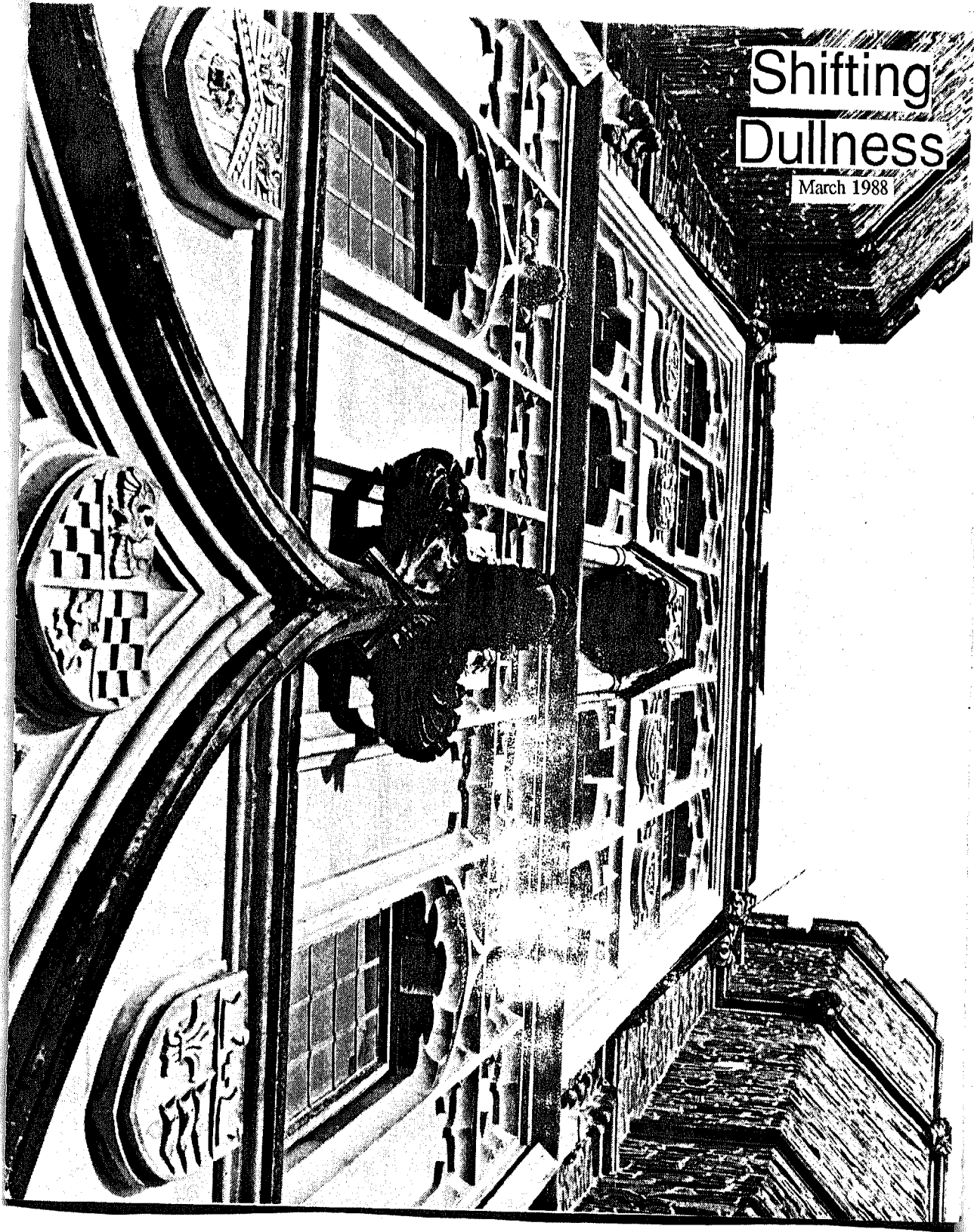


Shifting Dullness

March 1988



SECOND OPINIONS

Not Just but Necessary

Holly Lisanby

In his recent article, Sabiston justifies the use of animals in medical research by citing major medical advances to which animal research has contributed (*NCJA*, vol 48:12). As a medical student I applaud these advances as ultimately valuable to our goal of alleviating human suffering. But he then makes a conceptual leap in implying that any concern for animal welfare is an inhuman attack against these life saving advances. In support of vaccine testing on animals, he remarks, "Is it conceivable that an intelligent, informed, conscientious public could believe it ethical to give a human such vaccines without previous testing in animals to ensure safety?" Of course not! These rhetorical acrobatics not only serve to trivialize the concerns of the public but also demonstrate a misunderstanding of the opposition. The 12/17/85 Congressional finding on the laboratory animals act clearly states why we should listen to the public's concerns: "Measures which help meet the public concern for laboratory animal care and treatment are important in assuring that research will continue to progress."

No, I would not administer an unsafe vaccine. If animal testing is the only presently existing method to ensure the safety of a vaccine, then test it on animals. I do not advocate abolishing necessary animal research, but I do object to the rationalization that since it saves human lives, animal research is ethically just. The use of animals in research is a conscious decision to take animal lives for the advancement of medicine. In making this decision we must accept the accompanying responsibility to use these lives productively and concurrently search for alternatives.

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. Submit responses and articles to the Shifting Dullness box in the Alumni Affairs office or the Dean's office.

2

Not just a pragmatic debate

Dietrich von Haugwitz
Health Systems Analyst, DUMC

The issue of animal research is currently being discussed in the national press, the Triangle area media, and on Duke campus. Anyone in a medical area would be well advised to take time to think through the arguments involved. A few years ago most of us shrugged the subject off as a non-issue: obviously we have to use animals to advance medical science. Anyone opposing this would have to be uncaring, uneducated, or a hopeless sentimentalist. A little common sense seemed enough to settle the question. Today the issue is hotly debated by scholars and laymen alike, and the defenders of the status quo as well as their challengers range from emotional to rational, from uninformed to academically respectable.

