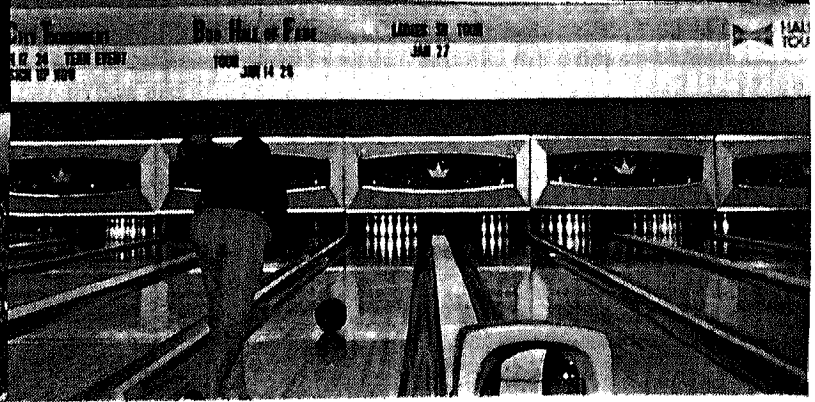
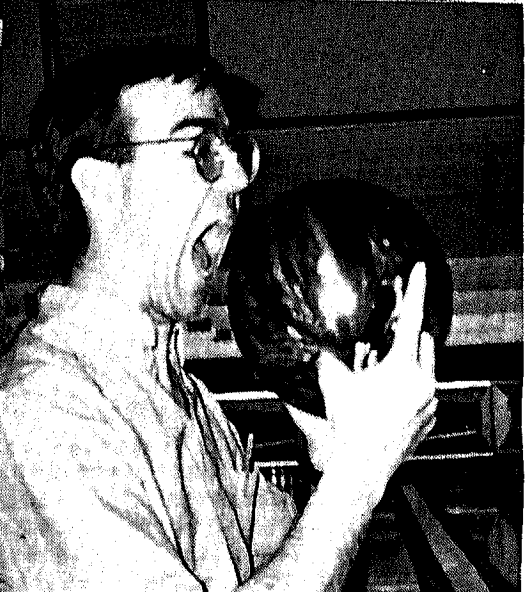
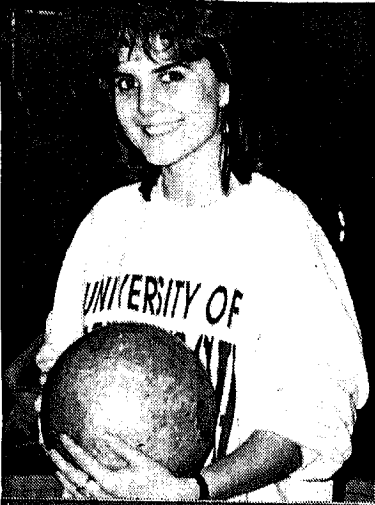


Team City Tournament March 22 24 - TEAM EVENT SIGN UP NO 8  
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February 1990

# Shifting Dullness



*There's a certain Slant of light,  
Winter Afternoons—  
That oppresses, like the Heft  
Of Cathedral Tunes—*

*Heavenly Hurt, it gives us—  
We can find no scar,  
But internal difference,  
Where the Meanings, are—*

*None may teach it—Any—  
'Tis the Seal Despair—  
An imperial affliction  
Sent us of the Air—*

*When it comes, the Landscape listens—  
Shadows—hold their breath—  
When it goes, 'tis like the Distance  
On the look of Death—*

Emily Dickinson (1890)



## Doctor's Dilemmas

Duke Med students will present "Doctor's Dilemmas," an improvisational theater project on issues in medical care. A troupe of 10 students under the direction of Ann Shepherd will perform "The Girl with the Pimple Face," from a short story by William Carlos Williams that centers around the interaction between an overworked doctor and an impoverished immigrant family. After each performance there will be a discussion of the medical, social and ethical issues moderated by humanities scholars from Duke, NC State, and the National Humanities Center. The objective is to increase both community and student awareness of the complex questions raised by modern care, and to provide a forum for a lively, informal exchange of views. The three performances open to the public are at Schaefer Dormitory (Duke campus), on Tuesday, 2/6 at 8 pm; at the Durham County Public Library on Thursday, 2/8 at 7:15 pm; and at Duke South Hospital Amphitheater on Tuesday, 2/13 at 6:30 pm. Admission is free. The project is sponsored by the Office of Medical Education and the Cultural Services Office at Duke University Medical Center; it is funded by a grant from the Duke Endowment. For more info call Florence Nash at 684-8057 or Joy Javitz at 684-2027.

## This Month in Medical History

Chris Tharrington

- John Cheyne (Cheyne-Stokes Respiration) was born February 3, 1777.
- February 3rd also marks the birthday for Elizabeth Blackwell, the first American female physician; she was born in England in 1821, graduated from the Medical School of Geneva, NY, and opened what became the New York Infirmary and College for Women.
- On February 8, 1865 Gregor Mendel first reported his experiments on sweet pea hybridization in a lecture to the Natural History Society of Brunn, Austria. He published his findings in 1866, but they were ignored until their rediscovery in 1900.
- John Hunter, one of the greatest surgeons of all time, was born on February 9, 1728.

- The Pennsylvania Hospital of Philadelphia, the oldest existing American institution for the care of the sick, admitted its first patients on February 11, 1752.
- Edward IV of England granted a charter to the Barber surgeons on February 24, 1462. This act essentially separated the surgeons' and physicians' guilds, and delineated the limits of surgical practice.
- Giovanni Battista Morgagni, pioneer in the field of pathological anatomy, was born February 25, 1682. "Those who have dissected or inspected many bodies, have at least learned to doubt; when others, who are ignorant of anatomy and do not take the trouble to attend to it, are in no doubt at all."

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Cover: MSI's go bowling. Photography by Alex Kemper. Design by Holly Lisanby.

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# Second Opinions

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## Ethics of Prenatal Screening

Scott Palmer

Originally, amniocentesis was developed to test the fetuses of pregnant women over 40 for Down's Syndrome. Because no prenatal treatments existed for Down's, doctors could only offer women the option of abortion in cases of a positive test result. From the onset, people praised this procedure for increasing a family's reproductive choices and allowing many to be spared the emotional and financial burdens that may be associated with raising a Down's child.

