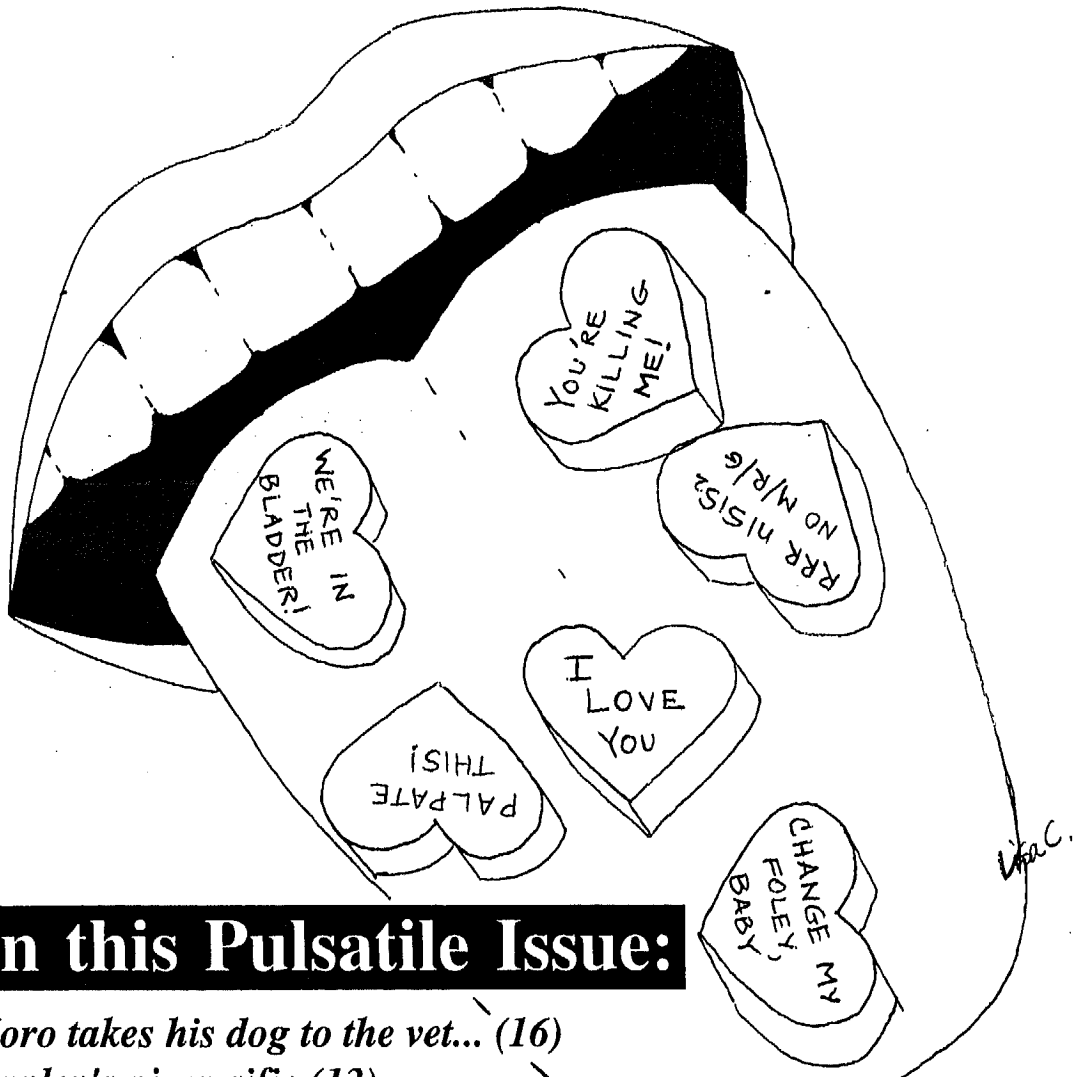
Shifting Dullness

February, 1997

The Surprising "Jamy's Still Married" Issue



In this Pulsatile Issue:

Plural Effusions

Jeff Drayer

You know, back when I was on medicine, I began to notice something about my residents. They were, I found, some of the most intelligent, interesting, dedicated and enjoyable people I'd ever met. They were well-rounded and fun to be with. And they were also crazy.

