significant congenital heart disease. His cardiac anomalies included a PDA, an ASD and a VSD with left to right shunting. Secondary to his cardiac lesions, he developed severe pulmonary hypertension. The already dismal prognosis for trisomy 18 became even worse once his cardiac anomalies were diagnosed. Nevertheless, his parents were clear that there be no limitations on care.

I met JR within the first few weeks of his life. I was a senior resident on the wards when I heard that a child with trisomy 18 was to be admitted for failure to thrive and congestive heart failure. Knowing the overall poor prognosis of this condition, I wondered if his continued medical care was appropriate—not from a perspective of futility but from one of resource allocation. This was the question I battled as I took care of him over the next several years.

To have any chance for survival, JR required repair of his cardiac defects. A 2004 study in the American Journal of Cardiology reported that most trisomy 18 patients undergoing cardiac repair averaged about four months old.

JR was thus discharged home to grow until cardiac surgery was more likely to be successful. Unfortunately, given his heart failure and feeding difficulties, he suffered multiple medical setbacks over the following eighteen months, undergoing several operations including gastric and duodenal tube placements, central lines placements, and pulmonary artery banding. His postoperative recovery was constantly fraught with complications as he developed multiple infections and respiratory failure. Despite the repeated setbacks, his parents maintained their resolve to not limit his care.

I continued to care for JR as I finished residency and began a fellowship in critical care. When he reached eighteen months, he was finally deemed medically ready, and underwent the successful repair of his VSD and ASD. But after over four weeks in pediatric intensive care with multiple failed extubations, his parents decided to withdraw care, convinced that he had endured more than enough suffering.

Although numerous ethics consultants discussed the futility of JR’s care, I wondered whether his treatment was a just use of our limited health care resources—a topic that was rarely, or even peripherally, discussed. No one wanted to consider limiting care based on an abstract view of scarce resources.

JR had been admitted over fifteen times to the wards as well as the neonatal and pediatric intensive care units. He underwent numerous operations and procedures. He received consultations from more than eight separate pediatric services. He suffered countless infections and was mechanically ventilated on several occasions. He spent most of his life in the hospital and the cost of his care exceeded millions of dollars.

JR was a beautiful child who brought happiness to his parents and family. He was aware of his environment, withdrawing from pain, having vital sign changes with stress, and even occasionally smiling. At the same time, JR was one patient in a population of millions. He had a dismal initial prognosis with an incalculable but small chance for survival. Millions of dollars were spent on his care. In treating patients like JR, are we denying resources to others?

Health care economists try to quantify the best method for resource allocation. Cost effectiveness analysis (CEA) is one of the most commonly used evaluations. CEA defines the quality adjusted life years (QALY) saved for a given cost of intervention. For instance, to justify
a treatment costing $1 million that will increase your life by ten years (at the presumed normal quality of life), a year of life must be worth at least $100,000. But how much is a year of life worth? In Great Britain, the National Institute for Health and Clinical Excellence (NICE) has determined that the national health care system would not support any intervention costing more than $49,000 per one year of life. This decision has led to cries of rationing.

Rationing is defined as “to distribute equitably” by the Merriam-Webster dictionary. Although many dispute that health care rationing occurs here in the United States, Peter Singer noted in his 2009 New York Times article that “health care is a scarce resource, and all scarce resources are rationed in one way or another.”

Rationing in the United States is not based on public policy as it is in countries such as Great Britain; instead, our rationing is based on the ability to pay. As Dr. Singer points out, rationing in the United States is hidden. With our substantial uninsured population, rationing is based on who has insurance and who does not. Instead of determining what appropriate care is, we have created a class of uninsured citizens who generally do not receive any type of health care outside of emergency care. This leads to well-documented declines in overall health outcomes.

JR was born in the United States, which lacks a nationalized health care system, so considerations of cost were not addressed in his treatment. I wondered what would have happened if he had not had virtually unlimited health care. Would others have benefited? Would the money and resources have been used to save another child who lacked care?

Nationalized health care systems allocate resources by determining what is appropriate before treatment starts, allowing equitable distribution of resources. In the United States, restricting treatment for one does not necessarily lead to the gain of another. The resources spent or not spent on JR’s care thus had little immediate impact on the care for others.

After JR died, I felt comfortable in saying that his care was necessary. As physicians, our duty to our individual patients. Resource allocation and rationing will be debated for years to come as our society heads toward improving health care coverage for all. Until then, limiting care on arguments of allocation makes no sense, ethically or economically.

References
The physician at the movies

Peter E. Dans, MD
Extraordinary Measures

Starring Harrison Ford, Brendan Fraser, Keri Russell, and Meredith Droeger.
Directed by Tom Vaughan. Rated PG. Running time 106 minutes.

Based on Geeta Anand’s book The Cure\(^1\) and said to be “inspired by true events,” this film takes considerable license with the story of John Crowley (Brendan Fraser), who quit a high-paying job at Bristol-Myers Squibb to join a biotech company aimed at finding a cure for Pompe disease.

A form of muscular dystrophy, Pompe disease affects about 5,000 to 10,000 children and adults worldwide. It was discovered in 1932 by J. C. Pompe, a Dutch pathologist who autopsied a seven-month-old child who died of heart disease and found the heart muscles to be filled with glycogen.\(^{1p26}\) Pompe joined the Dutch Resistance at the outset of World War II, and when the Nazis found a secret radio transmitter in his lab, they arrested and executed him.

The next breakthrough was by Belgian scientist Henri Hers, who in 1963 discovered that patients either lacked or were deficient in the enzyme acid alpha-glucosidase (GAA), which breaks down glycogen. As a result, glycogen builds up in muscles, the liver, heart, and other organs, leading to progressive weakness, and respiratory and other systemic disorders. Dr. Rochelle Hirschhorn, a professor of medicine at NYU, published a description of a portion of the genome in 1986. Two years later, Dutch researcher Dr. Arnold Reuser described the rest of the genome.\(^{1p26}\) Efforts to produce a suitable replacement enzyme that could be tolerated by patients and penetrate the target cells proved elusive.

This takes us to 1998, when Crowley’s story begins. The film opens at the eighth birthday party of Megan Crowley (Meredith Droeger), one of two of Crowley’s children who has the disease. Haunted by the fact that the usual life expectancy is nine, Crowley is unwilling to heed the doctor’s advice that he and his wife Aileen (Keri Russell), in the absence of a cure, should take the children home and enjoy them, and regard death as a blessing. In real life, the afflicted children were fifteen months and seventeen days old when Crowley, a devotee of Churchill, vowed never to quit in his search for a cure. He began a journey of almost five years to get his children a possibly effective therapy.

Crowley, a hard-driving graduate of Georgetown’s School of Medicine, decided to focus on developing an enzyme replacement therapy for Pompe disease. He met with biotech companies, forming alliances, and raising money. He also used his connections to get the attention of federal officials at the National Institutes of Health. He had a poster child in Alex Crowley, who had Pompe disease and needed a pump to help him breathe.

Alex’s mother, Aileen, spoke at meetings and rallies, and even appeared on infomercials to raise awareness. She, too, was determined to find a cure for her son’s disease.

In the film, Alex’s mother is played by Keri Russell, and Alex’s father is played by Harrison Ford. The movie also stars Brendan Fraser as John Crowley, who is a hard-driving graduate of Georgetown’s School of Medicine, and Diego Velazquez as Alex Crowley.

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The film captures the determination and perseverance of the Crowley family as they fight to find a cure for Pompe disease. It highlights the importance of patient advocacy and the role of science in finding effective treatments for rare diseases.

Keri Russell and Diego Velazquez in Extraordinary Measures. CBS Films/Photofest.
of Foreign Service, Notre Dame's law school, and Harvard Business School, with one year at the Naval Academy, tracks down Dr. Robert Stonehill (Harrison Ford) a reclusive PhD studying the disease in Nebraska. Stonehill is portrayed as an irascible, eccentric, cocksure, workaholic with two ex-wives. ("Because I'm so easy to get along with.") Over dinner, Stonehill explains that attempts to infuse the missing enzyme have been ineffective because it doesn't get into the cell. When asked to help find a cure, Stonehill says that he is just an academic at the University of Nebraska, which pays a football coach more than what his lab costs for a year. Finally, he agrees to work with Crowley if he comes up with half a million dollars, and then goes off bass fishing. Crowley meets with other Pompe families, challenging them by saying, "Do we accept our fate and listen to these well-meaning doctors?" Still, he is only able to raise about $10,000, but Stonehill agrees to work with him because he's "tired of begging bread crumbs from the university while they keep my patents." He says, "I can't cure your kids but I can sure make their lives better."

Crowley and Stonehill form a love-hate partnership and establish biotech company Priazyme (actually Novazyme), even though Crowley is cautioned that nine out of ten such ventures fail. When Crowley sees Stonehill's college-aged lab assistants, he worries that no venture capitalist will take them seriously. Stonehill responds, "Scientists get all sensible and careful when they get old. Young ones like risk and are not afraid of new ideas, and you can pay them less." There are some harrowing setbacks such as when the electricity goes out in the lab during a storm and they must scramble to get a backup generator to save the precious enzyme. Finally, Crowley, without Stonehill's knowledge, makes a deal with Eric Loring (Patrick Bauchau), an investor whom Stonehill had alienated, to sell Priazyme to a larger company, Zymogen (actually Genzyme). The company gets a cash infusion and avoids bankruptcy, while making millions for Stonehill, Crowley, and the venture capitalists who had invested in the company.

Zymogen now has four prototype enzymes to test head-to-head in what is dubbed the "Mother of all experiments," consisting of 500 experiments over two months with the identities of the candidate enzymes blinded. When one clear winner surfaces (not the one Crowley touted), it is decided that only one will go on to human trials. Because the product is in short supply, the initial study will involve only infants, excluding Crowley's children, who are too old. Crowley first tries to steal enzyme (actually he thought about it but didn't try it because of the obvious logistical and medical problems). Then he works out a sibling study with Portland Rose Hospital (actually Children's Hospital of Philadelphia and later the University of Florida Hospital) but both are nixed because of nepotism and a conflict of interest given that Crowley is a company executive. Finally Stonehill suggests a compromise involving Crowley's being terminated by the company and the study proceeds at Portland Rose Hospital (actually at St. Peter's University Hospital in New Jersey under the auspices of Dr. Debra-Lynn Day-Salvatore on January 9, 2003).

The film is worth seeing primarily for the acting, especially of young Megan, who is as spunky in the movie as in real life. It is full of scientific jargon, formulas on blackboards, and PowerPoint presentations, presumably because the director wanted to be sure "that the scientists acted in a way that would be realistic to real scientists." I'll let you judge whether he succeeded; whatever the case, Ford's over-the-top portrayal of a scientist is entertaining. His performance joins the rogue's gallery of arrogant and abrasive cinematic scientists, including such gems as when he refuses to cash the large buy-out check until the experiments succeed, saying, "I don't care about money. I'm a scientist. I care about more important things." Or when, after another outburst, he walks out of an investor meeting, telling Crowley, "Nobody is going to tell me how to run my lab. I'm a scientist!"

