"Be Worthy to Serve the Suffering"
Alpha Omega Alpha Honor Medical Society  
Founding by William W. Root in 1902

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Editorial

Standing on the shoulders of giants

Richard L. Byyny, MD, editor

I am proud and honored to be serving as the Executive Director of Alpha Omega Alpha Honor Medical Society and Editor of The Pharos.

Our society, AΩA, is the national honor medical society for medical students, physicians in postgraduate training, medical faculty, practicing clinicians, and scientists. Alpha Omega Alpha is to medicine what Phi Beta Kappa is to letters and the humanities and Sigma Xi is to science and engineering. Our aims are the promotion of scholarship and research in medical schools, the encouragement of a high standard of character and conduct among medical students and graduates, and the recognition of significant contributions in medical science, practice, and related fields. AΩA membership is the best-recognized medical school award for achievement in medicine. Since most members are elected in medical school and before medical specialization, the membership is interdisciplinary and represents all fields of medicine. AΩA recognizes and advocates for excellence in scholarship and the highest ideals in the profession of medicine.

Our society represents more than a hundred years of hard work, perseverance, and high ideals. My predecessors in AΩA were an outstanding group of dedicated physicians who successfully led and continuously improved AΩA and our lasting mission. William Root and a small group of medical students started AΩA in 1902 at the College of Physicians and Surgeons of Chicago. At that time, the practice of medicine relied on unproven traditions and mostly empirical practices. Medical education was poorly structured and medical students were poorly prepared academically. Most faculty were unqualified to teach a scientifically oriented medical curriculum. Many physicians, faculty, and students questioned the value of research in contributing positively to the practice of medicine. Root started AΩA because of students’ lack of interest in scholarly attainment and their lack of high professional values. Membership in the society was based on scholarly achievement and appropriate professional demeanor and values. After AΩA’s charter was granted by the state of Illinois in 1903, the group then provided leadership regionally and nationally to establish other new AΩA chapters. Root continued to lead AΩA for thirty years. Subsequent leaders, referred to as Secretary-Treasurer, included Dr. Winfield Scott Hall, Dr. Russell Burton-Opitz, Dr. John Heffron, Dr. Walter Biering, and Dr. James Campbell. The title was later changed to Executive Secretary and Dr. Robert J. Glasper, one of my mentors, served for thirty-four years, followed by Dr. Edward (Ted) Harris, who served for fourteen years until his death last May. Many other distinguished AΩA members have provided important leadership and service to AΩA over the last 109 years. The Pharos, AΩA’s journal, was founded by Dr. Biering in 1938 and is named for one of the seven wonders of the ancient world, the Pharos lighthouse of Alexandria, whose beacon symbolizes the search for truth.

The Pharos continues as an excellent exponent of the aims and purposes of our society and showcases AΩA and the values of the profession of medicine.

AΩA’s motto is: “Be worthy to serve the suffering.” Our mission statement says: “Alpha Omega Alpha—dedicated to the belief that in the profession of medicine we will improve care for all patients by: recognizing high educational achievement; honoring gifted teaching; encouraging the development of leaders in academia and the community; supporting the ideals of humanism; and promoting service to others.”

Up to one-sixth of a medical school class may be nominated for membership. Scholarly achievement is the primary but not the sole basis for nomination of a student. Leadership capabilities, ethical standards, fairness in dealing with colleagues, demonstrated professionalism, potential for achievement in medicine, and a record of service to the school and community are additional important criteria.

There are now 120 AΩA chapters in medical schools and there have been more than 150,000 members since the founding of AΩA. As one example of AΩA members continuing to demonstrate leadership in our profession, nearly seventy-five percent of deans of medical schools are members of AΩA. Fifty-one Nobel Prize winners in Physiology or Medicine, and in Chemistry are members of AΩA. Thirty were elected before they received the Nobel prize. Eleven U.S. Surgeons General have been AΩA members.

Chapters are led by councilors and supported by the deans, AΩA faculty, and student members. Councilors manage the nomination and election process of new members. In addition to the nomination of students, chapters also nominate faculty, residents, and alumni who fulfill AΩA qualifications. Honorary members, from among distinguished physicians and scientists ineligible for nomination by any other means, may be nominated by any member. The Councilors also submit programs and candidates for AΩA awards and honors. AΩA provides more than half a million dollars per year to support AΩA programs and awards. These include the Robert J. Glasper Distinguished Teacher Awards; the Edward D. Harris Professionalism awards; the Carolyn L. Kuckein Student Research Fellowships; AΩA Visiting Professorships; the AΩA Medical Student Service Awards; the Helen H. Glasper Student Essay Awards; the Pharos Poetry Competition awards; and the AΩA Volunteer Clinical Faculty Awards.

I thank the Board of Directors and members of AΩA for the opportunity to serve as the new Executive Director of Alpha Omega Alpha. I am committed to providing leadership, support, service, and advocacy for AΩA and I will work diligently and thoughtfully in my service to you. I will strive to maintain the excellence of The Pharos and hope excellent thinkers and writers will submit their work for consideration.

To use a metaphor, I am fortunate to be standing on the shoulders of giants.

To reiterate: “Be worthy to serve the suffering.”
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Jordan Grumet, MD
As the years have passed, the tremendous contributions of Oswald T. Avery (1877–1955) to biomedical science are fading from our collective memory. A modest and self-effacing man, Avery was one of the outstanding biological scientists of the first half of the twentieth century, felt by some to be the most deserving scientist not to have received the Nobel Prize. His laboratory was responsible for three landmark contributions:

1. The demonstration that polysaccharides are antigenic
2. The discovery of C-reactive protein (CRP), which opened the door to study of the acute phase response
3. The demonstration that DNA conveys genetic information.

Avery was born in Nova Scotia in 1877, the son of a Baptist minister. The family moved to New York City when Oswald was still a child. He graduated from Columbia University’s College of Physicians and Surgeons in 1904, when medicine was just beginning to abandon its reliance on tradition, although medical practice was still largely empirical. Good outcomes largely depended on the healing power of nature and the power of faith. American physicians generally felt that laboratory science could never contribute anything of practical value to medical practice.

Avery practiced medicine for three years, but apparently didn’t find it intellectually or emotionally satisfying. At that time, infectious diseases were the major public health concern and bacteriology was the most glamorous and promising field in the nascent biomedical science of the day. Opportunities for research at that time were very few, but Avery did find a position at the Hoagland laboratory, a privately-endowed bacteriology laboratory in Brooklyn, where he worked for six years, performing largely unimaginative work.

**The Rockefeller Institute for Medical Research**

At the end of the nineteenth century, John D. Rockefeller was seeking guidance about how to deploy his philanthropies most effectively. He was the richest man in the world, perhaps the richest man in history. Rockefeller’s principal philanthropic adviser was a Baptist minister, Frederick Taylor Gates, himself a physician’s son, who had noticed during his ministry that physicians were rarely able to deal with serious medical problems.

Gates read Sir William Osler’s magisterial textbook, *The Principles and Practice of Medicine,* in which Osler, something of a therapeutic nihilist, expressed his skepticism about prevalent forms of therapy. Gates was impressed. He later wrote:

I had been a sceptic before . . . This book not only confirmed my scepticism, but its revelation absolutely astounded and appalled me . . . I found . . . that the best medical practice did not, and did not pretend to cure more than four or five diseases . . . about all that medicine up to 1897 could do was to nurse the patients and alleviate in some degree the suffering. Beyond this, medicine as a science had not progressed.
Winged doors slid open and she came rolling through,
Leaving behind a trail
drib, drib, drib
So that death could follow her in.
Sterile curtains slapped aside rattling hands grasping
for her soul.
All right, docs, we will save a life tonight!
A faint pulse electrified with new life
lub, dub. lub, dub
Her breath exploded with new strength
lub, dub. lub, dub. Hah!
Vessels and nerves severed now resewn
Her heritage replaced by a stranger's blood.
And thus she was assembled—the Bride of Frankenstein.
The surgeons and therapists so proud of their creation,
On how they cheated death trapped behind the iron gates.
To the world she was released in her suffocating existence,
Drowning in air, yet wanting none.
Gretel set her last trail to sight,
Along with a note and "I love you's."
As the water engulfed her mangled body, she saw death's face
for a second time:
An indifferent emptiness for the game it had won.

Aysha Malik

Illustration by Jim M'Guinness
That which we carry with us

Ibiayi Dagogo-Jack

The author is a member of the Class of 2011 at the University of Chicago Pritzker School of Medicine. This essay won an honorable mention award in the 2010 Helen H. Glaser Student Essay Competition.

