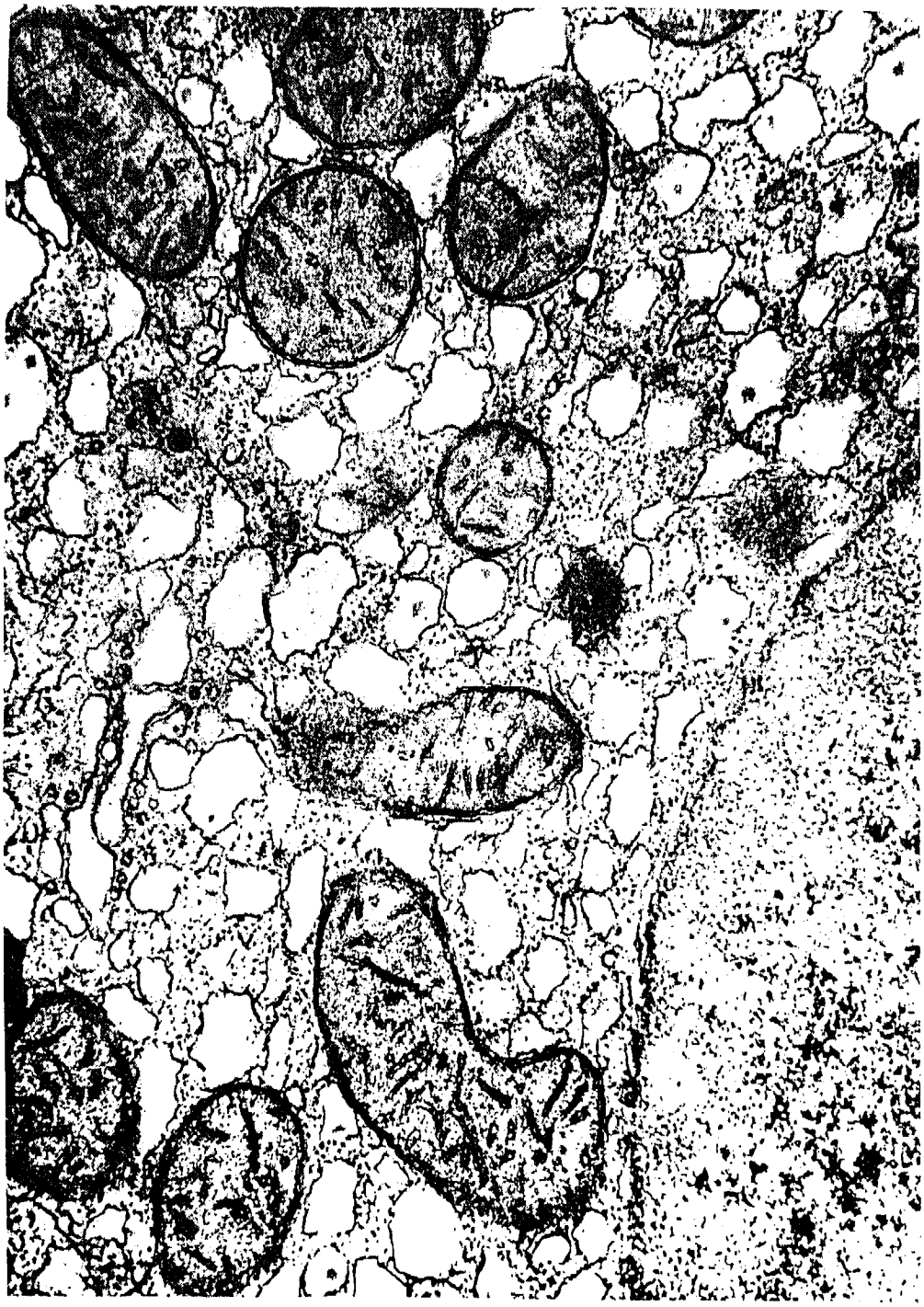
March 1991

Shifting Dullness



March in Medical History

Chris Tharrington

• On March 3, 1905, at the Imperial Board of Health in Berlin, Fritz Schaudinn demonstrated the causative agent of syphilis, *Treponema pallidum*, to his co-workers. Many other investigators soon confirmed his discovery.

• Étienne Jules Marey, contributor to the development of the sphygmograph and other instruments used in analysis of the cardiovascular system, was born March 5, 1830 in Paris.

• On March 12, 1682 King Charles II founded Chelsea Hospital in London. The building was designed by Sir Christopher Wren, best known for St. Paul's Cathedral, as well as over 50 other churches and secular structures.

• St. Patrick's Day is an appropriate time to note the stories surrounding Dianecht, an army surgeon, active around 480 B.C., who some consider to be the Irish/Celtic "father of medicine." One legend concerned a healing herb bath, from which wounded soldiers emerged fully healed. Another involved the first artificial hand, which Dianecht supposedly made from silver for the king; it was said to have been constructed "so skillfully that it moved in all its joints and was as strong and supple as a real hand."

• St. Benedict, patron saint against poisons and kidney stones, died March 21, 543 A.D. His protection against the former arose from a story in which the monks of his convent at Tivoli near Rome, unhappy with his severe rules, attempted to poison him. The cup was said to have shattered before he could raise it to his lips, while a raven plucked the piece of poisoned bread from his hand.

• On March 22, 1800, King George III chartered the Royal College of Surgeons in London. Separation from the barbers' guild had already taken place in 1745, after which examination and licensure were prerequisites to practice for English surgeons.

• At the monthly meeting of the Berlin Physiological Society on March 24, 1882, Robert Koch read his groundbreaking "Etiology of Tuberculosis." His arguments were so convincing that the members present initiated little dissent or discussion.

• William Cheselden of London, one of the earliest notable English surgeons, first performed his "lateral operation for stone" on March 27, 1727. Cheselden, who also invented an iridectomy procedure and drafted the architectural plans for the Surgeons' Hall in London, could perform his stone operation in 54 seconds — which was fortunate for his patients, all of whom were conscious.

• President Bush has declared March 30 "National Doctors' Day." Doctors' Day was first observed regionally on March 30, 1935; since then, in most states, it has been observed yearly. Currently, about 586,000 physicians in 37 specialties practice in the United States.

