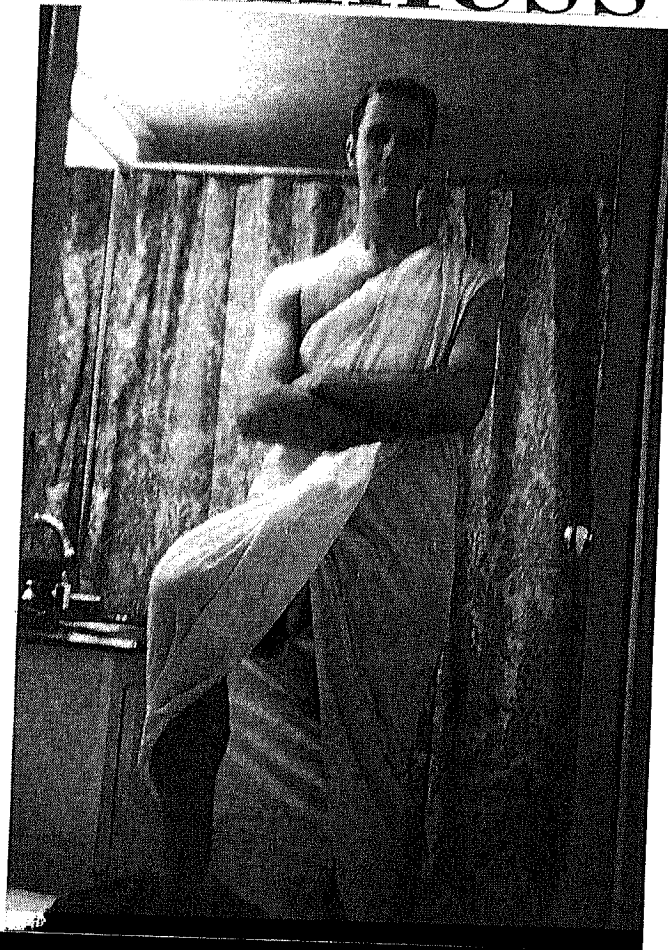


Shifting Dullness

December, 1997

The merry yet
secular issue



Inside this sanguinous and green issue:

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Plural Effusions

Jeff Drayer

So, after doing several clinic-based rotations— dermatology, radiation oncology, rheumatology and now ophthalmology, I've seen quite a few patients. I've been there to listen to their questions, and have tried, when I could, to give them answers and assuage their fears. But, of course, as only a fourth-year med student, I don't always have the answers. Which is why, each day when I come home from work, I always sit down on my couch, close my eyes, and thank God for the Internet.

Now, the nerds in my former lab are sorely disappointed in how little time I spend searching the web. As a matter of fact, I don't actually own a computer myself. But, I've found out, all of my patients do. And they use them. Oh yes, they use them.

Of course, it used to be that sick people would come to the doctor in search of professional advice— the kind of advice that came only with years and years of education and training. Little did we know how foolish those people really were. Now that, with a couple of mouse clicks, a patient can "know" all the "facts" about their condition, they don't really need the doctor for anything more than prescriptions. As a matter of fact, they've even found that it's their responsibility to educate the doctor on their condition, whenever they get the chance.

And what could be better, as a medical student, to be taught by not only my residents and attendings, but also by the patients themselves? How many times did I read over a complicated chart right before going into a patient's room, unable to put together all of their symptoms into a coherent pattern, only to be met inside the room by a friendly stack of

computer paper lined with flashy titles such as "All About Scleroderma," "The Wild World of Psoriasis," and "Ginseng Cured My Ovarian Cancer!" Of course, no patient expects me to read this entire thing, as they have. Which is why they have conveniently highlighted all of the "important" passages, such as how their arm pain and occasional stomach ache are classic for multiple sclerosis, and could they please have some plasmapheresis.