And so each day as my attending gleefully droned on and on about some garbage like how interesting the workup of decreased pulmonary transplural pressure could be if one had access to an esophageal balloon-tip catheter, which we didn't, I sat there politely nodding my head, all the while wondering to myself just how these people got this way. Their appearance was that of a normal person, but then every once in a while they'd say something to me like "hey, we've got a terrific case of malignant ascites coming in— this should be great!" Now, where I come from, the word "great" can have several meanings, but none of them ever included spending an hour doing an (inadequate) H & P, two hours reading up on malignant ascites and then two more hours creating a 16-page writeup for the chart, copied straight out of Harrison's, that neither my attendings nor residents ever actually read, and which in no way had anything to do with the patient ever actually getting better. I always thought "great" meant sitting in the VA work room doing a crossword puzzle and eating a bagel, making the occasional long-distance phone call to Denmark. But my residents would say things like this to me, and it was as if it was all they could do to keep from skipping and giggling before finishing the sentence. And then came the deluge of articles, each one more boring than the last, few of which I actually believed, none ever containing more than two sentences worth of actual information, and even then only telling me things such as that four out of every six rats preferred the taste of ACE inhibitors to calcium-channel blockers. And with each and every article, again came that word "great." Why was it great to have to read these things instead of doing stuff that I liked such as sleeping, or sitting around thinking about sleeping? And what had happened to these residents, who were normal in every other way, that made them think like this? After all, I thought, none of my classmates were like that.

Well, medicine eventually ended, and third year began. And these concerns, just like my knowledge of heart disease, began to fade. It was time for my classmates and I to start goofing off, or at least to start goofing off in a different location— the lab. And it all began fine. But then every once in a while I'd call someone to see if they wanted to go out, and the answer would be no, because they wanted to go in to lab that night to start an assay. Now, certainly plenty of people have made many excuses in the past to keep from hanging out with me. But this time I couldn't hear any laughing in the background. Upon further questioning, of course, nobody could really tell me exactly what the word "assay" means, but they all seemed to think they had to do some. Well, fine, I figured, they've all probably got some tyrant PI on their back making them do this stuff. But then a few weeks ago I was having a conversation with a friend, whose name I will not mention unless anyone asks me, to prevent him from being beaten up, in which he told me that he really enjoyed doing research, and was excited to go in every morning and bummed when he had to leave every evening. Now, this was

Continued on page 5

Davison Council News

The Davison Council meets every other Thursday at 6 p.m. in Duke South, Green Zone, Room M133. Please visit the Davison Council Web Site, which contains up-to-date information about medical school activities. The "Career Development" section, developed by medical students, provides insight and advice from Duke residency directors as well as recent Duke Med graduates concerning different residency training programs.

Elections are being held during the months of January and February for Executive Committee and Representative positions on the Davison Council. Nominations for Representatives will be accepted after elections for the Executive Committee are complete. Please participate in the elections process, and contact your class representatives with questions or suggestions for the Council.

The first meeting of the new year included the following topics of discussion:

EXCELLENCE IN TEACHING AWARDS and DAVISON BALL—Nominations are being accepted through February 7 for the Excellence in Teaching Awards, to be presented at the Davison Ball. The formal function is scheduled for March 21 at a location to be announced. In order to nominate recipients of the teaching award, please submit a paragraph describing your reasons for choosing an individual to Talene Yacoubian.

DAVISON COUNCIL ELECTIONS—Positions on the Davison Council as well as on a number of committees are open for nomination and election following the completion of the Executive Committee election process. A schedule of the elections proceedings may be found on the Web site or at the bulletin board across from the mail room in South.

Continued on page 11

Shifting Dullness STAFF

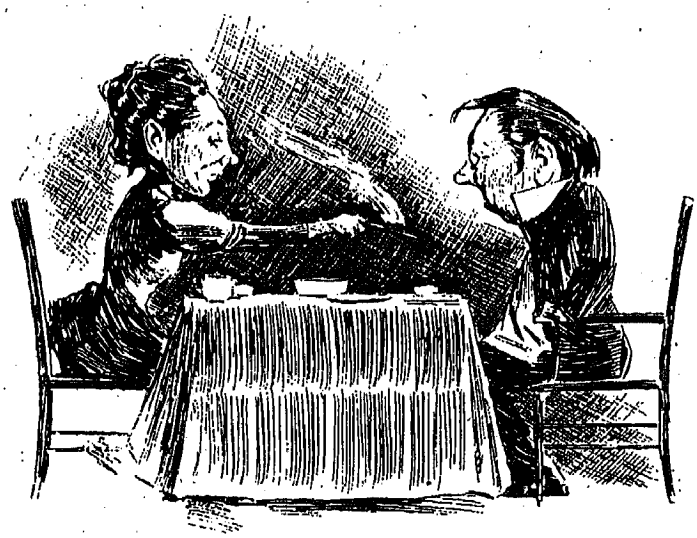
EDITORS
Jamy Ard
Jeff Drayer
Nate Mick
Mike Morowitz