I cannot distinguish red from dark pink, among other things. When I look at the human hand, I do not see the three-dimensional melding of all of the rows of bones into a final product. I see individual bones that happen to be neighbors. And for the first time in my life, I am beginning to wonder whether an orange tastes different if it is dark red, bright orange, spherical, or flat. I am aware that this is not the first time that there has been dispute about dimensions. Still I am bothered by the question: Would you have walked off the edge of the world because I subscribed to a theory of flat expanse? At this moment, I believe that you would not have . . . in the same way that I am certain that no hat fits any two people the same way. But we live in a one-size-fits-all universe and I am learning to navigate it. I am learning that simplicity suits. Every day, I am advised to use Occam’s razor: *Entia non sunt multiplicanda præter necessitatem*, roughly translated as “Entities must not be multiplied beyond necessity.” And every day, I am burned at the stake, cast off the plank, and beheaded for carrying a kaleidoscope in a monocular time.

The world we live in, as medical students, is an optical illusion. It is composed of an endless sequence of Rorschach blots. We are a race of Picassos relegated to defining ourselves in concrete terms. Two years ago, a woman asked me what would become of me. I will be an oncologist, I told her, with finality. And two years ago I would have been an oncologist. Then I was not so intimately familiar with dying or so bitten by the frost of mourning that I could appreciate the stinging permanence of death. A year ago, another woman, curious to pin me down in time, repeated the question. A head and neck surgeon, I answered decisively. Perhaps if I see this woman now, she will address me as one addresses a head and neck surgeon. My hands will stammer, my lips will clasp, and I will shake my head. I am something else today, I might tell her, and she will scoff at my evanescence. But I do not lament the mercurial as much as I condemn consistency. My hands are not the same today as they were a year ago. Before, I held a pencil with precision as I blackened sheet after sheet of paper. Before, I believed that I could stitch the human body with the nonchalance of passing thread through a sweater. But part of me, the part that shivers in the operating room, knows that a running stitch will never be fast enough to carry me away. Today I twine my fingers together, exploring my strength, as I pound tirelessly at a stubborn heart.

A month ago I sat beside a patient I liked so much that I wished that someone else would take her place. And a few days after she left, when another woman looked up at me from her bed, I found myself wishing that yet another person would take her place. Exasperated, I recounted my feelings to my resident. She regarded me with the same pity that I had extended to my patients. We have two new patients waiting to be admitted in the ER, she said. And in that moment I realized my error. Still, I am not angry that I confided in her. These are the mistakes all explorers make in mapping the new world. I am, however, furious that I was discovered in my corner of the jungle, clad in wilting leaves, shooting lifeless darts from a blowgun at a mighty man in a helicopter. The last isolated tribe has been discovered in the Amazon, the headlines will boast. And I, of course, will wonder how isolated one can be in a crowd in the same way that I wonder about the only man who smiles at a funeral. Most often he is the one closest to the deceased. But he does not sit with the family. We worship too strongly the ties of blood.

The other day, I saw an elderly woman...
struggling to push her grocery cart along the contrary sidewalk. I walked past her. Then I turned around because she reminded me of what my mother’s mother would have looked like. Would you like me to help you, I offered. She shook her head and smiled as she dragged away. I promise that for a moment she looked younger and her back arched less. Yet I felt deflated—as if someone had punched me in the stomach—because I was realizing just how invisible we become in a crowd. I do not want to be overlooked. I refuse to be life’s punctuation mark. But sometimes I am afraid that such is the fate of all.

People laugh when I tell them that I am exceptional. And sometimes, after being lanced by their criticism, I consider the cost of greatness, whether it is something worth chasing or something that I should run from, whether it exists at all or is merely a term born of comparison. Yet somehow I know that greatness exists in the same way that I know that I hear at eight channels. My teacher, trying to explain the concept behind ear implants, had us all close our eyes as he played a message using increasing numbers of hair cell channels. No one heard anything at four channels; no one is supposed to. I squeezed my eyelids and tuned out the world. I heard the message, “my appointment is for six o’clock in the afternoon.” Eight channels! No one else heard it. Still, my voice wobbled as I relayed the message to the whole class. Even now, I am not certain that I could repeat the achievement. But then again, the first man who ran a marathon dropped dead after delivering his message. It only takes one time to succeed. Interestingly, my physical diagnosis class informs me that the biggest battle in old age plays out between obscurity and immortality. I wonder if I am aging too quickly because my knees whine from walking up the stairs. I wonder if I am aging too quickly because at age twenty-four I am obsessed with immortality.

I live nine hours away from home. Actually, I live many worlds away from home. And as a wearer of so many flags, it bothers me that people wish to pinpoint my identity. For the first time, I am seeing the world through my eyes alone. My father does not always pick up the phone on the first ring. My mother tells me that she is tired. I forget to call home. And the world looks much different from two eyes than it did from six, a little more cohesive yet a little more disorganized. Every day I look out of the window of my apartment at the sailboats on the lake. I am drawn to water in the same way that a rabbit is drawn to a trap and a fish is drawn to a worm. It terrifies me and tantalizes me. It reminds me of two years ago when we celebrated our final day of the first year of medical school. As I sat down on the rocks overlooking Lake Michigan, I expounded about life. I’ve never seen you this happy, my friend commented, is it because it is the last day of school? No, I said, it is because I am by the water. The danger of hanging off of the edge thrills me. My friend continued to look at me, sensing that I had stopped mid sentence. I suppose it is in my blood. I concluded, my Nigerian ancestors are people of the rivers. For some reason, I feel most at home by the water. My friend nodded his head and moved on. Perhaps my words had transported him back to his own womb, the cradle of his ancestry.

It worries me that something as tumultuous, inconstant, and abusive as the water reminds me most of myself. But without water life would be infeasible. In the same way, I guess, I do not have to be sustained to provide the world sustenance. I am not the person at this moment that I was when I started writing this. I am not the person today that I was when I first moved to Chicago. Please do not expect me to be.

Last week, I stumbled across a book that I wrote many years ago, that I had forgotten during this time of change. It was not until I reread the entire book that I found my favorite line in the acknowledgment section. I did not remember writing it. “Life is too short for sitting down for pictures. Time is not photogenic. Change is most forgiving to those who do not pose.” I was so proud of the line that I made it my away message for the day. My younger brother instant-messaged me and asked the origin of the quote. I wrote it, I replied. It took him minutes to believe me. After a year of resisting, he asked to read my book. I reminded him that I had offered it to him many times before. He could not remember ever refusing it. I am beginning to believe that life will always unfold like this, in convincing contradictions. I am not disgruntled by this realization. We will not all take the same path to reach the corner of the world. We will not all walk over the edge. But those of us that do will find, upon reaching the other side, that we will still be standing beside our friends that did not cross. For life is not that which carries us, pushing us forward like a gust of wind. Rather, life is that which we carry with us.

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Individuals who have contributed substantially to medicine and fields related to medicine, but who are not eligible for membership in ΑΩΑ as graduates of a medical school with an ΑΩΑ chapter or as a faculty member of a medical school maintaining an active ΑΩΑ chapter, may be nominated for honorary membership by any active member of the society. In 2010 Alpha Omega Alpha’s board of directors extended invitations to the following distinguished physicians and scientists.

**Daniel M. Fox, PhD**
Daniel M. Fox, President Emeritus of the Milbank Memorial Fund, is an author of books and articles on health policy and politics and an adviser to public officials, leaders of provider systems in health and long-term care, research organizations, publishers, and foundations. Before serving as president of the Fund (1989 through 2007) he worked in state government (Massachusetts and New York) as an adviser to and staff member of three federal agencies (the Office of Economic Opportunity, and Departments of Housing and Urban Development, and Health and Human Services) and as a faculty member and administrator at Harvard University and at the Health Sciences Center of the State University of New York at Stony Brook. He is a member of the Institute of Medicine of the National Academies of Sciences, the Council on Foreign Relations, and the National Academy of Social Insurance. He earned AB, AM, and PhD degrees from Harvard University.

Osvaldo Hubscher, MD, MACR

Osvaldo Hubscher of Buenos Aires, Argentina, is Associate Professor of Medicine at CEMIC Medical School. He graduated *cum laude* in Medicine from the University of Buenos Aires in 1964 and completed specialist certification in Internal Medicine and rheumatology at CEMIC where he has remained as a faculty member. At present he is Consultant Rheumatologist of the Section of Rheumatology and Immunology, Department of Medicine.

Dr. Hubscher served or is still serving on the editorial boards of several journals including *Arthritis & Rheumatism, Current Opinion in Rheumatology, LIUPoS, Osteoarthritis & Cartilage*, and Clinical Rheumatology and has authored or co-authored forty-eight articles in peer-reviewed journals. He has also authored eighteen chapters of rheumatology textbooks in Argentina, Spain, and the United Kingdom. Dr. Hubscher is a founding member of ASSA (Asociación Síndrome de Sjogren Argentina) and of ALUA (Asociación Lupus Argentina), one of the international chapters of the Lupus Foundation of America.