Second Opinion

Doctors Can Help Patients Die

Ayal Kaynan

In his tirade against the indicted Dr. Kevorkian, the prosecuting attorney said to some reporters that Kevorkian's "only purpose in seeing her [Mrs. Adkins, Alzheimer's victim] was to kill her."

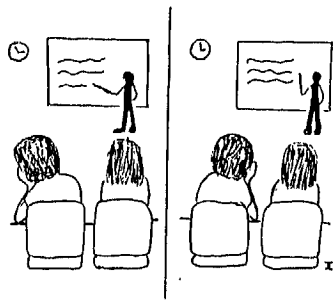
Dr. Kevorkian connected the terminally ill Mrs. Adkins to a suicide device and watched as she pushed a button and terminated her life. Two of the many questions raised by this incident are: one, is assisted suicide ethical?, and two, is it a physician's place to assist in a suicide? In response to question one, if an action or an event is ethical, then by virtue of aiding a good, the assistance of that event is also ethical. For the terminally ill, the right to commit suicide provides patients with an outlet to alleviate suffering and anxiety, preserve dignity, and prevent familial financial ruin. In short, it may be the only available means for maximizing a patient's utility.

I have a contention with the prosecutor's use of the word "kill." To kill, as I understand it, is to rob someone of a life that is desired. The facts of the case, I am convinced, prove otherwise, and for the sake of brevity, I shall leave it at that. Undeniably, Dr. Kevorkian abetted in Mrs. Adkin's death, and by virtue of that alone, shares at least part of the responsibility. However, his actions were motivated by benevolence and demonstrated compassion for human suffering, the hallmarks of the medical profession.

Some medical ethicists worry that there are inherent monetary, social and philosophical conflicts of interest associated with physician-assisted suicide. As for the monetary aspect, I find it strange that those very same ethicists choose to live in a capitalistic society, where surgical procedures, legal information, utilities, and all other forms of goods are rendered on a fee-for-service basis. Nevertheless, it is possible to envision suicide clinics, run by salaried workers who have no profit incentive.

As for the social aspect, I have a sense that there is concern over the image that would be projected to the public with respect to the changing role of modern medicine. As litigation increases exponentially in our society, it's imperative, now more than ever, to admit and actively face the limits of medicine. The public expectation of perfection in the medical profession must be diffused. Physician-assisted suicide can help demonstrate that the potency of medicine is, indeed, finite.

From the perspective of the medical establishment, generally in the business of saving lives, the issue of assisting suicide seems paradoxical on the surface. However, while the purposes of medicine are multifold, they essentially boil down to aiding the patient's pursuit of happiness. Thus, doctoring often entails the servicing of other people's values, which should be honored irrespective of whether those values coincide with the physician's. Dr. Kevorkian honored Mrs. Adkin's values at the risk of being jailed and this is the material from which heroes are fashioned.



Shifting Dullness

Second Opinion

Fetal Tissue Research: Mistaken Assumptions

Moshe Usadi

On February 6, Rev. James T. Burtchaell, professor of theology at the University of Notre Dame and member of an NIH panel investigating issues regarding fetal research, presented a talk here entitled "Fetal Tissue Transplantation and Medical Ethics: Complicity or Healing?" Robert H. Sprinkle, M.D., Ph.D., an assistant professor of pediatrics and assistant professor of public policy studies at Duke, followed with a discussion of what he felt to be weaknesses in Rev. Burtchaell's arguments, and I believe that he did so effectively.

Rev. Burtchaell produced three ethical objections to the use of purposely aborted fetal tissue in research. First, he argued that when a mother chooses to abort a fetus she gives up her right to make decisions for it, so that there is no one entitled to give consent for the use of fetal tissue; he compared this to the inability of a murderer to give consent to the use of his or her victim's body. Second, he suggested that such research would lead to a proliferation of abortions, both because they would become financially attractive and because women unsure of whether to terminate their pregnancy could justify doing so by saying that some benefit would come from it. Finally, he asserted that researchers cannot use fetal tissue nor can the government support such research without becoming implicated in the act of abortion itself; he described this as "complicity after the fact," and compared it to the use of concentration camp victims by Nazi doctors, who claimed that they were undertaking their research for a greater good.

Dr. Sprinkle pointed out that Rev. Burtchaell's argument is based on two analogies and an assumption. These are that a fetus is a child; that a mother who decides to have an abortion is guilty of child abuse; and that fetal research will necessarily lead to a proliferation of abortions. Dr. Sprinkle suggested that neither the analogies nor the assumption were necessarily valid, and outlined some other manners in which the issue of fetal research could be assessed. He acknowledged that there may indeed be reasons to question the acceptability of fetal research, but that Rev. Burtchaell had not effectively presented them.

Fetal research certainly raises many questions that must be faced and ethical dangers that must be guarded against. For instance, it may be argued that women considering abortion are particularly vulnerable, and that their right to informed consent must be protected from physicians that might have a vested interest in acquiring fetal tissue. But this danger is present every time that research is carried out in a clinical setting, and usually we believe that it is successfully avoided. Rev. Burtchaell's argument is based on the assumption that abortion is murder, and that fetal research is like the actions carried out by doctors in German concentration camps; this assumption is not universally held, but he uses it as if it was. Such an approach has a damaging effect on both health policy and on fruitful discussion.

Rev. Burtchaell, while ostensibly discussing another subject, is fighting a battle against abortion. If he believes that abortion is amoral, it is abortion that he should discuss; he has every right to try to make it illegal. But Rev. Burtchaell's approach is like deciding that motorcycles should be outlawed and, rather than waging a fight to prohibit motorcycles, seeking to outlaw the use of organs of those killed in motorcycle accidents. The danger of such a position is demonstrated by the affect of pro-Life resistance to importation of the "abortion pill", RU 486. This agitation has interfered with the use of this drug in research concerning totally unrelated conditions, such as Cushing's syndrome, not to mention easier and safer abortions, which after all are legal. Rev. Burtchaell argues that the framers of Roe v. Wade took pains to use language that showed that they were making a legal, and by no means a moral judgment; it is hard to see how this supports his position. The supreme court justices did indeed insert a lengthy footnote showing that attitudes towards the unborn have varied widely in the past and the present. While Rev. Burtchaell represents an important religious tradition, it is important to remember that other religions have different attitudes towards the unborn, and that many Americans have no religious affiliation.

