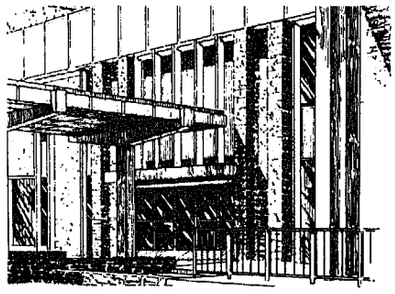

SHIFTING DULLNESS

DAVISON SOCIETY NEWSLETTER
DUKE UNIVERSITY SCHOOL OF MEDICINE

Box 2889, DUMC

October 19, 1976

Did You Know...?

....that Shifting Dullness has two new sections for your reading enjoyment: MS-M.D., announcements especially for women med students, and Med Jocks, reports of the triumphs of the med school's intramural teams. Also look for a new series: Health Care and the 1976 Election.

Special-For Y'all

AMSA CALENDARS

AMSA calendars are available in Room 136 Davison (Marilyn's office) for all members of AMSA other than freshmen.

ANALYSIS OF CLINICAL EXPERIENCE

On Monday, October 25, at 5:00 pm there will be a meeting in the Medical Center Amphitheatre to discuss data on students' clinical experiences, collected by means of the E-box, and data illustrating common clinical problems seen in practice. Such information can be used to pinpoint one's weaknesses, and to select third and fourth year electives. Everyone is invited, especially those who are keeping E-boxes or would like to keep one. For more information, contact Dr. Collin Baker, 1012 Broad Street, phone 286-4621.

BRAIN DRAINED

Someone's "peripheral brain", a brown plastic 6" x 8" looseleaf notebook filled with clinical notes, has been turned in at the Med Center post office window.

MS. M.D.

THE AMERICAN ASSOCIATION OF UNIVERSITY WOMEN awards fellowships and grants in various areas of graduate and professional studies to eligible women. Deadline for most applications is December 15, 1976. For more information see brochure in Office of Financial Aid, 123 Davison Building.

contests

"CALL FOR PAPERS" - NATIONAL STUDENT RESEARCH FORUM

The 1977 AMSA-UTMB (University of Texas Medical Branch), National Student Research Froum, to be held in Galveston, May 5-7, is designed to include papers on research in basic and clinical sciences, for work completed or in progress, published or unpublished. Abstracts, due before February 5, 1977, are the sole basis of invitation to register a manuscript. See Davison bulletin board outside the P.O. for details. Note: Mead Johnson Awards up to $400 are available. Manuscripts of unpublished work are due before March 12, 1977.

AMERICAN SOCIETY OF BARIATRIC PHYSICIANS - SECOND ANNUAL OBESITY PAPER CONTEST

The contest is open to all medical students, interns and residents. Papers must deal with some aspect of obesity. Original research (either basic or clinical), literature reviews, and thoughtful essays are eligible. The deadlines for submitting papers is July 1, 1977. Cash awards range from $500 to $200. Further information is posted on the Davison Society bulletin board.

residencies

Information on the following residency and internship programs has been added to the files in the Davison Society office, and is available for review Tuesdays and Thursdays, from 9-1.

Boston University Medical Center Boston , Mass.
Harvard Medical School - Radiation Therapy - Boston, Mass.
Hines V.A. Hospital - Internal Medicine - Hines, Illinois
Mt. Sinai Medical Center - Medicine - Milwaukee, Wisc.
Mt. Sinai Medical Center - Miami, Florida
St. Luke's Hospital Center (Columbia Univ.) - Medicine - New York, N.Y.
St. Thomas Hospital - Family Practice - Akron, Ohio

INTERNAL MEDICINE AT WASHINGTON UNIVERSITY - We have received the following information from Washington U. regarding those interested in applying for internships:

Due to the increased number of intern applications we no longer are able to accomodate all the senior students requesting a visit to our Medical Center. Reluctantly, therefore, we have decided to limit visits by invitation only. Invitations will be extended immediately after the intern candidate's application has been completed and prescreened by our Intern Selection Committee. In order for this selection process to work effectively within the tight time constraints imposed by the NIRMP Program, we have urged all candidates to complete their applications as rapidly as possible -- preferably before November 1, 1976. We hope that this change in our review procedure and the consequent need for early letters of recommendation and transcripts does not cause a serious inconvenience on your part.

Externships, etc.

Information on the following externships is available in the reserve room of the Med School Library, in a book entitled "Externships - Opportunities for Study Away from Duke".

Externship in Family Practice and Community Medicine - PHS Indian Hospital, Sacaton, Arizona
Clinical Clerkships at Eastern Maine Medical Center, Bangor, Maine

MED JOCKS

BOOTERS BUILD FOR BATTLE WITH 'BUMS'

Tension mounted this week as the undefeated Med School "Europeans" prepared to meet their archenemy, the Law School. After a recent closed practice (secret even to team members), we collared the Med School's phantom soccer coach for a few comments. "Yes, we are out for blood in this game. We will do everything short of malpractice to win. We need to avenge our football team's earlier heartbr aking defeat. More importantly we must prepare our men for meeting these jokers in the courtroom and for the great soccer game of life." Game time is this Sunday at 3:00. Be there for a

good time. New players welcome, especially for the game Thursday at 3:30 at West Campus.