He served as President of the Argentine Society of Rheumatology from 1981 to 1983 and was designated Master of Rheumatology in 1992 by the Society. A member of the Argentine Society of Clinical Investigation, Dr. Hubscher is an honorary member of the Brazilian, Chilean, and Colombian societies of rheumatology. He also served as Vice President of PANLAR from 1990 to 1994.

In 1986 Dr. Hubscher became a Fellow of the American College of Rheumatology (ACR) and has been a member of the International Advisory Committee from 1997 to 2000 and of the Annual Meeting Planning Committee for the period 2001 through 2004. In 2005 he became Master of the ACR.

Wahid Ali Said AlKharius, MD

Dr. Wahid AlKharius is the first foreign educated orthopaedic surgeon in the Sultanate of Oman, and built up modern orthopaedic treatment in the country. He received his surgical training at Cambridge University and his orthopaedic consultant accreditation from the University of Edinburgh and Glasgow in 1983. He served for many years as the head of Khuola Hospital in Muscat.

Dr. AlKhauri was instrumental in organizing emergency care in Oman, with a special interest in road traffic safety. With other members of the Bone and Joint Decade, he advocated for the United Nations to pass five resolutions on road safety. He became a member of the UN Raod Safety Collaboration, chaired by WHO, and is the official representative from Oman and recently appointed ambassador in the foreign ministry.

Robert M. Klein, PhD

Robert M. Klein received his BA degree *cum laude* with Honors in Biology from Queens College of the City University of New York and his Master’s and PhD degrees in Biomedical Sciences from New York University, School of Medicine, Graduate School of Arts and Sciences. He completed a postdoctoral fellowship at Medical College of Wisconsin/Marquette University.

Professor Klein has been a faculty member in the Department of Anatomy and Cell Biology at the University of Kansas, School of Medicine (KUSOM) for thirty-two years and has risen through the ranks from assistant professor, being promoted to the rank of professor on July 1, 1987. He has taught microscopic anatomy, cell biology, developmental biology, and embryology to medical students during his tenure in the School of Medicine. Over the past decade, Dr. Klein has been active in curriculum development for the undergraduate medical program. Dr. Klein has earned most of the major teaching honors awarded to faculty in the School of Medicine. He also was a charter recipient of a Kemper Fellowship for excellence in teaching and mentoring at the University of Kansas and followed that by becoming the only faculty member to receive two Kemper Fellowships.

Professor Klein was appointed as Associate Dean for Professional Development and Faculty Affairs (PDFA) in the School of Medicine, July 1, 2002. The PDFA office organizes and runs major programs and activities including an array of professional development workshops to facilitate the research, teaching, and clinical activities of the KUSOM faculty.
Health policy

Will the new generation of physicians promote health care reform?

Arnold Relman, MD

The author is professor emeritus of Medicine and Social Medicine at Harvard Medical School, and is the former Editor-in-Chief of the New England Journal of Medicine.

Physicians in the United States have in the past generally taken a conservative view of major changes in the medical care system, fearing heavy-handed government interference with professional autonomy and with the relationship between doctors and patients. But the need for reform has become increasingly clear in recent years and doctors’ traditional suspicion of legislative efforts to improve the health system has begun to moderate.

The leadership of the American Medical Association reversed its longstanding opposition to health reform legislation by endorsing the Patient Protection and Accountable Care Act (ACA) that the Obama administration managed to enact in March 2010, despite the fact that it did not provide for tort reform or resolve the problem of the scheduled reduction in Medicare payments to physicians.

Recent polls of practicing physicians have found considerable support for some type of health care reform. One such poll published in the New England Journal of Medicine in 2009, with responses from 2130 physicians in all specialties, found that almost three-quarters favored public, or public and private, options for expanding health insurance, and a little more than half supported expansion of Medicare to include adults between 55 and 64 years of age.1

An even more remarkable result was obtained in a poll of practicing physicians in Massachusetts conducted by the Massachusetts Medical Society just before passage of ACA. Fully a third of respondents thought the reform legislation should include a single-payer system offering health care to all citizens, while an almost equal number thought that public and private health insurance should include an option to buy in to a public Medicare-like option.2

The passage of ACA nevertheless has generated considerable opposition among conservatives (mainly Republican) in Congress, and also among the public at large. Current polls show public opinion just about equally divided on the health reforms included in ACA. An explanation for this public skepticism is probably to be found in the aggressive campaigns waged by Republican and Tea Party organizations, which have spread much misinformation about the legislation and raised unfounded populist fears about a “government takeover” of the medical care system.

Two Republican senators who are also physicians (John Barrasso of Wyoming and Tom Coburn of Oklahoma) published “Will the Health Overhaul Improve American Health Care? An Open Letter to Medical Students” in the November 2010 issue of the AAMC Reporter, in which they urged students to oppose the new law. They argue that ACA will change the doctor-patient relationship, “gives Washington more power to determine care . . . encourages ‘cookbook medicine’ with new comparative effectiveness authorities that will make coverage determinations based on cost—rather than what may be best for individual patients,” and “relies on unproven pilot programs to deliver needed savings.” They add, “Costs will continue to rise. Bureaucrats and politicians will have more control, while patients and doctors will have less.” Barrasso and Coburn offer no specific alternatives to ACA, but claim that in the past they have suggested reforms that would lower costs, improve quality and “give all Americans more control of their health care dollars.”3

On November 23, 2010, a response to this Open Letter was posted on the Huffington Post by four MDs-in-training, all of whom are current or former national leaders of the American Medical Student Association (Lyah Romm, John Brockman, Elizabeth Wiley, JD, MPH, and Sylvia Thompson, MD, MPH). These authors defended ACA as a valuable step toward rescuing a health system “on the brink of collapse.” They wrote, “The imperfection of the ACA is not that it went too far, but that it did not go far enough to address profit-driven intrusions into the patient-physician relationship. . . . Your assertion of having supported reforms that would provide affordable, high-quality coverage within reach for every American is not borne out through fact or experience. . . . The overwhelming majority of physicians agree that key provisions of the Affordable Care Act will improve access to health care services for millions of Americans. . . . Please stop obstructing health care reform implementation.”4

If this rousing statement by leaders of AMSA does indeed reflect the views of a majority of their colleagues, then we should be proud of the idealism and good sense of the new generation of physicians. They apparently support ACA but understand that “it did not go far enough.”

As I have written elsewhere,5 ACA clearly falls short of the reforms we need. Much more remains to be done if we want to control costs and improve the quality of U.S. health care. ACA is at least a start. It can and must be extended by reforms that change the way medical care is organized and paid for. Many health economists now believe that cost control will require a transition away from fee-for-service payment to some type of payment that rewards quality and efficiency, rather than the number of services provided. “Global” payment, i.e., a single payment for comprehensive care of a given medical problem, or capitated payment for total care over a period of time,

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would meet that need. However, to receive and distribute global payment would require organizations of physicians working together with affiliated hospitals.

ACA provides for demonstration projects and limited trials of new forms of provider organizations and payments (e.g., the so-called “accountable care organizations” that would receive and distribute “global payments” rather than fees-for-service). But there is no legislative mandate in ACA for nationwide implementation of such sweeping change, and little likelihood that a deadlocked Congress will be able to enact any major reforms in the near future.

Nevertheless, I believe there is now an opportunity for the medical profession to take the next steps toward reform even without any immediate legislative action. Multispecialty group practice, with physicians paid at least in part by a salary, is the best kind of physician organization that could accept and distribute a global payment, and could also be accountable for quality and efficiency. There is evidence that perhaps as many as a quarter of all practicing physicians now belong to these group practices, and their number is rapidly increasing. If this trend were to accelerate, and if most or all of the groups were to be not-for-profit physician-managed organizations that paid their professional staff mainly by salary (even while allowing for bonuses based on effort and contributions to the group), a major step toward reform would have been taken. Without coercion by government or pressure from private insurers, the medical profession would have started on the road to the type of reform we need.

Well-managed multispecialty group practices have been demonstrated to provide excellent care more efficiently than the expensive and fragmented system that now dominates the U.S. health care scene. Almost half of new physicians are women, and a growing number of the new generation seems to be choosing this style of practice because it also offers them many personal and professional benefits. If multispecialty groups become the predominant form of practice, public and government support for legislation that supports groups and holds them accountable for costs and quality would undoubtedly follow.

Without this kind of reorganization of medical care, effective payment reform and cost control are unlikely. But such changes cannot be accomplished without initiatives and future support from the medical profession. I am betting that the new generation of physicians will meet that challenge.

References

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The physician at the movies

Peter E. Dans, MD

The Social Network

Starring Jesse Eisenberg, Andrew Garfield, Justin Timberlake, and Armie Hammer.