No, the Internet has been most helpful. How else can the patient know that we've incorrectly diagnosed their Budd-Chiari Syndrome as acne? Before, they were simply passive anemonaes, swaying with the current of any whim the doctors could devise. But now, thanks to the Internet, they are octupi, empowered with thousands of suckers of knowledge with which they can cling to anything they want. Because, after all, the Internet couldn't be wrong. And of course, their cousin the chiropractor suggested a couple of sites which would provide a lot of good information on endometriosis. How could some doctor know any more than the entire Information Highway? Besides, people are discovering new cures for diseases every day— what are the odds that Duke physicians have the time during their busy lives to keep current on all of them?

Furthermore, there's plenty of information that the medical books don't discuss. All bogged down in "science" and "experiments," for example, the textbooks and academic centers have totally ignored the new science of herbs. Fortunately, the Internet has not. No, thanks to

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Kayes Study

By Andrew Kayes

Seeing that I will now be joining the staff of Shifting Dullness, I have been thinking hard about the title of my new and soon to be infrequent articles. So far, I have ruled out "A Quarter Irish and Proud", "Just in Kayes", and "On the Wards with Kayes." I settled on "Kayes Study", kind of like "Case Study," but I am open to suggestions. In fact here is a little contest for the first years....send me a better sounding title and I will see to it that Dr. Highlander gives you a tenth of a point bonus on your worst cross sectional anatomy quiz.

Since I am not as funny as Nate and Jeff, I thought I might try to fill in where Jamie Ard left off with real stories from the wards. You know, the inspiring type of stories where we all remember that we came to med school to help people and not just to complain about

PRACTICE. Although complaining about PRACTICE does have it's merits....maybe next month.

I just recently finished my gyn/onc rotation. For those of you who don't know, gyn/onc has 24 hour call. This usually means that you and the intern finish with your patient responsibilities around 2 am and you go hit the rack for about 4 hours of sleep.

On one of my call nights, 2 of 4 nurses left because they were feeling sick. However, I did overhear them discussing among themselves how long they needed to stay to get credit for the whole shift. Also on this night, the HUC seemed to always be on a break. Either that, or she spontaneously combusted whenever the phone rang, a patient buzzed, or I needed anything

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Shifting Dullness

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Shifting Dullness, while paid for with Duke University funds which come from somewhere unknown to the editors, though they suspect it has something to do with elves, does not represent the ideas or opinions of the faculty or staff of Duke University. In fact, it's kinda hard to say what it represents. We're currently looking into it.

Please submit articles to the box in the candy room. Submit some candy there, too.

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my helpful patients, I'm now quite well-educated on all of the many uses of beeswax, which apparently not only cures bacterial infections, but also helps heal broken bones. A salve made of cabbage roots not only will clear up one's rosacea, but can also relieve migraines. Coriander will prevent prostate cancer.

So I think it's obvious that the Internet could really be the solution to all of the country's health care problems. Fewer doctor visits will be necessary since patients can solve most of their minor problems using Netscape. Physicians' overhead costs will be significantly reduced since they will be mostly reduced to sitting at home answering the occasional phone call and fulfilling prescription demands from their patients.

So once again, I would like to say thank you to the Internet. Before you, patients were forced to listen to and respect the doctors who had trained so hard to learn how to properly care for them. They had to take the advice given them, swallow the bitter pills prescribed them, and as much as medical science could do for each person, get healed by them. But now you've allowed them to attempt to treat themselves, no matter how poorly they may understand their condition, no matter how incomplete their grasp is of the English language.

But perhaps, also, we in the medical profession should try to learn from the Internet. After all, through the use of pretty colors and clever slogans, it has entranced the patient population into an insane army of zealots. And why not? It doesn't make them sit and read ancient Car and Driver magazines for three hours in a waiting room before seeing them. It's open 24 hours a day, and it doesn't make people undress and sit on cold tables just to have their plantar warts palpated for the thousandth time. It spends as much time as anyone wants, it's never surly or tired, it always listens, and it can even be programmed to flash updates of the day's basketball scores. It is all things to all patients, which keeps them coming back time

and time again. It is Hippocrates' vision of the ideal virtual physician, and it will only get bigger and more unstoppable as time goes by. It is free from the icy grasp of the insurance conglomerates, it reaches into more homes every day, it costs nothing to use and, best of all, it can be wrong as much as it wants, and it still doesn't even have to buy malpractice insurance. Yes, thank God for the Internet. ■

A CONTEST!!!