As I noted, the film is highly fictionalized, so the major reason I'm glad I saw it was that it led me to read the book, which is a very interesting and readable chronicle of the business side of drug development, replete with biotech companies, venture capitalists, Harvard MBAs, and an orchestrated buyout, as well as competing patient support groups and the pressures by desperate parents trying to get life-saving drugs for their afflicted children. In fact Crowley had to watch while precious enzyme was sent to Italy and Spain after government-to-government involvement, before his kids could be treated.
Besides the wrong age of the children, the actual scientist Dr. William Canfield was a physician at the University of Oklahoma, not the University of Nebraska, which has every right to be upset at the cheap shots taken by the filmmakers. Whether they are or not, Oklahomans certainly resented the way Canfield was fictionalized but Crowley was not, and Oklahoma City and its pioneering lab were airbrushed out, along with Canfield. Although described as being “surly” or “shy and quirky” at times, Canfield appears to be nothing like the arrogant cinematic portrayal. If anything, it was Crowley who was consistently described as arrogant, irascible, and peremptory, much of which was excused because of his concern about his children. Actually, it was Canfield who founded Novazyme in Oklahoma City and hired Crowley as its CEO. Independently, Genzyme developed Myozyme (called “special medicine” in the film) and the two other prototypes in collaboration with Dr. Y. T. Chen at Duke University and Dr. Reuser at Erasmus Medical Center in the Netherlands. Although unfavorably portrayed in the film, it was the medical director at Genzyme, Dr. Hal Landy, who came up with the sibling study, not Crowley or Canfield. In addition, Genzyme let Crowley retire with a generous severance package, including coverage of $4 million in medical expenses to supplement COBRA and what Bristol-Myers Squibb had provided. All in all, not only did Crowley become wealthy but he was treated very well by his employers, who hardly fit the stereotype of ruthless capitalists.

Finally, the book gives a much more balanced picture of the effects of this devastating illness on the family, especially the older sibling and the mother who, in my opinion, is the real heroine. She tolerated her husband’s behavior, which at one point almost led to divorce, while being the primary caregiver for two children on respirators, often with inadequate help until a saintly woman named Sharon Dozier became almost part of the family. Usually I agree that the deleted scenes provided as extras on DVDs should have been deleted, but in this case I do not, because they show the tough times and frustration that the family suffered through and their inclusion would have provided a realistic counterbalance to the heroic portrait of Crowley and the “feel-good” storyline. Still, Nina Raben, an NIH doctor who grew up in the former Soviet Union, summarized the story best: “This is a very American story. It’s about hope, it’s about will power, it’s about money, it’s about a belief in happy endings.”

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The Hurt Locker


The film opens in Baghdad in 2004, the worst period of the Iraq war when improvised explosive devices (IEDs) were the predominant means of killing American soldiers. The title comes from the expression for being injured and being sent to the “hurt locker.” The screenwriter (Mark Boal) draws on his six-week experience as an embedded journalist with an

Jeremy Renner in the Hurt Locker.
CBS Films/Photofest.
The film follows three EOD technicians who have thirty-eight days left in their rotation, as the filmmakers countdown each of the days.

When a radio-controlled roadside bomb is detonated, killing the unit’s leader, Staff Sgt. Matthew Thompson (Guy Pearce), the screenwriter plays off the Army recruiting slogan, “Be all you can be in the Army,” adding, “what if all you can be is dead on the side of an Iraqi road?” The film conveys the differing rhythms of the war, where conditions can turn from calm to chaotic without warning. It also portrays the stress of having to cope with sandstorms, torrid temperatures exacerbated by the need to carry heavy equipment, and especially the difficulty in identifying enemies when every minute may possibly be one’s last.

The major character is an intrepid EOD technician Sgt. First Class William James (Jeremy Renner), who has defused 873 bombs. Under his bed he keeps a box of parts from bombs that nearly killed him as he was dismantling them. James is engaged in a running conflict with Sgt. J. T. Sanborn (Anthony Mackie), who insists on doing things by the book. The third member of the team, Specialist Owen Eldridge (Brian Geraghty), is a rookie who is not only introspective but not afraid to say he is scared. He has never killed an enemy and is put to the test when faced with that choice. As Iraqis silently watch, Sgt. James dons his elaborate equipment and walks down the street towards a suspected bomb vehicle. By creating an archetypical High Noon moment, the director successfully puts the viewer in his shoes and transfers the tension.

While defusing the bomb, James takes off the headset that connects him with his mates in the Humvee so he can ignore any warnings to abort the mission. On his return to the vehicle after successfully defusing the bomb, Sanborn chews him out for being a “hot dog.” When commanding officer Colonel Reed (David Morse) later asks him what’s the best way to disarm a bomb, James answers “The way you don’t die”. The Colonel admiringly responds, “Spoken like a wild man. That’s good.” This fits what the screenwriter intends to convey at the film’s beginning, using a quotation from Chris Hedges’s 2002 book, War Is a Force that Gives Us Meaning. “The rush of battle is a potent and often lethal addiction, for war is a drug.” While perhaps partially true, some knowledgeable EOD veterans have criticized the portrayal of the EOD technician as being rather cavalier and unrepresentative.

James’s personal life is as chaotic as his military life. He talks about having gotten a girl pregnant back home and marrying and then divorcing her, at least he thinks he divorced her, although she is still living in the house. He’s asked how he takes the risks. He admits that every time he goes out he rolls the dice, but can’t explain why. His softer side is shown in two scenes with young boys. James takes a liking to a boy who sells black market CDs and is so enamored of soccer that he calls himself Beckham (Christopher Sayegh). Later James comes to believe that the boy is a suicide bomber who died when the bomb went off prematurely. He goes off the base at night into the heart of Baghdad to find the boy’s relatives and barely escapes with his life. This scene is so improbable that it detracts from the film. Later, James is shown with his wife and their young son, trying to be a father. He tells his son, “You love playing with all your stuffed animals. You love your mommy and daddy. You love your pajamas. You love everything, don’t you? You know what, Buddy, as you get older, some of the things you love might not seem so special any more like your Jack-in-the-Box. Maybe you’ll realize it is just a piece of tin with a stuffed animal inside. And the older you get, the fewer things you really love, and by the time you get to my age maybe it’s only one or two things. With me, I think it’s one.” This attempt to humanize James while having him confess that it’s war that he loves seems a little forced.

The only medical aspect of the film is the portrayal of a doctor, Major John Cambridge (Christian Camargo), who decides to go on a mission with the technicians. When asked why, he says that going to war is a once-in-a-lifetime experience and can be fun. He also says that it will help him better understand people like Sgt. Eldridge whom he is counseling. It turns out that he is also very naive and when he insists on talking to a bunch of Iraqis rather than getting into the Humvee, he is blown up.

The film was nominated for nine Academy Awards and won for best original screenplay, best sound editing, best sound mixing, best film editing, best film, and best director. The latter was particularly noteworthy in that Bigelow was the first woman to win an Oscar for directing. An interesting bit of intrigue played out on Oscar night in that she is the ex-wife of director James Cameron, who was pitted against her in both categories for Avatar, which was an enormous box office success, whereas Hurt Locker was the lowest grossing best picture ever.

Bigelow chose well in casting three unknown actors in the pivotal roles. This allowed the viewer to focus on the story rather than on a celebrity like a Clooney, a Cruise, or a Gibson. There were two better known actors in minor roles: David Morse and Ralph Fiennes. The latter gives a rather unconvincing performance as the head of a private British company probably patterned on Blackwater. The film also benefited from Bigelow’s insistence on filming in Jordan (in some cases only a few miles from the Iraq border), where she could use many Iraqi refugees as extras. The climatic conditions further enhanced the film’s authenticity, especially since Bigelow did the location shots without air-conditioned trailers or private bathrooms, keeping everyone uncomfortably in character.

Although the film got many awards, it was not immune to criticism. Many veterans liked the film but some cited inaccuracies. They were best expressed by Jonathan Foreman, who was embedded with the troops for six weeks in 2003 and 2005. He believed that The Hurt Locker was the best film yet made about post-9/11 wars and praised many of the things
The physician at the movies

that the filmmakers got right despite a low budget. However, he noted that:

1. You’d never see a single Humvee driving around Baghdad or into the desert.

2. The idea of a soldier running around town at night in a sweatshirt and finding his way through the unmarked streets of a neighborhood he doesn’t know was impossible.

3. The whole sniper scene with the British mercenaries was absurd.

4. No EOD team would be left alone in the school or an explosion site, which happens during the film a number of times.

5. The noncommissioned officers in the film would have had to answer to officers they would meet with regularly and not be allowed to act as Lone Rangers.

The film reminded me of the excellent 1978 television series starring Anthony Andrews called Danger UXB. Set in London during the Blitz, it follows bomb squad members whose job was to dig up and disarm unexploded bombs (UXB). It shows how little the people knew at the time about defusing bombs and how scant was their training and thus how many got killed. The DVD set has a fascinating bonus History Channel documentary entitled “Bomb Squad.” The narrator points out that there are an average of 500 bombs per year in the United States. The most famous of them were at Columbine High School where the bombers who killed themselves hid about sixty-five bombs that had to be retrieved, with one person killed in the process. They trace the history of anarchists planting bombs in New York City, which led to the formation of the New York Police bomb squad in 1903. This includes the bombing on Wall Street protesting the Sacco-Vanzetti verdict, which killed and injured many; the planting of a bomb in the British Pavilion at the 1939 New York World’s Fair, where two bomb squad members were killed; the New Year’s Eve 1982 bombing by the Puerto Rican terrorist group FALN, which led to the serious maiming of two detectives whose interviews are particularly poignant; and the 1993 World Trade Tower bombing.

An ex-IRA bomber discusses what led him to plant bombs and why he tried to warn authorities, whereas other bombers were less concerned with the deaths of innocent people. EOD veterans discuss the mentality of those who take on this risky job. One says, “We don’t want to say we’re in it for the adrenaline rush but that plays into it.” Another says that the typical EOD tech is not “living on the edge” because you have to keep your composure. He added that there were “no experts, no one knows it all, and if you ever get to that point, you’re dangerous.” The good news is that they now have dogs and robots to try to expedite detection and defusing of bombs, minimizing the possibility of loss of life of the technician. There’s also a joint Army/FBI Hazardous Devices school in Huntsville, Alabama, that works with police departments. In short, I recommend the film and also encourage those interested in the subject to check out Danger UXB.

References


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Reviews and reflections
David A. Bennahum, MD, and Jack Coulehan, MD, Book Review Editors

Dying for Beginners
Patrick Clary
Lost Borders Press, Big Pine, California 2006, 86 pages
Reviewed by Jack Coulehan, MD (ΩΩA, University of Pittsburgh, 1969)

When a palliative care physician publishes a book of poems entitled *Dying for Beginners*, you’d think most of the poetry would focus on his clinical experience in the hospital and hospice. Vignettes of patients and their families, for example, or didactic poems about the value of palliative care. After all, the title suggests a handbook of sorts. Nonetheless, the reader soon discovers that Patrick Clary’s *Dying for Beginners* is actually a collection of vibrant poems about life and living, about family, friends, music, loss, war, and love. The book’s title is more evocative than it initially appears, for it conveys the countercultural insight that dying is an essential part of living. We only become fully human by coming to grips with our own mortality. Our engagement with mortality emerges from love and humor, as well as from pain and loss. This is a lifelong project. Patrick Clary’s poems speak to what he has discovered about himself, as a beginner to his fellow beginners.

Clary’s route to discovery traverses Death Valley, where he undertakes a retreat and vision quest. In an opening poem about this experience, he concludes, “Suddenly, I find all my wounds are turning into blessings.” This inversion of categories is not an exotic, one-off event for Clary, but a new way of looking at the world. It’s a perspective in which events in the poet’s life, carefully observed and described, suddenly reveal deeper meanings that can only be expressed by metaphor or paradoxc. For example, in “Days I Don’t Remember,” Clary reflects, “And all my roads are turning into rivers.” Or, in “Meditation on the Pays d’Oc,” he observes, “Instead of dying, I cough up a butterfly, watch it/dry its wings in the sun.” Or the essential quietism of “That silence moving through our lives was me” (“The Translator”). The poet learned his first lessons in dying during the Vietnam War, in which he served as a medic with U.S. infantry units. During “Orientation at Bien Hoa,” he discovers,

> Yes, gentlemen
> This little war here
> Exists only
> For one reason:
> To give you all the pleasure
> You can handle.

He is also taught how easy it is to kill with an M16 rifle, which can

> Put eighteen holes in
> Whatever you point it at
> Inside of two seconds.