Most disturbing to me was Rev. Burtchaell's use of concentration camp analogies. He quoted an eloquent statement by Eli Weisel, condemning the use of concentration camp data in scientific research, in order to support his own argument. I myself remember

hearing Weisel say that the misuse of such imagery belittled both the argument at hand and the memory of victims of the Holocaust. If Rev. Burtchaell truly believes his analogy to be accurate, he must be implying that those involved in abortions today are guilty of crimes equal to those of the doctors who made use of human subjects during the Holocaust; I think that most, even those adamantly against abortion, would agree that this is not the case. While he attempted to excuse himself by saying that the use of analogy is important for understanding and argument, I think that it is obvious that appropriate analogies must be used. Susan Sontag, in her book *Illness as Metaphor*, provides an interesting analysis of the detrimental affect of inaccurate analogy on both sick individuals and society. If Rev. Burtchaell believes that abortion is a heinous moral crime analogous to those perpetrated during the Holocaust, he should devote his attention towards abortion; until he can demonstrate that such a comparison is appropriate, I hope that he will use a different analogy to make his point about fetal research.

Letters

To the editors:

The Student National Medical Association (SNMA) is a national organization which was created on the campus of Howard University. The Duke University Chapter of the SNMA is a very active chapter comprised of thirty minority medical students. Our goals, as chartered by our constitution, are 1) to create an atmosphere wherein professional excellence and moral principles can find fullest expression, 2) to disseminate information relative to minority problems within the field of medicine and medical education, 3) to sponsor programs for minority youth to encourage their entrance into the health professions, 4) to raise the level of Black student recruitment, admissions, and retention in schools training health care workers, and 5) to promote unity, professional associations, and a medium of exchange.

The activities of the Duke Chapter of the SNMA include our annual Martin Luther King, Jr. symposium, Black History Month program, health fairs at local churches, blood pressure screening, canned food and clothing drives, and programs for local high school students and undergraduates from historically Black schools. We work closely with the administration of the medical school on minority recruitment and admissions and on minority affairs, and we have been instrumental in planning several Dean's hours. We look forward to and encourage cosponsorships with other organizations.

In the February issue of *Shifting Dullness* opinions were expressed regarding SNMA's willingness to cosponsor the program "North Carolina's Response to AIDS," which took place on February 13, with the Duke Gay and Lesbian Association. Unfortunately there was a grave misunderstanding of SNMA's position regarding this issue. When the Duke Chapter of the SNMA was approached in November to cosponsor this event we thought that it was a critical issue that needed to be addressed. AIDS continues to have devastating effects not only on the gay community but also on the Black community. However, when we were approached to cosponsor this program SNMA was not provided with a concrete proposal or guidelines for planning this program. Additionally, in light of our other upcoming obligations—Christmas clothing drive, Regional Convention on 1/11-1/13, annual Martin Luther King Jr. Symposium on 1/24, Valentine's Day carnation sale, and Black History Month program on 2/26—we did not feel that we were able to take on this venture. Although we could not cosponsor this program, we gave our support and offered our assistance in any way possible.

We regret that this misunderstanding occurred. We encourage future cosponsorships with other organizations, but require adequate time for planning, and an outline of the role that SNMA is expected to play in the planning of an event.

-Respectfully submitted,
Student National Medical Association, Duke Chapter

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Letters

To the editors:

Medical students have heard from various sources about the need for physicians to have more compassion and time for their patients. Indeed, many students meet patients who report frustrations regarding time, clarification, and even treatment from their physicians. At the same time, students undertaking clerkships can feel cheated of time that they wish their superiors would devote specifically to their clinical education. By reinforcing more valuable activities and increasing efficient use of teaching time on the wards, health educators can improve the quality of medical education, and consequently improve the care of our patients.

First, medical students in clerkships should have more time available to spend with their patients. In an era of increasing medical sophistication and technology, it is easy for us to allow paper work, computers, and other devices to compete with patients for our time. Learning at the expense of our patients' satisfaction defeats the purpose of our work. Faculty and staff should emphasize the importance of the patient, by allocating more daily time for students to interact with them. This may require a decrease in time currently devoted to other duties.

Second, educators should spend more time discussing patient care with students. Of the many patients under our care, probably a minority are reviewed with a house officer or an attending physician in a way that leaves us, the students, with a good understanding of both immediate and long-term management. Although we are part of a team, and should complete many assignments independently, we are entitled to the time it takes for us to understand those tasks.

Third, students should receive more supervision of examinations and procedures. Although we are taught fundamentals during the course in physical diagnosis, styles vary from one specialty to the next. At least once per rotation each student should conduct a full physical examination under the supervision of a physician. This will help students hone their skills and prevent improper techniques from developing in their first clinical year.

Many arguments can be made against these recommendations. In particular, some may think it best for students to spend their limited days in school studying the various diseases and learning to negotiate the medical system, rather than "wasting" time chatting with patients. Others have noted that physicians do not have the extra time to devote to students, and it would be best for students to "learn by doing," instead of receiving didactics. Still others simply comment that students must learn to assume the roles of interns, since that is what most will become upon graduating.

I respect physicians' time and strongly support the notion of actively learning and of assuming a new role. I also believe that students should ask questions when they are uncertain, rather than always expect explanations. On the other hand, our roles differ sharply from those of interns. I paid tuition this year to learn pocedures, examine and interact with patients, and think critically about their diseases and how to manage them. Although I have done this to a great extent, I have also been forced to spend much of my time performing inane jobs or listening to speeches rendered meaningless by their failure to match my level of understanding.