BUSINESS MANAGERS
Deborah Citrin
Paula Lightfoot

STAFF
Lisa Criscione
Jane Gagliardi
Matthew Hanley

Shifting Dullness is a Duke University School of Medicine production. Subscriptions are available for parents. The cost is $18.00 for one year.
Send checks to:
Shifting Dullness
Duke University Medical Center
P.O. Box 2865

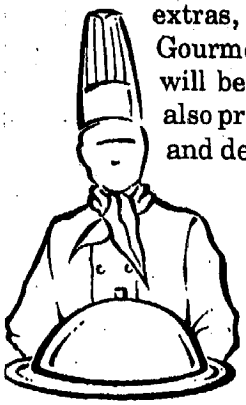
Durham, NC 27710
Any and all submissions are welcome and need only be placed in the "Shifting Dullness Box"



Avoid this.

Allow Your Personal Chef to handle all your culinary needs.

School is busy enough. Why not spend your time with friends and family instead of in the kitchen? Whether it's a buffet for many guests, a holiday brunch for 12 or a gourmet dinner for two in your home or at an intimate location, I can provide all the extras, including china, candles, linens, and music. Gourmet dinner parties are my specialty. Your kitchen will be even cleaner than the way I found it! I will also prepare your favorite dishes, soups, baked goods, and desserts for daily or weekly meals.



Your Personal Chef

MATTHEW L. HANLEY
(919) 932- 7089

Pleural Effusions continued from page 2

a normal guy who, I thought, had a healthy disdain for work. But he, and other people I've spoken to as well, truly enjoy running gels and packing columns, whatever the hell that is, and even feel as if they're really getting a lot out of this third year other than the opportunity to watch every hockey game cable can bring us. And now sometimes my roommate comes home in the evening all excited to tell me about some journal article discussing the relative merits of bolusing versus the continuous dripping of anti-platelet medications which he read that day, in his own spare time, that he found really interesting. And again, there's always that word, "great," being incorrectly used to describe this experience. At first I thought these people were still recovering from second-year. But these symptoms don't seem to be going away, despite the zoloft I keep slipping into my roommate's grape juice. I don't know what happened over these past few months. But slowly, insidiously, in ways I never imagined possible, my classmates have become JUST LIKE THE MEDICINE RESIDENTS. They're crazy, and I don't think there's anything I can do about it. Where did we, as a family, go wrong? Where did we lose those values that we shared as first years that kept our lecture attendance rate hovering right around thirty percent? Where did we get sidetracked from our goals of getting through medical school as quickly and as painlessly as possible? Could it be much longer until these people are residents themselves, sitting at home at night logging into DHIS on their personal computers to check their patients' magnesium levels? How long until they're coming in on their occasional Sunday off just to "check up on the patients and write a few quick notes?" I figured that my medicine residents had always been like this, and that Duke selected for such behavior. But now I'm seeing, first-hand, that this sort of activity is made, not born. And it's making me concerned.

I'll say again, the medicine residents I met are amongst my favorite people in the world. I liked being with them immensely, despite my lingering suspicions that they were actually transported in from a faraway, yet oddly similar, planet. But I'm coming to understand now that in fact they were once just like me, as evidenced by the slow though unstoppable conversion of my otherwise normal classmates. In truth, I don't understand what's going on. In the end, though, I'm willing to accept it blindly, in much the same way as I did the fact that the liver causes blood coagulation. In exchange, though, I would like to ask for one simple favor, one that I need, in light of all that's been happening around me, in order to continue through med school. And that favor is that if anyone ever hears me say I have to go in for a while on some Saturday night so that I can pack a column to prepare for the assay I want to do on Sunday, please, just wait until I'm not looking and then calmly, yet determinedly, kill me. ■

And now, it's time for more

Shameless Self-Promotion

That's right, it's that time of the month again, where we remind ourselves that

Drayer's in the Chronicle!

Yes, every other Friday, you can now find his prophetic words right there in the middle of the features section. And the best part is, it's free. It's all free...

Gag Reflects

Jane Gagliardi

The man was almost through with the screening visit. He had answered the health history questions, filled out the smoking habit questionnaires, and gotten his blood drawn for labs. He said he had always been active and healthy except for his smoking habit. All we had to do was the EKG, then I would be able to enroll him and he could start the smoking cessation program.

As soon as I connected the final EKG lead, I knew something serious must be wrong because I could see votage abnormalities. I willed the voltages to correct themselves before I hit the button on the machine. After considerable deliberation, the machine produced a printout with a number of warning messages, culminating in the unmistakable one: "ABNORMAL EKG." I did not know what to do with this data, especially with man looking expectantly for the declaration of normalcy. I knew the interaction would be far more pleasant if there were no bad news involved-- I would get a subject, and he would not have to worry about his health.