Meanwhile, the human tragedy of Vietnam takes place all around him. For example, Vo Vanh Thom, a Vietnamese peasant whose son died in an explosion set off by a careless American soldier who threw a match into the “firebase dump,” observes two bodies being loaded onto a Chinook helicopter:

> Though now they lay on the floor
> Of the gray Chinook together
> The man with the match would be alive in
> America tomorrow, my child dead in Da Lat.

The American whose action killed the peasant’s son would survive.

In another place, Clary writes about taking care of patients from earthquake-prone and war-torn El Salvador.

> They say war is another kind of earthquake, worse,
> The real earthquake, the one that has lasted years.

This earthquake can reach into your own home,

> Bind your son with wire in front of you,
> cut off
> His genitals and stuff the organs into his mouth.

The Vietnamese peasant had lost one of his hands in the explosion. In a different poem (“Three Variations”), Clary calls to mind his own hands

> . . . square,
> Filled with themselves, professionally
> Tender on demand, but still uneasy
> At your easy tenderness.

The words “professionally tender on demand” evoke his work in palliative medicine, although the same words could—and should—apply to medical practice in general. But Clary recognizes that the human capacity for compassion is not inexhaustible. There will always be a tension between the work that needs to be done (“another pair of hands in the emergency room”) and our limited reserves of kindness and empathy.

> “Five Tasks Taught by Hospice Nurses” is among the most moving poems on love and death I’ve ever read. Dedicated to the poet’s brother who died in an accident, the poem consists of five sections, each expressing one of the tasks of “successful” dying: say goodbye, express forgiveness, request forgiveness, affirm affection, and express gratitude. In this case, Clary performs each task in turn, as he reflects on incidents in his and his brother’s lives. The poem speaks with clarity, dignity, and compassion. True to the central theme.
Reviews and reflections

of Dying for Beginners, Clary affirms that forgiveness, affection, and gratitude are tasks for the living, as well as the dying. He concludes,

Now I see: living is a kind of slow burning, And love is what we salvage from the fire.\textsuperscript{p73}

I can think of no better way to end this review than to quote a section of the book’s eponymous poem, which refers to a chaplain’s visits to a dying patient:

The engineer with end-stage cancer lived for their visits, not only meandering with the chaplain through memories—his loving marriage, work well done, well-educated children—he prized the weekly chance to scoff at angels and any possibility of heaven. His last word? “Wow!”\textsuperscript{p78}

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On Being Certain: Believing You Are Right Even When You’re Not

Robert A. Burton
Reviewed by John L. Wright, MD
(ΔΩΑ, Hahnemann Medical College, 1956)

On Being Certain by Robert A. Burton, MD, former chief of Neurology at Mt. Zion-UCSF Hospital and author of three acclaimed works of fiction, is the most enjoyable and informative nonfiction I’ve read in several years. It’s enjoyable because the writing smoothly integrates personal narrative, historical reference, and anecdotes from literature and pop culture, along with hard data from clinical medicine and laboratory studies; informative because it sheds light on the enormous subjectivity with which we come to our opinions and decisions. As an example of the latter, in a discussion of the role of DNA and its influence on the way we think about religion, Burton, comments on his own “idiosyncratic world-view”\textsuperscript{p105} and his “overwhelming existential bent.”\textsuperscript{p105}

He uses a personal experience from high school to illustrate his belief that his mind is “programmed” to shun black and white answers for the most difficult questions.

As a high school student, Burton worked as an usher in a San Francisco theater that featured Samuel Beckett’s Waiting for Godot, a play depicting the meaninglessness of man’s existence. Burton writes of that purely accidental exposure,

I left the theater stunned. The resonance was unnerving, as though Beckett had slipped inside my head and written what I hadn’t yet thought. Yes, this is how the world is. The pleasure was profound and comforting, as though I’d discovered a kindred spirit.\textsuperscript{p106}

And here again he writes

After fifty years my admiration persists. More than any other artist (or neuroscientist), Beckett has captured the wondrous and amusing frustration of observing the mind in action. His “you must go on, I can’t go on, you must go on, I’ll go on,” underscores the paradoxical and philosophically irresolvable relationship between thought and biology.\textsuperscript{p106}

Finally, Burton contends that,

A stance of absolute certainty that precludes consideration of alternative opinions has always struck me as fundamentally wrong.\textsuperscript{pxiii}

These personal revelations, and the data presented in On Being Certain, suggest that human beliefs span a bell-shaped curve with aggressive conviction on one end and dysfunctional ambiguity on the other. However, in his enthusiasm for Godot, Burton seems to overlook the paralyzing stasis that the play also portrays.

In the preface, Burton states his goals in writing the book: (1) “I have set out to provide a scientific basis for challenging our belief in certainty,”\textsuperscript{pxiv} (2) “My goal is to strip away the power of certainty by exposing its involuntary roots,”\textsuperscript{pxiv} and (3) “To dispel the myth that we ‘know what we know’ by conscious deliberation . . . [by showing] how the brain creates the involuntary sensation of ‘knowing’ and how this sensation is affected by everything from genetic predispositions to perceptual illusions common to all bodily sensations.”\textsuperscript{pxiv} In other words Burton is convinced that certainty (or the need for certainty) is a serious deterrent to problem solving.

In two interesting chapters (“Neural Networks and Modularity” and “Emergence”), Burton builds the foundation for a deeper understanding of the individual neuron and its triggering impact on the vast neural network, such that sensory input eventually emerges seamlessly into the conscious mind. In discussing the neural network, he uses the term “hidden layer,” partly I suspect to avoid the baggage carried by such terms as “unconscious” and “subconscious.” He illustrates the “hidden
layer” with an in-depth discussion of how amazon.com manages to digest a consumer's book purchases for the purpose of building a roving user-profile that is fed back to the consumer suggesting similar books. What becomes clear is that every sensory experience is registered and evaluated in the “hidden layer.” Depending on its strength and relationships, the input provokes an appropriate response, either as thought leading to action, or as cataloging for future reference. However, he doesn’t discuss yet another function that the “hidden layer” must also have, i.e., protection from the disabling chaos that would otherwise result from a flood of useless or inert stimuli.

What follows logically from Burton’s analysis of the “hidden layer” is a re-evaluation of the question of free will versus determinism. While Samuel Johnson’s statement, as reported by James Boswell, that “All theory is against the freedom of the will; all experience is for it” (1778) continues to be the default opinion, I’ve never read anything that raises the stakes in favor of determinism more than does On Being Certain. In the penultimate chapter, Burton summarizes much of what he has presented earlier, concluding that, “the free will–determinist debate is limited by its own biological constraints.”

Along the way, Burton reveals, where possible, the genetic components and biochemical and neurological pathways that underpin an array of clinical syndromes as a way of validating his contention that feelings of conviction, knowing, and correctness have deep neurological roots. Among the syndromes he discusses are blindsight, Cotard's syndrome, addiction, mystic states and religious experience, obsessive-compulsive disorders, cognitive dissonance, placebo effect, and déjà vu.

At the end of the preface, Burton gives another reason for writing this book. He states, “The sense of inner quiet born of acknowledging my limitations has been extraordinary; I would like to share this with you.” I applaud this conclusion, being grateful for having come to that experience myself. Yet, doesn’t this bring us back to the beginning? Think of the anxiety or repulsion a reader who insists on absolutism might experience in being pushed toward uncertainty. After all, much of what is going on in the “hidden layer” (mostly the primitive areas of the brain) has to do, it seems to me, with survival, triggering the fight-or-flight reaction to surprise or stress. What are the chances, then, that this brilliantly argued treatise will change the orientation of individuals deep in the certainty region of the certainty/ambiguity curve? Burton writes, “The more committed we are to a belief, the harder it is to relinquish, even in the face of overwhelming contradictory evidence,” and further, “once established, emotional habits and patterns and expectations of behavioral rewards are difficult to fully eradicate.”

Finally, as if recognizing the difficulty in effecting a full conversion, Burton merely hopes that people will come to the point of saying, “I believe this or that is right” rather than “I know it is right.” A rather weak response for such a strong book. But perhaps that’s all we can hope for.

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Technological Medicine: The Changing World of Doctors and Patients
Stanley Joel Reiser
Reviewed by Frederic W. Platt, MD

In the United States, we have the most advanced medicine in history. We are technological wizards wielding technological miracles. Yet despite our great achievements, we often fail to connect with our patients. What is going on? How did we reach this point?

Stanley Joel Reiser clarifies it all. He begins with Laennec and his invention of a stethoscope, a wooden peg with a longitudinal hole. Reiser notes that: respect for female modesty and bodily privacy required male medical attendants to refrain from modes of examination that trespassed on these mores. Because of this problem, Laennec rejected the use of auscultation on the patient he was examining. 

[But] . . . he recalled . . . a well known fact of acoustics, sounds grow louder when they pass through solid bodies. . .

After rolling up some papers he later recalled:
being "not a little surprised and pleased, to find that I could thereby perceive the actions of the heart in a manner much more clear and distinct than . . . by the immediate application of the ear.”

The wooden peg came shortly after. Being able to learn the condition of the human interior without having to listen to the patient’s story, being able to ask the patient to remain silent while the truth was divined, was a boon to physicians. Not only could they listen to those clicks and murmurs, those wheezes, crackles, and bronchial breath sounds, but they could put the patient’s
story on the back burner. Physicians could get closer to their key question and its key answer: where is the disease? For the first time in history physicians could learn something that the patient could not know. Not only would the stethoscope distance patients from their physicians physically, but a metaphoric space would open, a space that physicians today have difficulty bridging.

Laennec’s invention was not the first technological step forward in medicine, nor perhaps the most important, but today we still carry, and sometimes use, variations on his little invention. Nor is this the first time Reiser wrote about the stethoscope; he discussed it in a 1978 book, Technology and the Reign of Medicine. Reiser even noted that Laennec’s teacher, Corvisart, had translated a 1761 monograph by Leopold Auenbrugger, and that this translation prompted Laennec to create the first stethoscope.

Reiser discusses some of his favorite technologies: the x-ray, the artificial kidney, the pressure ventilator, ultrasound, the obstetrical forceps, and the medical record. Would you have considered the medical record a technological breakthrough? A mere hundred years ago few doctors kept written records about their patients. Our medical records have gone through many generations since and are now becoming computerized, to our benefit and despair. As you consider the history of medicine, what would get your vote as the most important step forward? Antibiotics? Vaccines? The CAT and the MRI? Flexible endoscopes? Artificial knees and hips? My favorite is the disease theory itself. Prior to 1700,

The idea of balance—among the basic constituents of the self, and of the self with the essential elements of the natural and social world—was the foundation of treating illness and preserving health.12

The linkage of the external environment to health and illness is innovatively, wisely, and elegantly portrayed in the Hippocratic work Airs, Waters, Places. It advised physicians . . . to consider [the patient’s] situation, how it lies as to the winds and the rising of the sun . . . whether it be naked and deficient in water, or wooded and well watered . . . and the mode in which the inhabitants live, and what are their pursuits.131

Having edged into the twenty-first century, it is difficult for us to realize that medicine had focused on the environment, the patient’s emotional style, and the four humors for almost 2000 years. But it did. Then, around 1700, largely through the work of Thomas Sydenham and his colleagues, everything changed. Sydenham thought we should classify diseases as we do other entities of the natural world—plants or animals. He wrote:

Nature, in the production of disease, is uniform and consistent; so much so, that for the same disease in different persons the symptoms are for the most part the same; and the self same phenomena that you would observe in the sickness of a Socrates you would observe in the sickness of a simpleton.1

From this he deduced that specific remedies could be found to treat those specific diseases. Aha! And what has happened in the ensuing 300 years? We have become experts at disease. We study the causation, diagnosis, prevention, and treatment of disease. And medical education, all eight to twelve years of it, has become an education in disease.