I’ve always believed that in order to enjoy a movie, the characters, especially the protagonist, have to be likable. Consequently, I found much of The Social Network difficult to watch. Based on Ben Mezrich’s book The Accidental Billionaires, it tells the story of the founding of Facebook by Mark Zuckerberg (Jesse Eisenberg) while an undergraduate at Harvard. Mezrich’s consultant was Zuckerberg’s jilted cofounder Eduardo Saverin (Andrew Garfield), so the book’s “nonfiction” label is subject to debate. Zuckerberg, as portrayed in the film, is thoroughly obnoxious. Not only is he rude and arrogant but he manages to alienate everyone he comes in contact with and to betray his only friend. To call him “hyper” is an understatement. He is portrayed as a fast-talking self-referential obsessive-compulsive manic-depressive. Like many of his Harvard classmates portrayed in the film, he shares the sense of their being “special people.” And to some extent they are, having stood out at their high schools and, as one guidance counselor used to say, having built a cyclotron in their backyard or its equivalent. They are placed in a pool of “number ones,” making it harder to stand out. As his date, Erica Albright (Rooney Mara), tells him, it may sound trite but “you should try to become the best you” rather than obsessed about and envy his privileged classmates. Some students manage to do just that, as witnessed by the Harvard student who graduated at the top of her class last year and then entered a convent. Zuckerberg, on the other hand, craves recognition and, despite his whining, many do recognize the sophomore’s genius, or as one student says, he is the “Big Man on a campus” with nineteen Nobel Prize winners, fifteen Pulitzer Prize winners, two future Olympians and one movie actor (presumably Natalie Portman).

Despite screenwriter Aaron Sorkin’s claim that the story is true, he did use a fictional narrative thread, crediting Zuckerberg’s energy to create Facebook and the associated spitefulness as stemming from his being rejected by Albright, something she had every reason to do. For example, at the beginning of the film, he says to her: “You don’t have to study; you go to BU (Boston University),” as he tries to impress her with how dating a Harvard student would benefit her. In another exchange, she says, “Dating you is like dating a Stairmaster. You believe that every thought that tumbles through your head is so clever it should be a crime for it not to be shared.” Zuckerberg is particularly upset that he is not a candidate for one of the big clubs, which he feels would get him the attention he deserves. When asked why, he says they’re exclusive and fun and can lead to a better life, pointing out that Theodore Roosevelt was a Porcellian and that led him to become president. Erica tells him that he is an a—hole and dumps him. He runs to his dorm, blogs that she is a “bitch” and, while drunk, hacks into the home pages of women in the various Harvard residence halls and creates The Facemash site. Using an algorithm developed by his friend Eduardo to rank chess players, he invites Harvard men to rank the women. The site is a sensation, earning him the enmity of the women students and a six-month academic probation for the resulting crashing of the Harvard network. During the hearing, he claims that Harvard should thank him.
for showing them the flaws in their network security.

Zuckerberg’s accomplishment wins him the admiration of identical twin students Cameron and Tyler Winklevoss (Armie Hammer), who hire him to help them and Divya Narendra (Max Minghella) build their Harvard Connections site. He stonewalls them for weeks, during which time he develops Facebook with Saverin and Dustin Moskovitz (Joseph Mazzello). His vision is to take the whole college experience and put it online on the premise that there is nothing that people like to do more than talk about themselves. The Winklevoss twins are stunned when he announces the launch of Facebook and, on being confronted, he denies that he used any of their code or ideas, which he pronounces to be lame. Facebook fever develops as he expands to Yale, Columbia, Stanford, and Cambridge.

The Winklevoss twins embody all that Zuckerberg envies and despises. They are handsome future Olympians on the crew team, products of WASP wealth, and shoo-ins for the best club. They are in reality trusting fellows, especially Cameron, who refuses for a long time to agree with his partners to sue Zuckerberg. Instead he believes that they should act like “Gentlemen of Harvard.” When Zuckerberg gives them no satisfaction, they schedule an appointment with Harvard President Larry Summers, asking his help with enforcing Harvard’s student Code of Conduct about not cheating on your classmates. The portrayal of Summers as a jerk stretches credulity. He disavows their contention that the invention is worth millions, asserting that it is just their imagination and that, after all, he should know because he used to be Secretary of the Treasury. He dismisses them and advises them to invent something else, “which is what Harvard students do.” Interestingly, in 2011, Summers would cite Bill Gates and Mark Zuckerberg as arguably the two Harvard freshmen who have been the most transformative of the world in the past twenty-five years, adding that neither graduated.3

Zuckerberg borrows from his friend Eduardo to finance Facebook but refuses his urging to get advertisers, saying that Facebook is cool and he is not interested in ruining it for the sake of money. He changes his mind when he is introduced to Sean Parker (Justin Timberlake), the ousted founder of Napster, who makes the prophetic statement, “We lived on farms, then we lived in cities, and now we are going to live on the Internet.” Parker gets him capital for what he sees as a billion dollar company. Meanwhile Zuckerberg keeps Eduardo in

Andrew Garfield (as Eduardo Saverin), Joseph Mazzello, Jesse Eisenberg (as Mark Zuckerberg), Patrick Maple in The Social Network. © Columbia Pictures

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the dark about his joining forces with Parker. When Eduardo is finally eased out of the company, he joins the Winklevoss’s suit. Much of the story is told through the deposition process. Parker adds high living, marijuana, bongs, cocaine, strip clubs, and sex parties with underage girls to the venture. Add this to the portrayal of hard partying, hard drinking, and the hookup culture so prevalent on today’s college campuses and it’s hard to fathom how this film got a PG-13 rating when The King’s Speech was rated R.

Given the characterization of Zuckerberg, the youngest billionaire ever, I found it strange that the film appeared while he is very much alive. Zuckerberg calls it fiction, but Sorkin stands by his screenplay, saying that he relied on depositions taken during the lawsuits filed against Zuckerberg and blogs that he wrote during the period in question. Sorkin does allow Zuckerberg’s defense lawyer to possibly negate the value of the depositions by saying that eighty-five percent of them are exaggerations and the rest outright lies. I’m not sure lawyers would agree. Furthermore, when questioned about the film’s veracity, Sorkin said, “I don’t want my fidelity to be to the truth; I want it to be to the storytelling. What is the big deal about accuracy purely for accuracy’s sake, and can we not have the true be the enemy of the good?” 4 I’m still trying to figure that out. In sum, I guess when you’re running a $50 billion company, it doesn’t matter what they say about you, even when the film’s closing line is “You’re not an a—hole, you’re just trying really hard to be one.”

Another thing that struck me about the film is how technology that purports to connect one with “friends” was fashioned by a self-referential loner. There’s no question that Facebook can be used for good purposes, e.g., keeping servicemen in touch with their loved ones, reconnecting with old friends, posting worthwhile messages, or connecting with the people in repressive regimes as we are seeing in today’s headlines. This is alluded to when Marylin Delpy (Rashida Jones), one of Zuckerberg’s lawyers, asks what he is doing on her borrowed laptop at the end of the deposition. He says “I’m checking in to see how it’s going in Bosnia.” She responds: “Bosnia, they don’t even have roads but they have Facebook!” We are told in the end credits that there are 500 million people in 207 countries using Facebook.

Still, too often it’s seems to me to be merely self-promotional and used by people who obsess and need to tell others about their daily actions, rather than live in the moment and let their lives speak for themselves. I wonder if they wouldn’t be better off to communicate with those around them than with unknown people, some of whom could be predators using aliases or making false statements. As I was writing this, there were also privacy concerns raised about ownership and use of Facebook content. In addition, I came across a story about a woman accused of running over her cousin twice with her minivan and leaving her bleeding in the middle of the street after “a Facebook-fueled catfight over a man.” 5 Is this an isolated occurrence? I don’t know, but in the end, the question is moot, since the genie is out of the bottle.

Full disclosure: I am a confessed troglodyte and technophobe. I don’t own a Blackberry, don’t text, and have never accepted invitations to join Facebook even when I recognize the people as friends with whom I wouldn’t mind conversing with by phone, e-mail, or in handwritten letters. So take what I say with a pound of salt. My concerns are that we are creating a generation of people who attach too much importance to talking to strangers rather than doing something worthwhile with their time and communicating with those around them. They have their heads focused on the machines, texting and tweeting, rather than on their surroundings, loved ones, and natural community. Then again, maybe it’s better than hours spent on video games. For views of a couple who use Facebook and whose judgments I respect, see Addendum 2 below.

Addendum 1

In the end credits, we learn that Cameron and Tyler received a settlement of $65 million and signed a nondisclosure agreement. They both rowed for the United States in the Olympics in Beijing and placed sixth. Eduardo Saverin received an unknown settlement and his name was restored to the Facebook masthead as cofounder.