-Kurt Newman

MED SCHOOL FOOTBALL FINISHES WITH A WINNING SEASON

In a final solid performance, the Med School rolled over PGT fraternity 7-0 to finish the season with a 4-3 record. QB Scott Gillogly scored on a 25 yard run and Byron Hodge added the extra point on a pass reception from Jeff Giguire.

A vote of thanks goes to the following players for their regular participation this season enabling the Med School to have a winning season and a respectable team. The players are Kurt Newman, Byron Hodge, Chal Nunn, Paul Gores, Rick Patterson, Ed Coffey, John Ross-Duggan, Joel Puleo, Scott Gillogly, Hans Vogel, Jeff Giguire, Ken Trofatter, Hadley Wilson, and Rick " igfoot" our lucker. Other players who helped out in key situations include Duke Hagerty, Tom Shelburne, Rich McLees, Rob Califf, Matt Stern,Mark Golden and Mitch Silverman; We apologize to those inadvertently left off the roster. A special thanks goes to the loyal cheerleader-fan-club - Millie, Dianne, and Louise.

-Byron Hodge, Jr.

MED SCHOOL TENNIS STARS COME OUT OF "HIDING"

Just as Sherman marched through Georgia, the team of Matt Stern and Rob Califf are slashing their way through Duke University's annual student tennis tournament. The Dynamic Duo is currently 5-0, having opened their campaign with a 6-4,6-4 win over 2 young Long Island Tennis Clubbers. They have subsequently shellacked various high school-prep stars by scores of 6-3,6-2,6-2,7-5,6-3,6-3, and Monday beat the team of of Lewellen and Dover 6-2,7-5, to enter into the quarter-finals. Matt is from Boston and Rob is from Columbia, S.C. Just like a po' boy from Georgia, neither have had any formal tennis training nor have either one ever played on a team or in a competitive circuit. What is the secret of their success? Stern siad, "Hey...our secret is our style - we super psyche them out!" Califf answered, "I think its our age, yeah, our age and experience;those lads just can't handle us." Needless to say, these two are solidly in the running for the championship; without even knowing their opponents, "Shifting Dullness" considers Califf and Stern heavy favorites.

Who is the best player? They both disagree on the answer. With the upcoming Student-Faculty Tourney this Sunday, we may get a chance to find out. With some help from the Faculty partners, one might see Califf vs. Stern in the finals, answering the Universal question, "Will psyche beat age?"

-Byron Hodge, Jr.

HEALTH CARE IN THE 1976 ELECTION: NOBODY'S RIGHT BUT MOST ARE LEFT

I. Carter: Saving the worst for first

This is the first in a series of three necessarily brief considerations of the delivery and financing of health care as issues in the present campaign. It will consider the problem from the aspect of a Democratic victory and a Carter presidency, which I unhappily conceive to be the most likely outcome of the upcoming election; its basic tenet is that the old-time Roosevelt Democrat who once gleefully observed that "You can't shoot Santa Claus" would still understand how his party works and how his countrymen think.

When all is said and done in this wretched campaign of mendacity and malapropism, the most significant fact may well be that "Jimmy"rhymes with "gimme". The addiction of Mr. Carter to that insidious delusion which William Buckley has so aptly crystallized as "everything for everybody paid for by nobody" has become as complete as those of

his predecessors. This is unfortunate for several reasons not directly related to health care issues, which I don't want to get into - well, I do, really, but I won't- but it has the inexorable effect of drawing the medical and allied health professions- in short, all of us - into the Roman arena of socioeconomic politics, which has nothing whatever to do with our primary purposes and interests, the delivery of superlative restorative and preventive medical care. Mr. Carter has recently unburdened himself on many subjects other than adultery in his heart, and gave a frank and revealing interview to Hospital Physician the journal of the Physicians' National Housestaff Association, now transmogrified into the Playboy of medical journalism, which contains many interesting examples of his rather wide-ranging and high-priced concept of "health care".

The essence of Mr. Carter's propositions is a major Federal effort "to promote health, not just to provide health care", one which embraces "initiatives in insuring family incomes and a clean environment as well as reforming the financing of health care...the control of occupational hazards, the abatement of air and water pollution... continuing education about nutrition and self-care." This is, of course, in addition to rapidly balancing the budget and reducing taxation and expenditure. What is not clear is how this can be accomplished by an additional, unified, centralized program when existing limited programs have not only failed to solve the problems but have produced record deficits and steadily increasing expenditure and taxation. What is clear is that "organized approaches to the delivery of services" means that the efforts of the Federal government in the area of health care are but a subsidiary part in an all-embracing role in virtually every detail of the life of each citizen. In addition, says Mr. Carter, "reorganization of our government is one of the most important steps we can take"; one wonders if this reorganization, like the last one he presided over, will result in more government employees, more spending and more taxation.