But in the process we may fail to notice that knees and elbows don’t come into our clinic unless surrounded by a person. We may not care to learn how to relate to that person. And here’s the rub. If we don’t realize that we are doctors for living persons, not injured joints and ears, our patients may stop listening to us, fail to follow our suggestions, and end up angry and dissatisfied. We forget George Engel’s remark that ours is a unique profession in which the object of our scrutiny is at the same time scrutinizing us!

This is a fine piece of writing. Fun to read, with an aha! on every page. Would you have imagined that the family of obstetricians who invented the obstetrical forceps managed to keep it a secret for almost a century? Might you have expected that physicians argued mightily against Laennec’s simple wooden tube because it made them more like mechanics and less like wise men? That every technological step forward had both proponents and detractors? Reiser’s prose is precise, lyrical, and entertaining. If I were asked to name a book that clarifies the heart of medicine, what we are really about, I would suggest Eric Cassell’s The Nature of Suffering and the Goals of Medicine. But if it is the history of medicine you are after, if you want to come to understand how we got to where we stand today and what that stance looks like, the very best might be Stanley Joel Reiser’s Technological Medicine: The Changing World of Doctors and Patients.

Reference


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Letter to the editor

Neither/nor

In the Spring 2010 issue of The Pharos (pp. 26–33), Andrew Radu argues that existentialism has much to offer the suffering patient and the treating physician, contending that this philosophy liberates us to “create ourselves as we go along, even when faced with suffering and death.” p31

However, despite its eloquent presentation, the approach advanced in Radu’s essay is unconvincing. He says early on that “existentialism advises us to reach mutual understanding through our different personal approaches and to draw deeply from our subjective experiences.” p27 This statement is not only vague, it is antithetical to what existentialist philosophy actually argues. Jean-Paul Sartre asserted, “Man is nothing else but that which he makes of himself.” p28 This is the supreme existentialist presupposition. In the play No Exit, Sartre has his character Garcin declare, “Hell is—other people!” p61 Why is hell other people? Because, in any universe containing more than one person, individual freedom is necessarily limited. One person can do whatever he will, but millions of persons cannot do the same without infringing on each other’s freedom. I ask Dr. Radu, exactly how would such a worldview promote “mutual understanding through our different personal approaches”? p27

The author goes on to argue the inadequacy of the Stoic and Epicurean worldviews. I join him in his critique of these philosophies, but I fail to see how existentialism solves the problems attendant in Stoicism and Epicureanism. For instance, Radu says that “the Stoic misses the valuable lessons and profound knowledge that can be gained only through attachment and loss,” p29 The existentialist is concerned with how man should act in an absurd world in which he knows he will die, and he elevates the will over the intellect—doing over knowing. As such, existentialism has no “profound knowledge” to offer either; it is concerned with the will. Radu concedes as much when he says that true knowledge is always abstract in an existentialist worldview.

Radu’s apology for existentialism refers to universal categories such as “people,” “human beings,” and “whole persons.” But true existentialism denies the existence of these categories. Sartre said, “[T]here is no human nature, because there is no God to have a conception of it.” p28 Sartre unwittingly invokes a universal called “man,” but that contradiction aside, he definitely affirms that there is no such thing as human essence for the existentialist. Radu fails to grasp this. It is fortunate nonetheless; a consistent existentialist would say that humanness itself carries no attendant dignity.

Radu needs to be more critical of existentialism. The most critical remark he makes is, “Existentialism is often viewed as bleak,” p30 as though such a critique is leveled from the outside looking in. Not so. Martin Heidegger said the human experience consisted of being thrust into the world arbitrarily and ultimately accepting oneself as nothingness, a being-toward-death. Sartre said that “man is . . . forlorn, for he cannot find anything to depend upon either within or outside himself,” p31 and resigned himself to the idea that freedom is our greatest doom. Albert Camus said the two choices available to human beings are an absurd, meaningless existence on one hand, and suicide on the other. p145 These bleak remarks come from the existentialists themselves. Is that the kind of worldview that should direct the physician-patient relationship?

Ultimately, existentialism is subjective, fatalistic anti-philosophy—what C. Everett Koop and Francis Schaeffer called “the modern irrationalism.” p146 If there is a worldview that exudes humanistic despair, it is existentialism. We would do well to practice medicine independent of this philosophy that would leave us with our feet firmly planted in mid-air.

References


Miles Otto Foltermann, MD
(AΩA, The University of Texas at Houston, 2005)
Houston, Texas

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The Board of Directors of Alpha Omega Alpha is pleased to announce the winners of the 2010 Edward D. Harris Professionalism Award. The award emphasizes AΩA’s commitment to its belief that professionalism is a crucial facet of being a physician, a quality that can be both taught and learned. Originally named the AΩA Professionalism Fellowship, the award has been renamed to honor Edward D. Harris, the longtime executive director of the society, who died in May. Applications were open to medical schools with active AΩA chapters. Faculty who have demonstrated personal dedication to teaching and research in specific aspects of professionalism that could be transferred directly to medical students or resident physicians were encouraged to apply for these funds.

The winners of the 2010 Edward D. Harris Professionalism Award are:

**Louise Aronson, MD, MFA**  
Associate Clinical Professor of Medicine, Division of Geriatrics, University of California, San Francisco, School of Medicine  
Dr. Aronson received $20,000 funding for her project, “Improving the Learning Environment for Professionalism by Implementing and Assessing a Faculty Development Program on Reflection.” Critical reflection is considered both a core component of professionalism and a tool useful in the promotion and assessment of professionalism. Moreover, reflection allows both educators and learners to consider those aspects of professionalism cited in the literature as inadequately addressed by traditional approaches to professionalism education: the informal curriculum, clinical uncertainty and behavioral gray areas, medical system complexities, the context and conflicts leading to unprofessional behaviors, and the reasons students make the choices they do. Dr. Aronson’s project is designed to improve the learning environment for professionalism by implementing a faculty development program on reflection and assessing its impact on educators’ knowledge and attitudes about reflection, the feedback educators give students on reflections related to the professionalism competency, and participants’ dissemination to other core faculty of strategies for teaching reflection.

**C. Scott Hultman, MD, MBA, FACS**  
Chief and Program Director, UNC Plastic Surgery, Department of Surgery at the University of North Carolina at Chapel Hill School of Medicine  
Dr. Hultman received $16,000 funding for his project, “Understanding and Achieving Professionalism in a Surgical Practice.” Because few formal courses exist at the medical student level to address professionalism in medicine, Dr. Hultman’s project proposes adding an elective to the curriculum at the UNC School of Medicine that introduces this important concept to the senior medical student. The suggested curriculum will specifically address the conduct for surgeons in training and in practice. The project is designed to improve knowledge, skills, and attitudes regarding professionalism, to understand the role of professionalism in a surgical practice, and to achieve and maintain competency in professionalism as a health care provider.

**Heather Johnston, MD**  
Assistant Professor of Pediatrics, University of Chicago Pritzker School of Medicine  
Shalini Reddy, MD  
Associate Professor of Medicine, University of Chicago Pritzker School of Medicine  
Dr. Johnston and Dr. Shalini received $14,000 for their project, “Enhancing Professionalism in the Developing Doctor: The GROW (Guided Reflective Online Writing) Project.” Educators have struggled with the optimal format for teaching professionalism to students, and have found success in methods that are based on context and experience, such as the use of reflection to work through critical events. Purposeful and guided reflection can help students constructively analyze events that shed a spotlight on the principles of professionalism that are taught versus those espoused by the informal curriculum. The project is designed to teach and facilitate medical students’ purposeful and guided reflections on professionalism beginning in the first year, and to enhance students’ self-efficacy in identifying and processing events that impact their professional development.
Beginning in 2002, Alpha Omega Alpha’s board of directors offered every chapter the opportunity to host a visiting professor. Fifty-five chapters took advantage of the opportunity during the 2009/2010 academic year to invite eminent persons in American medicine to share their varied perspectives on medicine and its practice.

Following are the participating chapters, their councilors, and their visitors.

ALABAMA
University of Alabama School of Medicine
Stephanie D. Reilly, MD, councilor
John Tooker, MD, MBA, American College of Physicians
University of South Alabama College of Medicine
T. J. Hundley, MD, FACP, councilor
Charles S. Bryan, MD, MACP, FRCP (Edin), University of South Carolina School of Medicine

ARKANSAS
University of Arkansas for Medical Sciences College of Medicine
C. James Graham, MD, councilor
Donald P. Levine, MD, Wayne State University School of Medicine

CALIFORNIA
Loma Linda University School of Medicine
Sarah M. Roddy, MD, councilor
Joanne M. Conroy, MD, AAMC
UCLA David Geffen School of Medicine
Neil H. Parker, MD, councilor
Robert Wachter, MD, University of California, San Francisco, School of Medicine
Steven Z. Pantilat, MD, councilor
Rita Charon, MD, Columbia University College of Physicians and Surgeons

DISTRICT OF COLUMBIA
The George Washington University School of Medicine and Health Sciences
Richard B. Gunderman, MD, PhD, councilor
Mark A. Malangoni, MD, Case Western Reserve University School of Medicine

ILLINOIS
Loyola University Chicago Stritch School of Medicine
John A. Robinson, MD, councilor
Gail Hecht, MD, University of Illinois at Chicago College of Medicine
Rosalind Franklin University of Medicine and Science/The Chicago Medical School
Cathy J. Lazarus, MD, MACP, councilor
Eric Gall, MD, MACP, MACR, University of Arizona
Southern Illinois University School of Medicine
Andrew J. Varney, MD, councilor
Alan Birch, MD, professor emeritus, Southern Illinois University School of Medicine
University of Chicago Division of the Biological Sciences Pritzker School of Medicine
Holly J. Humphrey, MD, councilor
Jordan J. Cohen, MD, George Washington University School of Medicine and Health Sciences

INDIANA
Indiana University School of Medicine
Richard B. Gunderman, MD, PhD, councilor
Mark A. Malangoni, MD, Case Western Reserve University School of Medicine

KANSAS
University of Kansas School of Medicine
Jeffrey M. Holzbeierlein, MD, councilor
Robert Rich, MD, University of Alabama School of Medicine

KENTUCKY
University of Kentucky College of Medicine
Jeffrey M. Holzbeierlein, MD, councilor
Ralph Jozefowicz, MD, University of Rochester School of Medicine and Dentistry

LOUISIANA
Louisiana State University Health Sciences Center School of Medicine
in New Orleans
Peter M. C. DeBlieux, MD, councilor
Leigh A. Neumayer, MD, University of Utah School of Medicine
Louisiana State University School of Medicine at Shreveport
Jeffrey German, MD, councilor
Douglas Levine, BA, MD, Mount Sinai School of Medicine of New York University
Tulane University School of Medicine
Russell W. Steele, MD, councilor
Ruth-Marie Fincher, MD, MACP, Medical College of Georgia School of Medicine

MARYLAND
Johns Hopkins University School of Medicine
Peter E. Dans, MD, councilor
Fred Schiffman, MD, the Warren Alpert Medical School of Brown University

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES F. Edward Hebert School of Medicine
Robert E. Goldstein, MD, councilor
Kenneth Prager, MD, FACP, Columbia University College of Physicians and Surgeons
Visiting professorships

University of Maryland School of Medicine
Donna L. Parker, MD; Gary D. Plotnick, MD; Yvette Rooks, MD; counselors
Joshua Sharfstein, MD, U.S. Food and Drug Administration

MICHIGAN
Michigan State University College of Human Medicine
E. James Potchen, MD, counselor
Alexa Canady, MD, Florida State University College of Medicine

University of Michigan Medical School
Cyril M. Grum, MD, councilor
Mary E. Tinetti, MD, Yale University School of Medicine

