

Shifting Dullness

December 1989



Home for the Holidays

Second Opinions

The Changing Role of Medicine

Matt Roe

Medical education in the United States is being revitalized by an increased attention to the humanistic aspects of medicine. The decision to reduce the science content of the MCAT was the most compelling sign that medical schools are now looking for applicants who are well-rounded and who can relate to people rather than applicants who concentrated on science to the exclusion of all other subjects and activities as undergraduates. Even the curriculum at Duke is changing with the new Clinical Arts course during the first year which exposes students to patient care and ethical issues early on in their medical education. With the increasing load physicians must carry as they grapple with expanding medical technology that is creating new ethical quandaries, increasing oversight by third party payers, and a more litigious patient population, the humanistic aspects of medicine like compassion and caring for patients are often overlooked. Changing medical education to address those problems is an astute way to prepare the next generations of physicians to be proficient in the science as well as the art of medicine.

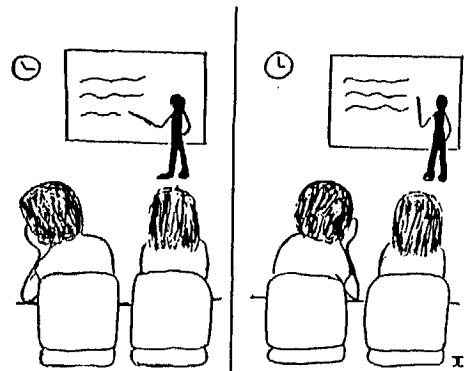
Physician bashing has become more commonplace in the popular press as patients are tired of insensitive and greedy doctors and are ready to voice their opinions. Patients are tired of waiting for long periods of time to see a doctor who is brisk and not responsive to their needs. Physicians who are schooled in interpersonal skills and who can relate well to people are less likely to ignore their patients' concerns and can thus provide better medical care. The days of treating a patient as a disease or an illness rather than a person are over. Public perceptions of physicians have been critical in recent years, but by training medical students to better relate to their patients, medical schools are working to reestablish the esteem with which the public used to view physicians.

We as medical students also have a role to play in the quest to humanize medicine. As we enter medical school, most of us cling to the ideals of being compassionate and understanding to all of the patients we encounter. Yet, as the years go by, many physicians

lose those ideals as they put in long hours at the hospital and sacrifice sleep and free time to pursue their educations. While there is no magic way to retain the ideals we bring with us to medical school, there may be a simple way to get started on the right foot.

Categorizing one's concerns and ideals about medicine can go a long way toward providing a lasting vision that will guide students through the arduous course of graduate and post-graduate medical education. I plan to sit down over the Christmas holiday and write down some basic guidelines I hope to follow when I begin to treat patients. Hopefully, this exercise will help to sort out what is important for me in practicing medicine and by periodically looking back at what I wrote down, I hope to retain the ideals that led me to enter medical school in the first place.

Practicing medicine in the U.S. is demanding with the constant threat of litigation, pressure to reduce health care costs, and more aggressive patients who demand both technically competent and compassionate medical care. Medical schools and the medical establishment have recognized that increased attention must be paid to the humanistic aspects of medicine if high quality medical care is to continue to be provided to patients. We as medical students must be ready to embrace this new drive to humanize medicine and contribute in our own ways to help maintain medicine as a caring, people-oriented profession.



Shifting Dullness

Ongoing Dialogue

Alice: We agree that racism exists and is a problem—do you believe there is such a thing as reverse racism?

Jeff: Yes. I think that the same type of prejudice that exists, for example, in the minds of those whites who denigrate all blacks exists also in the minds of those blacks who denigrate all whites. Racism is the dislike of individuals simply because they belong to a certain race. The white taxicab driver who refuses to pick up blacks and the black taxicab driver who refuses to pick up whites are both racist.

Alice: But the prejudice of someone who belongs to an empowered majority is fundamentally different from that of one who belongs to an oppressed minority. Their motivations are different—white prejudice is racist, an unjustified belief in its own superiority, whereas black feelings are partly, if not completely, a reaction to previous and present injustice. It is not reverse racism.

Jeff: I disagree. Racism is a localized phenomenon, occurring in people and influenced by their immediate environments. There are many places in this country where a national minority is a local majority. Blacks who live in a predominantly black town may not readily perceive the overall white majority, and may never experience white prejudice. Their own prejudice against the few whites who live in the town is racist. They are not reacting to anything. It is the same state of mind as that of racist whites. To me, racism is an individual, emotional state of mind.