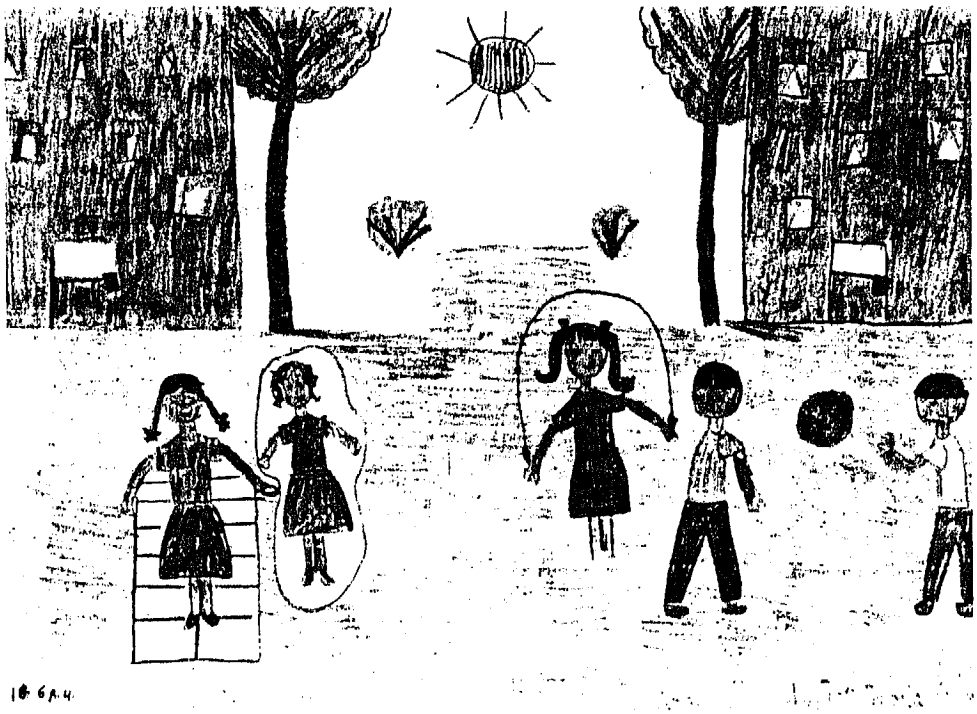
Both students and educators must realize that the time we spend during our four years in school inevitably leads to the development of values regarding not only ourselves, but also our patients and the care deemed appropriate for them. With this in mind, educators must support the notion that the responsibilities of a medical school include guiding the attitudes and conduct of its products, the physicians of tomorrow. Thecomments and demands of our superiors are critical factors in helping to shape our values as we complete the clerkships. Without proper feedback and priorities, we learn to think and perform in undesirable ways, and the good intentions of those who advocate practice and repetition become superseded by the development of bad habits.

The strengths of the Duke University Medical Center include the willingness of its members to evaluate weakness and effect change. We may benefit now by examining the doctor-patient relationship and the traditional medical education and deciding how to set a new precedent in the clinical setting.

Naturally, health care providers at all levels lead professional lives that place strong demands on their time; nevertheless, educators can rearrange priorities for their students to assume, and can modify their own interactions with students. Like children, we are surrounded by the unknown, and we need appropriate role models from whom to learn.

Sincerely,
Michael Weiner, MSII

Shifting Dullness accepts letters of opinion from all members of the medical school community. Opinions expressed do not necessarily reflect the opinions of the editorial staff, which reserves the right to edit letters for length and style. Submit letters to the *Shifting Dullness* box in the Alumni Affairs Office (the candy room) or mail to PO Box 2733 DUMC, campus mail.



- "Children"s Play in Poland," from *Boys and Girls Apart*, by Stephen Richer.

March

Freewater Films

7 and 9:30pm, Bryan Ctr. Free with ID.

Mar 1 Dreams
2 Adventures of Winnie the Pooh - 10:30
5 All the King's Men
7 It Happened One Night
19 Camelot
21 Mr. Deeds Goes to Town
22 Tie Me Up! Tie Me Down
26 Filmaker: Karen Thorsen
28 Lost Horizon (1937)
29 Monseiur Hire
midnight - Rock'n Roll High
30 Jungle book - 10:30

Quad Pictures

Sat. 7 and 9:30pm, Sun. 8pm. $3.00

Mar 2,3 Jacob's Ladder
23,24 Ghost
30,31 Predator II

Men's Basketball

Mar 3 at UNC
Mar 8-10 ACC Tourn., Charlotte

Special Events

Mar 1 TGIF, Hideaway, 5-7pm
Mar 8-17 Spring Break (MSI,III,IV)
Mar 19 Broadway at Duke: Into the Woods, 8pm, Page aud.
Mar 20 Match Day, 12:00, Med Ctr board rm, South

Davison Council News

Betsy Hilton

Budget Issues: The Davison Council Budget Policy was revised this year by the budget committee. A copy of the revised policy is posted in the Davison Council window next to the mail boxes in Duke South.

Ann Sharpe, treasurer, also announced that notices were sent to all current recipients of Davison Council funds and were posted around the Medical center to announce the Deadline for requesting funding from Davison Council for the 1991-1992 fiscal year. The budget committee will meet March 4 at 5 pm in the Dean's Zone conference room to draw up a budget which will be submitted for full council approval on April 6. In addition to the written proposal for funding, any organization may also give a presentation (5 min. limit) at the March 4 meeting.

Service Projects: Habitat for Humanity service project Feb. 9 1-5 pm was a huge success thanks to all 18 volunteers and to our faithful leader and coordinator extraordinaire, Jim Davidson!!!! Next Habitat project is scheduled for April.

Jim Davidson also reported that through the Adopt-A-Highway program, the medical school is adopting a two mile stretch of Picket and Cambridge roads. The state will print up a sign for each of the roads, and we will be responsible for cleaning the route four times per year. After the initial clean up this spring, each class will be responsible for cleaning the route once per year.

With support from Dr. Pounds and the admissions office, the approximately 160 accepted students for the class of 1994 will receive a packet from current med students welcoming them to Duke. Chris Cabell (MS I), the project's initiator, requested volunteers to help write small notes on the following topics: a summary of each class year; social events; service events. A copy of Shifting Dullness and possibly a GPSC handbook will also be included in the packet. Anyone wishing to help collate and stuff envelopes or write other notes please contact Chris.