Since then, prenatal screening has flourished. Fetuses can now be screened for hundreds of genetic disorders. Physicians now recommend the procedure for pregnant women over 33. Moreover, newer forms of prenatal screening are being developed which may someday make it a routine part of all pregnancies. However, doctors still have no prenatal treatments, and as a result, the only treatment option is abortion.

Over the years, I feel doctors have focused too much on the technology of prenatal screening and too little on its moral and social consequences. It seems that most doctors take the moral righteousness of prenatal screening for granted. Perhaps this is because many see abortion as the only issue involved, and as such prefer to let others argue about its morality. However, I don't think abortion is the only issue to consider. The practice of prenatal screening for genetic disorders and selectively aborting those deemed defective raises many important and often overlooked moral and ethical issues.

First, I want to consider the issue of equality. The practice of aborting children with Down's and other types of retardation may impact negatively upon the way we view and treat those retarded individuals now living in our society. Widespread screening and selective abortion may undermine the efforts of retarded people to gain equal rights and respect. In addition, this practice will profoundly affect the way individuals with genetic abnormalities will come to think of themselves and the value of their own lives.

Prenatal screening also raises the social issues of justice and fairness. Down's syndrome is one of the few causes of retardation with equal incidence among all social classes. However, there are many other non-

genetic causes of retardation with highly increased incidence among the poor. For example, premature births and lead poisoning are two common causes of retardation among poorer children. Consequently, widespread abortion of Down's children may unfairly place the burden of retardation upon poorer families. It seems likely that as retardation becomes more a problem of the poor, the government's available support and resources for these families may disappear.

Finally, my greatest concerns about prenatal screening lie in its impact upon the meaning and value of our children. Prenatal screening with selective abortion encourages parents to think of their children as commodities, to be discarded if not up to standards. Perhaps, one might argue any abortion leads the parents to think of their children as commodities. However, I think the danger with prenatal screening lies in the knowledge this technology gives parents about their fetus. Women are now not deciding whether or not they want a child but rather what kind of child they

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"[That] defectives should not be born is a principle without limits. We can ill-afford to have it established" Leon Kass, M.D., Ph.D.

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want. It seems to me that this is the sort of choice we should not be making. As technology allows us to pry deeper into the genetic makeup of the fetus, parents may begin to abort for reasons other than obvious genetic defects. Perhaps children will be aborted for possessing a gene which predisposes them to obesity or mental illness. Perhaps children will even be aborted for possessing the wrong hair color. Such control troubles me because it may drastically change the way parents view and love their children. If pressure to abort defective fetuses become too strong, mothers may even be denied by society the chance to have such a baby, limiting rather than enhancing parental autonomy.

*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. *Shifting Dullness* reserves the right to edit letters for length and style. Submit responses to the *Shifting Dullness* box in the Alumni Affairs Office or mail to PO Box 2765 DUMC, campus mail.

# Code of Conduct

Holly Lisanby

A Code of Professional Conduct was mailed to students, housestaff, and faculty in November. This document represents the culmination of several years research by the Davison Council into honor codes at Duke and other schools. The purpose of the Code is to supply concrete guidelines for behavior during clinical rotations with the goal of nurturing a sense of professional ethics. Along with learning clinical skills on rotations, students practice "the ethic of service which we will uphold for the rest of our professional lives,"(excerpt from the Code).

Guidelines for student conduct cover the topics of patient welfare, the rights of others, responsibility,

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**"A student's medical education should take priority over routine, menial ward tasks."**

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duty, trustworthiness, and professional demeanor. These guidelines seek to outline the specifics involved in caring for patients as a member of the ward team. The Code states that students are expected to recognize when their ability to perform is compromised and ask for help. This goal may be particularly difficult to realize since doctors as well as student doctors often have trouble admitting to imperfections.

In addition to student conduct, the Code outlines the way students should be treated on the wards by housestaff and faculty. The Code includes the following guidelines:

- A medical student should be challenged to learn, but should not be abused or humiliated in front of patients or peers.
- A medical student should not be sexually harassed, either verbally or physically.
- A medical student may not be discriminated against on the basis of gender, race, religion or sexual preference.
- A student's medical education should take priority over routine, menial ward tasks.

First year students will be expected to sign the Code before rotating on the wards. Although faculty and housestaff are not required to sign the Code, all clinical departments were represented on the Medical Center Policy Advisory Committee which accepted the Code.

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Infractions of the Code should be reported to the Professional Conduct Committee of the Davison Council. The Code specifies that this committee will meet promptly to evaluate the complaint and investigate the matter.

The Code represents the first attempt to specify how students should be treated on the wards and provides a means for defining constructive teaching roles. As students, it is our responsibility to report instances when these goals are not fulfilled. If we feel we deserve more opportunity for learning beyond "menial ward tasks," then we must demand it.

## Memory and Medications

Elderly voice concerns about dementia

Holly Lisanby

On January 18, The Learning Channel aired the last of a special series entitled "Aging Well," a collaborative venture between Duke and the State of NC focusing on medical problems specific to the elderly. Panelists of the call-in program were drawn from Duke's Geriatric Evaluation and Treatment Clinic and the Division of Geriatrics. The program was targeted to the nonmedical community, yet the callers' questions gave insight into topics considered important by elderly patients. Over half of the callers had questions about memory loss and dementia. Callers wanted to know how to distinguish normal aging from Alzheimer's and whether any drugs can treat memory loss. One caller had stopped taking his cardiac medications because he feared they were causing him to lose his memory. His distress over his memory loss was greater than his fear of heart disease, yet he felt he could not discuss these concerns openly with his physician.

Other common topics were medications and accidental overdose. Elderly patients with memory impairment are at risk for taking their medications improperly. Dr. Harvey Cohen, Chief of Geriatrics and Director of the Center for the Study of Aging and Human Development, emphasized the responsibility of the physician to be alert to the possibility of memory impairment in their patients and to simplify dosing schedules as much as possible.

The questions raised by these callers suggest that elderly patients are concerned about memory loss and confused by their multiple medications. If these callers reflect a growing concern about memory in the aging population as a whole, it is imperative for doctors to elicit these concerns so that possible misconceptions and noncompliance may be avoided. When caring for elderly patients, physicians should be responsive to these concerns as they impact the patient's ability to participate in his or her own health care.