Addendum 2

I use Facebook strictly for family and close friends. I ask my business acquaintances and colleagues to connect with me on LinkedIn, a business social networking site. I’m the most engaged on Twitter. I don’t believe in online privacy. Some young people are making bad choices about what they are posting online, in their words and photos. Youngsters need to think about the digital footprint they are leaving. Frankly, I have a bit of a love/hate relationship with social media in general. I approach it cautiously. It can consume a lot of time (if you let it).

My first encounter with Facebook was as sort of community bulletin board for public protest. I stayed with it to reach some classmates. My sense is that Facebook satisfies many disparate social elements and personalities. It is a combination soapbox, e-mail, rants, photo albums, standing distribution lists, as well as a way to cyberstalk people. I use it to post my thoughts and links to articles I think are worthwhile and I read the thoughts of only a select few.

References

Secretariat

Starring Diane Lane, John Malkovich, James Cromwell, and Fred Dalton Thompson.
Directed by Randall Wallace. Rated PG. Running time 123 minutes.

Based on the book Secretariat by William Nack, this entertaining film chronicles the career of the horse that some consider to be the greatest thoroughbred that ever raced. It was one of the few films in 2010 to tell a coherent story and not rely on special effects. I agree with Joe Queenan’s commentary in the Wall Street Journal that 2010 might be the worst year in film history, although it has had many recent competitors. The greatest of the film’s many assets is Diane Lane, who plays Penny Chenery Tweedy, Secretariat’s owner. Ms. Lane has shown the ability to light up the screen and carry a film as narrator and participant as she does here. She plays the epitome of a ’50s/’60s woman full of class and determination, a “housewife” who refuses to be intimidated in a so-called man’s world. Her prim behavior and stylish appearance contrast sharply with that of trainer Lucien Laurin, played by an over-the-top John Malkovich. He provides comic relief with his outrageous outfits and equally outrageous comments. His character is quite different from the real Laurin, but this is a Hollywood entertainment, not a documentary, and it enlivens the film.

After seeing Secretariat, I found that many critics took a negative view of it, seemingly put off by what they saw as the film’s religious overtones. They may have been sensitized by the fact that it was a Disney film and that the screenwriters, producer, and director had been involved with such films as The Blind Side, Braveheart, We Were Soldiers, The Nativity Story, Finding Forrester, and The Rookie. These were seen as “uplifting,” not “edgy,” as many critics would prefer. Add to that, Disney had marketed it to Christian groups, just as Warners had done with The Blind Side. What clinched it was Diane Lane’s voiceover of a passage from the Book of Job in which Yahweh challenges Job about the creation of various animals, including horses. As Lane recites the passage, Secretariat is shown entering the starting gate and seeming to act out in a remarkable verisimilitude to the biblical words.

Do you give the horse his strength or clothe his neck with a flowing mane? Do you make him leap like a locust, striking terror with his proud snorting? He paws fiercely, rejoicing in his strength, and charges into the fray. He laughs at fear, afraid of nothing; he does not shy away from the sword. The quiver rattles against his side, along with the flashing spear and lance. In frenzied excitement he eats up the ground; he cannot stand still when the trumpet sounds.

—Job 39:19-24, New International Version

One of the many examples of such critical reviews is illustrative. The chief critic for Movie Line, Stephanie Zacharek, began her review by saying: “If, like most sane people, you’re inclined to flee movies that open with biblical quotes, you might want to concentrate on the image that accompanies those words.” She goes on to talk about how the viewer should forget the “biblical stuff” and concentrate on the image of the horse’s supernatural alertness, his twitching ears, and enormous eyes and nostrils. She missed or chose to miss the filmmakers’ desire to pair words and pictures. In so doing, the filmmakers were riffing off the title of one of the many books about Secretariat, The Horse that God Built. After stating her fears of the possibility of an “aggressively religious message” she added, “I will tell you—if you haven’t guessed already—that I’m a left-leaning agnostic, and the closest I can ever get to believing in the existence of God is in the presence of animals. (I find human beings to be highly flawed inventions, but maybe that’s just me.)” This all goes to prove the old adage that what you get out of a movie depends on what you bring to it.

Frankly I missed all this in enjoying the film. Indeed, I found it particularly amusing because the parts of the film that were off-putting to me were the scenes involving Tweedy’s rebellious daughter, Kate (A. J. Michalka). Caught up in the antiestablishment tenor of the times, she rebels against her parents’ middle-class values and petitions her high school principal to turn the annual Nativity pageant into a Vietnam War protest. After first being rebuffed, she volunteers in a commune in Chile and then gets the green light the next year to go ahead with her vision. Though I found it to be
extraneous and distracting, I guess it was the screenwriter’s way of bringing a little bit of the flavor of the times into the film and also keeping it from being focused only on the horses, the stables, and the racetracks. It also served to show how Tweedy was much more tolerant of her daughter’s beliefs than her lawyer husband Jack (Dylan Walsh) who considered her to be a “Connie.”

The film begins in 1969 with the burial of Tweedy’s mother and her decision to stay back in Virginia to help her sick father Chris Chenery (Scott Glenn) who has withdrawn into himself. She recognizes how important the horse farm is to him and she is anxious that it remain under the family’s control, against the wishes of her brother Hollis (Dylan Baker) and her lawyer/husband, who thinks she is over her head and should be back in Denver, not in Virginia. She is supported by her father’s long-time secretary Miss Ham (Margo Martindale), groom Eddie Sweat (Nelsen Ellis), and the family lawyer Bull Hancock, played with just the right earthiness and humanity by ex-Senator Fred Dalton Thompson. After her father dies, it becomes more difficult to hold on to the farm and the horses because of the estate tax, which requires that assets be sold off. She manages to hold on to it by selling shares in the horses. Her main assets are two recently-born foals and she arranges with her principal stockholder Ogden Phipps (James Cromwell) to have a coin toss to select first. She “loses,” but actually gets the horse she wanted, a chestnut red horse with three white stockings and a star on a thin blaze, who was able to stand up immediately after he was born. Familiarly called “Big Red,” he is named Secretariat after the United Nations organization run by the Secretary-General, suggesting “leadership and power without referring to royalty.”

Hancock helps her hire respected trainer Lucien Laurin to work with her horses. As noted, Laurin is portrayed as a flamboyant Southerner (he was a more reserved French-Canadian) who played golf (which he never did). He dishes out colorful lines like, the young Big Red being so slow that “he couldn’t beat a fat man encased in cement being dragged backwards by a freight train.” Laurin is instrumental in hiring famed jockey and fellow French-Canadian Ron Turcotte (played by real jockey Otto Thorwarth).

While the story about Secretariat saving the farm is nice, it was actually saved by the horse Riva Ridge, who had been sickly and suffering from diarrhea and a high fever shortly after birth and looking poor and thin. However, after the administration of antibiotics, he became strong and grew to be a classic thoroughbred, going on to win the Kentucky Derby and the Belmont stakes. His name came from a battle that the Army 10th Mountain Division fought to secure an Italian Apennine range in World War II, and in fact Tweedy’s husband and his friends from that division founded the Vail, Colorado, ski resort and named their favorite trail Riva Ridge.

There are many excellently filmed races, one of which is the actual footage of the Preakness Stakes shown on a grainy small television screen to capture the way most people saw the race. The scenes that didn’t seem realistic involved the
bluster and braggadocio of Pancho Martin (Nestor Serrano), the trainer of Sham, Secretariat’s chief rival at the Derby and the Belmont. He was apparently nothing like his portrayal, but it helped strengthen the story line that Tweedy, being a woman, got little respect. The highlight of the film is the running of the Belmont Stakes, at a mile and a half the longest of the Triple Crown races. Because of Secretariat’s pedigree, it was assumed it would be his undoing. However, coming from behind, he won by an incredible thirty-one lengths. Fittingly, the film ends with the same quote from Job and pictures of the horse (or one of his five stand-ins) with Tweedy doing some horse whispering that film critic Ann Hornaday aptly calls “a moment of transcendent recognition.”

The filmmakers use various techniques to convey the strength and power with the sounds of the horse’s breathing and the pounding of his hooves as he moves into gear, usually coming from behind such that a biblical quote seems quite prophetic. As film critic Steven Greydanus notes, Secretariat was truly big-hearted in that his heart was found to be more than twice the average size for a thoroughbred, which is about nine pounds. His was nearly twenty-two pounds, and it was not because of a malformation. As Greydanus notes, it has been discovered since, that some thoroughbreds have a “large heart gene” that is passed from their dam, which was the secret of his stamina. His great sire Bold Ruler was long on speed but short on stamina, the principal reason that Phipps selected the other foal under the assumption that a horse’s traits came largely from the sire’s pedigree, another good example of why one should never underestimate Mom!

References:

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From Secretariat. Photo John Bramley ©Disney Enterprises, Inc.
Rising with the moon, I rinse the night
from eyes and mouth and clavicles and ribs
that vibrate with my heart’s familiar call:
Diastole—a parable of hunger,
and systole—that sleepless score of loss.
The pulse of work has now become my peace.
White mugs of tea, a stack of notes, my patient’s
breath a metronome of wince and heave,
hers heart’s caul swollen, rubbing with each beat.
She lifts her gown, permits my stethoscope
to catch the rasping sound her sternum shields.
She names the pain a struggle in my chest.

