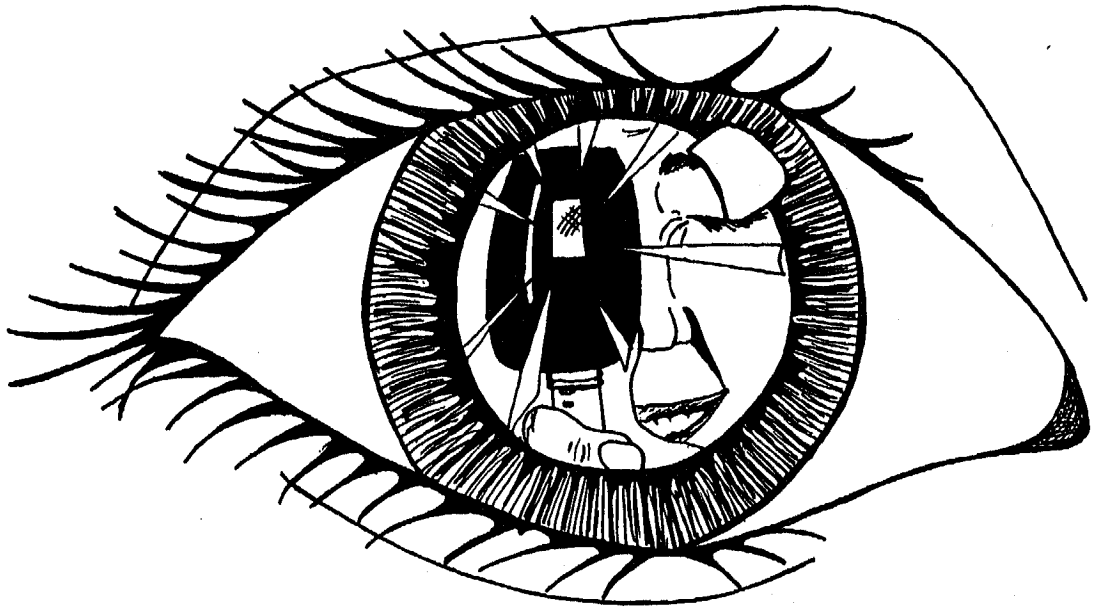
Shifting Dullness

August, 1994



lisa C.

Inside this issue:

- ***A Tribute to Dr. Phillips***
- ***Guide to Food and Fun in Durham***
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- ***Infectious TB***

Perspectives on the Life of Dr. George Phillips

Often the opportunity to know someone personally arises, and for whatever reasons, be it time constraints or physical barriers, the opportunity is squandered before we come to the realization. With this fleeting moment goes the chance to share in the richness of the life of another. The gains can be immeasurable; the experiences unforgettable. However, when the moment is permanently lost, the wonderment of what could have been is the only thing that can feel the void.

Many of us did not have the opportunity to be acquainted with Dr. George Phillips; we will not have the pleasure of learning from him on the wards or listening to his comments in Clinical Arts or having a weekly lunch with him during dean's lunch. As we search to know something of who and what he was, we turn to those who were fortunate enough to share in the experience of his fruitful but all to short life. I would like to thank Dr. Andrew Puckett and Dr. Brenda Armstrong for making their knowledge of Dr. Phillips available so that we may all feel the warmth of a fire that can never be extinguished. The following contains excerpts from comments made by Dr. Puckett and Dr. Armstrong at a memorial service for Dr. Phillips. *Jamy Ard*

"The first time we met it felt like we had been friends for years. George Phillips was like that. He always had a ready smile and a warm handshake to greet you; and whenever I ran into him, it brightened my day. He had a comfortable way of asking you to remove the kind of masks we all wear at times and to just relax and be a human being with him. I grew up 'white' in Mississippi, and I've worked hard to shed the prejudices I was taught. When George and I talked, the barriers were gone; it was just two men talking as one human being with another. His ability to help this happen was a true gift to me and to many others here at Duke.

. . .This kind of sensitivity and caring is what we try to model for our medical students, and I was especially looking forward to Dr. Phillips' working with medical students as an Associate and Advisory Dean. His death means that classes of medical students for years to come will miss learning from him the kind of warmth and caring that often is lost through years of medical training. . . It will be very difficult to find someone with these key characteristics to take his place."

Dr. A. Puckett

"George came to Duke as one of the South's brightest stars—intelligent, quick-witted, self-assured, and with that glint in his eye and smile on his face that persisted no matter how difficult any apparent task was.

. . .his academic and social involvement [was] translated through his work in the directing the sickle cell project and in teaching medical students and residents. His had a clear, impassioned, 'cut to the chase' approach to life and work, and he brought clarity of thought to everything that he did. He was our collective conscience, and he didn't mind saying those difficult things to any of us, whether it was at a faculty meeting, grand rounds, an admissions committee meeting or in general conversation. He was our conscience, and he took that role as seriously as any in his life.