I found the study physician and pointed out the abnormal readout. We returned to the examination room, where the physician asked a detailed cardiovascular history and review of systems. Although I had tried to elicit the same kinds of answers, it became clear to me that his "Do you ever experience tightness or pressure when you ride your bike really far?" was different from my "You've never had a heart attack or chest pain, have you?" Soon enough, it became evident that we would have to exclude the man as a subject and recommend cardiac evaluation with his regular physician.

I dreaded having to tell the man about the weird EKG. For whatever reasons, I do not recall having to break the bombshell of a brand new medical problem to any of my patients during second year. By the time they were admitted to the dreaded "Mr. Duke's hospital," I generally felt as if my patients knew something was wrong. The man in my lab, however, had believed himself to be completely healthy. For the first time in my medical education I had to say the words, "You have a potentially serious medical condition."

Of course, it was only a brief interaction that has long since been overblown in my own mind. The man did not seem devastated, as I had feared he might. Instead, he accepted our explanation of the abnormal EKG as reason to exclude him. He took a copy of the EKG and promised to see his doctor right away; he said he would report back to us and thanked us for our time.

Since that incident, I have thought about the responsibility of disclosing unpleasant information. Some day in the near future, I will have the awesome responsibility of affecting other people with such disclosures. Like other medical professionals, I will announce normalcy and pronounce illness as a matter of course, and my words will have intentional as well as unintentional repurcussions on those other people's lives. Although I suspect I am currently overly sensitive about such matters, I hope that I never become callous to the individuality of bad news and diagnoses.

Although I initially had negative feelings about the interaction, the man has since let me know that he has seen a doctor for his angina, something he "probably should have done a long time ago." I felt much better when I learned this. Knowing that appropriate medical care will now be initiated for a condition that might otherwise have gone undetected is enough to undo the awkward, uncomfortable feeling I had when we discussed the abnormal test.

I can now appreciate that, no matter how pleasant an interaction with a perfectly healthy person can be, it will not provide the same amount of satisfaction as contributing to the improved care of a medical condition. If everyone were perfectly healthy, there wouldn't be any need for doctors, anyway. Although I am happy that the majority of people I see are healthy, I am glad I had the opportunity to tell this man about his abnormal EKG. ■

Ligament of Trite

Lisa Criscione

In this article, I will to talk to you about 3 things: latex gloves, the Duke *machisimo*, and Shifting Dullness. My goal is to suggest these three things for you to reflect on the role of women in medicine. I am sure this will be appreciated by both men and women. Onward.

I spent my third year in Boston, and one evening I was riding home from lab on the T, resting my head on my hand, when I noted that, as usual, my hands smelled like latex gloves. I thought about what a bummer it was that my hands would smell like latex gloves for the rest of my life. Then I thought about what a bummer it was that once I got back to the Duke wards, all the gloves would be large size and wouldn't fit me. This made me angry. Why? Because most of the people you see working on the hospital floors are women, and the large gloves are too big for most women. OK, OK, I know what youíre going to say. Lisa, you fool, the gloves are large because that way they fit everyone, and only one size has to be ordered. Fine. But still, I don't see why they canít have both small and large gloves; it's hard to draw blood when your gloves are falling off.

So that got me thinking about being a woman in a historically male field. I think it is interesting that Duke is such a macho place, where "strong work" is the highest complement and life on the wards is a constant struggle to avoid being "weak." Last year, I told my P.I. that I had never really felt that being female would make my career more difficult for me than if I were male. Ah youth, she said. She told me that she never felt she was treated differently from her male colleagues during her residencies or her fellowship. However, as she has advanced in academia, she has encountered many situations of bias based on her gender (I won't bore you with them here). She keeps hitting her head on the glass ceiling. These experiences may result from being a woman at Harvard, a university with an embarrassingly low percentage of female tenured faculty. I am reserving judgment until I have more experience, but for now I am trying to learn from my observations of her struggle to balance advancing her career and her home life. This reminds me of an article I read somewhere discussing the fact that men in academic medicine tend to hit career primes early, and often begin to burn out in their late 40s. In contrast, women often spend their 30s and 40s devoting more time to their families than their careers, and they often experience a fresh vigor and drive for their careers in their late 40s that their male colleagues have lost. If this turns out to be true, we may be on the verge of seeing many more women in upper level positions in medicine, as the women of the generation ahead of us begin to hit their prime. Just something to think about and maybe look forward to.