# Living with Alzheimer's

Holly Lisanby

Alzheimer's disease is a disorder of primary neuronal degeneration leading to death. The memory loss and personality changes make it progressively difficult for patients to communicate their perception of the disease. In the later stages it becomes difficult to elicit patients' understanding of their condition and one often wonders whether they are aware of the deficits. The short time we spend with these patients during rotations is often focused on the interesting findings, thus it is difficult to develop an appreciation for the impact of Alzheimer's disease on the patient's life and family. Through caring for a family member with Alzheimer's disease, I have learned more about what it is like to have this incurable disease. The following fictional scene is an imaginary look into the mind of Alice, an 86 year old woman who has lived with Alzheimer's disease for 10 years. In an attempt to better understand the tragedy of this disease and the strength and courage of those who live with it, imagine that you are Alice as she wakes up in her son's home. This is what she thinks as she wakes up:

Where am I?... Where is my husband?... Dear Lord, he's dead! I remember now. He's been dead for years and I'm alone. Why does my mind play such tricks on me? I'm not at home but this place looks familiar. I was just on an airplane speeding across the sky. It must have been a dream. If I were dreaming, then this must be morning. Yes, I can see sun shining through the curtains. The paintings on the wall look familiar. I think I painted them a hundred years ago. So I must be home, but this isn't my bed!

Thank goodness, someone's coming in, but I don't know her.

"Good mornin'," she says. "How are you today?"

"Well, I don't rightly know. Could you tell me where I am and how did I ever get here? And don't I know you?" Who is this woman? Should I know her?

"You're in your son's home. He brought you here for the holidays. And I'm the one who helps you dress in the mornings."

I don't remember that. Maybe she's lying. Someone has taken away my things and hidden me here. No, that sounds crazy.

"Come on," she says, "I'll help you get dressed."

She'll help me get dressed? I dress myself! "I don't need any help, thank you. Besides, it's too cold to get out of bed." I suddenly realize I'm freezing. Why is this place so cold? Doesn't anyone care about my health?

"I don't mind helping," the strange woman says. She seems kind enough. I believe her.

"But I don't have any clothes with me," I say. I

know I didn't pack a suitcase. I didn't even know I was coming.

"Sure you do. You've got plenty of clothes," she says, taking a blouse and pair of slacks out of another room. That must be the closet, but not my closet. I don't recognize the clothes.

"These aren't my clothes, are they?" I've never seen them before.

"Sure they are. And the sweater's new. You got it for Christmas. Now sit up and I'll wash your face."

She takes a wet cloth and rubs it across my face. I think she might suffocate me. I can bathe myself! Have I lived so long only to face these humiliations? But I'm not strong enough to resist. I'm at her mercy. I obey as she dresses me. She is gentle enough and I couldn't do these buttons without her help. What's wrong with my hands? These are my mother's hands. I cared for mother. I did everything for her. She lived to be 94 and never wanted for anything. I should stay home like she did. "How long have I been here and when am I going home? It must be a sight to have old ladies like me traveling all over. We ought to stay put at home."

"You've been here two weeks and you're staying another week," she says.

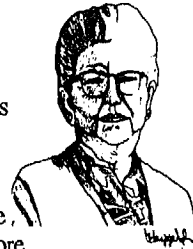
I can't stay here that long! I don't know where anything is. I didn't even pack any clothes. I wish I were with my husband. I feel so out of place. Let's see if I'm all together. Blouse, pants, hose, shoes, scarf pin, watch, rings. Rings! Where are my rings? "Where are my rings?" I ask. Did she take them?

"You usually put them on your bedside table and sometimes you wake up and put them back on or put them in your purse and hide it under your pillow."

Does she think I'm crazy? Why would I hide my rings? She must be lying. But there's my purse, under my pillow. How did it get there? And here are my rings.

"There they are," she says. "Do you know why you get up at night to hide your rings and purse?" she asks.

I must have put my purse there but I don't remember doing it. What can I say to her? It sounds so crazy that I would get up at night and not remember it. "I'm just out of place," I tell her. "I should be home. My brain doesn't work when I'm not at home. It's because I've been alone for so long. You know there's nothing worse than being alone. And now I can't remember when I wasn't alone. I think it's such a shame you lose your memory when you're old because that's when you really need it. When you're old you'll know how it is. Remember me then, will you?"



# Davison Council

Diane DeMallie

At the November 29 meeting, a motion was passed to pay back our debts to the publishing company and plan not to finish the yearbook. Reasons for this decision were the low student interest and the large amount of money needed.

Kathy McAvoy, Davison Council President, worked with Dean Graham on the Code of Conduct. This Code was printed and sent out to all medical students, faculty, and housestaff [see the article on page 4].

The Service Committee, led by Shauna Farmer, worked on the Share Your Christmas project for a needy family in Durham. The project raised \$103.

The elections committee has begun to plan for Davison Council elections this spring. The goal of the committee is to make sure all students know about the elections. They will take place in the first week in April, and letters will be sent out in the middle of February. The committee will work on including a brief bio of all nominees on the election ballot.

Three events are being planned in the upcoming social calendar. First, a Renewal of Systems will take place in February, sponsored by Medicine and Radiology. Second, we plan to have an ice-skating party with UNC med school within the next two months. Finally, the Davison Ball is planned for April 7 at the Durham Omni. The Ball costs \$12 per person. The band will be Cream of Soul.

Student input to the Curriculum Committee was discussed. Last semester, students organized and wrote a composite letter on their opinions, which they submitted to the faculty. This letter was presented and discussed by the faculty at their meeting. However, most involved students feel frustrated, because they have now been told that "not all the curriculum committees may want students." The Davison Council's position is that students should be involved in all parts of the process of changing the curriculum.

## Fourth Year Class News

David Shoemaker

We're planning a party for the afternoon of the Match. The location depends upon the weather. The class Graduation Banquet is scheduled during the week prior to graduation (5/13/90).

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I'll be calling to solicit your input for these plans over the next several weeks.

## Third Year Class News -Debbie Shih

Welcome back from break! Our class reps have been planning a ski trip for early February, probably to Wintergreen, VA. There will be a sign-up sheet by the mailroom. The cost is about \$45 per person which includes bus, ski rentals, and lift tickets for one day of skiing. The situation looks promising for setting up CPR courses. I'll give you more details on this soon.

## Second Year Class News -Herb Chen

Hope rotations are going well! Dave Axelson's ski vacation get-away is Wednesday, Feb. 28 to Sunday, March 4 at his place in Snowshoe, WV. Look for a flyer in your boxes for cost, directions, and other details. Congrats to Jim and Wendy Davidson on their new future football player "Jimmy." Also please take time to fill out the extra evaluation at the end of this rotation dealing with our Physical Diagnosis preparation for the wards (call Sharon if you have questions). As always, if you want to host a party, give me a call!