His singular achievement was the advocacy for the sickle cell initiatives here at Duke, in the state of North Carolina, and across the country. He was its most articulate, passionate, and indefatigable advocate, carving out a niche for the program, and working desperately to preserve what he felt to be its rightful place among Duke's priorities.

. . .'To be a star, you must shine your own light, follow your own path, and do not worry about the darkness, for that is when stars shine brightest!'. . .

We have lost a star, and the heavens have gained a brilliant light." *Dr.B.Armstrong*

■

Shifting Dullness Welcomes The Class Of 1998

Congratulations! The staff of Shifting Dullness would like to welcome you to Duke University Medical Center. We would also like to extend to you the offer to join our fine staff of writers and editors. Variety is the spice of life, and what would life be without the spice of MS Is. So come and share some of your freshness and enthusiasm with us(a lot of us have forgotten how that MS I glow feels.) Our articles are not purely medically related and cover a variety of topics and interests. So feel free to write about anything that captivates your interest. Also if you want to be involved with editing, photography, illustrations or business management/advertising please let anyone on the staff know.

And while we're at it, we would also like to solicit the help of MS II, III, and IV's. There is plenty to do, and with your help we can make a good publication better. Signs will be posted to announce the next staff meeting. If you are even minutely interested, please come. ▪

Shifting Dullness

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Shifting Dullness is a Duke University School of Medicine production. Any opinions expressed on these pages do not necessarily represent the opinions of Duke University, the Editorial Staff, or the individual writers.

Any and all submissions are welcome and need only be placed in the "Shifting Dullness Box" located underneath the candy shelf in the Deans' Office.

Durham Guide to Food and Fun

Rima Nasser

What to do in the city of medicine. How many times in the past couple of years have I pondered that in my mind? It's not easy, BUT IT IS THERE. True you have to really search for fun and excitement, but eventually you will find it. This is merely an introduction to this column, which will hopefully become your guide to fun. Since the new first year medical students should be arriving soon, I will just touch on the basics, a small orientation to some cool spots in Durham, Chapel Hill (CH) (makes you think of Switzerland), and maybe even Raleigh for those who are adventurous enough, places to hang, places to eat, and possibly places to pick up — to make new and interesting friends, of all types, sizes and shapes. Now for all those who have been here for ages, and who find this to be a slightly frigid environment, this column is meant to help you expand your horizons, find oases of enjoyment, and hopefully provide you with new ideas and possibilities for a damn good time. I will share my experiences and what I've learned about night and day life in this state that was "first in flight," but seems to have not flown anywhere.

The format will be clear, directions should be easy to follow, and any suggestions are more than welcome. Every month we will feature a restaurant in each area, provide you with a range of prices, and gourmet feedback.

I-Places to Hang:

A-Durham:

1-***Satisfactions***: The closest place to Duke, and I'm sure you've been there. Good selection of beers, good pizza, good sports bar, and if you or someone is inebriated, a good place to make new friends (possible pick-up for nothing too serious). I won't even give you directions. You'll find it.

2- ***The Green Room***: My personal favorite, also close to the hospital, great for a boring call night (it was my "library" many a time). The Green Room is a pool hall with about a dozen tables, and it attracts a very mixed kind of crowd, from Duke attendings to everyone else in Durham. It's fun, safe, and they also have a good beer and music selection.

Location: Take Erwin toward ninth street, make a right onto Main St., take a left on Broad, and the Green Room is on your right after a couple of lights and a restaurant called Mark's which is quite good and I'll feature soon.

3- ***The Down Under***:

B- Chapel Hill:

1- ***Pyewacket***: Another personal favorite, also a very good restaurant. They have live Jazz on Wednesday nights. This place also attracts a varied crowd.

Location: Take 15 501 to CH, exit on Franklin St., follow that all the way, past all the bars that you can try on your own because I just won't talk about them, past a Mc Donald's on your left. Pyewacket will also be on the left, about two or three blocks beyond the McD. They have tables outside, and parking in the back.

2-***The Cave***: One of the awsomest blues bars in town, a live band just about every night (not always blues), a couple of pool tables in the back. It can be loud, it can get crowded, or it can be quiet and empty. Just try your luck. It is a fun place to go, and you do meet all kinds of people there as well.

Location: same as for Pyewacket, except the Cave is on your right. You will see the red sign hanging perpendicular to the wall. A tight staircase under the sign will lead you to the bar. Very cave-like.

3- ***Spanky's***: A bit more of a Yuppie atmosphere, but really not that bad. Go there to drink, or to meet your friends before going on a bar rampage.

Location: On the corner of Franklin and Columbia, on your right (before you get to the others that I talked about).

4- ***He's Not Here***: Good place to go drink (cheap blue tubs on Tuesday if I recall), and pick —

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sorry find someone with whom you can have a very meaningful relationship. They have bands that do cover tunes over the week-end. It's open air and fun if you're in the mood. Good place to go hang with a big group of people, especially if you want to lose them.