Alice: I disagree with your characterization of racism. I think that racism is inherently linked to the divisions already established in society. Blacks in a predominantly black town are most certainly aware of white power in national politics, economics, etc. Their victimization, past and present, at the hands of whites is as a whole people. In the same way, whites cannot really experience racist prejudice the way blacks do because as a people they are an empowered majority.

Jeff: So you do not believe that localized groups of people, or even individuals, can have different perspectives from those of society? Don't you believe that an enlightened white individual can be non-racist toward blacks?

Alice: I do not think that a white individual can ever completely transcend the prejudice that pervades society, no matter how open-minded and imaginative that person

may be.

Jeff: But what about the power of the individual to overcome societal barriers? Your statement implies that the whole white population—each and every individual—is responsible for every deliberate or non-deliberate act of prejudice toward blacks. Not only that, but you imply that the reaction of blacks against whites is also mostly the fault of whites!

Alice: Yes—since we live in a white-dominated society which inherently oppresses blacks.

Jeff: But this definition of racism does not allow the success of black individuals who *do* make it in today's society, who gain high political office or economic influence. They remain "oppressed" according to you, even though they may see themselves as liberated, at least as individuals.

Alice: It seems to me that our argument is mostly over where racism occurs—whether in the mind of individuals or in the structure of society. More discussion is definitely needed. It seems that both the mindsets of individuals and the social environment have to be changed in order to solve the problem of racism.

Kenny Boockvar

Editor's note: The dialogue above explores alternative definitions of racism. Send your thoughts on the issues of racism in medicine to *Shifting Dullness*.

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Letters

Curriculum Reply

To the Editors:

Kenny Boockvar's article "New Curriculum" which appeared in the last issue of *Shifting Dullness* was uniform in its endorsement of the new first year curriculum. Although many of his laudatory statements were well deserved, the article brushed over some serious concerns many first-years have with the present system. The most important change in scheduling, that of dividing the semesters into eight-week blocks, was ostensibly implemented to reduce the lecture load and to allow better integration of material among courses. For the most part the desired results were achieved, but there are notable exceptions. Eight weeks is simply not a suitable time frame for the teaching of certain basic science disciplines. Gross Anatomy is the course in which the most conspicuous problems have arisen, and will serve as an example of the shortcomings of the new curriculum.

For most medical students, Gross Anatomy is the quintessential basic science course, and the one which seems the most immediately applicable to our growing understanding of medicine science. Even if it is merely informed speculation that a thorough knowledge of anatomy is essential in the first year (perhaps we can just learn it as we go along?), most first year students will not be satisfied with less. At this point, however, it is clear that our exposure to anatomy will be seriously deficient.

The main problem is lack of time. The human body is the most complex system that has ever existed. This year's MSI's have a grand total of 66 hours in the dissection lab (less about one hour per session for additional lectures), whereas most medical schools allot upwards of 200 hours. This leads to situations like one recent lab session, in which students were expected to dissect and learn the structure of the entire leg (hip to ankle). Not surprisingly, there was an incredulous response when, the following day, a professor remarked that all of the branches of the lumbosacral plexus should have been traced in that lab.

In addition to insufficient lab time, several other burdens have been imposed in the anatomy course which are difficult to fathom. In Mr. Boockvar's article, he

stated that "weekly quizzes force [students] to keep up with the large amount of material presented." However, this year's anatomy course has only two exams, a midterm and a final (including a practical). Thus, the written final will cover the leg, arm, hand, foot, neck and head. This is a tremendous workload, especially considering that the final is a mere three days after the last dissection. Clearly, the objective Mr. Boockvar mentions will not be met by such a system.

Furthermore, it seems that review for the practical (which must be passed in order to complete the course) will not be possible. Access to the anatomy lab is inexplicably restricted, so that independent study is not allowed in the evening or on the weekends. It seems that little trouble could arise by leaving the room open after hours. Also, no prosecutions are performed, so that a great deal of lab time is unnecessarily spent in confusion.

Considering the time restraints, the anatomy professors have done an admirable job in their presentation of the material. Still, it takes repeated exposure and prolonged study to assimilate all of the facts with which we are bombarded. Thus, I am not suggesting that more lecture and lab hours be crammed into the current eight-week block. Rather, the Gross Anatomy course must be extended by at least four weeks, by beginning it earlier in the year. This could be accomplished by eliminating part of the Genetics course, which was clearly allotted too much time this year. Additionally, more small exams must be given, prosecutions should be initiated, and extended weekend and evening hours in the lab should become available. These changes would go a long way in improving the anatomy experience of future classes.

