

### Code of Professional Conduct

Davison Council

A 'Code of Professional Conduct' was recently adopted by the Davison Council. This document deals with basic ethical issues such as respect for privacy, substance abuse on duty, and commitment to patient care. The code also asks for prompt feedback during courses and fair evaluation from the faculty and residents. This is designed to forestall the imposition of rules from the Dean's Office, which might have a stricter interpretation. The current document could be enforced by a student jury consisting of the Davison Society president, vice presidents and secretary, the class presidents, and one other student from each class. Recommendations would be made to the Dean only if a student was found guilty, otherwise the case would be dropped.

Although this document is not currently in effect, it has been presented to the Dean, and may be instituted for future entering classes.



### New Curriculum Considered

from the Davison Council

The Davison Council Curriculum Committee met with Dr. Saul Schanberg to discuss future goals in Duke Medical education. Dr. Schanberg anticipates a strong reorganization of medical education towards a more problem-oriented format. This is in response to the recently proclaimed success of Harvard's "New Pathway." The Davison Council is intent upon being included in the incipient stages of this restructuring so that our input can be considered. Any student wishing to participate in meetings or to voice an opinion should contact Avery Evans, Marc Goldberg, Conrad Flick, Shauna Tilly, or Grant Simons.

### Where do you park?

Davison Council

Once again the safety of medical students was sacrificed for undergraduate convenience. Parking spaces in the N lot on Flowers Drive have traditionally been reserved for medical students on clinical rotations, to minimize the long and potentially unsafe walk to H lot during the wee hours of the morning. Last year these spaces were reassigned to Trent Hall undergraduates, who need convenient parking so that they can commute to class. The Davison Council has fought hard to regain this space, and last year obtained enough N lot stickers for the women in the second and fourth years. This is not good enough. Michelle Heng, MSIII, has volunteered to pursue this issue, so that we can all be guaranteed safe parking for our late nights on call. If anyone else wants to become involved, please contact Michelle.

# SECOND OPINIONS

## Precautions

Stefano Cazzaniga

The first of a two-part report entitled "Recommendations for Prevention of HIV Transmission in health-care Settings" was recently published in *the Journal of the American Medical Association* (JAMA, Sept. 11, 1987, vol. 258, No. 10). As the title implies, this Morbidity and Mortality Weekly Report (Supplement 2S), from the Centers for Disease Control, Atlanta, offers guidelines for the protection of health-care workers from human immunodeficiency virus (HIV) infections. The central theme of the report is explicitly stated in the introduction:

"... this document emphasizes the need for health-care workers to consider all patients as potentially infected with HIV and/or other blood-borne pathogens and to adhere rigorously to infection-control precautions for minimizing the risk of exposure to blood and body fluids of all patients."

The reason for this decision is reflected in the report: "Since medical history and examination cannot reliably identify all patients infected with HIV or other blood-borne pathogens, blood and other body-fluid precautions should be consistently used for all patients."

These precautions, referred to as 'universal blood and body-fluid precautions,' are detailed, and vary with the medical situation (i.e. the extent of contact with the fluids). In general they are; implementing barrier devices (i.e. gloves, face shields, gowns/aprons etc.), hand washing, taking care when handling sharp and other instruments and their proper sterilization/disposal, proper handling/storage/disposal of body fluids, and avoiding direct patient contact and patient-care equipment should the health-care worker have certain types of skin lesions.

In reality, only a very small fraction of health-care workers (87 out of 6.8 million) have acquired AIDS due to no readily identifiable cause (i.e. they did not exhibit high-risk behavior); it would thus seem that health-care workers are not at a much greater risk of contracting AIDS than the general population. Why then the need for precautions?

The primary reason is to ensure that the number of health-care workers who have AIDS due to unidentifiable causes does not rise, for in all likelihood the percentage of patients who are HIV-infected will increase. Thus any undefined risk to health-care workers now present is bound to become magnified, especially in view of the fact that although only blood, semen, vaginal secretions and possibly breast milk have been implicated by epidemiological data to be involved in HIV transmission, many other body fluids, secretions, and excretions have been shown to be able to contain the virus; health-care workers tend to come into closer contact with these than the general population.

Secondly, adoption of these 'universal precautions' on all patients will hopefully have the effect of relieving the stigma from known AIDS victims, who would otherwise feel uncomfortable (to say the least) at being treated in what they would probably perceive as a demeaning, less humane way.