Location: On the right, on our beloved Franklin street. It is tucked away behind a Pizza Hut. Just ask about it.

C-Raleigh:

1-***Cappers***: Cool bar, also a very good restaurant. Slightly expensive and they don't take reservations. They sometimes have some good jazz. Cute bartender (male).

Location: Take 40 East from 115 501 or the Durham Freeway. Take Wade Ave exit, then 440 North. Then take Six Forks Rd. North exit, and Cappers is in a little shopping center on your left, after three lights and a Mall (make a left at the fourth light).

II Restaurants:

A-Durham:

Nana's: Excellent food, interesting menu, sort of a "New American Cuisine" kind of thang. A good place to take a date if you REALLY like him/her/it. They also have an OK wine list, and a fine bar for a nice quiet evening. Be ready to spend about $25 a head, not really counting the wine.

Location: On University. Coming from Academy, take a left onto University, and keep going, past Cornwallis etc. Nana's will be on your left, right before University meets up with 15 501 business, in a little shopping center kind of place that looks like houses on Mikonos if you've ever been there, and if you haven't take a few months off and go to a couple of Greek islands and life will take on a new meaning.

B- Chapel Hill

The New Orleans Cookery: A delightful little place that will please your palate if you like the Cajun thing. Excellent Gumbo, cozy atmosphere, and something a tad different. Beware: small restaurant, no plastic. You must have cash, but if I remember well, it won't break you, maybe about $20 a head max., depending on what and how much you drink.

Location: 15 501 to Franklin St. The Cookery is on your left, past the University Plaza thing, past that weird Chinese restaurant, and before 411 West, another excellent restaurant, but I will tell you about that some other time.

C- Raleigh: mm let's see.

Est Est Est: Funky Italian place, really good pasta, make your own combination, nice soft shell crab dish, cool atmosphere, gets crowded after the symphony is out. Eet's-a-nice-a-place. You can draw on the tables with crayons, so you can either regress, or satisfy the vandal in you, or just create masterpieces as you wait. Average about $20 a head, depending on whether you get wine and/or dessert.

Location: call them, because I will not be able to give you good directions.

Well I hope this was helpful. If there are any specific questions or specific places that you want to know about, tell us. Next time I will also have more info on concerts, shows, dance clubs (ha!), farmer's markets, and specialty food stores. Enjoy. ■

INFECTIOUS TB

Todd Brady

Oh, To Be A First Year Again

In all my medical school interviews I lied and said that I was interested in helping people. I yammered on and on about how I wanted to make people feel better and how medicine was the most noble and altruistic profession of all. Let's be frank - I didn't go to medical school to help jack, and medicine is as altruistic as my sacrum. Believe me when I say that THE ONLY REASON I WENT TO MEDICAL SCHOOL WAS TO TAKE BASIC SCIENCE COURSES. Thus, I savored every morsel of first year, and that's putting it lightly. I remember the time I hit an endorphin high during genetics lecture and started claiming I was Francis Crick. Then there was the time that I fell in love with that alpha-keto-glutarate reaction of the Kreb's cycle. All those long aliphatic chains whipping from molecule to molecule ... I had to smoke a cigarette after the lecture. Yes, I can truly say that first year was a giant pleasure machine, the most relaxing and enjoyable experience of my life.

There were only two problems with the first year. First, the two week break during December was far too long. The second problem was much more serious. I am sad to say that every once in a while we first years were forced to interview patients: real ones, fake ones, sick ones, well ones. We had no choice, no freedom, no rights as human beings. But what got meupset was that not a damn one of them knew anything about the alpha-keto-glutarate reaction. Not only do they have no respect for Francis Crick, but they are all so boring.Who needs all this screaming and yelling and moaning about what hurts and what doesn't? These days its all patients, patients, patients. I am losing weight, my eyes are sunken, I can't even pass the stamp test.

Just the other day, we had a lecture entitled "Pertinent Laboratory Values in Accordance with the Musculoskeletal Examination". After approximately three and a half seconds, the lecturer lost me, and I drifted off to that great amphitheater in the sky to imagine what patients should be like. Up there no one wastes any time on silly patient things, and anyone who says the word "psychosocial" gets an immediate rectal. Here was one patient interview I had in the great Above:

Me: [looking out the window] Why are you here?
Patient: My CHIEF COMPLAINT is right lower quadrant abdominal pain.
Me: [yawning] And?
Patient: My HISTORY OF PRESENT ILLNESS is that two days ago there was sudden intense periumbilical pain along with fever. The pain has progressed in intensity (8 out of 10). Sed Rate is increased and white count is high.
Me: [filing my nails] Anything else?
Patient: Yes. My PAST MEDICAL HISTORY is negative with regard to any relevant infection or bowel trauma. There are no prior major illnesses or hospitalizations. No allergies, no current meds, dietary history is insignificant, no use of cigs or alcohol.
Me: You're not carelessly forgetting something?
Patient: Oh yes, my IMMUNIZATION STATUS is up to date.
Me: I was waiting for that. Please continue.
Patient: FAMILY HISTORY is negative.
Me: What else?
Patient: I hope you don't mind, but I've taken the liberty to transcribe all this information on a neatly typed sheet with your name at the top.
Me: Not at all. Shall we begin the REVIEW OF SYSTEMS?
Patient: Please.
Me: Any problems with your HEAD, NECK, EYES, EARS, NOSE, THROAT, RESPIRATORY, CARDIOVASCULAR, BREAST, GASTROINTESTINAL, GENITOURINARY, MENSTRUAL, SEXUAL, MUSCULOSKELETAL, NEUROLOGIC, ENDOCRINE, or HEMATOPOIETIC?
Patient: I can't pass the stamp test.