Roughly 70 million animals die in American labs yearly (3 per second). They are sacrificed in teaching, product testing, war research, and biomedical science. Only the latter medical use comes to mind when we give our common sense approval to animal use. We think of heart transplants, AIDS, and Alzheimer's disease, not of science fairs, cosmetics, or cluster bombs. Yet most animals die without advancing medical science. Medical professionals have begun to scrutinize animal research and separate those which have merit from those they regard as a waste of taxpayers' money and animal lives. The Medical Research Modernization Committee (115 East 9th St., New York NY, 10003), a group of over 600 doctors, has published a list of projects it deems unwarranted (Duke has not escaped this list). A number of other professional associations including the Physicians Committee for Responsible Medicine and the Scientists' Group for Reform of Animal Experimentation have publicly taken their colleagues to task for their indiscriminate use of animals, routinely purchased and discarded like other disposable lab supplies.

The standard defense of animal use is an enumeration of the benefits derived from such use: vaccines, heart-lung machine, heart bypass surgery, chemotherapy, antibiotics, etc. Challengers are likely to enumerate medical advances made without the use of animal lives. These arguments miss the point. The ultimate question is the ethical one: benefit or no benefit, pain or no pain,

Not just a pragmatic debate, cont.

on what moral principle do we use nonvolunteer fellow-mammals for our own gains? But with this question we leave the turf of medical science and the MD becomes the layman. He will ask: what's more important to you, a stray dog from the pound or your own child? With this rhetoric he expresses the full extent of his philosophy: people are more valuable than animals, therefore animal research is justified.

For contemporary moral philosophers, including Zapontzis, Peter Singer, Tom Regan, and Michael Allan Fox, it's not that simple. *The Case for Animal Experimentation* by Fox received instant praise from many scientists because it was the only major philosophical work defending the use of animals. Yet within a year Fox reversed his position and recanted his book. He now favors abolition of animal research (see *The Animals Agenda*, 3/88).

Are humans superior to animals in morally relevant ways? Do we have duties toward animals? If humans have inherent value, do non-humans as well? What sets humans apart from non-humans? Do all humans share these characteristics, including babies and the terminally comatose, while healthy monkeys lack them? Until we fight our way through the jungle of these questions we might be well advised to scurb our certitude when we speak on the matter. We may want to direct our attention to the steadily growing number of alternatives to animal research.