As mentioned previously, Gross Anatomy is not the only course which suffers in the new system. Indeed, there may be spring courses which have even greater logistical problems. Hopefully, however, the points raised here will stimulate discussion about anatomy and the other courses, both among students and between the students and the faculty.

Howard Cooper

Study Away 4th Year

Students who want to study away fourth year should submit their completed applications to Barbara Gentry, 129 Davison, by 1/3/90.

More Options In Third Year

To the Editors:

I would like to respond to Matt Roe's article in the last issue of *Shifting Dullness* pertaining to medical student research. I agree with Mr. Roe's view that medical students should gain an appreciation for biomedical research while in medical school. However, although students exposed to research early in their careers may become interested in it, Duke has compromised the most important prerequisite for good medical practice—basic science—in trying to rush students on to greater heights. In addition, one of the original goals of Duke's research curriculum, to produce more medical researchers, has not been met.

Competent people are those who understand their fields and occupations as completely as possible. Medical schools should be concerned with providing their students with the most complete basic framework of knowledge, upon which students can build in the years to come.

Duke medical students will have many opportunities to conduct medical research. Changing Duke's third year will not deny students these chances. The third year can offer them one of the few remaining chances to establish a more thorough understanding of basic science, through the pursuit of intensive courses. Although no one retains every piece of information learned, more input will allow students to increase the knowledge base from which they draw conclusions and into which they incorporate new ideas.

Therefore, I propose a completely flexible third year of medical school in which students may select among basic courses, research, or clinical courses. This freedom will allow people of different backgrounds to tailor their careers as they see fit, while they continue to progress in their medical education.

Michael Weiner, MSI

Editors Reply:

As it currently stands, the third year curriculum does allow some flexibility. Although students may elect to assign the full 18 credits per semester to lab research, they may take as few as 10 (or even less, with the approval of an Advisory Dean), filling in the remaining credits with basic science courses. In addition, students can take up to 2 clinical credits per semester. Check your copy of the third and fourth year elective program booklet provided by the registrar for further details and current policies.

News from Stanford

"The San Francisco Bay Area seems to be the place these days. With an A's-Giants World Series and the Nobel Prize in Medicine and Physiology going to scientists at UCSF this is a happening place."

This was the first sentence I had written the first time I sat down to write this piece. As you probably know more things have happened in this happening place, one of which was the earthquake on October 17. I was in lab (as any good MSIII would be!) when the building started shaking and cabinet doors started opening up. Someone yelled "It's an earthquake!" and everybody dove under desks or ran for the doorway. There were several bottles that fell to the floor but our lab did pretty well on the whole. The building was closed for a day for structural evaluation and also to clean up chemical spills. It was a frightening experience but Stanford was fortunate in that it did not fare as badly as other places.

Apart from the earthquake I am enjoying myself out here although some things are a little different from DUMC. For one, the med students here wear long white coats (over shorts and flip-flops — I actually saw this on one student!).

For those of you that really want to know what I am doing, I am working with pathologist Dr. Michael Cleary and we are doing molecular analyses of blood samples of patients with acute leukemia. No earth-scattering discoveries yet (maybe a poor choice of words) but progress is being made.

So far Pam Kantorowski (MS III) has been out here for a visit, which was a good time. If anyone else plans on being in the area, let me know!

Kaveri Suryanarayan
574 Junipero Serra Blvd.
Stanford, CA 94305
(415) 326-1490

Shifting Dullness accepts letters of opinion from all members of the medical school community which encourage responsible dialogue. Opinions expressed do not necessarily reflect the opinions of the editorial staff. *Shifting Dullness* reserves the right to edit letters for length and style. Submit responses in the *Shifting Dullness* box in the Alumni Affairs Office or mail to PO Box 2765 DUMC, campus mail.

Davison Council

Davison Council News

Diane DeMallie

The Davison Council has been dealing with the issue of Duke's yearbook, the Aesculapian. In the past, it has come out every four years. The reason we do not have an annual yearbook is that students do not have enough time to work on it. Also, it is easier to find advertisers and sponsors to fund the book if it comes out every fourth year. Last year, a book was started by several fourth years. Some of those who have now graduated paid for the book in advance, and several advertisers bought ads. However, the book was never finished. The editor who started the book graduated and is obviously unable to contribute to the book. Only about 20 of the pages have been laid out. Also, the covers have already been printed and say "1989" on them. That means that a large majority of the work on the yearbook still needs to be completed and turned in to the publishing company. The company had given us many deadlines, which were never met. Now they are telling us to just turn in whatever we can so they can start printing.