However, the danger does exist that instituting these 'universal precautions' will have a detrimental effect on the health-care worker/patient relationship. This could be the result of the perception of the patient merely as a potential risk to the health-care worker, not as a human being in need of help. AIDS patients themselves would suffer the most from this situation, for being both terminally ill as well as generally shunned, would require the most generous human compassion, especially from those who have pledged to help the sick and the dying. What is needed is a personal decision on the part of each health-care worker to abide by these new measures, yes, but more importantly not to let these come in the way of their commitment to compassion. In this the various medical associations and institutions can help, not only by encouraging such an attitude, but also by showing their dedication to it. For example, I thought that the report did not emphasize enough that the precautions are not simply to protect the health-care workers from any potential threat from the patients, but also to protect the patients from health-care workers who may be infected, or from any contaminated equipment (the third and fourth reasons why the precautions are indeed necessary). This would help foster a mutual feeling of respect between patients and health-care workers, which would hopefully overcome any stigma, and which would signal to both that the common enemy is the AIDS virus, not each other.

# Shifting Dullness

from the Editors

This is the new Medical Student Newsletter. Many of you may remember the most recent form of the Davison Society Newsletter *Shifting Dullness*. The publication was founded in the later 1960's and has been produced at various times since then.

The mission of this newsletter is to serve as the organ of communication among medical students as we learn to interact with peers, professional circles, and patients. The expanded format of the newsletter is designed to provide opportunities for more students to become involved in the production and direction of this publication. As a service to the medical student community, the newsletter is a forum for voicing student opinion, outlet for creative expression, and central base of information disseminated from the Dean's office, Alumni Affairs, and Medical Student groups.

You can become involved by joining the staff or submitting features, ideas, art, creative pieces, or humorous observations. Drop submissions in our box located in the Alumni Affairs office or the office of Florence Nash, Dean's assistant.

Special thanks for their assistance in getting our first issue off the drawing board go to:

Florence Nash, Janet Sanfilippo, the University Archives, the Medical Center Archives, and Dean Graham.

## Clinical Correlations

Holly Lisanby

"Imagine lightning with jagged edges stabbing through your legs and feet." This was the response of a patient during a recent clinical correlation when asked to describe how her diabetic neuropathy feels. This response came as a striking answer to a question that arose during an earlier first year clinical correlation session. A slide presentation given by Dr. German outlined the symptoms and problems of gout, but there was no slide available to teach us about one particular symptom: as Dr. German observed, "it hurts more than anything else, but I can't show you that." Beyond learning about the physical manifestations of disease, these sessions with patients are enabling us to learn about the nonphysical impact of illness, life-style changes and altered self-image — important parts of a patient's experience living with an illness. These sessions have demonstrated that clinicians do not cure

illness without interacting with the person who has the illness. The patient makes a commitment to his or her own health, and it is because of this commitment that the patient complies with treatment regimes and takes responsibility for his or her own quality of life. As one patient put it, the doctor gave her the tools to improve her condition, and she chose to use them through making her own well-being her first priority.

At a recent clinical correlation in biochemistry (9/1/87), the doctor flashed a slide on the screen and asked, "anyone know what this is? This is a collagen condition. This is a 12 year old boy." The strength of having actual patients involved in the clinical correlation series is that we can see the 12 year old boy before we see his medical condition.

## Medieval Midwifery

Holly Lisanby

Professor Monica Green spoke recently on the topic of Midwives in the Middle Ages at the first in a new fall series on the History of Childbirth organized by the Josiah C. Trent Society for the History of Medicine. Green's research into the history of women as patients and practitioners investigates the generalization that women's health is women's business. Records reveal that women were licenced to treat all illness (not just gynecological concerns) although a few were limited to treating only women.

In order to discover how medical knowledge concerning women's health was disseminated, Green studied the author and audience of gynecological literature. One text was written by and for women so that fellow women would not have to reveal their "secret maladies" to men. This theme of modesty is important to the preference for female midwives. However the authorities cited in the work are male, suggesting male mastery of gynecological information. Through this investigation of gynecological literature of the middle ages, Green addresses the conflicts over territory of practice and control of medical knowledge concerning women's health. Look for announcements of coming talks on the History of Childbirth in the History of Medicine Reading Room, Seeley Mudd Library.

Shifting Dullness accepts letters of opinion from all members of the medical school community which encourage responsible dialogue.