That's right! It's time for another Shifting Dullness contest. It's the

Name Drayer's Book

contest, and here's how it works:

Simply come up with a clever, funny name that will cause more people (7) to read his upcoming collection of columns than would have done so otherwise (3)!

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done. Just one of those nights that makes you wish that you were back on outpatient peds. So anyway, one of my patients was sick. I believe the correct medical term for this patient was sick as stink. This patient needed a stat Chem 7. Not because she really needed stat blood samples, but because phlebotomy did not draw them at the correct time. So the intern drew the sample, I labeled it and hunted down the HUC who was, you guessed it, in the break room. She of course could not enter the break order because her computer was "down." I politely suggested that she enter them in the working computer that was literally 8 feet away from her computer. I was then lectured that she could not do that because if the phone were to ring she would not be at her desk. I told her that I was confident that she would hear the phone ring 8 feet away and if she didn't, I would answer it. I was then told that I needed to be less "pushy" and that I did not have the training needed to answer the phone. At this point I began to feel as if I were being filmed for some human behavior film on The Learning Channel. I could just picture some narrator with an English accent saying, "Notice right where this subject snaps."

So after promising my first born son, I got the appropriate order entered. The intern then asked me to check for the results of the sample after about 15 minutes and every few minutes thereafter. I was glad to be able to sit at a computer terminal and surf the net and occasionally check the browser. I did this for about 45 minutes and the results did not come back. So I foolishly went back to the HUC and asked if she knew what had happened. As she told me that she would discuss this after her break, I saw that the sample had never left the outgoing labs bin. I called the courier service only to find out that they had "just missed" picking up the sample. So I took the sample down to the CARL building myself.

That patient did fine, but the night continued to get worse. After the previous

episode, it was about 3 AM. My intern asked me to page some residents on call in other departments and get the answers to a few specific questions. Somehow the paging operator did not have an updated list and gave me the pager number of resident who was at home asleep. After this resident laid into me for calling her on her off night, she then asked me to give her my pager number and spell my last name. So I did what any brave and foolish med student would and actually spelled it. One half of a second after I finished spelling my name, I realized that this resident did not want my name and number in order to call me back to consult on my patient; she wanted it to track me down and further yell at me the next day. Don't you worry. I "forgot" to carry or even turn on my pager for the remainder of the week.

I made it through the night, but I was so frustrated with all that had happened to me. The whole time I had been trying to help patients and maybe, just maybe, learn something. As I pre-rounded the next morning, I began to think that I needed to go into hospital administration. After all, I did not need all this vexation.

I entered the room of the patient who had been so very sick the night before. When I asked her how she was doing, she said that she felt a little better than a few hours ago. She told me that her nurse told her that I had been a big help last night. She thanked me. It was perhaps the most sincere "thank you" that I have ever received. With that "thank you", the bad memories of last night kind of melted and blurred for a few seconds and I felt good about being there for this patient. I felt ready for a new day filled with new frustrations and rewards.

And now I know to immediately hang up on someone if they ask me to spell my name. ■

Shifting Dullness would like to welcome Andy Kayes, MSII as the newest person to be tricked into being an editor. If you don't like him, don't worry-- he'll be gone in only three years.

The President's Corner

Mike
Bolognesi

I am sure that you all immediately flipped to this article as soon as you got this issue of *Shifting Dullness*. Jeff and Nate have assured me that my column has already become one the readers' favorites. I do wonder if they are just telling me that because they are always in need of more articles to make a complete issue. I still feel it is important that we publicize the efforts of the Davison Council so I will continue to write this column until I leave office or am asked to leave office (Please see Elections section below).