Only two people showed up at a meeting of interested people, while a staff of about 20 is what's needed. Furthermore, we must finance the book. The estimated cost will be \$17,500. The yearbook account now contains about \$3500. In order to raise the additional \$14,000 we will have to sell the books we produce at \$25 each. We will also have to obtain many ads and patrons and alumni contributions. Thus, we will need a dedicated business manager willing to put in many hours of work, but so far, no one has volunteered.

The Davison Council came up with three possible options. First, we could go ahead and try to complete the yearbook. We would then have to deal with the two problems mentioned above. Secondly, we could scrap the yearbook and pay off our debts. The only money we owe the publisher is \$2100 for the covers that have been printed. We also need to pay back the people who have bought the yearbook, the advertisers, and the patrons who have already paid. The money to pay for the covers would have to come from an old yearbook account which contains \$8,000. The third option is to try to make a cheaper book with less pages or to publish less copies of the book. To cut the number of copies printed

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in half and make the book with half as many pages, we would still owe the publishers \$14,000, instead of \$17,500. The Council will decide on the future of the yearbook at their next meeting on November 29.

There is a new Student Lounge on the 6th floor of Duke North; it contains a room with 200 lockers, a refrigerator, microwave and TV, four sleep rooms with bunk beds and phones, and a study room with carrels. The Dean's Office will pay for the two phone lines. There was a grand opening on Tuesday, November 28. Many thanks to Florence Nash and Larry Nelson for their work in getting the lounge!

The tailgate before Homecoming, the Surgery Renewal of Systems, and two house parties were well attended. The annual "Share Your Christmas" Party will be on Dec. 13 in the Multipurpose Room. Herb Chen and Lenny Steinberg are already working on the Davison Ball. It will be on April 7 at the Omni Durham Hotel. Invitations will go out in January or February. Herb is deciding between three bands to play at the formal: Mr. Potatohead, Bryce St., and Cream of Sole.

We welcome your suggestions for activities; if you have any comments, talk to a Davison Council member or come to a meeting! Meetings are held every other Wednesday at 5:30 pm in the Dean's Conference Room.

MSIII Class News

Debbie Shih

Fall is rapidly coming to a close but there are still many things to look forward to in the coming months. We're planning monthly class movies to be shown in the amphitheater. If you have any requests please pass them on to one of the officers. We're still looking into a class ski trip in the winter and giving CPR classes. If you have any changes for the address list please let Debbie Shih or Diane DeMallie know. Congratulations to the new MSIII AOA members and to the MSIII Intramural Soccer Champions!

MSII Class News

Herb Chen

On the last day of rotations, Dec. 20, party at 9 pm, "The Lonely Guys Sing X-mas Carols," featuring Jon, Jeff, Tom and Ashok. Bring your favorite holiday music. Dave Axelson has invited our class for a ski weekend again, Feb. 28-Mar. 4, at his condo on the slopes of Snowshoe, WV. More info in February.

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MS-III

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Clubs Med

Debbie Shih

Alpha Omega Alpha

AOA is a national medical honor society whose members have distinguished themselves through academic excellence in the medical community. New members are selected each fall. Congratulations to this year's new initiates!

MS-III

Scott Buchanan
Charlene Chu
Kirsten Johansen
John Meissner
Clark Otley
Jim Schuster
John Stahl
Eric Weidman

MS-IV

Stacy Doce
Justin Gottlieb
Robin Guggenheim
Saralyn Hawkins
Kathleen McAvoy
Mason G. Morrow
Asit Pruthi
Todd Rustad

HOUSESTAFF

Karen Frush
Douglas Hill
Rob Quigley
FACULTY
Howard Filston
ALUMNI
George Phillips
Evelyn Schmidt

New members will be inducted in February 1990.

Rural Health Coalition

The Duke med student chapter of the NC Rural Health Coalition is having a very active year. The monthly Fremont clinic which we staff has seen a steady flow of patients. Patient follow-up is improving with the help of Lisa Maier and Kirsten Johansen. We are well on the way toward a highly efficient clinic.

First year participation has been strong this year. Lisa Patterson organized a lab skills workshop last month which had about 20 first-year participants. Skills taught included venipuncture, urine dipsticks, finger stick hematocrits and blood pressure taking; another is planned for the spring. Plans are underway for several health education tasks, including a sex-ed/AIDS awareness workshop through the Wayne County public schools. Future goals include informing more Fremont area residents of the clinic's services.