Finally, some reflections on having read Shifting Dullness for 3 1/2 years. More men than women participate in the writing of this publication for all medical students. Is this because women have less to say? I doubt it. I was reflecting on why I take so long to submit stories, and I decided that it is my fear of public ridicule. Are the women at Duke med more afraid of public scrutiny than the men? Are the women busier than the men? Perhaps just less concerned about making our thoughts and opinions known? These are rhetorical questions. Just think about it. I hope this article made you think for a couple minutes about your career and the role your gender will play in it. I just hope that after all that Iíve said I am able to think up something to write about next month! ■

ON THE WARD

with ard

This past August, I had the great fortune of becoming a newly wed. Since that time, my name in association with this event has been strewn throughout the pages of Shifting Dullness. There have been any number of false accounts of that day itself as well as several "Letters to the Editor" from my someone who was supposed to be my wife. I have also suffered through numerous references to the sudden development of my wedding plans. Well, even the innocent must defend themselves. Given that this issue is dedicated to love in this month of February, I would like to take this opportunity to give my side of the story—the truth.

EVEN THOUGH MANY OF MY FELLOW STUDENTS DESPISED MY UNFALTERING DEVOTION AND ENTHUSIASM, I CONTINUED TO TAKE CALL OVER THE HOLIDAYS AND BREAKS.

During my previous years of medical school, I was totally absorbed in my studies. Day and night I studied, read, and reviewed, breaking only for short periods to sleep and to nourish my body. Never once did I long for the company of another; this was a sad consequence of a previous love in undergraduate school. After being jilted for the second time by the same woman, I knew that a romantic love was not mine to be had. This experience led me to seek certainty in anything I could find; my search concluded with the basic sciences. I could always count on A pairing with T and G pairing with C. I could always be sure that 36 moles of ATP were produced each time one mole of glucose was oxidized to CO2 and H2O. No mistrust, no lies, no broken promises. I only had one heart to give, and I decided to give it to medicine. Life was arduous, yet pleasantly rewarding as I learned more and more about the mysteries of disease and pathology.

As I entered my second year of medical school, I was equally engaged on the wards. Even though many of my fellow students despised my unfaltering devotion and enthusiasm, I continued to take call over the holidays and breaks. I simply responded to the low whispers and ugly snarls with smiles and suggestions on how to do presentations more succinctly. I was a favorite of nurses, techs and residents. Many nights I stayed late to do favors for the residents simply because I loved being in the hospital. Besides, there was nothing for me to do at home or elsewhere. There were no phone calls waiting to be returned nor were there any love letters waiting to be answered. By anyone else's standards I was alone, but I felt that medicine loved me as much as I loved it.

During my third year I vowed that I would develop my personal skills a bit more. This resolution came about after a poor performance on my CPX examination. Of course, I knew all of the correct diagnoses; however, all of the actors said that I came across as someone who was not very caring. I thought I cared enough to study hard and know the correct diagnoses, but I guess that wasn't enough. I began to venture out slowly, choosing little coffee shops as hangouts. One day I met a young woman who was quite attractive, yet she appeared to be deeply troubled. After exchanging pleasantries she launched into an emotional tale of her lover and their tumultuous relationship. We continued to meet there on a regular basis; each time she would reveal more

of the horror that she endured because of her love for this man. She told me stories of his hatred for pediatrics residents and how he spent every waking hour plotting his revenge. She told stories of how he had begun to only speak in rhymes, claiming to be Dr. Seuss. My heart especially went out to her when she mentioned that he was a die-hard Cleveland Indians fan. The agony she felt soon became mine. I wanted to rescue her from the constant, festering pustule that this man was.

I WAS AN A, AND SHE WAS MY T— THERE WAS NO LIGASE THAT COULD BREAK THE BONDS BETWEEN US. I HAD TO MAKE IT PERMANENT, SO I ASKED HER TO MARRY ME.

Our feelings for each other grew stronger until we could no longer hide them. During last summer, she decided that I was more deserving of her and broke off her relationship with the man she once loved. I felt confident that our love was true. It seemed as sure as the fact that a P wave precedes a QRS in a normal EKG. I was an A, and she was my T— there was no ligase that could break the bonds between us. I had to make it permanent, so I asked her to marry me. She enthusiastically said yes, and we both decided to hurry downtown to the courthouse to make it official. I had finally found the one thing in life that made me happier than medicine.