"With a consolidated system (of health care) and coherent planning," he argues, "we can weigh competing alternatives, judge comparative results, and budget resources." It is these same principles which inform the deliberations of the Postal Service. An example of their operation then follows: "It would be both cost-efficient and health-effective to use less expensive treatment methods." One wonders how a penicillin resistant organism will learn that Carbenicillin is to be discarded by order of HEW in favor of a "less expensive treatment method", unless it reads the Federal Register.

It is not just centralized decision-making by non-medical bureaucrats that impends, but "uniform standards and levels of quality and payment (which) must be approved for the nation as a part of rational health planning" and "national priorities of need and feasibility." When these inflexible Federal regulations are imposed from above, "rates for institutional care and physician's services should be set in advance, prospectively," which means that what we can do, what we can spend, and what we can make will be decided by others and that will be that. In addition, since Mr. Carter observes ominously that "the maldistribution of medical resources is neither inadvertent nor inevitable," the Federal government is to redouble its efforts at "redirecting medical education ...to correct the geographical and professional maldistribution of services and personnel." The core curriculum, National Boards, and patient care are difficult enough;are we now to be "redirected" as well? So it would seem through "incentives for the reorganization of the delivery of health care...to encourage development of alternative approaches and to spur new distribution of health personnel." Here it is at last-the carrot and the stick, or rather, the peanut and the assembled might of the national governemnt.

As citizens and taxpayers, we must also be concerned with the cost of a "universal and mandatory" system paid for by a "combination of resources", further described only as "payroll taxes and general tax revenues". These last however, are more practical as general questions more properly considered in the third and final article of this series. It suffices for now to say that, bad as they appear, things could be worse-Mr.

Carter could support the legislation of the American Hospital Association, by which hospitals and physicians would become the chattels of the Social Security Administration. As it is, he seems to be tending in the direction of Kennedy-Corman, although in a fashion more vague and bedizened with the rhetoric which has so glitteringly ornamented Democratic platforms since the days of Saint Roosevelt. Many of these same disturbing trends are to be found in his opponent, but as Senator Kennedy might put it, we'll drive off that bridge when we come to it. For now, consideration of Jimmy Carter's views on health care prompts only the conclusion that it's not going to be pleasant practicing medicine for peanuts.

-Miles Edward Drake

Editor's Note: The preceding article does not necessarily reflect the opinion of the medical student body or editorial staff. It was included to stimulate interest in the U.S. health care system. Replies are welcomed at Box 2889 or at Room 603, Green Zone. Tuesday, 9:00 am is the deadline for inclusion in any Thursday's issue.

telesis-- WOMEN IN MEDICINE

Researchers have frequently shown that animals and people under stress are able to handle it more effectively when they have the support of close friends or family nearby. Without that support, they develop all sorts of medical and other problems.

The medical student is most certainly a person under stress. However, until recently, not much concerted effort has been made to assure that the student is getting the emotional and social support she (he) needs. Now there are organized efforts being made for support and other groups for students, but these are not in widespread use.

Durham, to me is a nice place but I must admit, it's small. The relative dearth of activity here and the demands on our time, tend to tie us to the medical school. And unfortunately, the medical school ranks in about the 15th percentile in emotional support of the female student. I don't think anyone is intentionally non-supportive, but the fact remains that many female students feel frustrated, confused, and alone in their non-academic lives.

In the fifties, a woman who embarked on a medical career was committing social and emotional suicide. Regarded by both her colleagues and outsiders as a "career woman" (and also a freak), she had little or no social life and couldn't afford to have emotional problems for fear of being branded "weak". Twenty years later, this overt ostracism is gone (thank goodness), but subtle rejection still exists in many sectors. Male students I talk to often say the female student is too pushy, aggressive and compulsive. Perhaps so, but these are attributes we all have to have to get into Mr. Duke's Med School.

My first inclination is to say that women should band together and support themselves. Men have a long tradition of both formal and informal support groups. Women have these too, but often they lack some basic cement found in the men's groups, and tend to break ties shortly after the group separates.

However, if we consider ourselves to be sophisticated, intelligent people, we are capable of a better solution to this problem. Just as racial conflicts will only resolve when there is a mutual understanding between races, sexual conflicts will resolve when there is understanding between sexes. This is not as flowery and idealistic as it sounds. All it takes is an open mind and a willingness to accept each person on the basis of her (his) own worth or lack of it.

However, this is probably an impossible venture in out time, because you can't just throw away a lifetime of value judgements in a day (or in 4 yrs). But if it could be done, more people, both female and male would be more likely to get the support they need.... and let's face it, everybody needs support.

responses welcome -Bev Spivey, MSII