7 third-years and 2 medicine residents are enrolled in the Rural Health course. Recent speakers have included Pam Silberman from the Legislative Study Commission on Indigent Health Care, and Jennifer Ziska, MD, a lay health worker trainer involved in occupational health among poultry workers. The class members are in charge of the Fremont clinic staffing and smooth functioning. A meeting of the chapter is planned for January; those interested can call Pam Woodward (684-7402) or Chris Farnitano (493-2534).

7th Grade Sex Ed

All MSI's and MSIII's should have received forms in their boxes about teaching 7th grade sex ed classes; please return them as soon as possible. The teaching session will be Dec. 4 at 7:00 pm in Duke North Room 2003. Any questions, contact Janice Gault (490-5785).

Student/Faculty Show

GREASE is the theme for this year's show. We are currently having writing meetings once or twice a week, to which all are invited. Watch for flyers indicating when and where the meetings will take place. If you have any questions or need information, please contact Debbie Shih, Joe Micca or Susan Blackford.

Family Medicine Interest Group

The meetings are year-round on the third Thursday of each month, in 1103 Duke North from 5:30-7:30, with dinner provided. All med students are welcome. Please watch for flyers for details of a Christmas party. For more info, contact Rich Summerall (493-8941).

AMA

The Duke chapter of the AMA will meet on Dec. 5 at 7:00 in CTL to discuss next semester's events, including a symposium on health care alternatives in March. All members should attend. Thanks to all those who participated in the Lenox Baker Children's Party on Nov. 29! The state AMA meeting in Asheville was attended by our AMA officers: Susan Hazzard, Paul Edwards, and Lisa Gangarosa (all MSIII's). Any questions about the meeting or about the Duke AMA Chapter, please address them to any of the officers.

AMSA

During December, AMSA will begin the "Meet the Resident" Program. Look for flyers for further details. AMSA will also be collecting the stethoscopes provided by Lilly for the "Heart to Heart" program, in which they are sent to Central American countries badly in need of medical supplies. AMSA is also planning an organ drive to take place at one of the area malls. If anyone is interested in helping plan this event, please contact Jim Bass (489-1323). Congratulations to AMSA's new officers: President Chris Stille and VP Helen Gordon!

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Special Eve

Dec. 4 - Treelight
Dec. 4-8 - Duke (Bryan Center.
Dec. 7 - Founders
Hanford Dole,
Chapel, 4:30 p
Jan. 15 - Martin I

Theater

Dec. 9-23 - Broad
Windsor, Texa
Jan. 25-Feb. 10 -
Bryan Center.

Film

Freewater - 7:30/
Dec. 1 - Red Sorg
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Dec. 8 - Mystic P
Quadrangle - 7:30
Dec. 2-3 - Licenc
Dec. 9-10 - Scroo

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MD, family practi
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Calendar of Events

Special Events

- Dec. 4 - Treelighting, 5 pm, Duke Chapel Quad.
Dec. 4-8 - Duke Craft Center Show and Sale, 5-7 pm, Bryan Center.
Dec. 7 - Founders's Day Convocation, Elizabeth Hanford Dole, US Secretary of Labor, Duke Chapel, 4:30 pm.
Jan. 15 - Martin Luther King Day Celebration.

Theater

- Dec. 9-23 - Broadway Preview Series, "Merry Wives of Windsor, Texas," 8 pm, Bryan Center.
Jan. 25-Feb. 10 - Hoof 'n' Horn, "Man of La Mancha," Bryan Center.

Film

- Freewater - 7:30/9 pm in Bryan Center, free with ID.
Dec. 1 - Red Sorghum (midnight: King Kong)
Dec. 2 - March of the Wooden Soldiers
Dec. 5 - Hour of the Star
Dec. 8 - Mystic Pizza
Quadrangle - 7:30/9 pm in Bryan Center, \$3.
Dec. 2-3 - Licence to Kill
Dec. 9-10 - Scrooged

Geriatrics Interest Group

Any med students interested in either geriatrics or pizza, please come to a pizza party on Tuesday, Jan. 23 at 6 pm in room 3506 Duke South Blue Zone. The purpose of this meeting is to discuss the possibility of organizing a geriatrics interest group at Duke.

Medical Substance Abuse

Mary Amato

The Peer Assistance Support System (PASS) council will present a panel discussion on substance abuse among medical professionals on Jan. 17, 7-8:30 pm in Duke North 2002. Guest speakers will be Robert Vanderberry, MD, Medical Director, NC Physicians' Health and Effectiveness Program; Ron Vereen, MD, Medical Director, Oakleigh at Durham, Alcohol and Drug Rehabilitation Program; and Faith Birmingham, MD, family practice physician. Please attend, learn and contribute! I'm making arrangements for refreshments.