Other Events: Todd Levine, Davison Ball Chairman, reported that due to a N.C. law which prohibits the sale of alcoholic beverages at the same place as any form of gambling, the charity fund raiser aspect of the Davison Ball has been cancelled. A "Casino Night" was originally planned in which departments would sponsor tables, money for chips would go to the Make-A-Wish Foundation, and chips would be traded in for raffle tickets for prizes donated by local retail stores. The dance, food and party will still be held on April 6 as scheduled.

Ashok Reddy, Athletic Chairman, announced that the Big Four Tourney was coming up in April. Further information will be available in the coming weeks.

GPSC will hold TGIF every other friday at the Hideaway beginning Friday Jan. 18. The Hideaway will also be open Sunday night, and is always open for lunch weekdays as a student lounge.

Mary Amato and Jim Davidson reported that the North student lounge continues to have problems with dining room trays being left, books remaining unshelved, towels and scrubs scattered everywhere, and a filthy microwave. Linda Chambers has already hired a student to be responsible for reshelving the books once per week. The Dean's office approved funding for dish cleaning supplies (which have already been purchased). The council voted against the purchase of a coffee maker, feeling that students would only break it or make a mess of it. Since there have been problems with non-students using the lounge, a sign will be posted on the doors tactfully discouraging use of the lounge by attendings, house officers, physical diagnosis and other classes, and rounds.

The 1991-1992 Davison Council Elections will take place in March. The American Association of Medical Colleges (AAMC) representatives, which were appointed in the past by the previous year's reps, will be elected this year. The reps get the privilege of attending courtesy of the Dean's office a regional meeting in the spring and a national meeting in the fall.

Nominating ballots have been sent to all student boxes for the Golden Apple awards. The Golden Apple awards are presented each year at the Student Faculty show intermission to honor one Basic Science Faculty member, one Clinical Science Faculty member, and to one House Officer.

Clubs Med

Debbie Shih

AMSA

The American Medical Student Association (AMSA) is holding its national convention in Kansas City in March. All students interested in attending the meeting should contact Steve Morefield at 493-1555. March also marks the return of the "Meet The Resident" program sponsored by the Duke AMSA chapter. Residents from each department are available during lunch hours to answer any questions students may have about life as a resident. Flyers will be posted for date, time, and location.

Computer Users Group

This is a new organization formed to disseminate information about computing resources available for medical students and to associate medical students who have an interest in computers. Examples of computer services being developed are individual accounts for medical students in CTL on which electronic mail could be received and sent. The group will meet on Tuesday, March 5 in 1109 Duke North at 5:30 p.m. All interested students are invited to attend. If you have any questions, please contact Aamir Zakaria (383-5014) or Tim Conrad (489-5906).

Christian Medical Society

The Christian Medical Society is an organization which provides fellowship for Christian medical students, including weekly Bible studies and monthly meetings with speakers. The group is forming now and would welcome all interested medical students. Contact David Lee (383-2955) for any questions or information on getting involved.

MSIV News

Good luck to all MSIV's as the Match Day approaches! March 20 is the big day! Please remember there will be a party at TJ HOOPS from 3-5 pm with food, drinks, and pool provided. Also, the ballots have been counted and the hooders for the Hippocratic Oath Ceremony are Dr. Bernard Fetter and Dr. Lois Pounds, the Student Speaker will be Tom Oetting, and the winners of the Thomas Kinney Excellence in Teaching Award (the run-off ended in a tie) are Drs. Ralph Corey and Jim Hathorn. The Ideal Physician Award winner will be announced at the Senior Dinner. Anybody with good photos of themselves or their classmates, please give them to me or to Susan Blackford for use in the slide show to be shown at the Senior Dinner on May 9. The photos will be returned.

Boards Nothing to Balk At

Greg Lucas

There is a specter haunting first year medical students: it is the newly mandated National Board examination. The United States Medical Licensing Examination (USMLE) was recently established by the National Board of Medical Examiners as the sole route to medical licensure. The primary impetus behind this action was to eliminate inconsistencies inherent in the old, more flexible system. This goal seems admirable, and will undoubtedly generate a licensing route that is simpler and homogeneous across the states in the future.

Unfortunately, this goal necessitates the phasing out of FLEX and any other peripheral licensing routes. FLEX has long been the examination of choice for the vast majority of Duke students, presumably because its clinical emphasis and timing was more in sync with Duke's unorthodox curriculum than were the boards. The current MSI students will be the first class for which FLEX will not be an option. In order to assess the gravity of this fact, we should first take a look at what the new boards will be like.

In general, from literature I have read on the subject, the new step 1 for the boards is aiming to become more like FLEX. First, the new exam purports to be more comprehensive and integrative in its approach as opposed to simply calling upon memorized facts. From sample questions I have seen, the new exam couches questions in a clinical setting. For example: A 7-year-old boy is in your office and claims that he is being chastised by children at school because his urine turns black...etc. Whereas, the old boards would have phrased the question more starkly, i.e.: Alcaptonuria is caused by a deficiency of what enzyme?

Second, the old part I was divided into seven basic science sections (i.e. anatomy, pharmacology, etc). The new boards, on the other hand, are organized into a three-part outline; namely: organ system, process/function, organizational level. This change seems to be little more than cosmetic. After all, if I am struggling over a question on the culturing techniques for *Mycobacterium leprae*, it will be only a minor boost to my confidence to know that the item is contained under the category "organizational level" as opposed to the more intimidating category of "microbiology."

Third, the new boards will report only the total score and a pass/fail designation for step 1 to residency programs, whereas the old boards reported all seven discipline-based sub-scores. This change may be important, but it is not relevant to our current discussion.

Fourth, and perhaps most tangibly, there will be an abolition of true-false questions and those nasty ones that contain A/B/both/neither as answers. According to board literature, these type of questions were eliminated in favor of the "single best answer" type because they tend to emphasize recall of isolated facts, rather than synthesis of knowledge, and are more apt to contain technical flaws. In addition, there will be a reduction in the total number of items from 980 to 800.