MISSOURI
University of Missouri—Columbia School of Medicine
Thomas Selva, MD, counselor
Thomas Inui, ScM, MD, Indiana University School of Medicine

University of Missouri—Kansas City School of Medicine
John Foxworth, PharmD, counselor
Jeffrey G. Wiese, MD, Tulane University

NEBRASKA
Creighton University School of Medicine
William J. Hunter, MD, counselor
Steven Zweig, MD, University of Missouri—Columbia School of Medicine

University of Nebraska College of Medicine
James R. O’Dell, MD, counselor
Gretchen Berggren, MD, Harvard School of Public Health

NEW JERSEY
UMDNJ—New Jersey Medical School
Robert A. Schwartz, MD, MPH, counselor
P. K. Carlton, MD, Lt. General, U.S. Air Force

NEW YORK
Albany Medical College
Neil Lempert, MD, counselor
Gary Gottlieb, MD, Brigham and Women’s/Faulkner Hospitals

Columbia University College of Physicians and Surgeons
John C. M. Brust, MD, counselor
C. Ronald Kahn, MD, Harvard Medical School

State University of New York, Downstate Medical Center College of Medicine
Arthur H. Wolintz, MD, counselor
Samuel Packer, MD, New York University School of Medicine

State University of New York, Upstate Medical University, College of Medicine
Lynn M. Cleary, MD, counselor
L. D. Britt, MD, Eastern Virginia Medical School

Stony Brook University School of Medical
Jack Fuhrer, MD, counselor
Steven Galson, MD, MPH, Acting Surgeon General of the United States

NORTH CAROLINA
The Brody School of Medicine at East Carolina University
Thomas G. Irons, MD, councilor
John Gianopoulos, MD, Loyola University Chicago Stritch School of Medicine

Wake Forest University Health Sciences School of Medicine
K. Patrick Ober, MD, councilor
Jack Coulehan, MD, Stony Brook University School of Medicine

OHIO
Ohio State University College of Medicine
Sheryl Pleil, MD, counselor
Jonathan Woodson, MD, Boston University School of Medicine

The University of Toledo, College of Medicine
Patricia J. Metting, PhD, councilor

John E. Billi, MD, University of Michigan Medical School

Wright State University Boonshoft School of Medicine
Linda Barney, MD, counselor
Paul Haidet, MD, MPH, Pennsylvania State University College of Medicine

PENNСYLVANIA
Jefferson Medical College of Thomas Jefferson University
Clara A. Callahan, MD, councilor
Thomas J. Nasca, MD, MACP, ACGME

Pennsylvania State University College of Medicine
Robert G. Atnip, MD, counselor
Russell Rose

Temple University School of Medicine
Amy Goldberg, MD, counselor
Sanjiv Chopra, MD, Harvard Medical School

PUERTO RICO
Ponce School of Medicine
Rafael Iván Iriarte, MD, counselor
Amy Hutchinson, MD, Emory University School of Medicine

University of Puerto Rico School of Medicine
Humberto Guiot, MD, counselor
Stephen Beeson, MD, Studer Group

SOUTH CAROLINA
Medical University of South Carolina College of Medicine
Christopher G. Pelic, MD, counselor
Michael S. Saag, MD, University of Alabama School of Medicine

University of South Carolina School of Medicine
Joshua T. Thornhill IV, MD, counselor
William P. Magee, DDS, MD, FACS, Eastern Virginia Medical School

TEXAS
Texas A&M Health Science Center College of Medicine
Mark L. Montgomery, MD, counselor

John Pierce, MD, Veterans Administration, U.S. Department of Veterans Affairs

Texas Tech University Health Sciences Center School of Medicine
Robert C. Schutt, Jr., MD, counselor
Thomas P. Lutterbie, SRA International, Inc., Fairfax, Virginia

University of Texas Medical Branch, University of Texas Medical School at Galveston
Lisa R. Farmer, DO, New England College of Osteopathic Medicine

WASHINGTON
University of Washington School of Medicine
Douglas S. Pauw, MD, counselor

Serena Koenig, MD, Brigham and Women’s Hospital

WEST VIRGINIA
West Virginia University School of Medicine
Melanie Fisher, MD, MSc, counselor
Nancy H. Nielsen, MD, American Medical Association

WESТ VIRGINIA
West Virginia University School of Medicine
2009/2010 Medical Student Service Project Awards

Begun in 1993 as the Chapter of the Year award, this program was intended to recognize outstanding contributions made by an ΑΩΑ chapter. In 1997, the program became the ΑΩΑ Chapter Development Award, aimed at encouraging ongoing original and creative programs being carried out by ΑΩΑ chapters. In 2003, the program again changed to the ΑΩΑ Medical Student Service Project Award, available to any student or group of students at a school with an active ΑΩΑ chapter.

Funds of up to $2000 per year, renewable for a second year at $1000 and a third year at $500, are available to students to aid in the establishment or expansion of a medical student service project benefiting a school or its local community. One application per year per school is allowed, selected by the school’s ΑΩΑ councilor and dean from the proposals submitted.

Medical Student Service Projects funded by ΑΩΑ during the 2009/2010 school year were:

**CALIFORNIA**
Keck School of Medicine of the University of Southern California  
Long Term Education of Beauticians on Tanning Beds and Its Association with Melanoma

University of California, Irvine, School of Medicine  
Medical Initiative Against Homelessness (MIAH)

**FLORIDA**
University of Florida College of Medicine  
Mobile Gator (startup costs)

**ILLINOIS**
Rosalind Franklin University of Medicine and Science/Chicago Medical School  
STEP UP

University of Chicago Division of the Biological Sciences  
Pritzker School of Medicine
Project Brotherhood-SNMA Partnership Proposal (renewed)

University of Chicago Division of the Biological Sciences Pritzker School of Medicine  
Pritzker Community Service Fellowship

**INDIANA**
Indiana University School of Medicine  
Taking Root in the Community—MS1 Class Service Project

**IOWA**
University of Iowa Roy J. and Lucille A. Carver College of Medicine  
Health and Nutrition Curriculum in Local Elementary Schools

**LOUISIANA**
Louisiana State University Health Sciences Center School of Medicine in New Orleans  
Patient and Visitor Library Interim Hospital in New Orleans

Tulane University School of Medicine  
Covenant House: A community reproductive health center

**MARYLAND**
Johns Hopkins University School of Medicine  
The Student Preceptor Program

**MASSACHUSETTS**
Boston University School of Medicine  
9th Annual Haitian Health Career Seminar: Emergency Preparedness, Relief and Beyond

**MICHIGAN**
Wayne State University School of Medicine  
Robert R. Frank Student Run Free Clinic (RRFSRFC)

**MINNESOTA**
Mayo Medical School  
Winter Warmth Festival

**MISSOURI**
University of Missouri—Kansas City School of Medicine  
Second Servings

Washington University in St. Louis School of Medicine  
Farmers’ Market Nutrition Program

**NEW YORK**
Mount Sinai School of Medicine of New York University  
The MedStart Program

New York Medical College  
NYMC Careers in Medicine Website

Sophie Davis School of Biomedical Education of the City College of New York  
Health Fair in Harlem (renewed)

University of Rochester School of Medicine and Dentistry  
Cooking with the Community Volunteer

Weill Cornell Medical College  
Weill Cornell Youth Scholars Program (renewed)

**OHIO**
Ohio State University College of Medicine  
Be the Change Health Fair

Wright State University Boonschoft School of Medicine  
Community Collaborative Spring Food Drive

**PENNSYLVANIA**
Drexel University College of Medicine  
Accessibility Adventure Day

Jefferson Medical College of Thomas Jefferson University  
Refugee Health Partners

**RHODE ISLAND**
The Warren Alpert Medical School of Brown University  
Two Channels to Cambodian Patient Advocacy: Medical Student and Patient Education

**SOUTH CAROLINA**
Medical University of South Carolina College of Medicine

COM Career Night

University of South Carolina School of Medicine

Fall Giving Tree

**TENNESSEE**
Vanderbilt University School of Medicine  
Shade Tree Family Clinic

University of Texas Health Science Center at San Antonio School of Medicine  
BEST (Breastfeeding Education and Support for Teenage Mothers)

University of Texas Medical Branch, University of Texas Medical School at Galveston  
Stay Shady! (renewed)
This award recognizes the AΩA chapter administrators who are so important to the functioning of the chapter. The nomination is made by the councilor or other officer of the chapter. A gift check is awarded to the individual, as well as a framed Certificate of Appreciation.

The following awards were made in 2009/2010:

**ALABAMA**
University of Alabama School of Medicine
Stephen Smith, PhD

**GEORGIA**
Morehouse School of Medicine
Dorothy Clair

**ILLINOIS**
University of Chicago Division of the Biological Sciences Pritzker School of Medicine
Kate Blythe

Southern Illinois University School of Medicine
Kay DeFord

**INDIANA**
Indiana University School of Medicine
Ruth Patterson

**IOWA**
University of Iowa Roy J. and Lucille A. Carver College of Medicine
Jeannie Panther

**KANSAS**
University of Kansas School of Medicine
Valerie Poulson

**LOUISIANA**
Louisiana State University Health Sciences Center School of Medicine in New Orleans
Bobbie Millet

**MARYLAND**
Uniformed Services University of the Health Sciences F. Edward Hebert School of Medicine
Daphne Thomas

**MISSOURI**
University of Missouri—Columbia School of Medicine
Suzanne Neff

**NEW YORK**
University at Buffalo, School of Medicine and Biomedical Sciences, State University of New York
Susan M. Burger

**OHIO**
The University of Toledo, College of Medicine
Ardella Croci

**OKLAHOMA**
University of Oklahoma College of Medicine
Leila M. McLean

**PUERTO RICO**
Universidad Central del Caribe School of Medicine
Milagros Rodriguez

**SOUTH CAROLINA**
Medical University of South Carolina College of Medicine
Mary Ann Snell

University of South Carolina School of Medicine
Karen David

**WISCONSIN**
Medical College of Wisconsin
Lesley Mack

### Commemorating the Fiftieth Anniversary of a Medical Landmark

On January 11, 1964, U.S. Surgeon General Luther Terry released what would become one of the most widely cited documents in the annals of medicine: *Smoking and Health—Report of the Advisory Committee of the Surgeon General of the Public Health Service*. The findings were blunt, sobering, and unequivocal: “Cigarette smoking is causally related to lung cancer in men; the magnitude of the effect of cigarette smoking outweighs all other factors.”

The landmark report proved to be the catalyst for broad-based antismoking efforts in the United States and around the globe. In the two decades following its publication, more than 20 million Americans stopped smoking, resulting in a significant decline in heart attacks and a slow but steady decrease in the incidence of lung cancer in men.

Yet cigarettes remain the most preventable cause of disability and death in the United States, killing more Americans than AIDS, breast cancer, motor vehicle accidents, alcohol, illegal drugs, homicides, and suicides combined.

Since 1980 sixty-five countries have issued stamps with an anti-smoking message, but the United States is not among them.

Backed by twenty-two medical societies, a resolution was approved in June by the American Medical Association that calls upon physicians to urge the U.S. Citizens’ Stamp Advisory Committee to issue a stamp commemorating the fiftieth anniversary of the Surgeon General’s Report in 2014.

In support of this campaign, two companion exhibitions, curated by Alan Blum, MD (AΩA, Emory University, 1985), director of the University of Alabama Center for the Study of Tobacco and Society, are available for display at museums, medical libraries, and other venues.

“Dr. Luther Terry and the Publication of the Surgeon General’s Report on Smoking and Health” and “Anti-Smoking Postage Stamps from Around the World” (featuring the collection of more than 130 anti-tobacco stamps and philatelic covers, amassed by retired Baton Rouge chest physician James Lutschg, MD) will be on view at Roswell Park Cancer Institute for the rest of 2010. They will also be seen at the American Society of Clinical Oncology annual conference in June 2011.