# HAPPENINGS

## Who will represent you?

The next Davison Council Meeting is Tuesday, Oct. 6 at 5:30PM in the Dean's conference room. All student organizations are encouraged to participate in this meeting planned to provide better interactions among student groups. Five first year medical student Davison Council Representatives will be elected during the fourth week of October. The person receiving the most votes will be appointed class president. Nominations are open until the third week of October, so start thinking about it now!

## You are invited

from the Davison Council

A cocktail party honoring recent deans in the medical school will be held from 5-7PM on Monday, Oct. 5, at the Mary Lou Williams Center on West Campus. Guests of honor include Dr. Charles Putman, Dr. Bill Bradford, Dr. Galen Wagner, Dr. Shirley Osterhout, and Dr. Suydam Osterhout.

## Medical Alumni News

Wendy Zaroff

The Medical Alumni candy jar has moved. Feel free to stop by and indulge at 1140 Duke South, Yellow Zone. Also appearing at this location is the student bulletin board. Watch for photos and announcements.

The annual Davison Club Student-Faculty Tennis Tournament is scheduled for Oct. 25. Registration forms have been mailed out so enter soon!

Planning an interview trip? Consult the Medical Alumni Host Book — a list of hundreds of Duke graduates who have offered to provide lodging to medical students interviewing away from Duke.

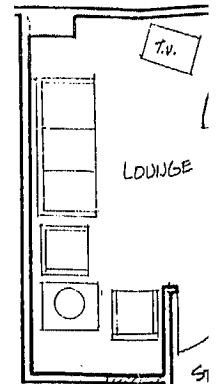
NC State Fair: Volunteers are needed to sell Pepsi at the WPTF-AM Dome at the NC State fair. Proceeds benefit the Duke Children's Medical and Surgical Center. Volunteers will receive a T-shirt as well as free admission to the fair. Day, night, weekday, and weekend shifts are available: Oct. 16-26.

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Call 684-5211 or  
286-5557

## New Student Lounge

Medical Student Space  
6th Floor Central Bed Tower  
Duke Hospital North



### Davison Council

A new student lounge will be built on the sixth floor of Duke North, with completion in 1989. Current plans call for two television rooms, two study rooms, a kitchen, and ample locker space for 278 students. This will be in addition to the current lounge and lockers in Duke South.

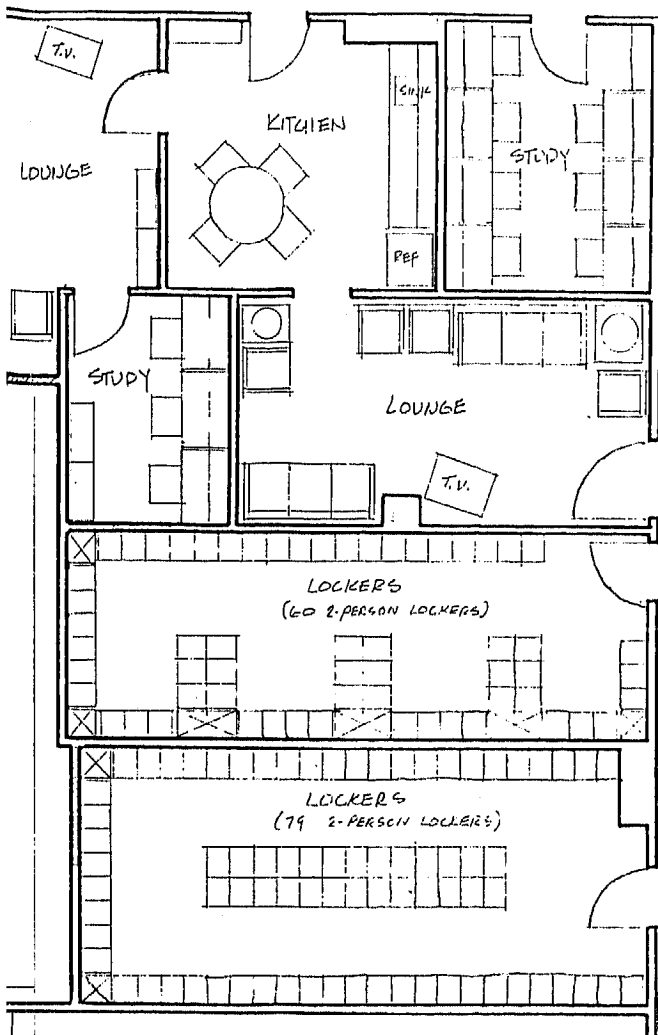
Several students met with hospital administrator Larry Nelson to discuss these plans. We suggested that 220 lockers would be adequate, as well as only one TV room and one study. In return, we requested two bathrooms with showers and four call rooms with bunkbeds and telephones. The development office was fully receptive to our suggestions and will evaluate the architectural possibilities.

