

Shifting Dullness



about the cover

This drawing by Dr. Ruff is an example of his work to be included in a chapter on genioplasty in an upcoming edition of *Clinics and Plastic Surgery*. Greg Ruff is a plastic surgeon who joined Duke's faculty in May of 1986. After completing his residency in general surgery at St. Joseph's in Ann Arbor, Michigan, he came to Duke in 1983 for his residency in plastic and reconstructive surgery. He later completed a craniofacial

fellowship at NYU.

Although Dr. Ruff has pursued his artistic endeavors all his life, it was during his plastic surgery residency that he became more involved in medically related drawings and illustrations. He started by drawing slides for his presentations, and he then began drawing for various publications during his fellowship at NYU.

News

Congratulations to the new MS I Davison Council Representatives. Mike Cuffe, Rowena Dolor, Diane DeMallie, Eric Bachman, and Will Harlan will represent their class for a one-year term ending April 15, 1988. Will Harlan will also serve as class president.

Duke Medical School will again participate in **Share Your Christmas**. Contributions will be collected at the Christmas Party on Dec. 10, as well as during MSI lectures. Boxes will be placed in both North and South Hospitals. Please give generously so those less fortunate than us can have a joyous Christmas.

The 1988 Student-Faculty Show needs you! Opportunities available for actors, singers, dancers, choreographers, musicians, business managers, stage managers, crew. Contact Mindy Rosenberg, box 2792 DUMC, 286-4221.

The student lounge on the 6th floor of the Davison building needs a volunteer to straighten up, organize the file cabinet, and maintain the TV, pool, and ping pong equipment. Anyone interested in helping to make the room more enjoyable (especially MS I's) is encouraged to contact any Davison Council member.

SECOND OPINIONS

Life and Law

Stefano Cazzaniga

A law was enacted on September 27 which would require the consent of a parent (or judge) for minors seeking abortions in California as of January 1988 (AMN, Oct. 9, pp. 4-5). Also in the news, a Senate Appropriations subcommittee voted to overturn regulations that withhold funds for family planning clinics providing only abortion counseling or referrals (AMN, Oct. 9, p. 24).

Even though abortion is legal in all 50 states, it still generates much conflict and concern. The intensity of the controversy is not surprising because many regard abortion as an issue of life and death. This fact is often obscured by the legal maneuverings which are reported by the press, as the above examples show. To many, the question of abortion cannot simply be relegated to individual choice because of the pricelessness attributed to human life, be it at its peak of maturity, intelligence and productiveness, or during a crisis such as a debilitating, disrupting and painful illness or emotional experience, or at the dawn of existence, where consciousness itself is not even present. It is at this latter point that many would 'risk' calling it life though they have no way of 'proving' it.

Many in the recent past have championed the struggle to recognize those who were considered to be less than human for what they were — fully human, despite difference in race, gender, and so on. The medical profession too is in a continuous struggle of its own: to make others realize that there is just as much human dignity in being ill and disabled as there is in being healthy and productive. To promote all these causes, visible actions are constantly being taken, not all justified or even proper. Yet the central thrust is unchanged: all are human.

It is for this reason that many, including myself, cannot see why this is not so for the unborn. In a sense, the debate of whether they are to be considered alive or not is irrelevant, for if we are committed to better human life, how can we make the tacit assumption that the unborn are not alive, and then act accordingly? I understand that many problems can be dealt with

through abortion: many women are too poor to support another child; many teenagers' lives are disrupted by pregnancy; without safe clinics, 'backalley' abortions might again become popular. These and other concerns should be top priorities, regardless of anyone's stance on the abortion issue.

Human life poses other grave 'problems': the very sick, either mentally or physically; the homeless and the poor; the starving. Yet no one would accept a society which would eliminate these people, however easy a 'solution' that would be. The unborn be treated similarly. They can be as 'problematic' to society as the aforementioned individuals, yet they are as worthy of existence as anyone else because they are human. There is no other functional or pragmatic reason why; no one is required to prove the value of their existence. People exist; that is their central right and freedom.

We must realize that there are solutions which address the fact that the focus of the problems are not the unborn, but poverty, abuse, lack of self-respect, desperation and loneliness. Hence the formation of groups to provide for adoption, financial support, and most importantly, compassion and understanding. Which brings me back to the legislative battles described at the beginning. Many of the laws limiting abortions are supported by those who would like to live in a society where such battles to preserve the unborn are unnecessary, where wounds and past divisions are allowed to heal in order to jointly undertake the real solutions to the real problems. I believe that the medical profession should be at the forefront of encouraging such a change in attitude, namely, to viewing the unborn as worthy of existence as any other humans. Few other professions work as closely with the needy — and the unborn, and many of the mothers who bear them, are indeed needy.