Flyer Found Offensive

To the Editor: We are responding to the flyer (distributed to all Duke Medical Students) concerning the February 6th party sponsored by the Davison Council Social Committee at the home of several male medical students. This flyer, entitled, "Take Aim this Weekend" with "Annie 'I always hit my target' Jorgenson" and the "Swedish National Archery Team," which displayed a topless woman in a G-string wielding a bow and arrow, was denigrating to women. What a shame that well-educated and soon-to-be professional men, who work closely with women, should promote female exploitation. We are personally offended and publicly outraged at this use of the female body for advertising purposes!

Tamera Coyne
Holly Lisanby
Wendy Olivier
Leslie Rokoske
Cathy Walsh

Caring for our Children

Karl Ritch

The sun was shining brightly and Spring was in the air as my three-year-old led me into the Museum Of Life and Science, so excited to see the dinosaurs, climb into the space capsule, engineer the caboose, and generally "experience" what was there. As we lovingly savored each exhibit, however, we were stampeded by small children being herded into and out of the buildings by their day care attendants. The women, ranging from bleary-eyed to grizzly, ushered the children from one place to another with the gentleness of a drill sergeant — no fault of theirs: often three women were trying to keep track of 30 children! Erik and I sat inside the space capsule, pretending to blast off to the moon, and in they trooped, in groups of five, given all of ten seconds to adjust to the wonder of a real space capsule before "Group One: Out!" came the order. Five or six groups of children scurried in and out before we left the capsule. At the barnyard, one little girl lingered timidly, in the hopes of touching the sheep's wool. "Marial Where's your partner? Get yourself over there and hold her hand," came the attendant's voice. The exhibit of "living" dinosaurs is about to leave Durham after a three month tenure, and we stopped into the building to once more see the moving, roaring, very life-like critters. Erik stopped tearfully beside each dinosaur, "talking" to it and saying goodbye as the "troops" walked silently and quickly by. Somehow, I left the museum with an empty feeling. Isn't someone, in this life's scurry and "mass production," missing something?

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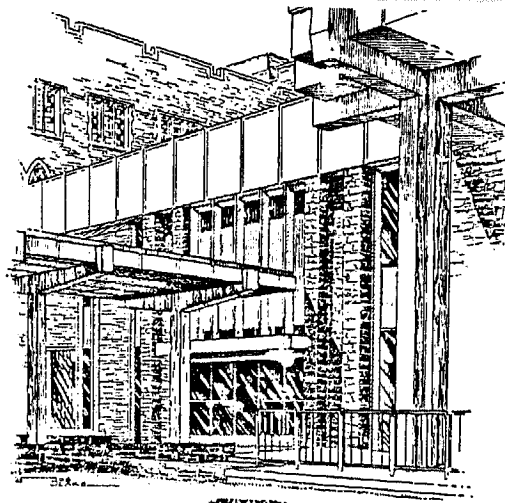
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Preparation on *Day of Demo Only*. (\$26.99)

**Benefits all 1st and 2nd year
Medical Students**



Davison Society



Social Calendar

March 1988

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
		1	2	3	4 Sock Hop	5
6	7	8	9	10	11	12
13	14	15	16	17	18 Renewal of Systems	19
20	21	22	23	24 Faculty Appreciation Day. Showcase 88	25	26 Med/Law Play Day

Calendar Highlights

- Mar 4** SOCK HOP Dance, dance, dance!... Or just hang out... at the Mary Lou Williams Center (room 02, West Union Bldg.) on Friday, March 4th, from 9 pm until 1 am. Theme: casual. Refreshments: yes. Free: yes. Bring a tape or two!
- Mar 5 - 14** SPRING BREAK
- Mar 18** Renewal of systems III Your basic get-together: Friday, 5 - 7 pm, Von Cannon Hall in the basement of the Bryan Center. Sponsored by some of your favorite basic science departments. Free to all med students.
- Mar 24** FACULTY DAY Our annual reception for our favorite faculty members. The reception will be held in the Searle Center, from 5:30 to 7:30 pm, on Thursday, March 24th. A nice event for some nice people. Be there!
- SHOWCASE 88 8pm, Page Audi. A showcase of campus group performers. \$1
- Mar 26** MED/ LAW PLAY DAY Meet the L.A. I mean the Duke Law students on Saturday, March 26th, for a day of games and an evening of dancing. Something for everyone this time: volleyball, refreshments, dancing... and more! This is going to be **BIG**, so mark it on your calendar now, and watch carefully for further details!!