A lounge has been promised for several years, but our space was repeatedly reallocated to higher priority needs. The students are grateful to finally obtain a firm commitment from the administration.

There have been a lot of demands made of you since you've started medical school: they've asked for your money, your notes, your time... let's face it — they've even asked for your sperm.

But all we want is a little creativity and insight.

Write for Shifting Dullness  
call Holly at 688-7347



## Maintaining a social life in Medical School

Rowena Dolor

Surviving medical school means more than keeping up with studies, doing rotations, research, and clinical work. Survival depends on maintaining the perfect balance between coursework and recreation. Relaxing at Satisfaction's eating pizza and drinking beer is one way to relieve stress; but Duke's campus offers many events that are free or inexpensive, not to mention culturally and intellectually exciting.

All medical students pay a \$5/semester student activities fee. One dollar goes to the Graduate and Professional Student Council (GPSC) which represents the opinion of the graduate and professional students. Four dollars go to the Duke University Union (DUU) which is the student-run programming body of the university. This fee entitles medical students to free admission to all Freewater films and Major Speakers attractions (makes a cheap date); discounts on Broadway at Duke tickets and other Union events with the exception of Major Attractions concerts; and free use of the Craft Center located in the Bryan Center.

October is your chance to start taking advantage of Union events:

- Oct. 3-4: 8PM "REM" at Cameron Indoor Stadium.
- 4: 3PM "The Glass Menagerie," Broadway at Duke Series at Page Auditorium.
- 9-10: 2-5PM Oktoberfest. Main quad (Rain location - Bryan Center).
- 13: through Nov. 13, Artwork by Lynn Saville at the East Campus Library Gallery.
- 28: 8PM Coach "K" Major Speakers at Page Aud.
- 30: 10AM-5PM "Duke on Display," Bryan Cr.
- 31: 9PM-1AM "Blue and White Night" featuring "Plaid Rabbit" and "The Embers," at Von Cannon.
- Midnight Halloween. "The Rocky Horror Picture Show" at the baseball field.

### Staff

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# Medical Student Activities

## FOCUS

On September 15, representatives of several Medical Student Organizations spoke to a gathering of first year medical students during the Activities Fair sponsored by the Davison Council. The following is a roster of some activities with tips on how to get involved:

**American Medical Association** - The \$31 annual membership to the AMA, North Carolina Medical Society, and the Durham-Orange County Medical Society offers several journal subscriptions, insurance at group rates, the AMA Drug Evaluations textbook, monthly dinner meetings, and a variety of other activities. Contact George Ibrahim (box 2877 DUMC).

**Amnesty International Health Professionals Network** - This international network protects the human rights of prisoners of conscience. Particular focus is placed on prisoners with health problems, prisoners retained on dubious diagnoses, imprisoned doctors, and torture victims. Members are asked to write one letter a month. Other activities include talks and presentations on related issues. Contact Dan Kenan (box 2738 DUMC, 684-5589).

**American Medical Student Association** - The American Medical Student Association (AMSA) is a nationwide independent student organization composed of 38,000 members (about 100 at Duke). AMSA gives medical students a chance to have an impact on the health care system and medical education and offers a breadth of information and options that Duke alone cannot provide. Nationally, AMSA has task forces in specific areas of interest (aging, bioethics, community medicine, international medicine, death and dying, humanistic medicine, medical education, legislative affairs, prevention of nuclear war, women in medicine, child and adolescent medicine, lesbian, gay and bisexual people in medicine, occupational medicine, computers in medicine, nutrition, and preventive medicine), publications and audio-visual materials to rent or purchase, a convention to pass ideas and enthusiasm around, and options in community health. A regional medical instrument co-op is under consideration.

Last year, AMSA at Duke had bimonthly meetings with residents in different specialties to introduce MS I's

to clinical medicine; booksales; a video on ethical dilemmas that students may be faced with in the second year; and attendance at a national convention on the corporization of medicine. AMSA is now working on developing a day care center (in association with the Department of Pediatrics), getting Acute Cardiac Life Support as a fourth year weekend offering, and continuing or starting any programs that students want to undertake. Coming events include:

1) Regional conference: "Humanistic Approaches to Medicine," at Emory University, 10/30 - 11/1.