This just in: Notice to all students—
The next Study Away Committee meeting will be Jan 12. Please have your applications in to Barbara Gentry no later than Jan 7.

Shifting Dullness accepts letters of opinion from all members of the medical school community which encourage responsible dialogue. Opinions expressed do not necessarily reflect the opinions of the editorial staff.

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The Art of Medicine

Holly Lisanby

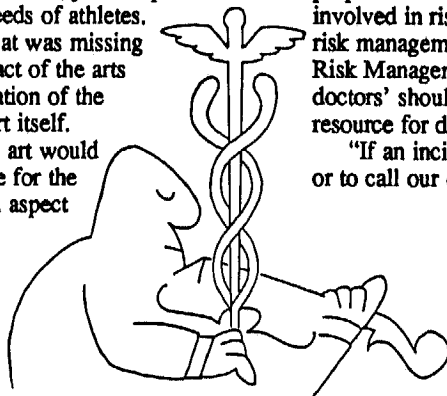
Lorin Hollander, reknown pianist and Nancy Hanks Artist in Residence, joined panelists from DUMC, the Duke Institute of the Arts, and the Pre-Major Advising Center on Nov. 5 to discuss interrelationships between medicine and the arts. Dean Graham set the tone of this event sponsored by the Institute of the Arts and the DUMC Cultural Services Program by suggesting that a consideration of the arts can be important in the training of physicians and the personal growth of medical students.

Michael Cerveris, Director of the Arts Institute, introduced Hollander as "one of the world's special people who does what he does out of real commitment, conviction, and affection." Hollander opened by citing the recent increase in the numbers of arts majors accepted to medical schools as an indication of the role the arts can play in medical training. To become a healer, one must learn to empathize, to care, and to respect all of humanity. A love of the arts can contribute to a creative understanding of what it means to be human. The question remains as to whether medical school curriculae reflect this adventuresome admissions policy of recruiting nonscience majors.

In addition to the power of the arts to humanize medicine, several panelists mentioned their personal use of the performing arts as an outlet for stress. "The arts keep me a happy individual coping with the stresses of my profession," said Dr. Patrick Kenan, Associate Professor of Otolaryngology and organizer of the Duke Arts Medicine project.

Enjoying the arts as a pastime may relieve stress, however the stress that professional and competing musicians and dancers face during performance is a medical reality. The unique physical and mental demands of training and performance point toward the need for a medical speciality in arts medicine, just as sports medicine addresses the special needs of athletes.

One important aspect that was missing in the discussion of the impact of the arts on medicine was a consideration of the practice of medicine as an art itself. Approaching medicine as an art would emphasize the intuitive sense for the natural history of disease, an aspect important in the history of medical culture.



Risk, Law and Medicine

R. Eric Lilly

As defined by the Duke Hospital Administration, the primary function of the Risk Management Department is to "evaluate and control risks that either jeopardize patient safety or pose a liability or malpractice threat to the Hospital."

The Risk Management Department's activities include presenting in-service educational programs relating to risk management and working with the Legal Counsel's office in managing all litigation. According to director Lynn Calhoun, the Department's chief activity is to "act as a clearing house for incident reports. An incident is defined as an unexpected event that happens to a patient while in-house; it may not be harmful to the patient and may include such things as a missed medication dosage or even a hostile family. Each report is evaluated and if it is serious, we do a follow-up investigation. Only about 5% of the incident reports are serious enough to warrant an investigation."

As the frequency of malpractice suits continues to increase, the role of risk management has become even more significant. This importance is evidenced by the fact that the Joint Commission on Accreditation for Hospitals (JCAH) has been reviewing proposed standards for risk management departments, and is expected to approve a set of guidelines for operation in 1988. These guidelines outline new rules for the physician in assessing risk situations, and correcting clinical problems identified by risk management activities. Also included is a recommendation that "information relating to involvement in professional liability actions be included in the information which an applicant [to the medical staff] is required to submit."

According to Calhoun, "Presently, the majority of incident reports that we receive come from nurses. The new role of risk management outlined in the JCAH proposal would require that doctors become more involved in risk management activities. Let's face it, risk management is a fact of life. However, we at the Risk Management office are not principals looking over doctors' shoulders, telling them what to do, we're a resource for doctors and for the institution."