If the step 1 converts to a more integrative and reasoning-mediated format, as the Board of Medical Examiners claims, it will be to the advantage of Duke students given the curriculum's emphasis on clinical and research medicine and its relative paucity of basic science instruction. The big problem is still, as it has been in the past, the timing of the exam. Most medical students at other schools will simply take step 1 at the end of their second year and step 2 (the clinical exam) at the end of third year. FLEX was a single, more comprehensive exam that could be taken later in the game.

In January a Duke task force of deans, instructors and an MSI student met to discuss the new board requirements. The task force recommended that Duke students take step 2 at the end of second year and step 1 at the end of third year. In addition the committee proposed giving sample tests of steps 1 and 2 to volunteers from all four classes to get a quantitative feel for the optimal time to take the exams. This seems to be a very good idea.

It is likely that an amnesia factor could play a key role in taking step 1 at the end of third year, when many of the finer points of basic sciences have taken a trip down the river Lethy. The Duke task force also discussed offering a 2-4 week review session for third year students prior to taking step1 (an idea obviously from the same womb as that to teach anatomy in 8 weeks).

Above all, I think the above discussion makes one fact painfully clear: MSI's will be the guinea pigs in determining how this change in licensure policy will affect Duke students. Ignoring the issue and assuming that the administration will take care of everything would be a mistake, simply because this change is new to administrators as well. The most prudent approach would be an active attempt to determine when is the best time for you to take the exam, given individual educational and career goals.

Student Curriculum Committee News

Amy E. Pickar

I. First Year Course Directors' Preparatory Meeting

In October, Dr. Snyderman challenged the course directors for the upcoming first year block to convene in the interest of increased course organization and integration. The directors for Microbiology, Pathology, Immunology and Clinical Arts, as well as two student representatives, met in mid-January. Pathology plans to remain as a five-credit course extended over two blocks. Problem solving sessions will be introduced into the Immunology course. Microbiology reports the elimination of parasitology lab, the addition of grades in lab sessions, and professor replacements. Finally, ethics, nutrition, Dr./Pt. interviews and standardized patients will be the core of Clinical Arts. The SCC continues to stress the need for better integration of course content.

II. Boards Review Course

The Class of 1994 will be required to take the comprehensive USMLE exam (a new exam to be introduced in 1993 which will replace both the Flex and Boards exams). Concern regarding Duke students' ability to perform well on the new exam prompted Dr Snyderman to establish a committee to evaluate the necessity and practicality of a 3rd-year USMLE review course. The committee recommended that the USMLE not be required for graduation from Duke. The optimum time for taking the exam would be to take Step II following completion of all core clerkships and Step I in June of the third year. They also suggested that only a short 2-3 week preparatory course be offered rather than a year-long comprehensive course. The SCC would rather see an optional year-long review course taught by a faculty member whose sole responsibility is designated as preparing students for the new exam.

III. Status of the Curriculum

The Planning and Implementation Committee (PAI) is presently reviewing options for revision of the first year (which will be have subsequent impact on the other three years of medical education). Points being considered are the addition of problem-based learning blocks between condensed didactic blocks and lengthening the present first year to 64 weeks (includes 8 weeks of vacation).

The SCC met with Drs. Graham, Schanberg and Petrussa on February 18th to discuss student concerns. Specific SCC opinions follow. Many were brought up on February 18, and the discussion is scheduled to continue on Monday, February 25, at 12 Noon in 2253 Duke North. The SCC believes that the most significant change to be made is the improvement of the quality and integration of the first-year. It supports problem-based learning, but feels that it should be integrated throughout each block. Lengthening the first year would result in the unacceptable loss of elective clinical time. A carefully planned redistribution of the core clinical rotations is necessary to provide an optimal introduction to clinical medicine. Third year students will benefit from expanding options to include scholarly endeavors not limited to basic science work. Finally, the SCC supports the existing medical school philosophy which provides 50% elective time in both the basic science and clinical years.

•NEXT MEETINGS: Mondays, March 4, March 18, and April 22. Meetings are held in Room 2253 of Duke North at 12 Noon.

You really do have time...

to work on Shifting Dullness.

We have openings for writers, artists, managers, comics, and editors. Any level of commitment can be accommodated. Call Kenny Boedeker at 286-3147.

THE DUKE MEDICAL ALUMNI ASSOCIATION

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student bulletin board

Annual Fall Pig Picking

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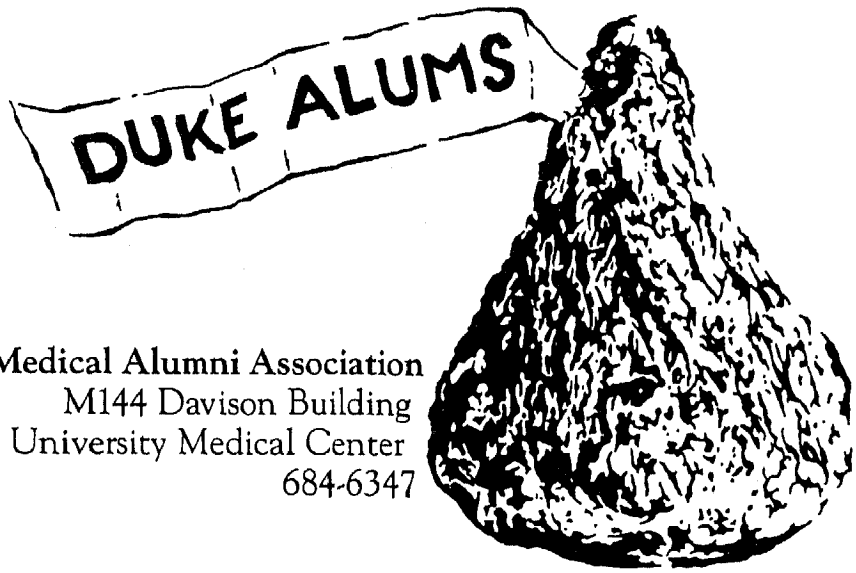
Davison of Duke

Perspectives

and, of course, the Candy Jar



Medical Alumni Association
M144 Davison Building
Duke University Medical Center
684-6347

Dear E Bach

I ran into a sticky situation over break and wondered if you could help. I went out on a date with someone I'm romantically involved with and we each had a few beers. We were walking home and stopped by a convenience store. Now, my home is the midwest, so naturally we went to the burrito section and microwaved two burritos each to use as hand warmers while walking the rest of the way home.