I am acquainted with this kind of ache:
The heart’s embracer torments all it holds.

Chris Marett, MD
Reviews and reflections

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

Hijacked: The Road to Single Payer in the Aftermath of Stolen Health Care Reform

John Geyman, MD
Monroe, Maine, Common Courage Press, 2010, 290 pages

Reviewed by Jack Coulehan, MD, MPH (ΑΩΑ, University of Pittsburgh, 1969)

Hijacked, the most recent of John Geyman’s critical explorations of the American health care system, combines extensive documentation, reasonable argument, and rhetorical passion. Geyman, an eminent academic family physician and former president of Physicians for a National Health Program, initiated his analyses in 2001 with Health Care in America: Can Our Ailing System Be Healed? and has subsequently published books on health care inequities, corporate medicine, health insurance, and the decline of moral and professional values in medicine. The present book, Geyman’s response to the Patient Protection and Affordable Care Act of 2010, summarizes its theme in the subtitle, The Road to Single Payer in the Aftermath of Stolen Health Care Reform.

The word “stolen” will resonate with many Americans who, like me, believed that Barack Obama’s election in 2008 had opened a window for genuine change. Obama the candidate had clearly articulated the need to achieve three major goals in health care reform: decreased costs, improved quality, and universal coverage. And the voters had evidently agreed. I realized that the country was divided between those who viewed a single-payer system as the only way to achieve reform and their opponents who violently disagreed and argued that modifications of the existing health insurance system would suffice, and I anticipated serious and energetic debate. As it turned out, neither Democrats nor Republicans demonstrated the political courage to seize the day. The debate degenerated into a quagmire of complexity, misinformation, and fear. It was remarkable, under these circumstances, that Congress did, in fact, manage to pass the Patient Protection and Affordable Care Act of 2010. But, according to Geyman, the limitations and complexity of that legislation raise two burning questions: Why and how did we squander our best shot at genuine reform? And is the reform they enacted better than nothing?

Geyman contends that both political parties bear some responsibility for stealing reform. The Obama administration shot itself in the foot at the outset by framing the discussion to exclude a single-payer system. It failed to play its strongest card, a system simple to understand and with an established track record throughout the world. Perhaps not politically acceptable in its entirety, but a strong opening position. However, in his desire to appear “moderate” and obtain Republican support, Obama ruled out single-payer, which almost guaranteed that universal coverage would be prohibitively expensive. Rather, the administration squandered its momentum on the relatively weak idea of a “public option” to compete with private insurers as a method of achieving cost savings.

The second mistake the author attributes to the president was his highly touted attempt to co-opt health care stakeholders by getting hospitals, organized medicine, big pharma, and the health insurance industry to buy into his reform initiative. Obama believed that by bringing these players into the fold and giving them good publicity for their public spiritedness, he could induce them to partially set aside self-interest in the interest of the public. Wrong! The insurance industry was happy to support universal coverage, given the prospect of millions of new enrollees, but it lobbied against effective cost controls. At the same time, “the top five insurers in the country rung up $12 billion in profits in 2009 while dropping 2.7 million enrollees.” P14 Likewise, the pharmaceutical industry loudly pledged $80 billion toward health care reform, while at the same time raising its prices by nine percent over the previous year, a price increase supposedly justified by costs of research and development, even though the industry “spends two to three times more on marketing than it does on research and development.” P21 In other words, the price of these stakeholders’ endorsements was to weaken comprehensiveness and introduce additional barriers to reform, like agreeing to avoid negotiating drug prices.

The Republican response was essentially to stonewall, a mixture of no compromise and no ideas. It became quite clear, Geyman claims, that the chief Republican goal was not to offer a principled conservative approach to health care reform, but rather to prevent the president’s success at all costs. First, they squelched the “public option.” Then they exploited both the real and imagined weaknesses of Democratic plans by a high-pitched campaign of disinformation. Finally, they employed the undemocratic Senate cloture rule to block legislation there.

In a chapter subtitled “Better Than Nothing?” the author presents his analysis of the net worth of the new system. On the positive side, the act will extend health care to 32 million more people by 2019, phase out the “doughnut hole” coverage gap for Medicare prescription drug benefit, and initiate certain significant reforms of the insurance industry,
like prohibiting exclusions for preexisting conditions and banning annual and lifetime coverage limits. However, most of the increased cost of these “positives” has no clear-cut linkage to cost-reduction strategies. The bottom line, according to Geyman, is that the cost of health care will continue to skyrocket, while the goal of universal coverage will also not fully be attained.

Geyman presents the reader with eleven major lessons from Obama’s health reform effort. Several of these seem self-evident, e.g., the quest for bipartisanship was futile; real reform was considered politically infeasible; health care is not just another commodity; and Senate rules blocked the democratic process. (This refers to the Senate’s cloture rule that requires a super-majority of sixty percent to bring any bill to a vote. It means that forty-one senators can—and did—block legislation supported by a majority of both houses of Congress and the president.) A few of Geyman’s lessons are more controversial, i.e., “the private health insurance industry is in a death spiral and does not provide enough value to justify a bailout.”[p183] This is a position that is supported by the evidence in my opinion, but obviously many would argue otherwise. Similarly, the final lesson that “health care reform must be fundamental and comprehensive with a simplified financing system” is not one that the majority of our senators and representatives—especially as of November 3, 2010—agree with.

The great value of Hijacked: The Road to Single Payer in the Aftermath of Stolen Health Care Reform derives from Geyman’s ability to marshal overwhelming evidence and then present his arguments with clarity and passion. The book is “trenchant and highly readable,” as Marcia Angell comments in her blurb. It is also sobering and somewhat depressing. Nonetheless, it is a must-read for anyone who seeks a better understanding of the problems facing American health care reform in 2011.

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Skar was contacted by Carl Wilson, who operated a primitive medical clinic in the Sierra Madre region of Mexico. Wilson emerges as an enigmatic, charismatic central figure. For many years he has been the sole “physician” caring for the poor farmers of the village and surrounding area. Subsequently it is discovered that he is not a licensed physician, but a bright, highly-motivated autodidact who devours medical books. His nationality is not disclosed, but he is fluent in Spanish and embraces his role as a healer. (The villagers never challenge his credentials and eagerly accept him—attributing god-like qualities to him.) Also, to compound the complexity of this character, he can best be described as a “benign” pederast (my oxymoronic term). He exploits adolescents, but also helps with their education and aids in their pursuit of a better life outside the stifling village environment.

The Mexican adventure begins when Sklar responds to a call for professional help from Wilson and goes to work in the clinic for about six months. His only preparation is a crash course in suturing and some exposure to a physician’s assistant program. Suddenly he finds himself thrust into caring for some very ill patients with little or no guidance from Wilson, few tools, and a very primitive (dirt floors) physical facility.

The story evolves in a rather convoluted fashion. Apparently, it was written while Sklar was chief of emergency medicine in a university hospital. As the author describes his rather quotidian present life in Albuquerque (mostly concerning events in the emergency room), he interjects frequent recollections of his time in Mexico—over twenty years back.

Even though I was only twenty-two years old and was not yet a doctor, and even though I barely understood their language, they would come to my window in the night.

And I’d dress and stumble over the uneven rocks of the unlit street to an adobe house with a single lantern illuminating a feverish patient lying on a burlap cot in the darkest
corner of the room. I’d smell the strange pungent herbs and oils covering a place where the pain resided, usually in the middle of the belly or under a breast.

After a while they’d whisper my name again. “David, David is there no medicine for this?”

And I’d have to walk back across the village to the clinic to find something that might help.

This statement would epitomize his time in Mexico.

In essence, Carl (who was totally disenchanted with the world of organized medicine, where he saw avarice, lack of caring, and corruption of ethical values), preached his gospel that care of sick patients could be done by anyone motivated to provide succor and comfort with even minimal medical skills. This philosophy was largely enabled by the local population who were culturally adapted to low expectations for relief or cure and believed that ultimate survival of an individual was in God’s hands. They utilized the services of witch-like curanderos, who relied on incantations, charms, and spells. Sklar devotes too little text to a discussion of his interface with local healers.

His ability to help the villagers is facilitated by the low expectations of his patients and their belief that the gringo doctor can do magic things by simply being present and laying on hands. Since most symptoms have a major psychological component, such success is not unusual.

As Sklar writes,

In those days, I carried with me a bag of equipment, a light, some pills, and a conviction that, whatever gaps in my knowledge, I was better than nothing; I could make a difference. Now I wondered what had made me so sure and why I hadn’t questioned myself—questioned all of us there—for pretending to know more or be more than we were.