## MD - PhD News

The annual Spring Poster Session and dinner to give MD-PhD students a chance to present their work and to catch up with each other and with faculty members will be held April 3rd, at the President's Guest House. Following a cocktail hour and poster-browsing time, there will be a buffet dinner and a talk by Dr. Robert Rosenburg, MD, PhD, professor of biochemistry at MIT, and professor of Medicine at Harvard Medical School. He is perhaps best known for his discovery of the role of heparin in anticoagulation. Now is the time to think about your poster for April.

We'd like to show as many of our accomplishments as possible. Please contact Charlene Chu (684-6307) or Steve Stasheff (286-6810) to let us know if you can present your work.

Looking for a research lab? A booklet listing all MSTP faculty members, with brief biographies and research interests, will be available in the next few weeks.

Check with Pat Burks.

## Med School

Feb 7 - Duke AMA  
425 Davison Building  
Feb 8 - Residency S  
9, 23 - TGIFs at  
11 - Durham/Ora  
6:30pm, Croasdaile

## Special Even

Feb 7 - Campus Cl  
of the 1970s and 19  
Kristine Stiles, 10a  
14 - Campus Lec  
Norm Pendergra  
Art, 10am at the N  
22/23 - Joseph a  
Research Center C

## Movies

Freewater Films: 7  
Feb 1 - Goodbye M  
2 - Scandal  
6 - Round Midni  
8 - Ninotchka  
9 - Mummur of th  
13 - Bird  
15 - Mr Smith G  
16 - sex, lies and  
22 - Gone with th  
23 - Scenes from  
27 - Glasnost Fil

Quad Flix: 7, 9:30p  
Feb 3/4 - Turner ar  
10/11 - When Ha  
17/18 - Parentho  
24/25 - Batman

Duke Univ. Museu  
7:30pm at DUMA,  
Feb 7 - Resurgence  
Sigel; Backyard (4  
14 - Long Shado  
21 - Huey Long  
28 - Let the Spiri  
Coast (86) dir: Ros

## Prose & Poe

Stellar Stories (S  
(IWTRYAP) partic  
M133 Green Zone

# February Calendar

## Med School Events

- Feb 7 - Duke AMA-MSS Chapter mtg, 5:15pm, room 425 Davison Building.  
Feb 8 - Residency Symposium for MSIII's.  
9, 23 - TGIFs at the Hideaway, 5-7pm.  
11 - Durham/Orange County Medical Society Dinner, 6:30pm, Croasdaile Country Club.

## Special Events

- Feb 7 - Campus Club Lecture Series: "Women Artists of the 1970s and 1980s: Subjects, Objects, Issues", Dr. Kristine Stiles, 10am Duke Art Museum, E. Campus.  
14 - Campus Lecture Series: "Black Women Artists", Norman Pendergraft, Director of the NCCU Museum of Art, 10am at the NCCU Museum of Art.  
22/23 - Joseph and Kathleen Bryan Alzheimer's Research Center Conference, Washington Duke Inn.

## Movies

Freewater Films: 7, 9:30pm, free with ID, Bryan Center  
Feb 1 - Goodbye Mr. Chips

- 2 - Scandal  
6 - Round Midnight  
8 - Ninotchka  
9 - Murmur of the Heart  
13 - Bird  
15 - Mr Smith Goes to Washington  
16 - sex, lies and videotape (midnight, too)  
22 - Gone with the Wind  
23 - Scenes from the Class Struggle in Beverly Hills  
27 - Glasnost Film Festival

Quad Flix: 7, 9:30pm; Bryan Center, \$3.

- Feb 3/4 - Turner and Hooch  
10/11 - When Harry met Sally  
17/18 - Parenthood  
24/25 - Batman

Duke Univ. Museum of Art Documentary Film Series,  
7:30pm at DUMA, East Campus

- Feb 7 - Resurgence (54') dir: Pamela Yates and Thomas Sigel; Backyard (40') dir: Ross McElwee  
14 - Long Shadows (88') dir: Ross Spears  
21 - Huey Long (88') dir: Ken Burns  
28 - Let the Spirit Move (25') dir: Bill Gray; Space Coast (86') dir: Ross McElwee

## Prose & Poetry

Stellar Stories (SS) and I Want to Read You a Poem (IWTRYAP) participants meet at 12pm on Fridays in M133 Green Zone (Deans' conference room). Call Joy

Stewart at 684-2027 to obtain Stories copies.  
2/2 IWTRYAP - poetry by Florence Nash.  
2/9 SS - lecture by Eric Cassell, an internist and writer on ethical issues, in Duke South Amphitheater.  
2/16 IWTRYAP - open reading.  
2/23 SS - "Jack of Diamonds" by Elizabeth Spencer.  
3/2 IWTRYAP - Joan Ritty will read her poems.

## Art

- thru 2/10 - John Bell, paintings, Bryan Center.  
thru 2/10 - Alex Hithcock, monotypes, E. Campus Library Gallery.  
thru 3/11 - SOHO at Duke, by Barbara Kruger, DUMA, East Campus.  
2/12 - 3/12 - Kristine Stiles, Duke Art Professor paintings, Bryan Center.  
2/18 - 3/20 - Mitchell Johnson and Yuna Kim, E. Campus Library Gallery.

## Theater

- thru 2/10 - Hoof n Horn: Man of la Mancha, 8pm; call 684-4444 for tickets.  
2/18 - Broadway at Duke: "Who's Afraid of Virginia Woolf?", 8pm, Page Auditorium; call 684-4444 for tickets.  
3/1-3/2 - Duke Artists Series: NC Dance Theater, 8pm, Page Auditorium. Tickets \$20,17,14 available at the Page Box Office.

## Music

- Feb 13 - Duke Artists Series: Ani and Ida Kavafian, duo recitalists, 8pm, Page Auditorium. Tickets \$18/15/12.  
19 - "Words Music" by Michael and Girainne Yates, son of William Butler Yates, 8pm, Bryan Center.  
21 - Duke Wind Symphony, 8pm, Baldwin Aud.  
23 - Duke Jazz Ensemble, 8pm, Baldwin Aud.

## Exhibits

- thru 2/15 - Selections from the Durham Art Guild's Annual Art Show; lobby display case, Duke South.  
thru 2/16 - Black Contributions to Medical Science Exhibit, compiled by members of the Duke Chapter of the Student National Medical Association; Mars Display Case, Duke North.  
thru 2/28 - Handcrafted Items by Faye Smith, a Duke employee in the Department of Medicine, Cardiology Div.; Rauch display case, Morris Bldg., Duke South.  
2/16-3/2 - Black Contributions to Medical Science Exhibit; lobby display case, Duke South.