The Intramural Swim Meet is March 30th but we must register a team on March 21st. Call John McAree at 684-5455 if you are interested. Must be able to swim.

Keep in mind the Davison Club Student/Faculty Tennis Tourney coming up on April 23.

*The Social Committee seeks your ideas for parties and places to party.
Send your ideas to Tom Brown, box 2701, 684-6569.*

STUDENT BODIES

AMSA News

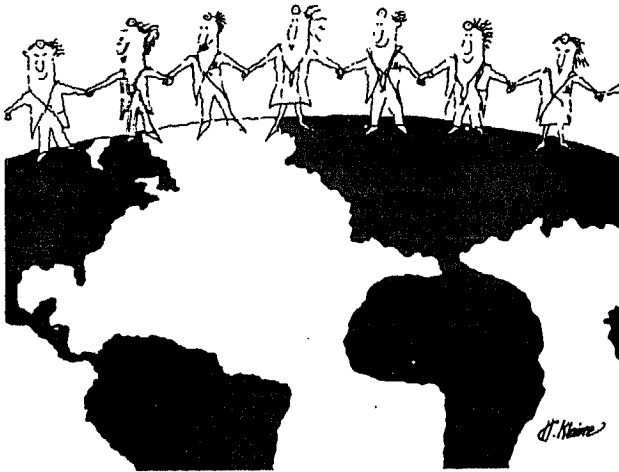
Pamela Cross

Anyone interested in going to the 1988 national convention that has not been at the meetings should contact Pam Cross, the chapter president, at 286-0170, box 2810. The convention will be held 3/23 - 3/27 on the subject of "Health and Peace in the Year 2000: Empowering a New Generation of International Health Leaders." It is an excellent chance to learn about the facets of medicine untouched by medical school. The option to lobby while in Washington DC is available.

Health Promotion/Disease Prevention projects are available to all students. They last 6-8 weeks and include a \$175/week stipend and relocation travel allowances.

The Public Health Service is offering up to \$25,000/year loan assumptions to physicians entering the Indian Health Service, and \$20,000/year for physicians going to other underserved areas.

38th AMSA ANNUAL CONVENTION **HEALTH AND PEACE IN THE YEAR 2000:** Empowering a New Generation of International Leaders



GPSC

Catherine Walsh

Athletic director Tom Butters detailed a plan to be instituted the next basketball season which will move graduate students from their seats upstairs in Cameron Indoor Stadium to an expanded section of 500 seats on the floor behind one of the baskets. Students will still pay \$100 and will be guaranteed seats (or places to stand, as pressure from the undergrads on all sides will be to stand for the game). As is the policy this year, any grad student will be admitted to games if there is space in the (undergrad) section shortly after game time. The rationale behind the \$100 fee is that grads do not have time to wait in line for hours, or overnight, before each game. Grads can arrive at any time with a guaranteed seat if the ticket books are purchased.

In football news, the Athletic Director is willing to drop the \$25 ticket books and allow grads free entry to games provided there is seating shortly before each game time. There are no guarantees for a seat, but except for the Carolina game, no football events have been sold out in the past. GPSC will notify the athletic office of the grads' decision to drop or keep the \$25 books. Any input is welcome: speak to your class reps.

There are many available student positions on the Duke Board of Trustees Standing Committees, the GPSC Executive Committee, and other University Committees. Any graduate or professional students may nominate themselves or others for one or more positions. The deadline is March 15, so get in touch with Bob McDonough, President of the GPSC, at box 2824 DUMC, for all the gory details. Hey look, the prez is one of us, so you can get involved too!