Meanwhile, her ex-lover continues to rant and rave about his ob/gyn rotation and parts of missing articles. ■

Valentine's Day Personals

To Tonya,
The love of my life: thanks for being my base pair.
Jamy

To Frank
Nice curves.
Starling

To Mother
I am in love with you
Son

To Anybody Who Will Listen to Me
My heart is yours.
Jeff Drayer

To Paula Jones
Nice butt.
William Jefferson Clinton

To Argentina
Don't cry for me.
Madonna

To LaTonya
Come back to me.
Drayer

To Moro
The sun'll come out
To Moro

To urology
We're in the bladder
Gyn surgery

To Nate
Mazel Tov on Valentine's Day
Your Jewish Girlfriend

DRAYER MEETS SEUSS

Welcome to Part VI in my investigative series uncovering Dr. Seuss' early medical writings. Today I have an article which first appeared in the October 1967 issue of the American Journal of Cardiology. It told of one doctor's struggles in trying to master the difficult art of murmur diagnosis. I'm sure for most of you, this article hits home in a way similar to that of the lovable elephant who eventually became the focus of Seuss' childhood classic Horton Hears a Who. I hope you enjoy the original just as much.

Horton Hears a Murmur

There once was a doctor
Named Horton, you see
Who wanted to practice
Cardiology

So he listened to tapes
And used Harvery with verve
He even studied
The Frank-Starling curve

And then he finally felt
He was ready to start
So he went to the wards
In search of a heart

(But sadly for Horton
He was at the VA
So not one normal heart
Would he hear that day)

He found his first patient
Who was not looking well
Put his stethoscope on
Used the diaphragm, then the bell

He listened quite hard
He listened quite long
And he knew that something
Was very very wrong

But he didn't know what
Much less what he should do
He just knew he heard more
Than S1 and S2

He heard a rumbling sound
At the right sternal border
But which valve did that mean?
He could never keep them in order

Did it crescendo? Radiate?
Did it sound pansystolic?
Did it matter that the patient
Was an eighty pack-year alcoholic?

Was it mitral? Tricuspid?
Or pulmonary?
Did it sound like stenosis
Or insufficiency?

Continued on page 11

Continued from page 10

So he checked the carotids
For bruits and thrills
Palpated the thyroid
Asked if there'd been any chills

Then he measured the amplitude
With those popsicle sticks
Which didn't move, so he thought
"Ah, a I out of VI!"

Horton had him Valsalva
Then squat and then stand
Then he palpated the femoral
For pulsus alternans

But he found nothing at all
To Dr. Horton's dismay
So tired, defeated
He had just one thing to say
"I feel so worthless here
Make this all go away!
Oh, nurse, take him to echo
I'm done for the day." ■

March Madness!

Well, much to Jamy's dismay, we couldn't swindle any press passes to Cameron this year for the men's basketball games. So, to make him feel involved, somehow, we're running the 19th annual Shifting Dullness March Madness pool. Pick up your brackets in the candy room, and have 'em in before the first tip-off. Odds of beating Jamy are 8 in 9.

February, 1997

Continued from page 3

ALUMNI ASSOCIATION NEWS—Danielle Reyes-Stines, the student liaison to the Alumni Association, has been attending Davison Council meetings with the goal of helping to integrate the students into Alumni Association functions. She announced the latest event, a forum designed for faculty, house staff and students alike. This forum will be a light buffet dinner followed by a talk by renowned surgeon David C. Sabiston, Jr. M.D., about "Training in an Era of Managed Care." The Alumni Association holds a number of functions throughout the year and hopes to make these forums regular events. Announcements for these events are posted throughout the medical center; please RSVP by the designated dates to attend.

The Alumni Association also sponsors the infamous Candy Jar. A recent ballot referendum asked whether or not some of the surprisingly large sum of money set aside for candy should be spent on some other item, such as books or educational materials for medical students. Suggestions are welcome.

BUDGET AND FUNDING REQUESTS—Students and organizations who wish to solicit funds from the Davison Council will need to submit requests by the middle of February. A list of the organizations currently supported by the Davison Council may be found on the Duke University Web Site at the Davison Council segment under Medical School. Once requests are received, the budget committee will meet to discuss the requests and divide the funds. ■

Medical Parents Weekend

April 18-20, 1997

Come and share with your parents the exciting opportunities ahead as you prepare for your future in medicine. Join us in welcoming your family to the Duke family—an introduction to the innovation, the tradition, and the fun of medical school.

- **The Dean's Mixer with faculty,** Friday night
- **A Parent's Introduction to Medical School,** Saturday morning, with talks by Chancellor Snyderman; Dean Blazer; Drs. Brenda Armstrong, Dani Bolognesi, Charles Johnson, and David Sabiston; and medical student Todd Brady
- **Saturday lunch,** with talks on international medical education by Dr. Hage and medical students
- **Saturday evening casual supper,** followed by *Peter Pancreatitis,* the medical student-faculty show
- **Sunday brunch**

Questions?
Call Brenda Painter, 419-3200.