Music

Rowena Dolor

- Dec. 1-2 - Duke Dance Annual Fall Concert, 8 pm, Bryan Center.
Dec. 1-3 - Messiah, Duke Chapel, 7:30 pm (12/1), 2 pm (12/2), 3 pm (12/3).
Dec. 6 - Duke Symphony Orchestra, Randall Love, piano, 8 pm, Baldwin Aud., East Campus.
Dec. 7 - Christmas Concert, Duke Chorale, 7 pm, Duke Chapel.
Dec. 8 - Holiday Pops Concert, NC Symphony Orchestra, 8 pm, Page Aud.
Dec. 16 - Durham Civic Choral Society Christmas Concert, 8 pm, Duke Chapel.
Jan. 16 - Andre Watts, pianist, Duke Artists Series, 8 pm, Page Aud. (tickets \$25/22/19).
Jan. 20 - Tokyo String Quartet, 8 pm, Bryan Center.

Art

- now - Jan. 8 - Annabelle Meacham, paintings, East Campus Gallery, East Campus Library.
Jan. 12-Mar. 11 - SOHO at Duke, Duke Univ. Museum of Art, East Campus.
Jan. 15-Feb. 28 - Winterfest of Contemporary Arts (call 684-6654 for events).

Geriatric Fellowship

The Travelers Geriatric Fellowship Program for Medical Students provides grants of \$3000 to 9 med students for projects in geriatric medicine. Any students enrolled during 1990-91 can apply; the fellowship tenure is from 4/1/90 to 3/31/91. Preference will be given to projects that provide "hands-on" experience with older people. Those accepted will be guided by a faculty preceptor who will approve the proposal and supervise project activities, including required reports and a post-project evaluation. Application materials may be obtained from The National Council on the Aging, Inc., Travelers Geriatric Fellowship Program for Medical Students, 600 Maryland Avenue SW, West Wing 100, Washington, DC 20024, ATTN: Ruth Mayer. Applications must be postmarked no later than 1/31/90.

Dear MSIII

Eric Bachman

Dear MSIII,

Please help me solve an ethical dilemma that I've encountered while at Duke. To whom do I give my loyalty in sports - my undergraduate alma mater or the Duke Blue Devils?

- Torn Between Two Loyalties

Dear Torn,

You are undergoing a common conflict that is unique to medical school students living in an undergraduate campus. The rule is simple. Allegiance to your collegiate team must prevail, but in contests between Duke and your alma mater emotions are understandably mixed. We often find ourselves in a quandry during football and basketball seasons, having come from perennially powerful Ivy-league schools. Note last week's nailbiter against Harvard, which was close until the last 40 minutes. Here are some guidelines:

- 1) Always support your alma mater.
- 2) Root for Duke with reckless abandon otherwise.
- 3) If you can't decide who to support, then choose

ULTRASOUND:



V A. HOSPITAL STATE-OF-THE-ART



which teams to jeer (Miami, NC State).

4) Cheer for conference teams when playing out-of-conference teams to boost Duke's status.

5) If you're from Duke, your problem is solved.

Dear MSIII,

How does one keep fit in med school?

- Waistline worrier

Dear Worrier,

Despite efforts to the contrary (candy room, pig-pickin's), you can maintain your health throughout the rigorous med school years. First year should be no problem. In fact, you may consider playing a fifth year at the varsity level or trying out for the Hornets. Second year is tougher. Shun elevators in favor of stairs. The nine flights to VA Psych ward are a good bet. Beware of drug reps bearing breakfast biscuits. These are your nemeses. Finally, if you are very tired after a night of call, remember that med school dictum "sleep is for fools." If nothing else, stay fit vicariously by tuning in to NCAA basketball, track, or golf for the truly athletically disinclined. If you can't be an athlete, be an athletic supporter.

Nearly New Shoppe

615 Douglas St.

(behind the Brownstone Inn)

receiving donations 10AM-1PM daily

The Nearly New Shoppe gives \$100,000 yearly for medical school scholarships. Bring us your unwanted clothes and household items to convert into Duke scholarships.