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JOURNAL WATCH

Steve Kent

DIURETIC THERAPY FOR HYPERTENSION AND THE RISK OF PRIMARY CARDIAC ARREST

Siscovick et. al NEJM 1994:330:1852-7

First line therapy for hypertension often includes hydrochlorothiazide (HCTZ), which blocks sodium reabsorption in the distal tubule. Previous studies have shown that HCTZ used in high doses results in less than expected decreases in mortality. This case control study of 114 hypertensive people following a cardiac arrest shows that treatment with HCTZ is not more prevalent in these people than among other hypertensive controls (odds ratio = 1.0). However, increasing doses of HCTZ were associated with increasing risks of cardiac arrest (e.g. 100 mg HCTZ, odds ratio = 3.6). The addition of potassium-sparing diuretics to the HCTZ regimen decreased the risk of cardiac arrest (odds ratio = 0.3). These results suggest that HCTZ should be given in low doses or in combination with a potassium-sparing diuretic.

LONG-TERM RISK OF BREAST CANCER IN WOMEN WITH FIBROADENOMA

Dupont et. a. NEJM 1994:331:10-15

Fibroadenomas are common benign breast masses usually found in young women. This study provides further evidence that some forms of fibroadenomas are associated with an increased risk of breast cancer. Overall, women previously diagnosed with fibroadenomas (n=1835) have double the rate of invasive breast cancer. The combination of complex fibroadenoma and family history was associated with almost a four-fold higher incidence of breast cancer (vs. controls with family history). Complex fibroadenomas were defined as containing cysts, sclerosing adenosis, calcifications, or papillary apocrine changes. The vast majority (2/3) of the women had noncomplex fibroadenomas and a negative family history for breast cancer; these women were not at an increased risk compared to a control group of Connecticut women. However, the data shows that they have double the risk compared to sisters-in-law who have no family history of breast cancer.

CYCLOSPORIN IN SEVERE ULCERATIVE COLITIS REFRACTORY TO STEROID THERAPY

Lichtiger et. al NEJM 1994;330:1841-5

LOW-DOSE CYCLOSPORINE FOR THE TREATMENT OF CROHN'S DISEASE

Feagan et. al NEJM 1994:330:1846-51

These two studies provide further information regarding the role of cyclosporine in inflammatory bowel disease. In the first study, eleven patients with severe ulcerative colitis refractory to intravenous steroid therapy were given 4 mg/kg/d intravenous cyclosporine for as long as fourteen days. Using an index that includes symptomatic criteria (e.g. diarrhea, abdominal pain, blood in stool), nine of the eleven showed improvement. No patients in the placebo group (n=9) had an improved score. Cyclosporine may at the least delay the need for colectomy; long-term results have not been evaluated.

In the second study, cyclosporine was given by mouth in low doses (2.5 mg/kg/d) in an attempt to alter the course of Crohn's disease. After 18 months, patients treated with cyclosporine (n=151) were on average worse off than patients who received placebo. Low dose cyclosporine is not effective in Crohn's disease.

■

From Our Readers

Dr. George Phillips passed away on July 2nd, 1994. The news shocked, angered, and pained many, including myself.

I wanted to write something eloquent, touching, distinguished, striking, worthy of Dr. Phillips, yet I clumsily fumble for words. How do you describe so great a man without taking away from his greatness. How do you depict the effect he had on everyone he came in contact with without dampening it. When all you have is one candle, how do you portray the intensity of the sun? With that candle, I would like to at least shed some light on a few aspects of George's personality that touched me deeply.

Dr. Phillips was one of my facilitators for Clinical Arts. I knew him first as a teacher. Gibran said, in The Prophet, "The teacher who walks in the shadow of the temple, among his followers, gives not of his wisdom but rather of his faith and lovingness. If he is indeed wise, he does not bid you enter the house of his wisdom, but rather leads you to the threshold of your own mind." Dr. Phillips did just that. He asked us questions that made us think, and with his wit and intelligence, he helped us get to the heart of every issue, be it medical, social, or human. He always wore a reassuring, yet slightly sarcastic, and maybe even inquisitive smile on his face. It was that smile that made some feel uncomfortable in his presence, since it made him look like he knew all that was going on in your mind. It was that smile that made me prepare twice as hard for class, that made me absorb every word he uttered, that told me it was all right not to know the answer to everything, but that doesn't necessarily mean that you stop searching. As time went by, we all grew accustomed to that smile, and I grew to love it. Dr. Phillips helped us comprehend the biochemistry of disease, the chemistry (or lack of) of interactions in a small group, and the human part of being a doctor, which is something that is sometimes left out of our medical education. It is OK to doubt, it is fine to disagree, you are human, and however that expresses itself, you are equipped to deal with it.