## Opportunities

• Burroughs Wellcome invites med students to apply for summer research positions. Call 248-4611 for info or to request an application between 8:15am and 4:15pm. The deadline for submission is 2/28/90.

• The Lupus Foundation of America, Inc. (LFA) offers 10 student summer fellowships for 1990. The purpose of these awards (\$1500) is to conduct basic or clinical research under the supervision of an established investigator. All applications must be postmarked by 4/1/90. More information is available in the Dean's Office. Submit applications to Research Grants Program, Lupus Foundation of America, Inc., 1717 Massachusetts Avenue NW, suite 203, Washington, DC 20036; tel. (202) 328-4550.

• The Roswell Park Cancer Institute's Summer Oncology Research Program is designed to provide students with experiences in clinical and/or basic cancer research. Info and applications in the Dean's Office.

• The US Dept. of Health and Human Services announces the 8th annual competition for student papers on the subject of health promotion or disease prevention. Students must submit their paper to their faculty advisor by 3/15/90. Honoraria will be awarded. Contact the Dean's Office for info and applications.

• The Health Promotion/Disease Prevention (HPDP) Project is a unique primary care internship in medically underserved areas. It places med students in the federally-funded Community and Migrant Health Centers and Health Care for the Homeless Projects for 6-8 weeks. Each student receives a living allowance to assist with room and board, and a travel allowance if relocation is necessary. Placements occur on a year-round basis. More info in the Dean's Office.

• The National Health Service Corps (NHSC) Scholarship Program invites applications from med students to compete for awards for the 1990-1991 academic year. Awardees receive paid tuition and required fees for the year and a monthly stipend of \$707. For each year of Scholarship support, recipients owe one year of professional health care service at salaried sites in rural health shortage areas in the US, as assigned by the NHSC. The minimum service obligation is 2 years. To reserve an application, mail your name, address, medical school, class and phone number to: Division of Health Services Scholarships, Parklawn Bldg, Room 7-16, 5600 Fishers Lane, Rockville, MD 20857.

## From the Dean's Office

• There is an on-campus student group for Adult Children of Alcoholics (ACOA) where you'll find support, understanding... and a safe place to start healing

the ACOA heartache. All Duke student ACOA are welcome. The meetings are free and confidential, Tuesdays at 7 pm in 05 New Divinity Building (next to the Chapel). Questions? Contact Deborah at 684-6721.

• MSII's planning to do their third year at another institution should complete an application by March 1, available in the Dean's Office.

• MSIV's planning to take clinical electives at another institution should apply by 3/1, in the Dean's Office. Applications are reviewed every other month.

• GAPS FAS forms are now available.

## Back to the Suture (II)

Did you ever wonder what Duke was like in the past? Or perhaps you queried over what Duke will be like in the future. In either case, you're in luck! The answers lie in this year's Student/Faculty show entitled *Back to the Suture (II)*. (The title is a sequel from the 1986 Student/Faculty Show, *Back to the Suture*, but the plot is new). The story employs the time travel plot of *Back to the Future* and the music from *Grease*, making this year's show the first to exploit two well-known movies.

WE STILL NEED YOU!!! There is more writing to be done and independent skits are still being invited, but time is getting short. Auditions will be held on 2/10 in CTL starting at 10:30am. We need dancers, actors, singers and musicians. Everyone is encouraged to come. If you have a conflict with the audition date, please contact me (383-2016), Joe Micca (682-5151), or Susan Blackford (493-9583) and we will try to arrange another audition time the following week.

If you're not interested in performing, but would like to help out with the show, there are many other tasks to be done including stage manager, technical director, ushers, playing in the pit band, set painting, set building, and helping the business managers (selling ads and t-shirts). Anyone interested please contact me, Joe, or Susan at the above phone numbers.

The Student-Faculty Show is scheduled for April 21, 1990 at 8:00 p.m. in Cameron Indoor Stadium and is held in tandem with Medical Parents Weekend. It brings together students, parents, faculty, and staff. All proceeds will go into a Medical Student Endowment Fund, which is committed to various good causes in the Medical Center. So please mark this event on your calendar. It will be a night to remember.

Also look for Duke Med T-shirts which will be sold in the near future to benefit the show.

Debbie Shih MSIII, Producer

Caregiver needed for 3 children, 12-6, M-F. Call Debbie McGill at 688-3253, 733-2111.

## A Close

The Stu (SNMA) w College and because of particularly minority an working to in health pr community academic m needs of m through a n 100 medica goals not o

The Duk minority m cookout and dinners with students. M through Blo awareness p They also c Christmas c medical and minorities i month, they Symposium Case will fe *Chronicle* v history. (AI presentation ongoing pro involved. If Tamera Coy

## AMSA

Feb. 3-4: H lodging can sign-up shee All those in flyers with Feb. 17: Or (TBA): Any for signs co National Co info please



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# Clubs Med

Debbie Shih

## A Closer Look at... SNMA

The Student National Medical Association, Inc. (SNMA) was established in 1964 at Meharry Medical College and Howard University School of Medicine because of a need to produce an increasing number of particularly sensitive and excellent physicians to serve minority and indigent communities. In addition to working toward responsible representation of minorities in health professions, the SNMA addresses issues in community health education, health care delivery, academic medicine, and also seeks to serve the fraternal needs of minority medical students. SNMA operates through a national office, ten regional offices, and over 100 medical school chapter affiliates, thus achieving its goals not only on a national but a local level.

The Duke SNMA chapter provides activities for the minority medical students including an orientation/cookout and study breaks for the minority MSI's and dinners with minority faculty, house officers, and students. Members furnish community health education through Blood Pressure Screenings in the area and a drug awareness program (to be held this April at Hillside). They also organize a Thanksgiving can food drive and a Christmas clothing drive. Moreover, they broaden the medical and University community's awareness of minorities in history and in the medical field. Last month, they sponsored the Martin Luther King Jr. Symposium, and this month the Duke North Display Case will feature Black physicians, and the Duke *Chronicle* will highlight articles daily concerning Black history. (All are encouraged to take advantage of these presentations.) These are just a few of the many ongoing projects with which Duke's SNMA is involved. If you have any questions, please contact Tamera Coyne MSIII (490-1576).