Staff

Editor	Holly Lisanby
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Calendar	Rowena Dolor Tom Brown
IM Sports	Steve Gallup
GPSC Correspondent	Catherine Walsh
Layout	Holly Lisanby

Chemical Dependency

Red Flags for Physicians in Dealing with Chemically Dependent Patients

Andrew C. Puckett, Jr., Ph.D.

David Smith, a recovering drug and alcohol abuser, shared his personal experiences with his chemical dependency in a recent Dean's Hour Presentation on 1/25/88. Through his years of dependency, Smith learned to manipulate the medical system to support his chemical needs through doctor shopping, false symptoms, and other methods. The list that follows is a compilation of red flags that could alert the physician to a patient with a chemical dependency. Smith's personal struggle can serve to educate us about how to recognize and help a patient with this type of problem:

1) What is the patient allergic to?

A chemically dependent person will not want to waste time on drugs that do not meet his needs, e.g. codeine, Talwin, Tegretol, penicillin, etc. The patient will design his alleged allergies to narrow the doctor's choice of drug to ensure obtaining the drug he is looking for.

2) When a patient loses a prescription -

Be cautious when a patient claims to have lost a prescription for a mood-altering medication and returns asking for another.

3) Calling on weekends

In order to catch the doctor when he is more willing to call in a prescription, the patient may call on weekends or at night. Alternatively, the patient may call a member of a group practice at night or on weekends, saying he is being treated by another partner in the group whom he has been unable to reach.

4) History of serious illness

A history of serious illness or injury may indicate that the patient has been on mood-altering or pain relieving drugs over a period of time.

5) Verify

Verify the patient's address and story. Contact his last physician.

6) What is the patient's attitude?

The chemically dependent patient may be in a hurry or be obnoxious. If this is an in-patient situation, be open to the observations of other staff on the unit.

7) Time course

Pay attention to the time course of the patient's problem, especially if the symptoms indicate the problem should have been taken care of by now.

8) Cash

Be suspicious of patients who have cash in hand.

9) Control the situation

Only give narcotics to in-patients and take them off the narcotics before discharging them so that you can closely monitor the patient.

"A chemically dependent person is not a bad person trying to get good but rather a sick person trying to get well."

—David Smith

Fourth Years

Marguerite Oetting

- March 14 Deadline for cap, gown and hood rental.
March 23 **MATCH DAY!**
12 pm Medical Center Board Room, Duke South Yellow Zone.
2 pm Celebrate at Satisfactions; free pizza and beverages.
- April 4-8 Pick up graduation invitations (free), 9-4:30 at the Bryan Center Bookstore.
- April 18-19 Pick up Baccalaureate tickets, 10:30-1:00 at the Gross Chem Building Lobby.
- April 20-21 Pick up Baccalaureate tickets, 1:30-4:00 at Gross Chem.
- April 22 Extra Baccalaureate tickets given on a first-come, first-served basis
9 am, room 222 Gross Chem Building.
- April 25 - Graduation apparel issued, 9-4:30 at the
May 7 Bryan Center Bookstore.
- May 5 Senior Class Dinner, sponsored by the Dean's office
6:30 pm, at the Sheraton University Center. Formal attire!
- May 6 Baccalaureate Service, surnames A-G, 5 pm at Duke Chapel.
Hippocratic Oath Ceremony: class picture (cap/gown/hood) at 6:30 pm; ceremony in Duke Chapel from 7:30-9pm.
- May 7 Baccalaureate Service, surnames H-O, 11 am at Duke Chapel.
Senior Class Picnic, 12-3 pm, location to be announced.
Baccalaureate Service, surnames P-Z, 3 pm at Duke Chapel.
- May 8 **GRADUATION!**
9 am at Wallace Wade Stadium.
9:30 am procession in cap, gown and hood
Reception and diploma distribution, 12-2 at the Searle Center.

• Flex exams are administered by individual state licensing boards. Most registration deadlines will be within the next 6 weeks or so (NC is March 31). Don't wait until after the match to contact the states in which you might be taking the exam (June 14-16). There is a notebk in the Dean's zone lounge which will help you contact the correct licensing boards.