It would seem a prime example of the wisdom of the aphorism, “In the land of the blind the one-eyed man is king.”

One cannot help being dismayed by Sklar’s abiding insecurity and depression in his professional and personal life. It permeates the entire text. Too frequently (for me) he indulges in painful introspection—almost confessional in intimacy. His wife has left him taking their two children, which has a devastating impact. We never learn why.

He describes his two return visits to the village—once with his new bride and then twenty-odd years later. In the interim, Carl has significantly improved life in the village (running fresh water, electricity, waste disposal). He has become an international lecturer on how to set up and operate a rural clinic. But after twenty-five years, the original La Clinica is gone, and the government has set up a new facility with a full-time physician. In general the medical situation has improved.

Sklar discovers how the narcotic trafﬁcante gangs have come to dominate the lives of all the people in this region of rural Mexico in the years since he left (and this dreadful situation with murder and kidnapping on an outrageous scale persists today, especially along the border):

The village and the clinic had been my engine all these years, powering me forward with a vision of why my life made sense and a certainty of its basic goodness. In the village the needs were obvious. If you worked hard enough, the dying might live, the suffering might be relieved, and you could feel good about your part in it. . . . I wanted to discover what led me to make the choices that were now causing so much pain and to determine whether my image of the village, the clinic, and the relationships with the people there was based upon real memories or fantasies. Maybe that would help me discern the next step away from the fog enveloping me.

On several occasions Sklar reveals interactions with his long-time colleague, Rick, a cynical racist whose deep-seated prejudices encompass ethnic and social “classes.” One must wonder if his biases could jeopardize his judgment in caring for patients he considers less “worthy,” and how the author could maintain friendship with such a person. It is a rather anomalous interjection for this altruistic writer.

In contemplating this rather strange book, I wondered what long-range impact the time in the village had upon his ultimate philosophy of life in medicine. He is now an associate dean at a Western medical school—far removed from the poor of rural Mexico. One can only wonder if his sensitivity to patient welfare, his concern about the prevailing health care mechanism where individuals are getting rich from the illness of others while many millions remain outside the system, plus his knowledge of Third World medical problems, has been translated into any continuing positive action. There is no indication in the book.

In the final pages Sklar contemplates the legacy of Carl Wilson:

I wondered what his legacy would be, how we would remember him. Would it be the images of the clinic, the many people from the village whose lives had been changed, the Americans like me who returned to the United States to try to carry forward the same compassion and commitment to the poor that we learned from him? Or would it be the scandal?

The prose is colorful and the narrative quite fascinating at times, but the book leaves a disquieting, unfulfilled aftertaste and ends on an inane downbeat.

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No one would choose to be in pain. Pain is, well . . . painful! People seek explanations. If something hurts, human nature tells us there must be a problem. Patients and health care providers become frustrated when they can’t get an explanation. Individuals who are experiencing pain are a willing prey for anyone who offers them a solution. In many ways our present health care system has created the perfect storm: a needy and sometimes desperate patient population, interacting with a variety of health care providers who are eager to help, but who also make their livelihood providing the services they recommend.

*Stabbed in the Back: Confronting Back Pain in an Overtreated Society* is a very sobering analysis of the American approach to the management of back pain. Nortin Hadler, MD, has spent his thirty-year professional career analyzing the evaluation and treatment of back pain in the United States. Dr. Hadler notes that essentially everyone in Western society experiences episodes of back pain. Although a wide variety of health care providers treat back pain, their commonly used diagnoses, such as arthritis, disc disease, pinched nerve, pulled muscle, joint subluxations, and spinal malalignment fail to withstand the rigors of clinical testing. Instead, Dr. Hadler introduces the more generic term “regional back pain,” thus removing any medical diagnosis when describing and explaining everyday episodes of back pain. Through his exhaustive review of the literature, he is able to support his contention that back pain is simply an unpleasant experience in life and of the human condition. It is not a pathologic condition requiring diagnosis and treatment. The role of the physician should simply be to “provide a port in the storm: empathy, wisdom, reassurance, and constructive advice.”

*Stabbed in the Back* guides the reader through the evolution of the medical profession’s involvement in the care of individuals presenting with complaints of back pain. This involvement transformed people with common back pain into patients and, by necessity, changed the perception of their discomfort from an annoyance of life to a pathologic condition. Adhering to Sydneyham’s principal that symptoms (illness) must represent anatomic or physiologic malfunction (disease), physicians rushed to identify pathologies that “fit” their conceptual frameworks. Allopaths, osteopaths, and chiropractors, among others, have developed their own explanations and theories of the pathologic processes that lead to back pain. Even more disturbing, health care professionals have helped create disability in patients diagnosed with a “disease” for which the “cure is elusive” and many of whom “see no better option than to be patients for predicaments they perceive to be abnormal but that others consider normal.”

Simultaneously, while the medical profession was pursuing and analyzing the etiology of back pain, the Workman’s Compensation system was created. This system requires that any worker reporting symptoms of back pain must demonstrate injury. If no injury can be demonstrated, workers are neither eligible for compensated treatment nor for financial settlement. The conjunction of Workman’s Compensation with the medicalization of back pain has created a snowballing phenomenon of abuse and led many people, who might otherwise accept their symptomatology and move forward in their lives, to label themselves as permanently disabled. These combined forces have created a “Back Pain Industry” in which billions of health care dollars are wasted.

Dr. Hadler supports his arguments with voluminous references. No intervention has been shown to have any long-term benefit in the care of people with regional back pain. The care of these individuals has become very provincial, with each specialty organization (spine surgeons, physical medicine and rehabilitation specialists, chiropractors, physical therapists) all aggressively lobbying for insurance reimbursement for their modalities and resisting any attempt by the government to establish “best practice guidelines” or evidence-based management.

I do have a single criticism of Dr. Hadler’s treatise. Chapter Six, “Invasion of the Spine Surgeons,” extensively outlines a history of abuse of surgical interventions for regional back pain. Undoubtedly, a large volume of spine surgery is being performed without any scientific basis. Despite the excesses, I am concerned that the reader might be left with the belief that there are, in fact, no indications for spine surgery. However, while patients with regional back pain are best treated with education and reassurance, a very small percentage of individuals with back pain do have conditions for which operative intervention is appropriate. Much of the confusion lies with the lax use of terminology. For example, disc herniation becomes significant only when it results in radiculopathy or acute neurologic deficit. Spinal stenosis is an imaging finding that is only significant if it leads to neurogenic claudication. Simple lumbar discectomy performed for a true radiculopathy (not a generalized radiating pain, or a herniated disc without radiculopathy) has been demonstrated to
have an extremely high success rate. The SPORT trial (Spine Patients Research Outcomes Trial), although partially flawed with crossover patients, and the Leiden-The Hague Spine Intervention Prognostic Study Group have demonstrated a definite benefit with lumbar discectomy in appropriately selected patients.1,2

Likewise, decompression surgery for patients with true neurogenic claudication (not simple stenosis) can be extremely effective in restoring function, and decompression surgery for individuals with cervical myelopathy can restore function and prevent deterioration. It is incumbent upon the health provider to develop the appropriate clinical skills to identify this select population that could possibly benefit from a surgical intervention after failure to respond to observation and expectant patience.

Stabbed in the Back is a superb analysis of the treatment of back pain in the United States. Beyond that, it is an eye-opening synopsis of the American health care system and how we approach our patients’ complaints. It stimulates us to analyze and question commonly-accepted treatments utilized in the management of self-limiting conditions for which patients consult us. We need to consider carefully whether we are treating disease or, alternatively, creating disease and disability. This book should be required reading for any health care provider treating back pain. In fact, this should be required reading for all health care providers, regardless of their areas of expertise!

Re “Cost of a Life”
I am writing a note in response to the article on Health Policy in the Autumn 2010 issue of The Pharos (pp. 32–33), written by Benson Shih-Han Hsu, MD.

I think the essay was extremely timely and a topic that needs to be discussed considerably more by physicians and perhaps somewhat less by politicians. However, I do take issue with Dr. Hsu’s ultimate conclusion. He states that resources spent or not spent on JR’s care have little or no immediate impact on the care of others. Unfortunately, I think that is not precisely accurate. When such extraordinary expenses are paid on behalf of one individual, it raises the overall cost of health care and the cost of insurance. As the cost of health insurance rises, fewer and fewer people are insured. Businesses and institutions opt to drop insurance for their employees and we have a higher proportion of uninsured. Therefore, more people are not getting the basic care required.

While I may agree that limiting care may not ethically make any sense, I do think economically it does have an impact and has to be discussed. As physicians we certainly share in the responsibility of the cost of medical care.

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Au contraire: Response to “Neither/Nor”
Dr. Miles Otto Foltermann’s lengthy letter entitled “Neither/nor” in the Autumn 2010 issue of The Pharos (p. 43) utilizes the extraction of quotes, out of context, and inaccuracies in the condemnation of an entity, i.e., existentialism.