"If an incident occurs, please do not hesitate to write or to call our office. We value confidentiality."

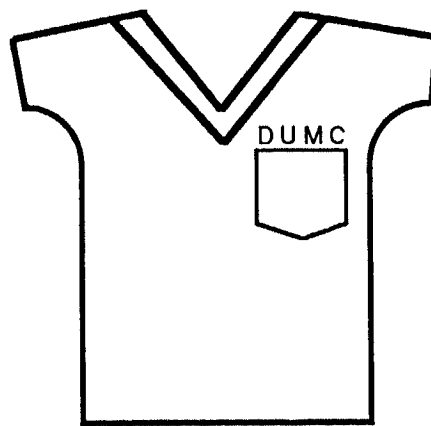
The Risk Management office is open Mon - Fri, 8:30 a.m. - 5:00 p.m. It is located on the third floor of Baker House. The mailing address is Box 3811, or call 684-3277.

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SOCIAL CALENDAR

Dec. 9th - at 8pm.....

Zbigniew Brzezinski — in Page Audi., Major Speakers.

Dec. 10th - at 6pm.....

Ron Paul — The Honorable Ron Paul, MD, Duke Med class of '61, and Libertarian candidate for president. Reception and talk following at 7pm, room 203, Teer Bldg.

Dec. 10th - at 8:30pm.....

Christmas party — Davison Society Christmas party in the Carolina Theatre Ballroom. Background music and holiday refreshments will be provided. Semi-formal attire suggested.

Dec. 10th - at 9pm.....

Alex Chilton — in the Downunder, PUB Committee.

coming in Jan.....

Suitcase party — Our 2nd annual! A big event with a big prize: a trip for 2 to Florida! Come and be ready to win.

If you want to throw a party and open it to the entire school of medicine, contact Tom Brown (684-6569) for party money.

Sex Education

Jo Evans needs more female volunteers to teach sex education to Durham area seventh graders. Instructors will be expected to teach one class a week for about eight weeks during the spring, and will work as a member of a male-female pair. Please call Jo at 688-5730 if you would like to contribute to this important project.

Dean's Hours and Groups

Holly Lisanby

The Dean's Hour presentations and discussion groups planned for the first year class are well underway. Groups of about 12 students meet weekly with their advisory dean for one hour. We are encouraged to view attendance at this hour as a weekly commitment to the group. The confidentiality of the sessions allows us to express ourselves freely. Some goals for this group exercise, as coordinated by Dr. Andrew Puckett, include opportunities for us to learn how to handle ourselves in groups, discuss the Dean's Hours and clinical correlations, build a peer support group, interact with our classmates, and provide our deans with feedback regarding our first year experience. Perhaps some of the most interesting aspects of these groups are the periods of silence which prepares us for tense or awkward situations we will face with our patients and colleagues in the future.

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MEDICAL MEANDERINGS

Molybdenum Heights

Steve Gallup

Addressing medical school alumni without any mention of clinically relevant facts is no easy task, yet that is what happened in a presentation by Mark Vakkar on Nov. 12. "Molybdenum and other Clinical Essentials" was a multimedia presentation carefully prepared to do anything but educate our MD predecessors returning for Alumni Weekend.

I ventured into the golden-carpeted chandeliered realm of Searle Center with no vision of impending frivolity and a whiplash fear that Mark might be a Rajagopalan disciple waiting to extol the omnipotence of molybdopterin. Fortunately, the sight of Dean Graham's cherubic face put me at ease, and I slipped, unshaven, tieless and all, into a humanly compatible chair long enough for my lingering thoughts of brachial innervation to dwindle as the talk began.

The first attraction was a slide show of some pretty bizarre people that I think must have been students and administrators, although they were doing some extra-curricular things that certainly did not exemplify the professional ethos I've been hearing so much about.

Mark next disclosed the results of a questionnaire which I happily discovered was about as logically prepared as the survey I did in 5th grade. Of course, Mark did go outside of his immediate family, to get responses from just about 150 alumni.

Besides learning the top five specialties for alumni (medicine, family practice, pediatrics, surgery, and psychiatry), their favorite colors (from chartreuse to camouflage to clear), and their favorite films (Dr. Zhivago and Kodak 35mm tied for fifth), I found that their favorite pastimes were not too dissimilar from my own: polo, chopping down trees, and yes, sitting motionless.

As I wandered out of the auditorium, I found myself more in touch with my destiny, prepared to ? my mind with facts in some remote cubicle in Seele G. Mudd, and comforted in knowing that the residency years are most despised, but especially glad to know that 96% of those distinguished physicians never had to know the number of ATP's per turn of the Krebs cycle to help a patient.