## AMSA

Feb. 3-4: Hiking/Canoe trip: Possible overnight trip if lodging can be arranged. Location not determined yet. A sign-up sheet will be posted across from the post office. All those interested, please sign up! Look for future flyers with more specific information.

Feb. 17: Organ Donor Drive at Northgate Mall (Time TBA): Anyone interested in helping is welcome. Watch for signs concerning a meeting in Feb. as well as the National Convention in March. If you need more info please contact Chris Stille MSIII (493-4310).

## AMA

Feb. 7: Meeting in 425 CTL at 5:15.  
Topic: Planning March symposium on the cost of health care.

Mar. 28-31: North Carolina Medical Society Spring Conference at Pinehurst.

Thanks to the MSI members of AMA who have organized outings to Lenox Baker Children's Hospital, in which they take part in play activities with the children. Any questions concerning the AMA activities can be addressed to Lisa Gangarosa MSIII (493-9583), Susan Hazzard MSIII (688-1182), or Paul Edwards MSIII (286-7143).



## Children's Miracle Network Telethon

This event directly benefits Duke's Children's Hospital and its success relies on the help of Duke medical students in running the auction and fair which are part of the fund-raising events. This year it is scheduled for June 2 and 3. Please keep this event and this weekend in mind. Everyone is encouraged to participate. If you have any questions, please contact Lisa Gangarosa MSIII (493-9583).

## Geriatrics Interest Group

This prospective interest group met on January 23 with a good turnout. At the meeting, information on scholarships and research concerning the growing field of geriatrics was distributed. If you are interested in getting this information or any other facts on the field of geriatrics, please contact the Aging Center.

## 7TH Grade Sex-Ed

The program will take place Feb. 12-20. More volunteers for teaching are still needed. Please contact Janice Gault MIII (490-5785) if you can volunteer any time at all.

## Family Medicine Interest Group

Feb. 15: Monthly Interest Group Meeting - Duke North 2253.

## Pre-Residency Syndrome

Stefano Cazzaniga

Despite the peace and tranquillity most Duke med students experience in their third year, the syndrome of pre-residency stress has already reared its ugly head for some. I talked to Deans Gianturco and Pounds in an attempt to glean some anxiolytic information.

Dr. Gianturco emphasized that a lot of advice regarding choice of specialties is already in the hands of students, in the form of the Glaxo Evaluation Program folder. It contains profiles on 33 specialties based on questionnaires sent to practicing physicians. These profiles shed light on work load, types of medical problems encountered, and the rewards/difficulties of each field. The Glaxo folder is normally given to third year students in October. He also emphasized the importance of attending the Residency Symposium (discussed in detail below).

According to Dr. Gianturco, each student must decide whether the areas which were interesting to study are actually interesting in practice, and hence experience such as that found in a fourth year elective, is crucial. However, since most programs do not require the student to have taken more than one or two advanced courses in that specialty (and they will not generally know what the student takes after they receive the transcript), it is best to complement one's medical education with rotations in other areas. This is also important because most students will come into contact with physicians in other specialties during their practice. If one is undecided in a specialty choice, taking electives in different fields can help in the decision. Students must realize that physicians at large may have different lifestyles than those at Duke.

Finally, and most importantly, Dr. Gianturco stressed that it is not the end of the world to make a mistake. In fact, about 20-30% realize in their first year of residency that they have made the wrong choice of specialty, but they can and do apply to other programs. Frequently, some credit can be obtained for the training already received, so that one doesn't 'miss' a year (but medical education is never 'wasted'!).

Dr. Pounds highlighted the Residency Symposium funded by the Medical Alumni Association, which will take place on February 8, from 2-5 pm in the Searle Center. Representatives from each specialty will give a brief talk on their field, what residencies are looking for in students, and what students should look for in residency programs. Question and Answer periods will follow, and of course punch and cookies will be served.

### Top Residency Choices of 1989 Duke Med Grads:

21% Diagnostic Radiology  
8% Family Med, Psych, Thoracic Surg  
6% Neuro, Ophthalmology, Gen. Surgery, Ortho  
4% Derm, Path, ENT, Plastic Surg

### Top Three Reasons for Choosing Specialty.

53% Intellectual content of specialty  
38% Possess necessary skills/talent  
28% Example(s) of physician(s) in this specialty

### Three Top Reasons to Decide Against a Specialty

34% Too Demanding of time or effort  
34% Inconsistent with personality  
23% Negative clerkship experience


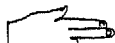







Excerpts from Duke's responses to the AAMC Graduation questionnaire, compiled by Carol Reilly, Manager, Curriculum.

Finally, an informational booklet will be distributed (students not attending will still be able to obtain a copy). It includes timetables for planning the fourth year and the application process, articles on what residencies are looking for, formats for writing Curriculum Vitae and personal statements, and a list of where Duke students matched over the past three years.

Dr. Pounds has a wealth of other suggestions. She recommends that students use their available resources, namely 1) the "green books" available in the Dean's Office, which give basic info about all the residency programs, 2) the department representatives who are willing to talk to students about residency programs (yet are not often consulted by students). Students should request applications/info from the programs on their list. Another suggestion is to take advantage of the two months one can study away from Duke, by applying to both Duke and outside programs. She also stressed that those who are taking 12 months of research should not worry, since it is not necessary to have taken summer rotations in order to apply, and furthermore, applications need not be sent in before September; residency interviews can be scheduled during a relatively easy rotation, but it is best to alert the course director in advance to avoid misunderstandings. For those students who decide late about applying to programs, the deadlines are in December and programs are often willing to stretch the rules to allow students to apply late. Lastly, she reminds students that, with very few exceptions, it is not necessary to do a rotation at one's first choice program in order to be accepted.

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ADMISSIONS

- John Armitage

### Dear MSIII

Eric Bachman

Dear MSIII,

I was pleasantly surprised when I tuned to "A Very Brady Christmas" over the holiday, but what substantive advice can you offer readers who missed this soon-to-be holiday anthem?

Sincerely, Lost in 70's nostalgia

Dear Lost,

True to form, I managed to catch the epic two-hour Brady Christmas with the anticipation that my readers would need answers to the vexing questions that the Brady clan poses. What has happened to America's most dated family? Here are my impressions.

The Brady family has matured handsomely, and they were all present for the show. Cindy, whose adorable pigtailed were her talisman, is arguably the most comely. At the Brady holiday repast, she again sat (to her distaste) at the children's table. She shared with us her inner torment, having forsaken a ski weekend with her friends, for the family feast. She'll do well.