Jean Paul Sartre’s treatise L’existentialisme est un humanisme is properly translated Existentialism is a Humanism not as Existentialism and Humanism as Dr. Foltermann purports. “Humanism,” defined by Dictionary.com, is a mode of thought in which human interests, values, and dignity predominate. Enough said re Sartre.

While one may not agree with its tenets, existentialism is considered a philosophy and taught in the philosophy departments at most major universities. It is not an “anti-philosophy.” Few comments could be more subjective.

Existentialism, in philosophy lingo, is described as being opposed to two more traditional branches, those of rationalism and empiricism. To turn around and therefore say existentialism is “irrationalism” shows ignorance. Such a statement is ludicrous.

Ultimately, to have experienced and witnessed humanistic despair, as is present throughout our world, cannot help but make us better physicians. “To practice medicine independent of this philosophy” is a terrible mistake.

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References

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When he was under the dome, spinning core of the earth, they awaited him, drapes around where he would surface.

And he squirmed a knot, effortless, into the helix that flooded him with blood, retied the tether of his foaling. The mottled purple mantles—chorion, amnion, and triad of vessels—pulsed like magma inside his crocus mother.

After a day she labored choppy, the restless green flock of doctors rush into gowns over gowns, gloves over gloves, and masks to become invisible. Each face has disappeared. The sterile room is intimate.

Her eddied waters quake when the cocoon is slit open. Quicksilver fish glides into flesh for fist-grabbed Josiah, who wakes up.

Jennifer Stella

"Many of us are never born—
We live in a private ocean for hours"
—Sharon Olds, “Everything” from One Secret Thing

Ms. Stella is a member of the Class of 2012 at the University of California, San Francisco, School of Medicine. This poem won honorable mention in the 2010 Pharos Poetry Competition. Ms. Stella's address is: 340 Kirkham Street, San Francisco, California 94112. E-mail: jennifer.stella@ucsf.edu.

Illustration Erica Aitken
Minutes of the 2010 meeting of the board of directors of Alpha Omega Alpha

The meeting in Chicago, Illinois, on Saturday, October 16, 2010, was convened at 8:00 AM by President Rae-Ellen Kavey. Present were:

President Rae-Ellen Kavey, MD, MPH
Vice President Donald E. Wilson, MD
Secretary-Treasurer C. Bruce Alexander, MD
Members-at-large Robert G. Atnip MD; Ruth-Marie Fincher, MD; Don W. Powell, MD; Joseph W. Stubbs, MD, FACP
Medical Organization Member John Tooker, MD, MBA, FACP
Councilor members Richard B. Gunderman, MD, PhD; Anne T. Mancino, MD; Sheryl Pfeil, MD
Residency Initiatives Coordinator Suzann Pershing, MD
Student Members Alicia Alcamo, MS IV; William E. Bynum IV, MD; Cason Pierce, MD
National office staff: Executive Director Richard L. Byyny (effective November 1, 2010); Assistant Treasurer William F. Nichols; Accountant Ani Rooney; Managing Editor of The Pharos Debbie Lancaster; and Administrator Judy Yee

Absent and excused were: Member-at-large N. Joseph Espat, MD; Member-at-large Douglas A. Paauw, MD; Councilor member Amy Goldberg, MD; Student member Natalia Berry, MD; Administrative Assistant Carol Wong.

The meeting opened with a moment of silence in memory of Executive Director, Edward D. Harris, Jr., MD, who died in May 2010.

Recognition of retiring members
The board acknowledged retiring directors Amy Goldberg, MD, and Natalia Berry, MD.

Extension of president’s term, new board members, and honorary members
Nominations for the 2010/2011 board of directors slate were reviewed and voted upon. President Rae-Ellen Kavey’s term was extended by one year until the 2011 board meeting to facilitate the smooth transition of the new Executive Director. Re-elected to a three-year term as members-at-large were N. Joseph Espat, MD, and Douglas A. Paauw, MD.

Honorary member nominations were reviewed and voted upon. Elected to honorary membership were: Daniel M. Fox, PhD, President Emeritus of the Milbank Memorial Fund; Osvaldo Hubscher, Associate Professor of Medicine at CEMIC in Buenos Aires, Argentina; Robert M. Klein, PhD, Professor of Anatomy and Cell Biology at the University of Kansas; Wahid AlKharusi, Ambassador and Advisor to the Minister of Foreign Affairs, Muscat, Oman. See the announcement and brief biographies of the 2010 honorary members on page 38.

Reports of officers
Reports of the president, executive secretary, and managing editor were presented.

- President Kavey expressed thanks to everyone for pulling together to continue to work of AΩA after the death of Executive Director Ted Harris in May.
- Dr. Alexander and Mr. Nichols presented the financial review.
- The board will be more involved with The Pharos because it is tied to the strategic direction of AΩA. Editor Richard Byyny, working with the board, will set editorial policy.

Reports of programs
Programs funded during the 2009/2010 year were listed in the Autumn 2010 issue of The Pharos, which is available at http://alphaomegalpha.org/pharos/AOA-ThePharos-Autumn2010.pdf.

- The Public Relations Committee chaired by Dr. Mancino gave a report on their findings on surveys of the AΩA chapters.
- The Professionalism Project was renamed “The Edward D. Harris Professionalism Project”. The direction of this project will be better defined for 2011/2012 by Drs. Byyny, Wilson, and Paauw.
- The Resident Initiatives Project was created to reach out to residents to help them to stay connected with AΩA. A Resident Initiative Committee has been given the directive to deploy this initiative to a pilot group.
- The New Councilors meeting was chaired by Dr. Eric Gall to acquaint new councilors with their duties and the national programs. Dr. David Dale presented a slideshow highlighting the history of AΩA. The lively discussions revealed that meetings to share best practices were desired by all councilors.

New business
- New medical schools that have achieved LCME Provisional Accreditation status may begin the process of applying for an AΩA charter in accordance with Constitution Article IX. A chapter may be formed after obtaining full LCME accreditation. Specific information about this will be included in the future FAQ page on AΩA’s web site.
- The next annual meeting of the board will be September 24, 2011.

The meeting was adjourned at 3:30 PM.
Respectfully submitted,
Judy B. Yee, Administrator
I Became a Doctor

As my eleventh year was ending,
I stood silent in my bedroom, watching,
shaken by the nightlong struggle
of my father in the vestibule of death.
While the doctor worked to save his life,
I looked on from one to five AM.
This is what I saw:

   purple lips and mottled skin,
rasping sounds of labored breathing,
fluid bubbling from his mouth,
semi-conscious, eyes rolled back,
bruises where the doctor drew huge vials of blood to bring
his pressure down.

Though he lived three years beyond that crisis,
not yet twelve, I knew
Our time together would be brief.
Through that night I chewed the hated cud of helplessness.
Neither could I swallow it, nor could I spit it out.
At dawn I slept, a child, awakening to be a doctor.
Then I learned new words describing that which I had seen:

cyanosis,
dyspnea,
pulmonary edema,
phlebotomy,
purpura.

Strange that merely different names
bring me comfort, but they do.
Words are simply kinder than the pictures.

Michael R. Milano, MD

Dr. Milano (AΩA, Albany Medical College, 1964) is a psychiatrist
living and practicing in Teaneck, New Jersey. His e-mail address
is: milanovinonos@aol.com.
Nomenclature

Beneath the sterile bulbs, a heart
Silenced by science then split apart,
Bobs softly on an open sea
Of blood, cracked rib, and arteries.

Each brilliant node and nerve attests
Either to forms within the chest
Or glassy, color-printed clones
By which the parts had once been known.

Recounting these invented terms,
A name for each detail, confirms
There is no man beneath the knife,
And calms the fear of ending life.

Jana Lichtenfeld

Ms. Lichtenfeld is a member of the Class of 2013 at Rush Medical College. This poem won honorable mention in the 2010 Pharos Poetry Competition. Ms. Lichtenfeld’s e-mail address is: jana.lichtenfeld@gmail.com.
Illustration by Jim McGuiness
In Memory of Edward D. Harris

Medical Excellence Without Question

Medical excellence is . . .
Relating without hesitancy
Dexterity without flourish
Trust without bond
Love without cupidity
Contract without signature
Speed without haste
Touch without chill
Cost without greed
Understanding without categories
Regulation without dictum
Stride without swagger
Knowledge without lecture
Clean without sterility
Steady without rigidity
Mastery without slaves
Caring without end.

Ralph Crawshaw, MD

Dr. Crawshaw (Â£1A, New York University, 1973) is retired from practice. He is a member of the editorial board of The Pharos. His address is: 2884 NW Raleigh, Portland, Oregon 97210. E-mail: rckos@imagina.com.