Co-sponsored by
Duke Medical Alumni Association
Duke School of Medicine

Hanley in the Kitchen

Ah yes, as the promise of spring begins to pierce the darkness of winter's grip, we begin to think of Valentine's Day. That wonderful time when, if even for moment, we let our imaginations run wild with notions of love and romance. With this in mind, have you made your plans for the big day? You know, your plans to fool her into thinking you're the most wonderful thing since sliced bread? No? Then allow me to suggest a succulent yet irresistible alternative, something more fragrant than a dozen of the reddest roses, and more scrumptious than a box of the finest chocolates. No, I'm not talking about Jeff Drayer's home cooking. I'm talking about PIZZA - not just any old pizza mind you, but homemade pizza.

So it might not appear to be most traditional way to win her heart, but if you add a little atmosphere (a good bottle of wine, some candle light, soft music, and a few fresh strawberries for dessert), you're in business.

Pizza Love (four 8-9 inch crusts)
1 tbsp dry active yeast
1 1/2 c warm water
1/4c nonfat dried milk
1-2 tbsp salt to taste
1/8 - 1/4 c olive oil
2/3 c whole wheat flower
2-3 c white flour, pref. unbleached
corn meal

Marinara Sauce
1/3 c olive oil
2 cloves garlic, sliced v. thin
1 1/2 c canned, peeled plum tomatoes
10 fresh basil leaves, torn
salt, pepper to taste

Marinara:
1. In a saucepan, sauté garlic in oil until just golden. Add tomatoes and simmer on low heat for 20-30 mins. When done, add salt, pepper, and basil to taste. Let cool.

Crust:
1. In large bowl, dissolve yeast in1/2 c of the warm water. Let sit for 10 mins.
2. Stir dry milk, salt and rest of water together until dissolved. Pour over yeast mixture. Add olive oil, whole wheat flour, and about 2 cups white flour. Mix until doughy texture achieved.
3. Turn out mixture onto flour surface and work in rest of flour as needed to achieve a smooth and elastic dough (5-10 mins). Place in large oiled bowl, cover and let rise until doubled in volume (1-2 hours).
4. Preheat oven to 475 F. If using baking stone, preheat oven with stone for at least 1/2 hour.
5. After rising, punch down dough and divide into quarters (cut dough, do not tear). Powder each quarter with flour to prevent sticking. Begin working dough, flattening it and coaxing it out from the center. Be patient as the dough can be quite resilient. Aim to make crust as thin and even as possible. This crust will puff up when cooked. NB: continue to powder crust generously with flour throughout shaping to prevent any sticking. Finished crust should have no sticky spots.

Continued on page 15

Moro Reflects from page 14

When I was home in New Jersey a month ago, I found myself thinking about this very issue. On one particular instant, I brought my dog to the local animal hospital where he was to stay for a week while my family went on vacation. As I was filling out paperwork, the animal nurse/secretary picked up a ringing phone and listened with horror to the person on the other end. "Oh, the poor thing," she said. "You must all be terrified. How does the skin look? Is it blistering yet? She must be in so much pain." Intrigued, I looked up from a paper that had been confounding me with questions regarding my dog's "hobbies" and "interanimal skills". It was clear that somebody or some animal had burned himself or itself and that the person on the telephone was very concerned. I immediately began wondering about this case: what part of the body had been burned? to what degree? did any of the involved people know that during the first 24 hours after the accident the patient would need approximately 3-4 mL per kg body weight per percent of body burn?

Just as I was doing the calculations in my head, the secretary/nurse hung up the phone. As if she herself were the human embodiment of the compassion, she looked at me and lamented, "That poor little canary. Flew right into a pot of spaghetti sauce." What?!*! A canary? Spaghetti sauce? What kind of spaghetti sauce?

Needless to say, just being tangentially involved in this awful case left me emotionally drained. Later, I thought back to the incident. I somehow felt content that, despite the absurdity of the case, I recognized somebody's (or something's) need to be helped and that I approached the problem in my mind systematically and calmly. It occurred to me that I might have some of the characteristics needed to practice medicine.

But do I? I was considering myself in the role of the physician without even touching upon my relationship to the patient, whether it be that stupid canary or a dying 8 year old girl with cancer. A few weeks later, I spent an afternoon in the office of a local doctor, an internist known for his wonderful rapport with patients. Over the course of the afternoon, we saw very interesting cases which included Wegener's Granulomatosis, Sarcoidosis, and the CREST syndrome. Late in the afternoon, I followed the doctor into an examining room where he was to tell a 68-year-old woman that she had developed lung cancer with a poor prognosis. He asked if I wanted to remain outside, but I said that I would stay with him. What followed over the next ten minutes had a profound effect on me.