To preview the exhibitions: http://www.youtube.com/watch?v=frIRnOUuIno

To inquire about hosting the exhibitions, contact Dr. Blum at ablum@chhs.ua.edu.
The Alpha Omega Alpha Volunteer Clinical Faculty Award is presented annually by local chapters to recognize community physicians who have contributed with distinction to the education and training of medical students. AΩA provides a permanent plaque for each chapter’s dean’s office; a plate with the name of each year’s honoree may be added each year that the award is given. Honorees receive framed certificates. The recipients of this award in the 2009/2010 academic year are listed below.

ALABAMA
University of South Alabama College of Medicine
Leonard S. Rich

CALIFORNIA
University of California, San Francisco, School of Medicine
Albert Yu, MD, MPH, MBA

DISTRICT OF COLUMBIA
Howard University College of Medicine
Reginald D. Wills, MD

The George Washington University School of Medicine and Health Sciences
Paul Schlein, MD

GEORGIA
Morehouse School of Medicine
Lisa A. Counsell, MD

ILLINOIS
Rosalind Franklin University of Medicine and Science/The Chicago Medical School
Melvin Wichter, MD

University of Chicago Division of the Biological Sciences Pritzker School of Medicine
Richard Aronwald, MD

INDIANA
Indiana University School of Medicine
Todd R. Bagwell, MD

IOWA
University of Iowa Roy J. and Lucille A. Carver College of Medicine
Nathaniel Meyer, MD

KANSAS
University of Kansas School of Medicine
Jennifer Brull, MD

KENTUCKY
University of Louisville School of Medicine
Michael Alt, DO

LOUISIANA
Louisiana State University Health Sciences Center School of Medicine in New Orleans
Michael Kemp Amacker, MD

Louisiana State University School of Medicine at Shreveport
William Norwood, MD, FACS

Tulane University School of Medicine
Vincent R. Adolph, MD

MARYLAND
Johns Hopkins University School of Medicine
David Schwartz, MBBC

Uniformed Services University of the Health Sciences F. Edward Hébert School of Medicine
Adam Saperstein, MD

University of Maryland School of Medicine
Leonard Sowah, MD

MICHIGAN
University of Michigan Medical School
Beth C. Kimball, MD

MINNESOTA
University of Minnesota Medical School
Charles Horowitz, MD

NEBRASKA
University of Nebraska College of Medicine
Brian K. Buhlke, DO

NEW JERSEY
UMDNJ—New Jersey Medical School
Richard Levandowski, MD

NEW YORK
Mount Sinai School of Medicine of New York University
Richard A. Skolnik, MD

New York University School of Medicine
Neal A. Lewin, MD

State University of New York, Downstate Medical Center College of Medicine
George N. Braman, MD

State University of New York, Upstate Medical University, College of Medicine
Mitchell Brodey, MD

Stony Brook University School of Medicine
George L. Hines, MD

University of Rochester School of Medicine and Dentistry
Lawrence N. Chessin, MD

Weill Cornell Medical College
Timothy C. Dutta, MD

NORTH DAKOTA
University of North Dakota School of Medicine and Health Sciences
Napoleon Espejo, MD

OHIO
Ohio State University College of Medicine
Danilo Polonia, MD

University of Cincinnati College of Medicine
Bruce Allen, MD

PENNSYLVANIA
Drexel University College of Medicine
Kevin Kasper, MD

Jefferson Medical College of Thomas Jefferson University
Anthony J. Macchiavelli, MD

University of Pittsburgh School of Medicine
Veena Dhar, MD

SOUTH CAROLINA
Medical University of South Carolina College of Medicine
James G. Ward, MD

University of South Carolina School of Medicine
William C. Giles, MD

TEXAS
University of Texas Medical School at Houston
Daniel G. Corredor, MD, FACE
Alpha Omega Alpha members elected in 2009/2010

Chapters are listed alphabetically by state, province, or country, then in order of charter

ALABAMA
University of Alabama School of Medicine, University of Alabama at Birmingham—Alpha Alabama
Faculty: Ona Marie Faye-Petersen, Brian P Gleeson
House staff: Jamie Lin Erwin, Peter J Frederick, William Fish Marsell IV
University of South Alabama College of Medicine—Beta Alabama
Alumni: Frank V deGruiy III
Faculty: Anthony L Gard
House staff: Manuel Damian Rodriguez

ARIZONA
University of Arizona College of Medicine—Arizona Arizona
Students: Sohaib Abdi-Moradi, Nicole Jane Baker, Kathryn Elizabeth Bradley, John Michael Carter, Efrain Israel Cubillo IV, Amelia Kathleen Decker, Kevin Patrick Engelhardt, Veena Vanessa Goel, Jessica Erin Hale, Stephanie Elise Hartz, Juliana Michele Kling, Drew Joseph B Kurtzman, Vivian Lien, Connor Thomas Lundy, Loan Thanh Pham, Christine Nicole Poach, Emily Nicole Prendergast, Minah Shin, Lenka Stankova
Alumni: Mei-Oi Mau, Elana Halks Miller, Gina C Rossetti, Leah Ruslen, Stuart Tomlinson

ARKANSAS
University of Arkansas for Medical Sciences College of Medicine—Alpha Arkansas
Alumni: Mary Watson Montgomery, Sarah Uhler Morton, Venu M Nemani, Patrick Michael O'Connor, Dante Justin Silvestri

CALIFORNIA
University of California, Irvine, School of Medicine—Zeta California
Faculty: Michael Wynn Yeh

Faculty: Lynda Daniel-Underwood

University of California, Irvine, School of Medicine—Zeta California
Faculty: Michael Wynn Yeh

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New members

Southern Illinois University School of Medicine—Eta Illinois

Students: Susan K Allenworth, Blake Cohen, Ashley Kehaus, Mark R Krohe, Minh-Bao Le, Adam Justin Rodos, Drew Allan Spencer, Mary Eileen Sterrett, Adam Donald Wallace, James Roy Waymack, Kendra Suzanne Woods

Alumni: Roxanne J Guy

Faculty: Thomas Howard Tartter

House staff: Brooke M French, Masaya Higuchi, Abiy Kebede Kefil

INDIANA

Indiana University School of Medicine—Alpfa Indiana

Students: Erin Olivia Aakhus, Megan Anne Alderman, Tyler Stephen Arnold, Andrew Justin Bishop, Amber Brannon, Jared R Brosch, Abigail Faith Weliver Donnelly, Barrett B Friske, Kyle Mark Harry, Laura Jean Hinkle, Michael L Hopen, Emily Marie Horvath, Anthony Christopher Illing, Elisa Anne Illing, David Alan Isaacs, Sarah Beth Jacob, Mark Matson Kaehr, Colleen Marie Kiernan, Hayley Knollman, Laura Kruter, Jordan D LeGoust, Cathryn J Luria, Joseph Daniel Lutriging, John Paul Magno Manalo, John Ryan Martin, Kevin Charles McCammack, Emily Anne Mezeyrnan, Jacob Ryan Miller, Andrew Arthur Millis, Christopher Carl Muth, Emna Joy Nordstrom, Benjamin Gordon Northcutt, Michael Glenn O’Connor, John T ‘O’Malley, Ruchin Patel, Diana Marie Patterson, Anne E Penner, Benjamin Francis Redmond, Troy Robertson, Ian Coops Sando, Zafar Sayed, Meghann Lynn Schenck, Chad E Tewell, Michael Cassimer Veronesi, Kimbire L Vogel, Katherine Anne Voges

Alumni: Richard Thomas Beeler, Michele Smallwood Saysana

Faculty: David Alastair Flockhart, Robert J Havlik

House staff: Paul Richard Crisestomo, Anthony David Kaisar, Laura Jean Nelson

IOWA

University of Iowa Roy J and Lucille A Carver College of Medicine—Alpha Iowa


Alumni: James Richard Hubbard

Faculty: Scott Wilson

KANSAS

University of Kansas School of Medicine—Alpha Kansas


Alumni: Lisa Starcke Gilmer, Jeremy L Old

Faculty: Michael L Kennedy

House staff: Gerhard Aron Fast, Lucas Pitts, Mayra Esperanza Sanchez

KENTUCKY

University of Louisville School of Medicine—Alpha Kentucky


Alumni: Paige Hertweck

Faculty: Anthony J Casale, Henry Jerrold Kaplan

House staff: Christopher Robert Janowiecki, Brian M Plato, Mary Ann Sanders

University of Kentucky College of Medicine—Beta Kentucky


Faculty: Cetus Savio Carvalho, Joseph A Icompo

House staff: Michael Douglas Gobele, Fadi R Makhou, Kevin Harris Smith

LEBANON

American University of Beirut School of Medicine—Alpfa Lebanon


House staff: Maya Georges Barake, Khaled M Musallam, Carlos Noujeim

LOUISIANA

Tulane University School of Medicine—Alpfa Louisiana

Students: Robert Michael Bacigalupi, Shannon Kristina Barry, Laura Bateman, Todd Borenstein, Jenny Buck, Siu Ping Chin Feman, Jennifer Coleen Credenon, Joshua Lee Denson, Alex Fokin Jr, Sumitha Santhoshini Ganji, Brian Thomas Halbert, Alan Joseph Hatthcock, Megan Maureen Henderson, Lucius Alexander Howell, Katerina O Kimonis, Michael Marino, Garland Herring McQuinn, John Moscona, Glenn Alan Moulder, Melody Becnel Oncale, Arvind Kant Pandey, Christopher D Press, Reinaldo James Quevedo, Renee Shiao, Camille Linick Stewart, Joseph Tarsia

Faculty: David Mushatt, Eboni Price-Haywood

House staff: Son Van Nguyen, Nicholas Joseph Van Sickels, David Christopher Yu

Louisiana State University School of Medicine in New Orleans—Beta Louisiana


Alumni: Catherine Marie Hebert, Gerard Pena

Faculty: Murtuza Juzar Ali, Lee S Engel

House staff: Patrick Greffenstein, Emily B Kauffman, Davey L Prout Jr

Louisiana State University School of Medicine at Shreveport—Gamma Louisiana

Students: Drexel Hunter Boggs, Jason Patrick Calligas, Christopher A Celals, Brian Edward Eiter Jr, Jill Fruge, Joshua Paul Holstead, Kristopher Katira, Austin Thomas Lash, Mathew John Maesco, Jared Lundy Moss, Andrew Merita Nlada, Patrick Ryan Redmond, Jamie L Rister, Kristopher Case Sanders, Matthew James Sewell, Jesse Andrew Stansfield II

Faculty: John Hood

MARYLAND

Johns Hopkins University School of Medicine—Alpfa Maryland


Alumni: Neil M Bressler, Lee Hunter Riley III

Faculty: Henry Brem, Francis Giardulli

House staff: Charles Hugh Brown IV, Amy DeZern, Matthew Weiss

University of Maryland School of Medicine—Beta Maryland


Alumni: Ronald Goldner

Faculty: Joseph Patrick Martinez

House staff: Temiulai Olayinka Aje, Adam D Friedlander, Leroy Brown Vaughan

Unified Services Department of the Health Sciences F Edward Hebert School of Medicine—Gamma Maryland


Faculty: Jerri Curtis, David Robert Welling

MASSACHUSETTS

Tufts University School of Medicine—Beta Massachusetts

Students: Claudia Bartolimi, Christopher Boisselle, Marjory Bravard, Emily Elizabeth Breslin, Priya Chandra, Karen Elizabeth Glaifter, Sarah Lauren Harkness, Karen Elizabeth James, Arjun Niman Jeganathan, Laura Moynihan Kerr, Kathleen Mary Killilea, Juhee Lee, Michael Zvi Lerner, Jeffrey Michael Martin, Matthew Mifusid, Matthew Aaron Nitzberg, Nainshe Shahrar Parikh, David Picker, Betzalel Reich, Keithan sleeves, Christopher Sanchez Sales, Sara Schoenfeld, Clota Heazell Seher, Aferdita Spahlili, Sohib Ray Sud, Patrick Burke Sullivan, David Alexander Wang, Ana Weil, Jeffrey Harrison Williams

Faculty: Robert A Kalish
New members

Allison Graziodi, Growtham Jonna, Noreen Patricia Kelly, Dallas Kingsbury, Laura Longo, Caitlin Martin, Nicole Irene Montgomery, Erin Patricia Murphy, Molly Rose Nadelson, Chiti Parikh, Dupal R Patel, Shanon Thomas Peter, Juliana Pupa, Matthew Douglas Saybolt, Danielle Marie Sicorra, Christopher Philip Sereni, Margarita Marie Sergiounis, Anjali B Sheth, Alan Sing, Nkechtan Taunk, Julia Ham Termune, Matthew David Treiser, Wei Wu, Watson.