Then the class ended. A few weeks later, I ran into George in the cafeteria, which seems to be where he met up with all his friends. He still wore that smile, which as I got to know him better acquired more meaning. Every week or so we would have some random encounter in the halls of Duke or in the cafeteria, and we would chat, for a few minutes, a few tens of minutes, or longer, and I would feel that much richer, that much more content with what I'm doing, that much more competent. Slowly, he stopped being my teacher, and started becoming more of a mentor. I started finding out more about him and what he had been through to get to where he was, and what he was going through. Slowly a friendship started coming about, and I looked forward to every random encounter. Once I was playing pool at a nearby pool hall, and I ran into George, and we "conversed," as he loved to say, for hours. We talked about life at Duke, about patients, about sadness and depression, about patience, about food and dance, about the joys of being alive, and the joys of being a doctor, and never forgetting or putting aside your human side, because that is what brings you closer to your patients, and keeps you from losing yourself. After talking to him I felt at peace with myself, and I felt that my fears, wants, and hopes were validated.

I had some people over for a Lebanese dinner once, and as George had expressed the desire to try some Lebanese dishes, I asked him to come. He was unable to, but promised that we would "break some bread together" soon. I'm sad that I never got a chance to break bread with George, to make our friendship official by sharing wine.

I'm sad that I won't randomly run into him anymore, and the halls of Duke have lost some of their excitement, and meaning. I'm sad and angry that I won't have the chance to get to know more of George, spend more time with him, and that thousands of others, including students, patients and physicians, won't get to know him at all, to learn from him, to love him. However,

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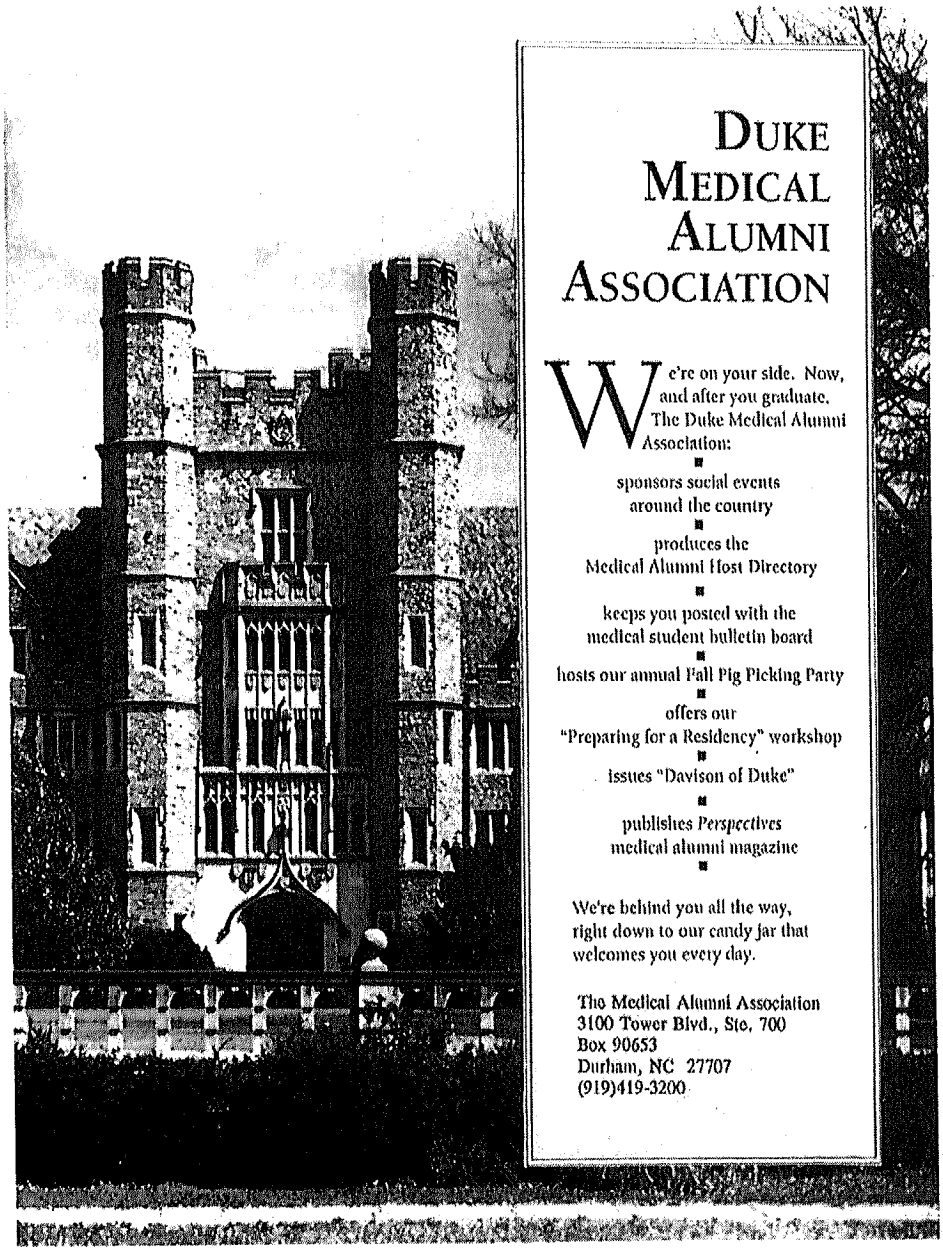