Bobby reneged on the Brady dictum "thou shalt not lie" by racing cars instead of attending graduate school, as his parents supposed. Bobby is a shining testament to freedom of choice in our society today. Not every child in our upper-middle class families needs higher

education to be happy and earn his parents' approval. Bravo!

Strangely enough, I detected no trace in Jan's adult character of her adolescent trauma of having been cut from cheerleading. Try as I might, I could find no DSMIII criteria for even mild pathology. Looks like Jan weathered her tribulations in the supportive environment of her family.

The rest, including Peter, Marcia, and Greg, all seem to be young professionals and happily situated in romance. The typecasters of "The Brady Bunch" were prescient in their choice of actors and actresses who would hopefully blossom with age, as they all have. Witness Danny Partridge for the opposite trend. Greg certainly has matured, having let go of his bell bottoms and chops that led to his popularity at school. A question that was posed by one of my astute readers asks how we are to explain our association with the 70's to our children. In my estimation, Greg Brady will always represent the fulfillment of adolescent potential, with or without polyester. Now he ranks among us as a physician.

But do not despair, lest the truculence of my sarcasm betray my true reverence for this timely Brady treatise. Indeed, Mrs. Brady is now gainfully employed, in contrast to her situation of yore. She doesn't seem to have aged. Dick Clark could take a lesson. Moreover, when Jan and her estranged husband are making up on Christmas morning, Mrs. Brady shirks what in the 70's would have been her strict mores, and allows them to arrive late for breakfast.

The family has come a long way. The dinner scene, rife with tear-jerking confessions that set a new standard for melodrama, was a potent dose of holiday ipsecac. Otherwise, the show was fairly enjoyable and encouraging in its progressive demeanor. Men are no longer the sole breadwinners. There was even a synchronized proposal between Mike and his hopeful spouse, whom he was big enough to forgive at once for being his superior professionally and outearning him twofold.

In retrospect, this column is more than an answer to your impassioned letters. It is a solid rationalization for my witnessing and persisting through this holiday event. It may never be a classic of "It's a Wonderful Life" magnitude, but it gives us a glimpse at the two decades during which it aired, which are only beginning to be characterized. Finally, the Brady Christmas reaffirms our belief in the inviolate family life, that many of us aspire to and can achieve even during this hurried age and in our demanding profession.

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# A Dream Fulfilled?

Susan Hazzard

*I have a dream that one day on the red hills of Georgia, the sons of former slaves and the sons of former slaveowners will be able to sit together at the table of brotherhood ... that my four children will one day live in a nation where they will not be judged by the color of their skin but by the content of their character. - Martin Luther King, Jr.*

The Third Annual Martin Luther King, Jr. Memorial Symposium was sponsored by the Student National Medical Association (SNMA) on Jan. 19, 1990. The program assessed the progress that our society has made toward the fulfillment of Dr. King's Dream. The panel included Mr. Howard Clement, City Council Member; Ms. Miriam Thomas, Newscaster at WTVD 11; and Dr. Charles Watts, Surgeon, and Founder of the Lincoln Community Health Center. Dr. Charles Johnson, Associate Professor of Medicine and President-Elect for the National Medical Association, was the moderator.

The affair began with a welcome by the SNMA President, Tamera Coyne. The audience was then lead by Dr. Brenda Armstrong on the piano in the singing of the Negro National Anthem. A slide show depicting the moments and memorable quotations marking Dr. King's life led into Albert Sam's presentation of a biography of Dr. King, which highlighted his extensive educational background, his leadership of the largest black movement in America since the 1920's, his acceptance of the Nobel Peace Prize, and his assassination.

Ms. Coyne introduced Dr. Johnson, who informed the audience that the life and death of Dr. King resulted in Duke's acceptance of the first black student in 1963, the graduation of 124 black medical students to date, and the current employment of 17 black senior faculty. Mr. Clement discussed the impact of Dr. King on the political process. He attributed the ever increasing numbers of blacks holding influential political positions to the hard work of Dr. King and the men and women who joined his cause to inform people of the power that resides in the ballot box that can help to bring The Dream toward reality.

Ms. Thomas provided statistics concerning the low numbers of blacks in the television business. She spoke of the use of women and blacks in the lower paying positions, and their use in the "window dressing" of the television screen "because they are better to look at, or because they allow the male newscaster to gather his

breath." In her opinion The Dream has not yet been fulfilled, but much progress has been made, thanks to the strides made by Dr. King and all the men and women, black and white, who made those strides with him and continue to do so to this day.

Dr. Watts discussed the poor access to health care that blacks had in the 1950's as evidenced by the designation of only 40 beds at DUMC for all black patients. He pointed out that in today's society it is not the color of patients' skin but the status of their finances that might prevent them from obtaining medical attention; since 40% of blacks are below the poverty level, a significant number of blacks do not have access to medical care. Dr. Watts commented that the "residue of racism" is very evident in our society. The income of a white who finishes high school is equal to that of a black who has graduated from college. He did say, however, that life today for the black man is better now, as "one need not worry about one's safety."

The question and answer period that followed centered around the targeting of blacks by the cigarette and alcohol industries. Dr. Watts revealed that twice as many blacks die from liver cirrhosis as whites.

Has Dr. King's Dream been fulfilled? The program concluded it has not. Progress has been made, but there is a long way to go before all men and women can live together as brothers and sisters. We have within ourselves the ability to bring our society closer to the fulfillment of this goal. It's up to us.

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# Master St

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# Doctors H

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# Master Story Tellers

Holly Lisanby

Robert Coles and Reynolds Price read from their works and spoke about the documentary tradition in Page Auditorium on 1/23. This event marked the opening of the Duke Center for Documentary Studies. Price, prize-winning writer and scholar, discussed his view that people have a strong basic need to tell the stories of their lives. His works often utilize the narrative form to relate the lives of people living in the South. Price stated, "the sane person thinks of his or her life as a document — an achieved whole which has meaning."