Alumni: Jeffrey Neil Bruce
Faculty: Anthony Toby, Stephen Trzezak
House staff: Terrence Curran, Fedee DePalma
UMDNJ—New Jersey Medical School—Beta New Jersey
Faculty: Radiation Therapy.
House staff: Vadim Pisanenko

NEW MEXICO

University of New Mexico School of Medicine—AlphA New Mexico
Students: Sean Biggs, Jeremiah Manuel Bustos, Kenneth Michael Downes, Kathryn Joan Drexler, Cough Camille Edens, Joshua Frederiksen, Heidi Hillelson, Michelle Rae Loeppmire, Ithma Marie Oldewage, Brandon Robert Peterson, Dustin Richter
Faculty: Martha Cole McGrew, Alan Garlett Waxman
House staff: Pablo Garcia, Tony B Salazar, Selina Silva

NEW YORK

Columbia University College of Physicians and Surgeons—Alpha New York
Students: Jila M Tabassian Ahmed, Priya Batra, Mauer Biscotti, Alexander Jane Bost, Laura N Brenner, Adam M Buck, Alison B Callahan, Louisa Carmid, Peter N Chalmek, Elizabeth J Diver, Erica DaVonne Farrand, Magni Hamso, Kathie Kai Huang, Ryan Michael Joshi Ivi, Michael Ma, Robert Allen McGovern III, Martha R Neagu, Kristen A Pastor, Ravi Pathak, Sara Platt, Alvin Rishi Rajkomar, Kayla Smithbyld, Moenon Son, Robert A Sorabala, Mary L Stevenson, Danielle Triet, Emily A Vail, Matthew J Weinstock
Weill Cornell Medical College—Beta New York
Students: Konstantinos John Arnaoutakis, Wesley Hurst Clark, Audrey Diane Crumley, Sandra Marie Oldewage, Brandon Robert Peterson, Dustin Richter
Faculty: Katharine Corbett Goheen, Jonathan Stanley Gordin, Erica Lisa Greenberg, Chloee Electra Hill, Michael Adrian Klusas, Sarah Lewis, Alison Brooke Santopolo May, Anthony Ehren Rosen, Sarah Hall Schaefer, Allison Raye Schulman

New York University, Upstate Medical University, College of Medicine—Gama New York
Students: Sarah L Averill, Niall Basu, Jeffrey A Belair, Caitlin Bernard, Douglas Michael Hildrew, Quynh N Hoang, Katharine Driscoll Maglione, Sean Robert Node, Stuart David Ginn, Ilya Gorbachinsky, Matthew Ryan Grace, Konstantinos John Arnaoutakis, Wesley Hurst Clark, Audrey Diane Crumley, Sandra Marie Oldewage, Brandon Robert Peterson, Dustin Richter
Faculty: Katharine T Chen, Edward John Ronan
House staff: Edward Chan, Brian Marc Elliott, Ilene B Goldstein

Stony Brook University Medical Center School of Medicine—Mu New York
Faculty: Amy Emaelea Kesselman

State University of New York, Upstate Medical University, College of Medicine—Lambda New York
Students: Tara E Albano, Luke John Benvenuto, Mai-Khann Bui-Duy, Jostin Chan, LoraBam Dagi, Ralph Michael DeBiss, German Echevery, Naamt Kurnash, Gerber, Lisa Michelle Hammmond, Jonathan Lee, Rebecca Lucy Luckett, Emily Claire McClung, Alexander James Millman, Courtney Nagel, Meghan Pearl, Andrea Schwartz, Sheryll Serbowicz, Maria Widmat, Laurenza Zajee
Alumni: Daniel Tapilovski, June Kim
Faculty: Catherine T Chen, Edward John Ronan
House staff: Edward Chan, Brian Marc Elliott, Ilene B Goldstein

Stony Brook University Medical Center School of Medicine—Mu New York
Faculty: Amy Emaelea Kesselman

North Carolina

Duke University School of Medicine—Alpha North Carolina
Students: Matthew Murray Crowe, Susan Emmett, McKinley Glover, Stephen C. Lineham, Wrinjing Liu, Pauel Pecen, Matar Isaac Setton, Lauren Rebecca Semmel, Weiyi Tan, Richard Christopher Waters, David Alan Watkins, Tyler Steven Watters, Caroline Eva Yeager
Alumni: Edward Hecht Bossen
Faculty: Sharon Friedovich Freedman, Cynthia Shorrett
House staff: Brent Allen Hanks
Wake Forest University Health Sciences (School of Medicine)—Beta North Carolina
Students: Timothy Bruce Alton, Hoyt Randall Bear, Joseph Charles Benjamin, Bradley Edward Bowen, Ashley Renee Brown, Michelle Lynn Bryan, Snow Daws, Michael Wayne Evans, Stuart David Ginn, Ilya Gorbachinsky, Matthew Ryan Grace, Kathleen Harbenett, Jessica Lynn Hata, Elizabeth B Hunt, Christopher Hunter, William P Huntington, Ida Sheeva Kuhn, Dylan Corey Lippert, Emily Myers Mann, Carrie Elizabeth Quinn McCloskey, Todd Peck, Jamison Weeb
Alumni: Gary Lon Morgan

House staff: Constantine Farmakadis, Miranda Harris-Glackor
Alumni: Samuel Packer, Andrew Charles Yacht
Faculty: Salvatore J A Scalfani, George A Vas
House staff: Graciela Beatriz De Jesus, Mariana Kogut, Brandon George Smaglo

Albany Medical College—Delta New York
Faculty: John Hinty Burton, John W Simon

New York Medical College—Iota New York
Students: Kerry Apostolos, Timothy Paul Cacpechi, Jessica Clime, Jacqueline Marie Cooke, Rachel Dahlborg, Matthew Dattwyler, Adam Ryan Demner, Eira Detroy, Amanda Jane Fan, Feliker James, Felicia Patricia, Erinham Elizabeth Gollogly, John Patrick Curtis Gonzales, Jennifer Toma Higa, Shiga Honginara, Miriam Kishinsky, Andrew Steffes Korson, Megan Rae Linnebur, Jessica May, Hristina N Natcheva, Nita Nakay, Jennifer Anne Nowak, Julie Rice, Daniel Ricotta, Jordan Italia Roth, Bae Ytz, Roselle, Lauren Spring, Jamie Stratton, David Tian, Edward Yap
Alumni: John Joseph Degliuommi, Joanna Pessolano
Faculty: Jay D Draoua, Ray Whitt

Albert Einstein College of Medicine of Yeshiva University—Kappa New York
Faculty: Amy Emaelea Kesselman

State University of New York—Epsilon New York
Students: Jessica B Badlam, Brian P Batt, Jamen Benway, Joyce Meng-Tin Chang, Samantha Chase, Angelo Rose Girvin, Elizabeth Anne Gruber-Brem, Darren Michael Huffman, Sara Halya, Jennifer Lee Jung, Anjum Faruk Koreishi, Allana Krolkowitz, Evan Leib, Allie Marie Massaro, Gina Matteson, Justin Mazzillo, Scott R Nodzo, Jeet Samantha Chase, Angela Rose Quellet, Elizabeth B Hunt, Christopher Hunter, William P Huntington, Ida Sheeva Kuhn, Dylan Corey Lippert, Emily Myers Mann, Carrie Elizabeth Quinn McCloskey, Todd Peck, Jamison Weeb
Alumni: Gary Lon Morgan

University of Rochester School of Medicine and Dentistry—Zeta New York
Students: Jennifer Rhoda Abrams, Joshua Burton Brown, Laurence Donahue, Tracy Lynn Flynn, Jumma Regim Galang III, Samuel Hor, Brian Paul Jensen, Ajay修身 Karyan, Andrew Hall Markay, Marlene Theresa Mathews, David Jonathan Mener, Christine Marie Osborne, David Henry Perlmutter, William Joseph Sauer, Jeremy Sinkin, Leslie Kathryn Vilkhu
Alumni: Dennis Harry Craus
Faculty: Rashil M Salloum
Gregory Scott Smith, Vikas Thondapu, Shannon Lisa Tocchio, Pollianne Ward, Jason Ben Winkler, Rosemary Yi, Shuhao Zhang
Aliumni: Carol L Carraccio, Donald M Yealy
Faculty: Bernard Abraham Eskin, Page Morahan
House staff: Katherine Anne Garguilo, Chileslo Nkonde, Lauren Jodie Van Scoy
Temple University School of Medicine—Epilon Pennsylvania
Alumni: Joseph J Thoder, Jacob W Ulberg
Faculty: Gilbert D’Alonzo, Robert Stephen Fisher
Pennsylvania State University College of Medicine—Eta Pennsylvania
Faculty: Michael C Gray, Thomas J McGarrity
House staff: Lillian Marie Erdahl, Jessica Lynn Henderson, Paul Howard Smith III
PUERTO RICO
University of Puerto Rico School of Medicine—Alpba Puerto Rico
Alumni: William Michael Meche, Carmen D Zorrilla
Faculty: Yasmindr Pedro, Sharee Ann Uppierre
House staff: Keimari Mendez-Martinez
Ponce School of Medicine—Beta Puerto Rico
Students: Joanna E Castillo, Daryana Cruz, Nathania M Figueroa Guillauni, Simone Anauneuwelt, Leah Ailed Orta Nieves, Yahaira Ortiz-Munoz, Ana-Marie Rojas Sol, Wilson Rovira-Pena, Frances G Tardy-Rivera
Faculty: Idalzal Flores-Caldara
Universidad Central del Caribe School of Medicine—Gamma Puerto Rico
Students: William Arroyo, Dorrang Badran, Luz Juliana Barahona, Daniela Carlos, Lisa Michelle Cruz-Aviles, Kelly Ugihni De Souza, Jonathan Garerra, Sullatah Muftah Kudara, Alejandro Lopez Araujo, Nilsa De Jesus Rosario
Alumni: Wanda Ivelisse Torres
Faculty: Frances Lynn Garcia, Luis A Irazzi-Reyes
RODHE ISLAND
The Warren Alpert Medical School of Brown University—Alpba Rhode Carolina
Alumni: Galen Vincent Henderson
Faculty: Penelope H Dennehy, Kelly McGarry, John Teichgraeber
House staff: Alexander Phillip Edward Diaz de Villavillla, Evangelos Messaris, Thomas Murphy
SOUTH CAROLINA
Medical University of South Carolina College of Medicine—Alpba South Carolina
Alumni: Carlos Jose Joseph Kopriva
Faculty: Paul C Bunker
House staff: Elizabeth Joanne Wheatley
TENNESSEE
Vanderbilt University School of Medicine—Alpha Tennessee
Alumni: Sara J Patterson
Faculty: Mohana Bhushandra Karlekar, Amanda Grace Wilson
House staff: Francine V Arneson, Ryan Donald Hollenbeck, Daniel Garvin Stover
University of Tennessee Health Science Center, College of Medicine—Beta Tennessee
Faculty: Rose Mary Sutton Steph, Stephanie Ann Storjion
House staff: Brian Emanuel Brocote
Mebhary Medical College School of Medicine—Gamma Tennessee
Alumni: Barbara Alfreda Duncan-Cody, Howard Clarence Willis
Faculty: Millard D Collins, Ayodeji Ayoola Oso
East Tennessee State University James H Quillen College of Medicine—Delta Tennessee
Students: Maikel Ella Botros, David Dahl, Daniel Westen Hobglof, Laura Kristin Howell, Ginger Lovingood, Charles Orton, Geonnagha Michelle Rosel, Eric Davis Smith, Jeanne Marie Young
Faculty: Jason B Moore
House staff: Dinesh Sharma
TEXAS
Texas University Medical Branch, University of Texas Medical School at Galveston—Alpha Texas
Baylor College of Medicine—Beta Texas
Students: Amir Aboutalebi, Sunaina Subodhkmhar Bbuchar, Sidney Lane Boule, Steven Sangkar Chua, Mary Caillen Dooley, Pamela Griffin Ferry, Gary Bryan Fillette, Jennifer Rose Gatchel, Waqar Mohammad Haque, Michael James Holland, Adam Brent Horderland, Gary Lloyd Horn Jr, Kelli Danielle Jones, Reva Kakkar, Ramiro Jose Madden-Fuentes, Christopher Patrick Neumann, Roma Rajesh Patel, Lauren Elizabeth Patterson, Christian David Albert Peccora, Christine Elizabeth Petrich, Brian Craig Rodgers, Donald Robert Russell, Robert Lee Salzara, Amishi yogesh Shah, Fareasa Shua, Emma Phyliss Whitecomb
Faculty: John H Coverdale
House staff: Benjamin Davis Fox, Chad Michael Buoff
University of Texas Southwesten Medical Center at Dallas, Southwestern Medical School—Gamma Texas
Anthony Nguyen Khue, Andrew Brian Kleinberg, George Franklin LeBus V, Meghan McDonald, Marken Carolyn McNutt, Karim Anthony Meijer, Benjamin D Mouser, Hillary E Myears, Liliana Nanze, Patricia Lorrainne Purcell, James Wirth Sargent IV, Joseph W Spellman, Shena Thomas, Christine Lee Vigeland, Maggie Waung, Sarah A Wingfield, Weiyan Zu