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what is there in
APRICOTS
that they were chosen
the favorite fruit
of Hunzaland?

You've heard of Hunza-land—often referred to as "Shangri-La." Unfortunately, very few of us can visit this delightful country where 100 is considered "middle age." • Many books have been written about these rugged HUNZA people—their way of living, their diet, etc. • Most interesting of all is the fact that the favorite fruit of HUNZA is the wonderful APRICOT. Is there some reason why they eat Apricots almost to the exclusion of all other fruit?

Fun facts about first years

Wendy Zaroff

Everything you always wanted to know about the first year class but were afraid to ask — the results of the Health and Risk Status Report are in!

Class statistics: 33% Female, 67% Male; 93% single. More interestingly, 2% of the MSI's are "not sure" if they've had an annual rectal exam, while a shocking 4% are unsure if they have a rectal growth. 75% claim they participate in no dangerous activities, clearly forgetting the emotional, physical, and economical calamities engendered by medical school itself. Reassuringly, 72% deny use of drugs for relaxation. Evaluating "personal pleasantness," the majority of the class gave themselves an 8 (that's a pass-plus), while the average rating for sex appeal was barely passing. In spite of this apparent lack of confidence, the majority of the class reported satisfactory sexual relations. Let's ask them again in January when they're taking Neuroanatomy and Neurochemistry in 17 quick and easy days.

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PROFESSIONAL OPPORTUNITIES

SmithKline Beckman Medical Perspectives Fellowships, endorsed by AMSA, are available to medical students for creative learning opportunities. Fellowships provide chances to initiate and carry through projects designed to improve understanding of clinical medicine and delivery of health care. Submit applications to Dean's office by 1/20/88. For more info, write: Jeanne Stolbach, National Fund for Medical Education, 35 Kneeland St., Boston, MA, 02111.

North Carolina Medical Society is offering \$200 for the best individual, non-research, non-scientific article or essay by a medical student at any NC medical school. Deadline 3/1/88. Send to: Charles Miraglia, 1057 So. Hawthorne Rd., Winston-Salem, NC 27103.

Navy Scholarship

Erin Doe

One of the great advantages of Duke Med is the flexibility of the third year, and Randy Hyer (MS III) has certainly taken advantage of this opportunity. The combination of a Navy scholarship, a flexible third year, and a scholarship to Oxford will allow Hyer to have an impressive set of degrees and a truly international education by the time he is 28.

Hyer graduated from Los Alamos High School (New Mexico) in 1981. From there he accepted an appointment to the United States Naval Academy at Annapolis, Maryland. After unsuccessfully applying for a Rhodes scholarship during his senior year, he was instead accepted by the



Hyer

Lincoln College of Oxford University, the second person ever to win such a scholarship. By obtaining an unprecedented two-year deferral from it, and a three-year leave of absence from the Navy, Hyer was also able to enroll at Duke Medical School, which (naturally) granted his request that his PhD from Oxford act as his third-year project. Thus four "short" years from now Hyer will have both a Duke MD and an Oxford PhD.

Hyer intends to pursue aerospace medicine, orienting his Oxford research in that direction. Hyer notes that the Navy has "traditionally pioneered in outer space," and he hopes to work with them in this field.

Humanistic Medicine

AMSA News

Three Duke students attended the regional conference on humanistic medicine in Atlanta over the Halloween weekend. Updated info is now available on the AMSA Heal deal, HP/DP program, legislative affairs concerning medical students and residents, and the National Health Service Corps refinancing of loans.

At the conference: using many well-selected cartoons, two psychologists discussed the ambivalence inherent in intimate relationships. It is difficult to accept intimacy without merging and individuation or autonomy without distancing. Mutual dependency is both valued and feared.

The increased availability of AIMS (Aid for Impaired Medical Students) programs, like that at Duke, was brought up in a discussion on the impaired physician. Bowman-Grey had a stress management workshop in orientation, as well as a program consisting of the AMSA videos on chemical dependency, a discussion with psychologists and with the State Medical Society investigator of impaired MD's.

A presentation on the history and role of minority students in medicine focused on the added obligation for minorities to be visible role models, advisors, and advocates for future minority students while in medical school, in practice, and in public health and faculty positions. Non-minorities also need to be educated about the difficult needs of different cultures.

School projects: from USF, an organ donor drive, "packaged" presentations on STD's, sex-ed, teen pregnancy and substance abuse, made available to schools and community centers; from UNC, a widely supported book sale, Medical Spanish class.