William Carlos Williams Poetry

The Human Values in Medicine Program at Northeastern Ohio Universities Medical College is sponsoring the 8th annual William Carlos Williams poetry competition for med students in the US and Canada. Submission deadline is 12/31/89. Winners receive a monetary reward, an invitation to Northeastern to read their poetry and to attend a poetry retreat in Cook Forest National Park, all expenses paid. Mail entries to: PO Box 95, Rootstown, Ohio 44272. phone: 216-325-2511 for details.

"Gross Anatomy" the Movie: Guide to Dissection

Kenny Boockvar

When fifty MSI's stormed a theater several weeks ago to see "Gross Anatomy" they were quickly quieted by the film's prophetic announcement that there would be *an anatomy exam on Monday*. ... Little did they know that one of the questions which poor Joe Slovac sweated over in the film would appear on their own anatomy exam that Monday, or else they might have taken notes at the movie.

In response to those non-medical students who saw "Gross Anatomy" and wondered whether "that's what it's really like," well, yes, medical students do take weekly army-drill like tests which require precision- and platoon- studying, but no, medical students do not have steamy romances over their cadavers.

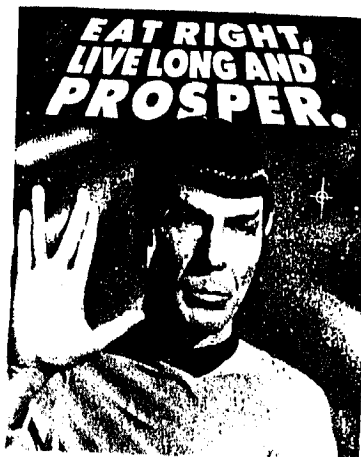
Enough introduction. Let's begin the dissection, class, of "Gross Anatomy." Note the typical superficial features of a Hollywood production: the unrealistic plot, the facile romance, and the stereotyped characters. Although the movie has realistic touches, such as the "so, why do you want to be a doctor?" line of the medical school interviewer and the continuously harrowed students, much of the storyline stretches realism quite far (perhaps because a realistic movie about the first year of medical school would not gross enough). Matthew Modine plays Joe Slovac, a rebellious medical student (as medical students go) who develops volatile relationships with his anatomy professor Dr. Rachel Woodruff (played by Christine Lahti) and with a pretty medical student (played by Daphne Zuniga). Dr. Woodruff enjoys putting her students to the test in order to produce "outstanding doctors." Slovac, singled out by Woodruff due to his cocky attitude, withstands the extra pressure she puts on him. Through an unusual twist in the plot, Slovac makes her realize that her approach to training medical students may produce knowledgeable doctors, but also ones who are insensitive to patients' feelings. Modine and Lahti both play their roles with lifelike intensity, and through their relationship the film confronts problematic issues which exist in modern medicine.

The romance between Modine and Zuniga gets equal emphasis in "Gross Anatomy," but is far less interesting. After rejecting several relatively crude advances by Modine, Zuniga falls into his arms in an apparent moment of weakness and proclaims "you've got me." Their dialogue gets no deeper. Acting more like ninth graders than like future doctors, Modine and Zuniga seem like characters out of a John Hughes film, and they enact the typical Hollywood Contrived-

Romantic-Ending. "Gross Anatomy's" C.R.E. unfortunately negates the seriousness of the plot between Modine and Lahti. Other stereotypical teen-flick characters fill out the rest of the movie. Slovac's roommate is a perfect wimp and contrasts Slovac's cool confidence. Another foil for Slovac is his lab partner Miles, an uptight, competitive a—kisser who scolds Slovac for bringing down the performance of the whole dissection group. These foils are the scapegoats in many comic scenes.

We can now see clearly the anatomy of "Gross Anatomy," having divided the film into standard Hollywood plot segments each weakly innervated by the background setting of medical school, and having recognized the stereotypical characters. It is very much the "Typical B. S.," or the "Typical Boneless Screenplay," the only anomaly being Slovac's radical relationship with his professor Dr. Woodruff. This relationship makes the movie worth seeing, since it brings out some of the issues that trouble medical schools today. Yet one has to reflect aside the juvenile features of "Gross Anatomy" in order to see the mature.

This space contributed as
a public service.



EATING RIGHT IS HIGHLY LOGICAL.

Recommendations:

Eat high-fiber foods, such as fruits, vegetables, and whole grain products. Eat fewer high-fat foods. Maintain normal body weight. And live long and prosper.

AMERICAN
CANCER
SOCIETY



PURELY PURULENT

Eric R. Weidman

The MD TV Guide

The official program listing for the channel that caters to the *ideal* medical student, i.e. who can't relate to anything outside of medicine.