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(919)419-3200

DAVISON COUNCIL NEWS V. Ingledue

MS III NEWS

MS IIIs, Spread the Word! Letters have been sent to all rising MS IIIs concerning involvement in the admissions process for the fall. However, only 7 have signed up to host tours/lunches with the applicants and the admissions office needs about 30 volunteers. Any rising MS III who is interested should contact the admissions office.

The MS IIIs are organizing a new pathophysiology course for the fall. MS IIIs are to pick the topics and potential lecturers and give this information to Dr. Blazer. He will then appoint an internal coordinator in the Dean's Office to organize the course.

SOCIAL EVENTS

Durham Bulls night(s): At least one or two more nights for Duke Med at the DAP are in the works. Look for fliers in your boxes!

ORIENTATION PLANS

Pre-orientation plans: Dr. Bill Friedman (684-3620) is organizing a primary care introduction for incoming MS Is early during orientation activities and would appreciate students from other classes talking about their own primary care interests and experiences.

Calendar of Events for Orientation Week:

Tuesday, August 9 Big Sib-Little Sib party at Colony Hill Clubhouse (8:30 p.m.)

Wednesday, August 10 Dinner with Big Sibs

Friday, August 12 Slide Show/addresses from Davison Council officers (Social, Service, IM) and producers of the Student Faculty Show

Saturday, August 13 11a.m.-3 p.m. Sports Day*

4 p.m.-7 p.m. Davison Council Party*

(*all years invited, location to be announced)

Sunday, August 14(a.m.)Service Day...possible activities include The Gleaning Project, Habitat for Humanity, Adopt-A-Highway...

(p.m.) Big Sib-Little Sib Party at Satisfaction's

UPDATE FROM DEAN BLAZER

The new Cost Effective Medicine course is on the schedule for next year. ■

Attention rising third year students!

For students and faculty alike, the Duke Medical Center is frequently a world unto itself. News of earthquakes in Mexico and cholera epidemics in Rwandan refugee camps seem to have no bearing on our lives other than as fleeting reminders of our good fortune. Getting outside our isolation is a challenge, but beginning this year, a unique opportunity to experience medicine in a different cultural context will be available to medical students in the form of a seminar course entitled "Exploring Medicine." Together, faculty/student teams will explore international medical service as a beginning point for a discussion of not only professional but also personal meaning. The course will draw on works of art, history, literature, music, philosophy and religion, and will include a week-long trip to Honduras, with time split between a Honduran medical school and a primary care rural area.

Professional and personal self-identification is one of the great challenges for the medical student, and it is planned that this course will provide a framework for reaching that goal. Students and faculty interested in the course are encouraged to attend a meeting on September 2, 1994 in room 2002 Duke North Hospital, from 5-6 p.m. For more information please contact Dr. Marvin Hage at 681-5220, ext. 8 or by E-mail at Hage0001 @ mc.duke.edu. ■

***Infectious TB*, Continued**

Me: Nor can I anymore. Is that all?
Patient: DIAGNOSIS is acute appendicitis. PLAN is urgent appendectomy with supportive care.
Me: Anything more you'd like to say?
Patient: Thank you for helping me sir. Shall we discuss Stryer's chapter on protein sequencing?
Me:[enthusiastically perking up] That would be my pleasure ...

Oh to be a first year, when boring stuff like this is only a far away nightmare. To the incoming class of 98, enjoy it while you can. ▪

***From Our Readers*, Continued**

I am glad that I got to meet George, and all he was to me is now internalized, and has become part of me. George will be dearly missed by many, yet the joy of having known him will overcome the sorrow of his loss. In the words of Rumi, "Don't grieve. Anything you lose comes round in another form. The child weaned from the mother's milk now drinks wine and honey mixed".

Rima Michel Nasser

For what is to die but to stand naked
in the wind and to melt into the sun?
And what is to cease breathing, but to
free the breath from its restless tides, that
it may rise and expand and seek God unencumbered?

Only when you drink from the river of
silence shall you indeed sing.
And when you have reached the mountain
top, then you shall begin to climb.
And when the earth shall claim your limbs,
then shall you truly dance.