2) Regional bioethics conference: "Response to AIDS," at Duke University Searle Center, 11/19.

Contact Pam Cross, MS IV (box 2810 DUMC, 286-0170) or Jim Bass, MS II (489-1323).

**Alpha Omega Alpha** - AOA offers a variety of educational activities which supplement the Medical curriculum; including rounds with Dr. Eugene Stead, Jr. the F. McAlister Professor Emeritus, Department of Medicine, Physical Diagnosis sessions, and an April research symposium of third year projects. Contact Scott Tyrey or Christina Gephart (box 3090 DUMC, 383-1201).

**Christian Medical Society** - CMS is a national organization of Christian MD's and medical students who seek to integrate their faith with medicine. The Duke chapter of CMS provides opportunities for students to meet periodically for fellowship and to discuss topics from a Christian perspective. All Christians and non-Christians alike are invited to participate. Contact Rob Kime MS III (box 2762 DUMC).

**Duke Society for Medical Legal Affairs** - DSMLA is an interdisciplinary organization of students, faculty, and physicians from the schools of law, medicine, health administration, divinity, public policy, and physical therapy gathered to foster understanding and discussion of interfaces between medicine and law. Topics addressed include medical malpractice, medical corporate law, biomedical ethics, forensic psychiatry, and criminal litigation. Contact Andy Martin (286-2897) or Brad Mindlin (493-8712).

**East End Clinic** - Medical Students volunteer health services at this free clinic in East Durham as a service to the community. Contact Maynie Bronstein (688-8943).

**Graduate and Professional Students' Fellowship** - The Fellowship is a group of graduate and professional students organized through Duke Chapel who gather to share their concerns and basic needs as human beings and Christians. Activities provide opportunities to meet people in other departments. Meetings are every Tuesday including a covered dish dinner every other Tuesday at 5:30PM in the Duke Chapel Kitchen. Contact Mark Young (286-2488 or 684-5955).

**North Carolina Rural Health Coalition** - We sponsor local health fairs with volunteer student support. Programs under consideration include a drug cop and health care clinics. Contact Pam Woodard.

**Seventh Grade Sex Education** - Durham is ranked in the top ten among cities for its rate of teen pregnancy. Join other medical student volunteers in teaching a sex education program at local high schools. Contact Jo Evans.

**Students for the Ethical Treatment of Animals** - SETA is a group of volunteers from the

Duke and Durham community working to extend our circle of compassion to all living things. SETA promotes public discussion and awareness leading to a greater ethical concern for the impact of our lifestyles and priorities on animals. Our goals are to achieve a reduction in the number of animals used in research through an exploration of alternative models for human illness including computer simulation, tissue cultures, anthropometric dummies, and human biomechanical data. According to a report on the use of animals at Duke prepared in 1986, 50,000 animals per year are killed in connection with research at Duke. SETA offers information about cruelty-free cosmetics, alternative clothing, and vegetarian diets. Speakers and panel discussions on the legal aspects of animal use are planned for this semester in conjunction with the Duke Society for Medical and Legal Affairs. We invite discussion from all perspectives on these issues. Contact David Wolfson (286-9573) and join us at our weekly meetings on Wednesdays (location posted in the *Chronicle*).

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## PROFESSIONAL OPPORTUNITIES

### Alpha Omega Alpha Student Research Fellowships

**purpose:** to stimulate interest in research among medical students in areas of clinical investigation, basic research, epidemiology, and the social sciences, as related to medicine.

**deadline:** 1/15/88. Applications should include a one-page outline of the proposed research project; a curriculum vitae and bibliography and Social Security number (PhD candidates not eligible); a letter of support from the faculty supervisor; and letters of endorsement from the AOA councillor. Send to AOA Honor Medical Society, 525 Middlefield Road, Suite 130, Menlo Park, CA 94025

**award:** Up to 7 fellowships annually of \$1500 for support of proposed research project.

### Sixth Annual Alpha Omega Alpha Student Essay Award

**purpose:** to stimulate medical students to address general topics in medicine.

**topic:** any nontechnical aspect of medicine, including medical education, medical ethics, philosophy as related to medicine, reflections on illness, and the history of medicine.

**deadline:** 1/30/88. Send one original and 3 copies to

Dr. Robert J. Glaser, Editor of *The Pharos*, 525 Middlefield Road, Suite 130, Menlo Park, CA 94025.