• 5:30 AM - **M.O.S.H.** - (Mobile obstetrics & surgical hospital) An emotion charged drama featuring 2 medical students as they travel about North Carolina on their OBGYN rotation. Yawn with Jill and Frank as they get up long before the sun, become frustrated as the system turns against them, and cry along with them as they help influence life's cycle.

• 10:00 AM - **The Oprah Show** - Find out what's in hospital scrubs fashion, learn about an innovative new pager that also opens automatic garage doors, and discuss Call - a diet breaker or saver? Ronald Reagan's personal physician presents his recent paper, "Surgical morbidity and mortality and the lunar month."

• 2:00 PM - **Duke Hospital** - Voted this year's most popular soap! Will Joan leave George because of his 'problem'? Was it caused by Dr. Badoc as a complication of an abdominal aortic aneurysm repair when his sacral plexus was severed? Will the jury find Sam guilty of murder after he 'inadvertently' served his bedridden wife suffering from CHF salted smoked ham, pretzels and popcorn? Controversy abounds when Duke residents discover they get insufficient training in taking multiple coffee breaks, gossiping and partaking in high risk sexual behavior to work competently on the other leading soap, **General Hospital**. Will the program be changed to reflect this? Does John really love Betty, even though he proposed to Samantha last episode, who unknowingly happens to be a first cousin, and Betty is already married to Harry but secretly loves Mike, and finally, will we find out what personality disorders the writers of this episode suffer from?

• 7:00 PM - **Pro Wrestling** - Don't miss this exciting ALL PROfessions, ALL COMERS, COME AS YOU ARE (white coat buttoned or unbuttoned) CHAMPIONSHIP MUD WRESTLING MATCH. Newly sanctioned by the Office of Bureaucracy and Red Tape to settle petty grievances, student arguments over grades, and once and for all interdepartmental rivalries. This wild and fun competition takes place conveniently in the Searle Center ballroom! Apply for a spot in the studio audience or challenge a peer, house officer, attending or entire department for a chance to 'prove

yourself in battle.' Otherwise, watch at home. Featured this week in the team competition for the highly coveted "Que profesion es lo mas macho" title are the Carvers, the Mind Lords, the Scream Makers, the Histameanics, the Knight and Gales, the Generals, the Pus Busters, the Speculators, and the Cadavaliers. (See if you can match the above team names with their respective, but not necessarily respected, professions!)

• 8:00 PM - **Star Wards** - (movie) Follow Duke Skydoctor in his futuristic adventures at the space hospital, HMO Enterprise. Marvel at the tools at his disposal, such as a computerized toilet that takes daily vital signs and performs urinalyses and stool guais. Should he endorse presidential candidates that promise an "MRI magnet in every garage?" Join Duke as he battles fast food restaurants that feature both *atheroburgers* and *McCABGs to go* and the elusive Death Vader. May the Oath be with you.

• 10:00 PM - **Quincy's CPC** - This program allows the viewer to examine the coroner's evidence in all its glorious and gory detail. Boring dialogue found in the original show is left out, but Quincy still engages in good arguments with clinicians. This week's episode features intense controversy when Quincy uses the B72.3 agent to solve a murder mystery.

• 11:30 PM - **The Arsenio Halstead Show** - Join Arsenio on this late night talk show as he interviews doctors and surgeons from when "giants walked the Earth" and gets the *real* story.

MS III's Romp in Soccer

Stefano Cazzaniga

Tell me, O Muse, of the undertakings of the MSIII intramural Soccer Team! After all, nobody else wrote a damn about it, leaving me, an ignoramus at sports reporting, to tell the tall tale of triumph. Luckily, stalwart team member Adrian Cotterell kept track of the scores, which I shall report with dry, prosaic style. Shall I tell of the 4-0-1 regular season record? Shall I tell of the victories by forfeit in the first two games, when Geology must have been out rock climbing, and Language House building Babel's Tower? No gifts did the Greeks bring, as Pi Kappa Phi suffered an ignoble 3-1 defeat. Then came the 2-0 against the CPS Cyphers. But alas we met a worthy opponent in Fuqua, but yield we did not, and settled for 1-1. But lo! In the semifinal we did see the Decline and Fall of Fuqua, toppled by a 2-0. And lastly, in a climate of pathos and anticlimax, we faced a wimpy Frosh dorm, Gilbert-Addoms. Bravely they fought, and foolishly they perished, 2-1.

O Muse, and now remind me of those who were left strewn about the field, unburied to this day... You cannot? Well, at least Adrian didn't break his leg again.