Coles observed that telling one's life story encourages self reflection and helps one gain a sense of the complexity of life. Coles, child psychiatrist and Pulitzer Prize-winning author of *Children in Crisis*, described his work as documenting individuals' lives. While living in the South, Coles learned to reach out to the people in rural communities and record their stories, thereby giving them a voice. In order to reach out in this manner, Coles had to "get rid of the mannerisms of the clinic" by taking off his coat and tie, going into children's homes, and really listening to them. Through narration, Coles hopes to explain and share with us the lives of those who are "not educated but wise."

not educated  
but wise

# Doctors Helping Doctors

Holly Lisanby

The Peer Assistance Support System presented a panel discussion entitled "Substance Abuse Among Health Professionals." The panelists were North Carolina physicians with personal and professional experience with substance abuse. Dr. R C Vanderberry, Chairman of the NC Medical Society Physicians Health and Effectiveness Program, shared his personal experience with alcoholism. The son of an alcoholic, Vanderberry began using alcohol to reward himself after working hard in school. Later in his training, he used alcohol to cope with the pressures of pleasing patients, their families, and the doctors he supervised as a department Chair. Vanderberry realized he needed help as he developed a growing list of physical symptoms, including night sweats, palpitations, and trouble swallowing. It was not until he entered an inpatient substance abuse program that he realized his problem was alcohol. After 9 years of sobriety, Vanderberry helps fellow physicians who abuse drugs and/or alcohol. He believes that substance abusers feel more stress and

are less able to cope with that stress than others. Dr. Ron Vereen, psychiatrist and Medical Director of a drug rehabilitation program in Durham, has also fought a personal battle against substance abuse. Vereen struggled to stay in Duke Med School while his multiple substance abuses alienated him from classmates and faculty. Vereen had passively waited for his life to change. It was not until he entered counseling and took an active role in his life that he started the long recovery process. He entered the Physicians Health and Effectiveness Program and is now a Board certified physician.

Dr. Faith Birmingham, a Family physician and a Duke graduate, shared her personal experience as a recovering alcoholic and drug addict. She began using alcohol and narcotics as a "vacation" from stress. Despite the physical drug withdrawal she suffered, she continued to deny that she was like the "unsavory" alcoholic patients she encountered in medical school. She recognized that she needed help, yet she had only learned how to help patients, not how to care for herself. Finally she started on the path to recovery by entering an alcohol and drug treatment program. She has learned to care for herself by reaching out for help rather than taking drugs to escape. This experience has changed her perception of substance abuse patients and she feels that physicians are misinformed about substance abuse.

All three speakers urged students to help classmates who may be abusing substances by expressing our concern rather than denying the problem. Denial was cited as a problem not only for the substance abuser but also for his or her colleagues. Doctors often have controlling personalities which make it hard for them to admit to a loss of control and ask for help. These speakers offer inspiration and hope to doctors and students facing substance abuse. In the words of Faith Birmingham, "substance abuse is not the end."

## Warning Signs of Physician Impairment

- Admits to feeling like a tragic, overworked hero
- Abandons or manipulates old friends
- Becomes mistrusting, anxious, depressed
- Loses enthusiasm
- Has less appetite or reduces level of exercise
- Looks tired; admits to insomnia
- Personal hygiene deteriorates
- Smells of stale alcohol or strong cologne
- Misses appointments
- Productivity becomes erratic
- Adopts crazy hours
- Handwriting worsens

# Purely Purulent

Eric Weidman

## First Annual Duke Medical School Olympic Games

Plans are underway for Duke to host the nationwide med school olympic games this spring. All med students eventually discover grades and evaluations fall short of describing the student's true potential. These games allow the student to demonstrate her/his skill and stamina in pure competition and truly shine (that's what you want to do, isn't it?). You may have noticed the heavy construction around the Durham VA Medical Center. Obviously, you are witnessing the beginning of a new medical sports arena. The following is a brief listing of the events scheduled, so shake a leg (hopefully your own) and get training!

**The VA Decathlon:** This event incorporates 10 physically demanding tasks that the typical student rotating through the VA must perform with each patient work-up. Essentially a race against the clock with the fastest student winning, a separate prize is also awarded for grace and accuracy. The event will start no earlier than 5 PM, and continue until completion. Only one elevator will be operational. Incorrectly completed tasks must be performed 2 more times. Routinely, task results will be *inadvertently* lost, so the student must redo the task. Tasks include 1) finding the patient in admissions, 2) completing a routine patient work-up, 3) writing admission orders **without** abbreviations for medications, 4) running up and down at least 10 flights of stairs with admission blood and urine, 5) transporting patients down for admission chest x-ray >2 times, 6) cathing patients for sterile urine samples, 7) cleaning up the student lab in order to perform urinalysis, 8) running up & down stairs to the hematology lab until blood smear is prepared, 9) checking every floor of the hospital before finding the EKG machine, 10) returning to bedside with EKG machine, then rechecking entire hospital for EKG paper.

**Chest Tube Pull:** A test of strength and speed, students must remove a chest tube without making the patient wince or develop a pneumothorax. Students are also evaluated on the distance that body fluids are flung.

**400 Meter Run:** Students race from the 8th floor of the VA to a conference on the 2nd floor of Duke Hospital or vice versa. The clock is stopped when the student stops panting, takes his/her seat, and the disrupted conference resumes. Bonus points are awarded to students who manage to grab some coffee from any source along the way.

**1 Mile Run:** Student races from H-lot to a lecture in Duke South while carrying 20 kg bookbag and studying an outline. Race will be postponed for temperatures *less* than 80° and humidity *less* than 95%.

**Seely Mudd Marathon:** This exceptionally grueling competition of endurance measures how long the student can remain studying without a break. Student must remain seated, awake, and isolated in her/his own study room. Coffee is allowed, but bathroom breaks are not!

**Dull Lecture Dash:** Students race to be the first in REM sleep once speaker begins. Sleep deprived students rotating through surgery and obstetrics compete in a separate category. Winner gets free a EEG evaluation.

**The PRT-Steepie Chase:** Student races PRT on foot in the pouring rain while classmates ride it. The race course takes competitors in front of the Chapel on their way to a finish at the Hideaway, thereby allowing all finishing competitors to win.

**Dead Lift:** Students compete by holding either patient appendages or retractors for long periods of time in the OR. The student's view of the operation is obstructed throughout the procedure. Weight of the appendage and degree of positional discomfort is factored in with time for a final student score.

**Microscope Races:** Students must follow epithelial surface of pig jejunum on a slide at high power as fast as they can. Competitors must trace out a continuous path up and down and up and down and up and down every villous until they come full circle. No Marezine or Dramamine ingestion is allowed.

**Alarm Clock Throw:** North Carolina state troopers will clock the speed of the alarm clock hurled against the wall by the exhausted student while simultaneously being evaluated by World Wrestling Federation judges on disheveled appearance, cranky behavior, and creative use of profanity at the wee-wee hours of the morning.



APPLYING FOR RESIDENCY  
PROGRAMS