UNC, Bowman-Grey, ECU, UF, USF, and Mercer all offer Advanced Cardiac Life Support, unlike Duke. At UNC it is required. Should we have it too?

AMSA also has available a preventive medicine bibliography for Family Medicine residency programs; information on deadlines for papers and posters for Prevention '88; news from the task forces on nutrition, preventive medicine, prevention of nuclear war, and women in medicine; and applications for PSR.

Pam Cross MS IV

Jim Bass MS II

ACHILLES HEEL

Steve Gallup

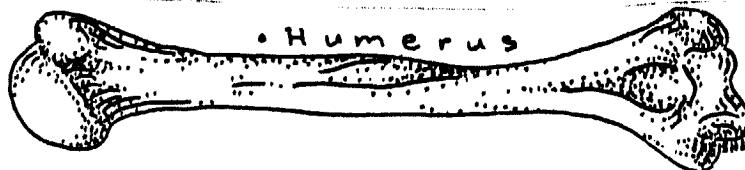
With snow beginning to fall we bid adieu to a glorious co-ed volleyball season. Cadavaliers A, with a sensational 6-0 record, broke all league boundaries to rub noses with the competitive league in a post-seasonal tournament. Unfortunately, their fall to the sinister Med Health Administrators in the second round prevented a match-up with the diarthroidial PT's, who went on to win the tournament. The shock of losing has sent team members reeling into a chasm of despair. For instance, Cathy Walsh and her T-shirt designs have been the object of ridicule by several now cynical players. Parham Gandchi is seeking counseling about his now impotent serve, and others punish themselves weekly with grueling practices with the volleyball club (sigh).

Basketball has been a great recourse for those people who were aiming for the net all along. The Mighty Dismorphophobics and the MS I's met in the second week for a lopsided game that put the Mighty D's in the spotlight. Susan Hazzard made a point of telling me the score (thank you, Susan), which I stopped checking after two minutes into the game. Players like Conrad Flick (the only one I know on their team) ran the length of the floor and hammered the poor, small, spritely, innocent MS I's like Eric Cole and Rolf Windh (an 'adopted' MS I) into the ground. Still it was heartwarming to see point guards like Edwin Page, Charlie Hustle, and Neil ("Flash") Roth running the slow break. The Mighty D's have beaten other teams by 80 something and 90 something points, according to legend. The MS I's, like the MD-PhD team, are currently 1 and 2.

In women's action the MS I-ettes met the Cremasters in the top off classic. With so much action

away from the basket, it's hard to include all the highlights of the game. In the first half, Joan Go led a balanced attack by the Cremasters, who had offensive weapons like the hot-shooting Lisa ("Swish") Porter and the unstoppable Pam ("Dribbles") Bond. MVP for the first-years was Tamera (nails) Coyne who put in all but two of her teams' points, and contributed a bevy of expletives to the referees who thought they were supposed to be calling jump balls at a wrestling match. At halftime the scene was tied, but the Cremasters returned to the scene sporting a full-court press that led to several steals by Kathy ("Gimme-the-ball") McAvoy. Unflustered, Leslie ("Juke") Rokoske led the MS I's back to within four, but just didn't have enough steam to break even. Susan ("Traitor") Hazzard, in contrast, never broke a sweat, thanks to her soccer training. In the latest game the MS I's had a win in sight only to lose it on a steal with 20 seconds left in the game. There were ample opportunities to score, but new recruit Pam ("Rookie") Harmon's reputation for over-the-rim rebound stuffs just never materialized. Pam did however make a valuable contribution to the team in nonviolent ball control. The Cremasters have gone on to beat the San Francisco Treats and are hoping to get an invite to the Honolulu Classic for Christmas.

In other games the MS I's met third-year veterans, Wing It, for a tough loss. The defense was much improved, with Jenny ("Pressure") Gage matched up with their top scorer, keeping the teams even for a while. Unfortunately, Ann ("Dr. A") Sharpe's fast breaks and Wendy ("Slamdunk") Olivier's rebounds weren't good enough to stop the passing and shooting of experienced Wing It women.



"I've been at this too long without thinking."

-Dr. Fred Schachat, MicroAnatomy review session, 11/22/87

"Such benign tumors are rare and fatal."

-Dr. Padilla, Physiology notes, 11/12/87

"When I say no, my no's are not absolute."

-Dr. Modrich, Genetics, 10/30/87

"You could answer that without thinking."

-Dr. J. J. Blum, Physiology, 11/20/87

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