**prize:** an all-expense-paid trip to a national medical meeting and a \$500 honorarium.

### William Osler Medal

**purpose:** This medal, first awarded in 1942, commemorates Sir William Osler, who stimulated an interest in the humanities among students and physicians alike.

**topic:** The Medal is awarded for the best unpublished essay on a medico-historical subject. Essays appropriate for consideration by the committee may pertain either to the historical development of a contemporary medical problem or to a topic within the health sciences of a discrete past period.

**deadline:** 2/15/88. Obtain submission form from Dr. Olch at the Section of Medical History, Uniformed Services University, 4301 Jones Bridge Road, Bethesda, MD 20814-4799, phone (202-295-3487).

**prize:** the William Osler Medal and \$500 to defray travel expenses to attend the next annual meeting of the American Association for the History of Medicine to be held in New Orleans, LA, where the prize will be awarded.

# ACHILLES HEEL

## Cadavaliers Facing Rebuilding Season

from the sidelines

The first year medical student intramural soccer and football teams have gotten off to sluggish starts. Coming off of a resounding 6-1 thrashing of an experienced second year team, the Cadavaliers soccer team fell at the hands of Rob and Slimy by a 2-0 margin. Picked in the preseason to take the crown, Cadavaliers will have to rally behind the inspired play of forward Parhem Ghandchi and stopperback Hank Mansbach to win their division. On the gridiron, the Cadavaliers are at an even 1-1 mark. Playing their first game against perennial power ATΩ, the Cadavaliers lost in a nail biter 28-6. Kevin Doyle tossed the lone touchdown to back Eric Bachman. Charlie Yue, spiritual leader of the vanquished squad commented, "I think our main problem revolved around their scoring more touchdowns than us." In the second game, the Cadavaliers turned away Alspaugh in a decisive 12-0 victory. Touchdowns were scored by Keith Walter on an interception return and by Dave Fortuin on passes by Michael Mauney and Eric Bachman.

Some of the woes of the soccer team are traced to the loss of Adrian Cotterell, who is out for the season with a fibular fracture. Officials are looking in to granting Cotterell a red-shirt season so that he can have eligibility after fourth year.

Look for the soccer and football teams to bounce back from their early losses, capture their division titles and take a shot at the overall titles.

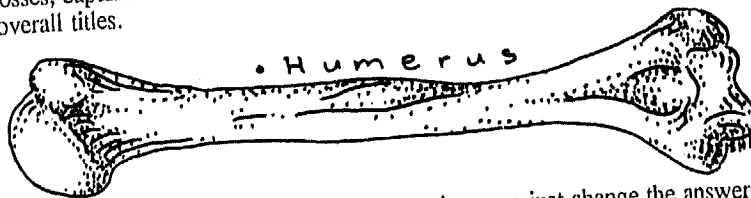
## Vital Volleyball

Steve Gallup

Our volleyball season began in an overwhelming display of dominance in the essential skill and strategy for winning intramural games — **showing up on time.** In fact some of the most exciting play included dodging trash cans, pedestrians, and tree limbs in warmup prior to the game. Practicing without a net had taken its toll. We soon lost our "real court" phobias, however, when the referee got tired of reading rules to stall for time and called a forfeit. After giving the other team a few players, we saw some breathtaking serves by Parham Ghandchi, spikes by Stephen Potts (who actually knew what he was doing there), and some very inventive play by the rest of us.

The following competition was much tougher, and with about 20 people there, we had to take turns playing (and losing) to the Asian Students. John Meissner played a memorable role as impromptu referee. Thursday's stress-break team played the "Canterbury Tales" who didn't seem to understand what the ball was for, much less why they should hit it. Whoever served controlled the game, and fortunately we served more than they did.

I urge the other two thirds of the first year class to take part, bring some fascimile of glory to our class, and have a good time on the IM courts.



"Surgeons have to work from slides since we have no capacity to remember anything." -Dr. Andrew Wexler  
Clinical Correlation, 9/10/87

"You should study from old exams. We use the same

⑧ \_\_\_\_\_

questions; we just change the answers."

-Dr. Padilla

Physiology Conference, 8/28/87

"Someone put their fat asterisk \* on my slide."

-Dr. McIntosh, Microanatomy, 9/25/87

"You are entering the professional world and you should dress appropriately."

-from 1st year orientation packet