The problem came when my date asked if I mind if he/she ate one. I don't know how many of you have had experience with the breath of someone status post convenience store burrito, but it kills the romantic spirit. It was a dilemma.

I didn't want to give her/him the impression I did not care for her/him by spurning her/his passion, but I didn't want to be picking chunks of burrito out of my mouth either. And how much worse could beer-burrito breath be as opposed to just beer breath? Will he/she think that I think he/she is having a weight problem if I ask him/her not to eat the burrito?

Help me, E Bach, you're my only hope!

Love,

Wished I'd bought a toothbrush (MSII)

Dear Burrito-breath,

I must say that you are quite a guy/girl.

First of all, let us not underemphasize the importance of breath quality in relationships. Halitosis is ground for divorce in the state of Michigan. In this case, however, we are not just dealing with the garden variety morning breath.

You have several options, son/daughter. Let us examine them, but allow that my perspective is from the male view, and your plea is unclear as to gender.

1. Return to your watering hole and swill more beers. All offensive characteristics mellow nicely after a few barley sandwiches.

2. Eat a burrito yourself. Then you can both enjoy each other's swap without appearing one-sided. The only time I ever hear complaints about coffee breath is when only one is drinking coffee.

3. My favorite option is the old wintergreen lifesavers trick. Ask her if she has ever seen the visual from eating lifesavers in the dark. Even if he/she has, buy a pack of wintergreen lifesavers and accompany him/her into a dark area and have her chew, hopefully the entire pack. She/he will be amused at the sparking fireworks and you will have a sweet-smelling paramour for the rest of the evening.

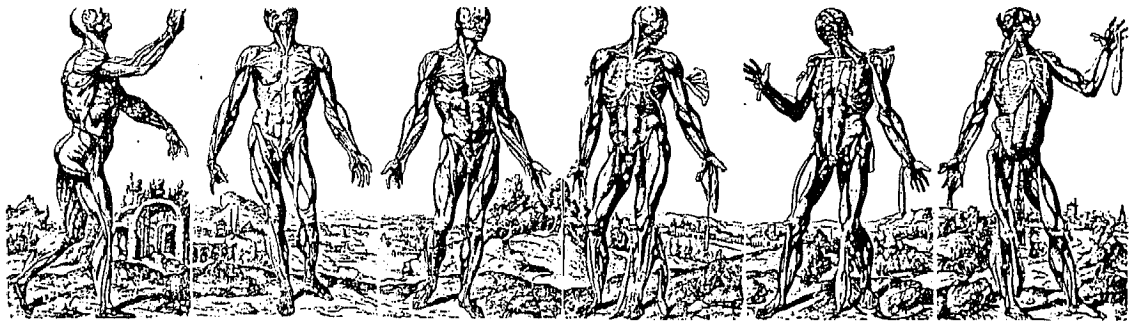
4. For those who have the cool disposition of an iceman/woman, don't kiss your date. Argue that such tomfoolery leads to too close a personal bond that you're not ready for.

5. Finally, realize that the burrito section is a natural choice for late night scrounge, but for hand warmers, try hot beverages or each other's pockets. Go nuts, cowboy/girl.

I hope that I have been helpful. As always, I remain sincerely yours,

E Bach

Letters to E Bach are actual submissions from members of the Duke Medical community. Send letters to Eric Bachman at PO Box 2704 DUMC.



Announcements

The Duke Society for Medical and Legal Affairs invites all interested people to come to a potluck on March 28 at $335A American Drive. Jeff Rice, MD/JD student, will discuss "alternative dispute resolution." For more information call Cliona at 383-6955

The twenty-second annual Alpha Omega Alpha (AOA) original studies symposium of medical student research will be held Thursday, March 28. The AOA symposium is a unique opportunity for Duke medical students involved in or recently involved in research activities to present their work to the entire Duke community. Traditionally, 75-85 percent of the current MS IIIs participate in this event as well as a large number of MS IVs.

The 1991 AOA symposium is honored to welcome Dr. Richard D. Klausner, a NIH investigator and a DUMC graduate, as keynote speaker.

This year as part of the symposium there will be formal judging of both the poster and platform presentations by faculty members. Several awards, both monetary and nominal, will be given to those students whose presentations are of the highest quality.

Any person interested in presenting their work at the symposium please contact James Schuster, president of Duke AOA Chapter.

Match day for MS IVs will be March 20, at noon in the Medical Center Board Room. If you will not be in town for this day, please contact Barbara Gentry at 684-5901.

Medical parents weekend is slated for the weekend of April 13-14. Activities begin Saturday at 9 a.m. and conclude Sunday with a worship service at 11 a.m. A complete list of activities has been mailed to all parents of medical students.

A theater presentation of "Face of Stone" by physician and poet William Carlos Williams, and starring three medical students will continue performances on the following dates: March 26 for Lee County Medical Society, Sanford, NC; April 10 for Johnson County Medical Society, Smithfield, NC; April 24 for Randolph Count Medical Society, Asheboro, NC. Any medical student seeking to carpool to one of these performances please call Joy Javits at 684-2027.

"The Body Doesn't Lie," a workshop in body expression and interpersonal communication is scheduled for March 20 from 6-7:30 p.m. Please call 684-2027 for more information.

"I want to play you a song." Music emanates from the Steinway grand piano in North Cafeteria. Eric Miller plays improvisational classical music every Monday at 1 p.m. and every Thursday at 5:30 p.m. Rod Herrera plays clssical music ever Monday at 4 p.m. In addition, Pam Morrison will be playing classical music on the following Wednesdays: March 6, march 20, April 3, and April 17.

"Room Service," brings musicians, singers and instrumentalists to patients' rooms on a volunteer basis. Time commitment is minimal and at your convenience. If you are interested, please call Joy Javits at 684-2027.