Khalil Gibran, The Prophet. ▪

***Tanya's Coffee Chat*, Continued**

Your drink order could get even more complicated. My standard is a single, tall, non-fat latte with no foam. Sometimes, I like it iced. Sounds ridiculous, I know, but it's worth fielding the blank stares because coffee like this can be absolutely blissful to me.

Of course, espresso drinks are more expensive than Duke's standard styro cup full of sludge that passes for coffee, but the flavor, caffeine jolt and variety could make a coffee lover out of even its biggest critics. ▪

ATHLETE OF THE MONTH

Julie Lapp

Greetings, readers, and welcome to another edition of AOTM!!!! This month, our feature athlete is Andrew Gorske, an MSIV with incredible running prowess. Andrew took third place in his age group (seventeenth overall) in the Duke Children's Classic 5K run at the end of May. His time was 17:05, a 5:45 mile pace! This writer got the exclusive interview.

Andrew has been running for a long time, having been a participant in both track and cross-country in high school as well as at the U.S. Military Academy. In high school, he was an All-State athlete, an honor comparable to being named AOTM for Shifting Dullness.

Andrew tries to run 3-4 races a year, and has a unique philosophy about running. When asked about his training schedule, he replied that it is ad lib, almost as if he doesn't need to work on this speed. As far as his future running plans, he is proud to say that he doesn't "feel the marathon pressure". In fact, he is much more interested in short distance running, as his best distance is the 800 meters, a race that he has run in 1:50. I can personally attest to Andrew's speed, as I have often been passed on the golf course trail by a blond streak, only to find out at the end that it was Andrew.

Finally, I asked Andrew what kind of advice he would give to other med students who might want to be runners. He replied: "Get off your dusty butts and out from under the fluorescent lights, because you need vitamin D." A fine quote from a fine athlete. Let's all take it to heart, friends. And congratulations to you, Andrew, our July Athlete of the Month. ■

Tanya's Coffee Chat

Tanya Wahl

Now that our esteemed medical center has made a gigantic leap into the '90s and opened a coffee cart in the Duke North Cafeteria, it may be a good time for all of us to have a refresher course on the amazing diversity of espresso - not expresso - drinks.

Espresso is indisputably the king of coffees. Rather than a specific bean, espresso is a specific roast. According to Starbucks, that Seattle-born coffee emporium, when beans are roasted for espresso, they turn bittersweet-chocolate brown. Specific varietal flavors fade slightly and instead there should be a "caramelly, spicy" flavor. An espresso is made by forcing steam under high pressure through the freshly ground, compacted beans and letting the brew drip through into a cup. Espresso can be drunk like this - a highly concentrated wallop of caffeine often called a shot and served in a demitasse (literally "little cup"). Most people mix in a heaping teaspoon of sugar to take the edge off the bitterness. Some don't. You decide.

There is a veritable plethora of ingredients which can be added to an espresso shot to create the variety of drinks available. You can add steamed water to make what looks like your standard cup o' joe, but with that unmistakable espresso taste. This is called an Americano, and if the cups are paper, they are usually doubled under this hot, hot, hot coffee. Likewise, milk (whole unless you ask for 2% or skim) can be steamed until it's hot and has a nice foamy cap. If you add enough steamed milk to fill a cup and top off with a bit of foam, you have a latte. If you add only a little milk but lots of foam, you have cappuccino; often it will be topped with ground cinnamon. A latte plus chocolate syrup and sometimes whipped cream is a mocha. A variety of other syrups added to latte - vanilla, almond, cherry, raspberry and more - create sweet dessert coffees fantastically better than those instant "International Coffees" advertised on TV.

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***Raodside Assistance*, Continued**

The days pass. He nears the end of his stay. Time again for Ophtho. Yes, I was told he could be seen today. Wait a minute - the chief told me so. Please let me speak to the chief. On hold for five minutes with no hold music. Yes, I tried to make an appointment, and was told to call when he could come down. Okay, I'll try to make an appointment.

Back to the desk clerk. "I'm sorry, Doctor," he said snidely; "we simply cannot make an appointment for an inpatient. Maybe you should talk to the chief." "The chief just told me to talk to you and make an appointment," I returned, dreaming of imaginative ways to watch this bureaucratic clerk suffer. "It's against regulations. I'm sorry, we can't make him an appointment. Maybe you can talk to the chief." "You just transferred me to the chief two minutes ago," I replied somewhat incredulous at this brazen brush-off. "I'm sorry, I don't remember that. Maybe you could talk to the chief."

This man, an appointment-maker, the front man for the vast Ophthalmological Imperialist Empire of the VA, was truly an expert in the art of fending off would-be customers. He was but one in a long line of clerks who upheld in every respect the prime directive of this Federally-funded nightmare of a medical machine: We aim to obfuscate. I gathered my courage. "Why don't you go talk to the chief and find out yourself?" Dramatic pause. "Hold on a second, Doctor." (One of the benefits to the VA system is that, to everyone, you are a "doctor" even if you're not).