He mentioned that he didn't think that the cancer had spread yet, and I noticed the reassuring effect his words brought with them.

With a magical combination of confidence and empathy, the doctor explained to the woman and her son that the pathology results had returned and that the woman had cancer. That there were various options for treatment, but that first they (i.e. the woman and her family with the support of the doctor) should perform a number of studies to see if the cancer had spread yet to any other parts of her body. He mentioned that he didn't think that it had spread yet, and I noticed what a reassuring effect his words brought with them. He expressed his understanding of the difficulty in handling this type of situation, but he alluded to the importance of taking it "one step at a time." He then a made a few comments acknowledging the relationship between the mother and her son, some of which were funny. I felt myself as silent as I've ever been, wondering if the use of humor was appropriate. I looked at the woman, and saw a tear make its way down her face while simultaneously her son's hand was grasping that of his mother. It was so tremendously clear to me that the doctor had succeeded in identifying with the patient, identifying with the patient's problem, and breaking the worst news that the woman would ever hear while still maintaining an atmosphere of... well, it wasn't opti-

Continued on page 15

Moro Reflects from page 14

mism (how could it have been?) but it sure wasn't pessimism (and how couldn't it have been?) I was left speechless, and pensive about how this man how fufilled the role of a physician not in terms of any selfish or personal achievement, but by shepherding a woman and her family through perhaps the most difficult days of her life. That this doctor was my father only intensified the moment for me.

Midway through my third year of medical school, I am happy researching the interactions between thrombin and the endothelial cell surface but still I am eager to return to the wards. And I have returned to the precise question that we all heard in our med school interview: why do you want to become a doctor? Oddly, I have also returned to the same answers that I used somewhat naively three years ago. Perhaps more than ever, I recognize that I want to "help people," "give back to the community," and "study human disease." I have my own idea of the role of the physician, and I want to fill that role. ■

Hanley in the Kitchen from page 13

6. Place crust on either oiled cookie sheet. If you are using a stone, rub corn meal onto the wooden peel/cookie sheet, then place crust on top of corn meal. This will ensure no sticking. Do not oil cookie sheet if using stone. Add toppings.
7. Place cookie sheet in oven and bake until crust is brown (10-15 mins). If using stone, open oven and slide pizza off peel/cookie sheet with a quick flick of the wrist.

Topping suggestions: mozzarella cheese, feta cheese, chevre, parmesan, plum tomato slices (marinated in balsamic vinegar), marinated artichoke hearts, onion, roasted red peppers, sundried tomatoes, green peppers, banana peppers, olives, fresh basil/oregano, fine Italian salami/ham, anchovy strips, roasted garlic, chopped spinach, sautéed mushrooms, chicken pieces sautéed in garlic, sautéed eggplant, zucchini, or squash, pepperoni, pesto..... ■

Continued on page 11

Shifting Dullness

Duke University
P. O. Box 2865
Durham, N.C. 27705

Dr. Jim Gifford (2)
Medical Center Archivist
Box 3702 , DUMC

MORO REFLECTS

Mike Morowitz

I believe that the following is a useful exercise: Go back in time to the days when you were interviewing to get into medical schools. Consider the reasons that you wanted to become a doctor back then... and then compare them to the reasons that you want to be a doctor now (or alternatively, do you still want to become a physician?)

At that time, we were younger and we had the luxury of choosing among many career options; we chose medicine on the basis of our impressions of what it would be like to practice medicine, but we chose it *without really knowing* what it was like to practice medicine. I remember some of my interviews, in which I used phrases like "helping people," "giving back to the community," and "studying human diseases." I spoke those words in earnest three years ago, they weren't dishonest. But I spoke them as a person who, as a non-physician, by definition, did not truly understand the concept of practicing medicine. Regardless of how many relatives we each had practicing medicine, none of us could know *to any real degree* what it meant to be a doctor until we began medical school. And I wonder: now that we have a very good idea of what the practice of medicine entails, now that we've seen people born, and we've seen people die, what are the reasons- the emotions, and the rational thoughts- that still leave us with the motivation to become physicians.

Here is the wrong answer: "Well, I'm three years into medical school. I guess I have no choice but to become a doctor, regardless of what I really feel."

There probably is no correct answer, but I believe that there is a correct type of answer, and that is this: Each of us should have the wherewithal to consider exactly what it means to be a physician in our society; having assessed what the role of the physician is, we should be able to affirm that we want to fulfill that role and we should be able to say why with some degree of certainty and clarity.

Continued on page 14