• Please submit the ballots to select two Hooders, the Thomas Kinney Teaching Award, and the Ideal Classmate Physician to box 2864 DUMC as soon as possible.

Dean's Office News

Wendy Zaroff

•The Myasthenia Gravis Foundation is offering a \$1500 research fellowship for basic or clinical research related to problems of MG; deadline 3/15.

•Northwestern University Medical School invites first year students to apply for a summer externship in physical medicine and rehabilitation taking place June 27 through August 26. The program offers both clinical and research opportunities, as well as a \$975 stipend. Apply by 3/18.



The **DUKE** Children's Miracle Network Telethon

The Telethon will take place on June 4 and 5. Volunteers are needed to help with publicity, entertainment, and staffing the fair. Please call Kathy Gest (383-5160) or Mark Russell (493-0698).

Learning About Sex

Steve Gallup

At Shephard Middle School and other schools in Durham a lot of seventh graders think that 12 or 13 is a good time to start having sex. It's difficult for a medical student, guised as a sex ed teacher, to remain impartial when the imminence of sexual experimentation is a fact as obvious as the process leading to fertilization and pregnancy. It might be easy to teach the meaning of "anatomy", or even "syphilis," "abortion," or "birth control," but it is nearly impossible to teach sexual maturity and responsibility. Why?

If I went back to Mrs. Lundy's biology class today and asked them for some good reasons not to have sex, they could probably give me a list. They would be giving me a list of concepts that they know I probably would advocate, but have as much meaning to most of the preteens as US foreign affairs or English cricket. How many of us were carrying birth control or questioned our partner about sexually-transmitted disease the first time an intimate encounter developed? Did we postpone a once-in-a-lifetime opportunity until we got a chance to run to the drug store? I don't know, but I very much doubt that my eight day stint as a sexual expert will instill sexual maturity into adolescents,

whose understanding of the implications of sex begins with their own family and will develop over years of trial and error. It is disappointing to save-the-world madmen like me that opportunities for moral education can be so ineffectual in our schools. However, the thought of indoctrination as an approach is so ludicrous, that one wonders how personal character can be built. If it can be built by strong families and improved societal conditions, then can we make a difference?

I think that we definitely can. We begin by giving people the tools of knowledge that they can apply when they are more able. More importantly, as doctors we will have many more opportunities to have a significant impact on the ability of young people to cope with their problems in the future; that is, if we are willing to try.

Fortunately, this philosophical treatise would never have flown at Shephard Middle School. Our reward at the time was an unusual med school diversion of teaching and talking to a generation of students less accomplished in the subject than ourselves, and smelling the pages of textbooks baked in sunshine, and gerbils feasting on an apple core. Thanks to Jo Evans for the opportunity.

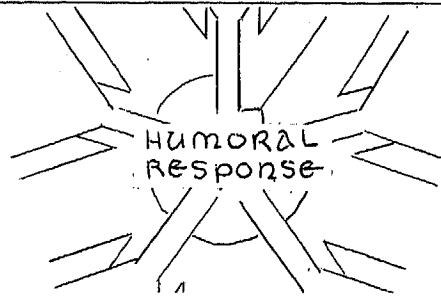
Pathology and Culture

This month, "Pathology and Culture" brings us a beautiful example of necrosis in literature:

Upon Julia's Clothes

Whenas in silks my Julia goes,
Then, then, methinks, how sweetly flows
That *liquefaction* of her clothes.
Next, when I cast mine eyes, and see
That brave vibration, each way free,
O, how that glittering taketh me!

Robert Herrick, 1591-1674



"If you learn these rules you won't have to memorize a thing, I guarantee it." -Dr. Schanberg, 2/11/88

"Pediatritians love ampicillin. It's a wonder they don't put it in the cereal." -Dr. Osterhout, Microbiology, 2/9/88

"You're going to get nauseous by the time I get finished with this slide." -Dr. Osterhout, Microbiology, 2/12/88

"What I said applies to adults, mainly people over six years of age." -Dr. Nadler, Pharmacology, 2/24/88

"I'm not going to say anything worth a damn so don't write it down." -Dr. Fetter, Pathology, 2/29/88