Rage welled in my throat. I became light-headed; the world became blurry. I wished dearly to ram the phone receiver straight through this man's ear and into his petrous temporal. I wished to floss his teeth with the phone cord and hang him upside down. Visions of torture, devastation, pain, and disembowelments flitted on the edge of my consciousness. Remember, Mr. Roadside Assistance: Wu-Wei. Do not contend. He's probably just doing his job, however ridiculously it is established.

"Okay, I've talked with the chief. If you send down a consult sheet, we'll see him in a few days." Look, I've already sent down a consult sheet. "Let me see if we have record of that . . . No, I'm sorry, we don't. Don't you think he can keep his appointment?" No, no, no. Look, I'm sending another consult down with specific instructions to see him on a certain day. Will that be acceptable? Okay. I'll be right there.

A week after admission, at least ten phone calls, and having to deal with the most bureaucratic clerk in recorded history, and I had the privilege of delivering my second consult sheet. Back down to the caverns, past the cobwebs, take a right at the rack and head straight for the guillotine. Here we are. Cryptically, the man to whom I had just spoken was not at the desk. A line of emaciated veterans (having obviously stood in line since sometime last May, one even bound to a stretcher) awaited.

I stood at the counter, hoping to cut in front of these people to deliver my sheet, a job taking precisely five seconds. No response. However, this is a hospital - and I do have my white coat. I covertly ducked into the clinic through a door marked "Clinic entrance - absolutely no admission" to be greeted by a bright, well-rested Ophthalmology resident. I foisted my consult sheet onto him and he promised to look into it. Two days later, my man was seen. Success.

Beware, young and old; beware the dreaded consult. Most will pass smoothly; some will not. And may the cataracts of a thousand dead ophthalmologists obscure your eyeballs. ▪

Life in Consultation: A Living Hell

Micheal DiCuccio

And finally I journeyed to Medicine, at the VA. The Spa. A vacation from Duke, seeing only male patients for eight weeks. Medicine at the VA is a pleasant experience, full of communal patient rooms, that wonderful VA smell, and food at the "Brown (but guaiac positive) Eye" (a cafeteria to avoid). And, of course, having to do everything yourself. After completing a rotation at the VA (Psychiatry excluded), one should be well versed in setting up EKG machines, drawing your own labs, hanging blood for transfusions, and of course, calling consults.

As we approached my patient, I prepared my blurb. He hadn't changed overnight; we hadn't begun any therapies. Today was consult day . . . "Okay, Mr. Roadside Assistance Man, be sure to call ID today. And also, call ENT about the biopsy, and call Nutrition as well. And don't forget . . . ophthalmology."

My heart sunk. Calling consults is a drag; it reduces you to someone begging for service, a snivelling little coward who can't figure out a problem yourself. The first three consults I handled well - three quick pages, three quick answers, and they would see him today. They even heard he was here and expected to be called. Time for Ophtho.

My intern warned me beforehand that this one would not be easy. I call the eye clinic; certainly, they'd see him. Just bring down a consult sheet. Take the old elevators, turn right and make a quick left and you can't miss it. I hop the stairs instead, opting for what little exercise I can get. Take a right outside of the stairs, hang a quick left and . . .

Dead end. No sign of the ophtho clinic. I backtrack a ways and make a surreptitious right, hoping that my Zen navigational skills might help ("Just follow someone who looks like they know where they're going"). After walking for what seemed a mile and a half, I found a desk conveniently labelled "Information". I was instructed to take a right and the second left. I soon found myself in the main clinic area, looking for a second left among the designated cubicles. GI Clinic . . . Rheum Clinic . . . Gen Med Clinic . . . No ophtho clinic.

I take the second left anyway, hoping to find an answer. No, this is the GI clinic. Go back to the center aisle, down to the end, and make a right. Bingo, the Eye clinic, in an off-the-beaten-path, poorly used and dimly lit hallway. The sheet is delivered with all assurances that he'd be seen soon.

The following day, after not hearing back from the noble Ophthalmologists, I called down again. No answer. I let it ring five minutes (this is, after all, the VA). Somewhere a desk clerk brushed the cobwebs from an unused phone and answered as if it had rang once. After discussing with the chief, he assured me he'd be scheduled for "the next available." The consult sheet was returned the following day with the phrase "Appointment on September 20, 1994" (three months hence), scribbled in dialectical Coptic.

Again, I call the Eye Clinic. The desk clerk takes another five minutes to answer. I'm sorry, this date you gave me is simply unacceptable. Three months from now it might be a moot point; he could be blind and no longer in need of your services. Ten minutes later, after three more calls, talking to two nurses and the Ophtho chief with an intervention by my intern, I got themessage: "Call the clerk, tell him I (the Chief) said he could be seen in a few days." I call back, and he says bring him down when he's ready. Just call before he comes.

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Shifting Dullness