Alumni: B Elwood Jones
Facility: Joel Mitchell Goodman

House staff: Dawn S Hui, Grace L Lee, Wayne Kent Nelson

University of Texas Medical School at Houston—Delta Texas
Students: Booth Wiley Aldred, Clynda Caga-anan, Jordan Austin Cain, Kevin Chap, Ross Joseph Chapel, Jaclyn Jin-Ling Chen, Joseph Childs, Melissa Louise Dimitriou, John Frederick Dunn, Ashleigh Michelle Francis, Elizabeth Rebecca Caroline Geddes, Megan McKee Geloneck, Joshua Scott Griffin, Patrick Thomas Griffin, Quinton Morrow Hatch, Amanda K Hernandez, Diana Margaret Hook, Daniel Rhodes Kievlkan, Adam Kingeter, Margaret Markham, William Robert Miller, Gregory Lane Naugher, Sarah H O'Connell, Kathryn Palumbo, Mary Kendall Parker, Phillip Noah Parmet, Matthew James Pomerenning, Scott M Reis, Catherine Elizabeth Riddell, Matthew Rogers, Katherine Schroeder, Sara Swineford, Joseph Emile Tayar, Christopher Ross Thompson, Vicente Valero, Haidor Virani, Dae Rose Wagespack, Taylor Brooke Wootton, Bryan Charles Yelverton
Alumni: Timothy Boone
Faculty: Pedro Mancias, John F Teichgraeber

House staff: Ioannis Alagkiozidis, Katie Leightonne Hendley

University of Texas Medical School at San Antonio—Epsilon Texas
Students: Kaesee Lee Brown, Stefanie Bryant, Tina Chou, Edwin Chu, Amit P Dsai, Brenden Patrick Dean, Brian Alan Fisher, Megan Alicia Freeman, Stephanie Marie Gardner, Taggart Taylor Gauvin, Steven David Gibbons, William Garrett Greeneyke, Scott Michael Greene, Michelle Moriah Hagopian, Kayla Evanne Ireland, Kiley Johnson, Jaime Jones, Joseph Jongbum Kim, Megan Presley Kostibas, Catherine Megan Lacey, Jeremy D Leland, Victor Lopez, Melissa Ann Muzsaynyi, Anh D Nguyen, Catherine Pham, Jason Bryant Pond, Jorge Alfredo Ramirez, Nainenesh Shah, Rachel Rebecca Shepherd, C Grant Statler, Julie Beth Stavinoha, Christopher Roy Stielton, Melissa Ashley Talbert, Nicole Victoria Walker, Kelli Renee Yee

Texas Tech University Health Sciences Center School of Medicine—Zeta Texas
Students: Hosam Nabil Attaya, Shila Azodi, Kevin Joseph Barnes, CODY Ryan Beaver, Richard Bliss, Justin Benson Clayton, Ashley Brandon DeLaCerda, Chase Dalton Derrick, Mitchell Christopher Eichhorn, Daniel Evans, Stephen John Griffin, Charlie Andrew Hogan, Shan Renee Huang, Wimso Idicula, Katherine Icard, Natalie Brittan Lane, Christopher Thomas Lee, Jane Rex Lerman, Danny Luong, Eric Brandon Martin, Amber Michelle Moreland, Uda Rao, Katie Beth Reding, Jordan Brent Simpson, Ashley Lillian Estes Sturgeon, Raymond Barrier Theodosios, Vincenzo Wong, Brandon Wesley Wright
Alumni: B Wayne McNeil, Jennifer Johnson Mitchell
House staff: Sameer Rafaul Islam, Chad Barrett Johnson
The Texas A&M Health Science Center College of Medicine—Eta Texas
Faculty: Arroyola Arrolaga, James Howard Brien
House staff: Mitchell Edward Deshazer, Anita Dilip Karnik, Alan Ray Trumblay

University of Utah School of Medicine—Alpah Utah
Students: James Ted Allred, Melody R Anderson, Ryan James Bair, Laurel Kristen Bradford, Matthew F Covington, Tricia Hauschild, Rohn McCune, Cynthia Newberry, Leah Anne Owen, Asha Sarma, Joshua Alan Schiesser, Joseph S Schmutz, Rita Sharshariner, Jason William Young, Brian Earl Zaugg

VERMONT

University of Vermont College of Medicine—Alpah Vermont
None reported

WISCONSIN

University of Wisconsin School of Medicine and Public Health—Alpah Wisconsin

Medical College of Wisconsin—Beta Wisconsin

University of Wisconsin School of Medicine—Gamma Wisconsin

University of Wisconsin School of Medicine—Epsilon Wisconsin

University of Wisconsin School of Medicine—Omega Wisconsin

University of Wisconsin School of Medicine—Alpah Wisconsin Alumni: 2573 Alumni: 91 Faculty: 165 House staff: 192 Total number of new members: 3191

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The ethics of cosmetic enhancement. Raphael A. Winter, 18–23.
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One simple question can change the world. Speth G. Autumn, 27–28.
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Dancing at the River’s Edge: A Patient and Her Doctor Negotiate Life with
Chronic Illness, by Alida Brill and Michael D. Lockshin. Williams RC Jr.
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The Language of Life: DNA and the Revolution in Personalized Medicine, by
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A. Burton. Wright JL. Autumn, 40–41.
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Summer, 41–42.
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Amanda’s Garden

Late October and all is falling,
to watch it fall is to watch an old
man die by stages; are we not caught up
in such a progress? Mark him, I told
my friend: last year, last month, even,
he was able to that, or this, now lost;
is this not movement in a sound direction,
deeper sinking into the white frost?
Are we happy in our hearts and cannot say
that something about the progress of flesh
is moral, and to watch it a secret thrill?
And, is it not a judgment of decency
how he—the old man—squares his acts
with flesh’s motion toward surrender?
The garden is without desire, without
sorrow, we believe, and scarcely care
for it anymore, however we waited on its growing,
but the old man holds our eye: is it fear?
Is it our judgment of him? A cruel
love of change? A love of the close of the year?

Fredric L. Coe, MD

Dr. Coe (AOA, University of Chicago, 1961) is professor of Medicine and
Physiology at the University of Chicago. He is a member of the editorial board of
The Pharos and a previous contributor to the journal. His address is: Nephrology
Section, MC 5100, University of Chicago Pritzker School of Medicine, 5841 S.
Maryland Avenue, Chicago, Illinois 60637-4930. E-mail: fcoe@medicine.bsd.uchicago.edu.
I.
In the field behind the salt-stained shack,
Her fingers curled around the stem.
Sinewy flesh, splintered
(with only some regret)
One pink poppy—
Voluminous and shy,
A perfect impermanence
She was only beginning
To understand.

The doctor had given him “weeks”—
Weeks before,
But that afternoon, like always,
He spooned sherbet into one
No, two, stone saucers.
“Come on, old boy,” he called,
“Finish it quick now, before she sees!”
A tail wag,
Worth every objection from his wife.

Small rituals filled their days,
Time in the context of every other time—
A poppy resting in an awkward clay vase,
A Mother’s Day present, wasn’t it?
Or an apology
For minor crimes of youth?
Three children and thirty-five years
Had not lessened the longing he felt
As she grasped his hand in the night.

II.
On the day before his last
She sat alone by the warbling creek
And watched cascades of ancient light
Catch on shimmering salmon scales.

Beneath the surface, other lives
Moved rapidly through her reflection—
Smooth, diaphanous darts of loss
Dancing her heart home.

When she called, her voice was calm,
Ready. But me? I was a medical student
I thought I knew death—
Turns out, observing isn’t knowing.

III.
In the night
The poppies—white and red,
Ebony eye to the moon,
Break through damp soil:
The sound of entering.
The earth does not stir her
As she is, dreamer,
A part of the entering.

Sara Parke

Ms. Parke is a Fulbright Scholar studying medical ethics at the National Core for Neuroethics, University of British Columbia. Her address is: 7418 S. Ingalls Court, Littleton, Colorado 80128. E-mail: sparke78@gmail.com.
The Board of Directors of Alpha Omega Alpha is very pleased to announce that Richard L. Byyny, MD, will become Executive Director of Alpha Omega Alpha and Editor of The Pharos effective November 1, 2010. After an extensive search to recruit a successor to Dr. Edward D. Harris, Dr. Byyny was selected from an extraordinary group of talented candidates. Dr. Byyny is quite familiar with AΩA, having served on the AΩA board of directors from 1995 through 1999. He received his undergraduate and medical degrees from the University of Southern California, where he was elected to AΩA.

Dr. Byyny received his internal medicine training at Columbia University and completed an endocrinology fellowship at Vanderbilt University. He served as Head of the Division of Internal Medicine and Director of the Internal Medicine training program at the University of Chicago from 1971 through 1977. He then moved to Colorado to again head up general Internal Medicine and also serve as vice-chairman of the Department of Medicine. After holding administrative positions as Executive Vice-Chancellor at the University of Colorado Health Sciences Center and as Vice President for Academic Affairs and Research/Dean of the System Graduate School at Colorado, Dr. Byyny became Chancellor of the University of Colorado at Boulder, serving from 1997 through 2005. Now a Professor of Medicine at Colorado, Dr. Byyny has “crowned” his distinguished career by devoting his efforts to health policy and to the development of a mentored research tract in medical student education.

Dr. Byyny will be devoting most of his time and effort to AΩA and The Pharos. He is looking forward to interacting with the boards, the chapters, and with students. We are all very pleased to have him as our Executive Director. Please join us in welcoming Richard L. Byyny, MD.