Eye Center Art Gallery, located in the Eye Center Cornea waiting room, will be displaying African, Chinese and American sculpture for several hours on Mondays, Tuesdays and Wednesdays of this month.

About the Cover: Rat liver cell after carbon tetrachloride intoxication. Taken from Robbins and Kumar, *Basic Pathology*.

On The Wards

Kenny Boockvar

Place: Duke North, pediatric inpatient ward, fifth floor, infant wing. Time: 21:00. Jeremy has a fever at 38.6°C and requires cultures to rule out sepsis. The blood-drawing equipment stands near his bed. "—Ah, but that was an hour ago. I gave him Tylenol and he has since gone down to 38.0.°" Jeremy takes the tourniquet into his mouth. "I really need you to see little Julian, who has just vomited and looks dehydrated."

"Julian?" His chart reads "Hospital day 43: Social worker note: Julian's parents fight with each other and are ambivalent towards taking the baby home." The child's urine density is 1.015... Movement in Julian's room. The linens-collector is watching television: "Hussein has put up little resistance in the initial weeks of this conflict." Julian's anterior fontanelle is soft but not depressed. His mouth is moist. "Please keep him in anti-reflux position. Let me know if—"

"Beep-beep..." A child's EKG monitor goes off; his leads are tangled...Time: 22:30. Diapers continue to be placed outside the patients' doors. Dinner trays are collected. Radiology summons Baby Girl Hasty for her head CT. The requisition pleads "rule out hemorrhage..."

Another "beep-beep...," this time louder. Paging relays an outside call from somebody who cannot afford her child's antibiotic. "—Dollars a day! I guess I could—" "Hold on, Ma'am." Patient information blinks "no insurance." Further down the screen shows the organism is susceptible to gentamycin. "The new prescription will be available at the pharmacy, Ma'am." "Thanks, Doc..."

The surgeons make their late rounds. "Are Johnson's films back yet?" They suggest surgical intervention if Boy Johnson does not make stool within 24 hours. The hands slide on the clock as the television relates: "Stealth bombers have saturated Baghdad." A nurse pauses her feeding. "I know a medic over there."

Time: 0:30. A call for Sara's chemo-push. The labeled syringe from pharmacy matches the oncologist's order. A child on 5300 once received a full dose of vincristine, but he did not have cancer. Sara sleeps through the IV switch. Her mother is known to follow every detail of her care, down to the concentration of sodium in normal saline...

A note lies on a desk: "Jeremy is having loose stools." A cake celebration was held this morning commemorating the four month anniversary of Jeremy's admission and birth, and the beginning of his loose stools. A nurse nearby tastes what is left of the cake as the television shows the Persian Gulf with its slick of crude oil. "All that little man needs is a new diaper."

Health is a relative thing. A child with an ear infection is healthy to run. A boy with cerebral palsy is healthy to feed himself. A girl with trisomy thirteen is healthy to have a name.

The pictures on the walls of the ward are scenes from children's tales. Most of the ward personnel are now gathered around the television in Julian's room. An American flyer has been lost in combat, and his mother is stopped outside her home. "Ma'am, do you still support—" She is not composed. "You son of—" She swallows and turns away. "My boy, my boy..." A nurse shuts off the television and the silence is as when an engine stops. Everyone inspires... then an EKG monitor goes off, and the ward, like a busy office, reverts to its jittered rhythm.

Purely Purulent's Official
Answers to Interview Questions List
As Illegally Compiled by Program Directors Across the Country

Eric Weidman

1) Where do you picture yourself in ten years?

Wrong: Chairman of the department. In your chair! Splitting clinical, research and teaching duties equally. (yeah, right)

Correct: Surfing off the California coast. At Satisfaction... Unemployed/ Unemployable. Cruising chicks/dudes in Chapel Hill in a bombed out VW bus. Still working on my PhD.

2) What do you want to do with your training?

Bench 250! Sell used cars. Earn enough money to buy an attractive spouse. Become a ski bum, knowing I *could* have been a doc if I had wanted. Avoid getting a real job.

3) What are your strengths?

I bench 250! I can chug a beer in 30 seconds flat. I floss daily. I can twirl my reflex hammer on my index finger.

4) We have many competitive applicants, why should we choose you?

See above strengths. I'd be the only resident willing to try to get along with you. My Mom's a lawyer. My Dad is in the Mob.

5) How did you become interested in our program?

Who's saying I'm interested yet? I read the phone # on the bathroom stall wall. I'm a gunner and naturally attracted to your program. My mother wants me to be a _____ (fill in the blank with ortho, CT surgery, derm, etc.). I like the long hours, low pay and abusive treatment.

6) Who has been a role model for you?

Elvis Presley, Arnold Schwarzenegger, Kitty Dukakis, Frank Burns.

7) How do you like Duke?

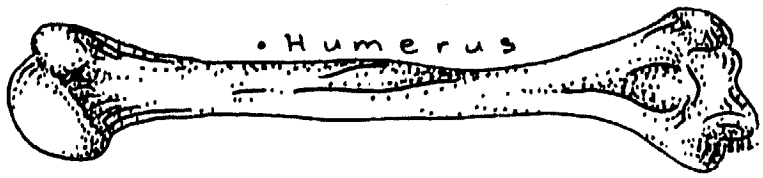
I cheer for them when they're winning. It's easy to spell. It's the best ! Depends on the day of the week.

8) Could you tell me about your research year?

Yes. I watched 250 reruns of the Brady Bunch, I Love Lucy, and the A-team. Rats (mice, cell cultures, etc.) die more easily than you'd think. I finally filled a drawer of my file cabinet with articles (other people's, that is!)

9) If you had to do it all over again, what would you do differently?

I'd take time to stop and clone the flowers.



"I don't read papers, I write them. Actually, I read them and criticize them."

- Dr. Wong

"Medicine is like theology. If it doesn't know the answers, it is forced to make them up."

- Dr. Dan Sexton

"He was paralyzed by an exquisite knowledge of the literature."

- Dr. Dan Sexton

Send "humerus" quotes from faculty or housestaff to *Shifting Dullness* at PO Box 2733 DUMC or drop off in the submission boxes in the candy room and student lounge.