Current Projects: The Davison Council Excellence in Medicine Lecture Program is still a go and has been scheduled for March 26. Any individuals interested in helping out with that program should contact Mike Morowitz (MSIV). Mike is currently doing an intensive radiology rotation at the University of Pennsylvania but should be accessible by e-mail. The new workout center under PGII should be operational in February of 1998 and will be open to all four classes. We are still working with the Alumni Office on our proposal for a computer room in the Hospital North student lounge. We are expecting to get a faculty leader for the new third year pathophysiology course some time in January. It was felt by a large number of students that this course was necessary to help third year students prepare for the boards and fill in some of the holes that we all end up having after finishing the second year. Many of you may have read the e-mail that I sent to the school about the Second Look Program that Dr. Armstrong wants to set up. It will be a great opportunity for us to showcase our school to the

first group of accepted applicants to the Class of 2002. All those interested in helping or hosting should contact me or the Admissions Office at 684-2985.

Social: Sunil Sudarshan MSIII, our social chairman, did a great job with the Share Your Holiday party at the Bradford's. Those of you in attendance can certainly attest to that. Sunil has some big plans for the New Year. He is planning on having the traditional schoolwide Super Bowl Party and also has plans to throw a Big Sib - Little Sib Reunion party. I am sure there are a lot of us who probably need to contact our little sibs and make sure they are still enrolled. Plans are already underway on the Davison Ball and it sounds like it will take place at the Durham Art's Council on March 21. Make sure to put all of these dates on your social calendar. You might as well attend some of the functions that your Davison Society fees are paying for.

Service: Jacob Laubach MS III, our service chairman, did a great job organizing his end of the Share Your Holiday program. As I understand, each class adopted a family and successfully purchased the presents that the families requested. It is important that we continue to give back to the community and Jacob is making sure that we have opportunities to do just that.

Elections: Elections chair, Tracy Whitener MSIV, has contacted the entire school by e-mail about the upcoming officer elections. We will be accepting nominations for these positions from December 12 to January 16. A voting period will follow lasting from January 19 to January 30. The results of these elections will determine the make-up of the Executive Committee of the Council (President, Social VP, Service VP, Secretary, Treasurer, and IM Chair). It is important that we get good voter turn-out so take the one minute it requires to nominate someone if you feel strongly about any of the positions and then make sure to follow up by taking another minute to vote during the voting

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to February 20 with a voting period between February 23 and March 7. The applications for the representatives to the special committees (Alumni, IRB, GPSC, Financial Aid, Judicial Board, Admissions) will be reviewed during March and April .

Intramurals: Nate Mick assures me that we will field a team for the Big Four Sports Day. This event gives us the opportunity to go beat up on athletic teams representing the three other in-state medical schools. It will be a great day in Durham when Nate brings that trophy back. All those interested in sacrificing their body for this quest should get in touch with Nate through his dating service. Nate is also considering setting up a Sports Day for all four classes here at Duke. I guess that means the fourth year flag football team, Zonula Occludens, will have to reunite and teach some lessons to all the classes beneath us.

Facilities: Keith Berry MSIV assures me that the showers are warm now over in the North Lounge. ESPN 2 will be added when we redo the lines for the computer room. The first year class representatives have informed me that some efforts will be made to refurbish the student lounge in South Hospital.

Publications/Information Technology: Tony Moody has brought the Web Page back to life. He has added some nice new frills and he says he is nowhere near done yet. There is an interactive calendar, new graphics, and a new format. We will also have the elections information on the Home Page and we'll hold elections through the page if we get it moved to the new server. For those of you that have not checked out the page yet give it a look at <http://www.duke.edu/web/medstudent>.

Career Development: The new data for the Career Development section of the Home Page is almost ready and will be downloaded as soon as possible.

Are we doing all we can? Probably not but we are trying. We can always use the input of the student body to help us add to our agenda. You can e-mail the Council at davison@acpub.duke.edu. Let us know what your issues are so that we can make efforts to defend the rights of the student body. I hope everybody had a wonderful break and enjoyed the time spent away from the hospital.



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My Greatest Plan Yet

by Jeff Drayer

When I came to med school, it was with the idea that as a doctor I would be spending my time collecting the pertinent facts about the patient, synthesizing them into a list of possible diagnoses, selectively running some tests to narrow down the list to the most likely suspect, and then choosing from the available treatment options the one that best suited that particular patient. And that sounded like it would make for a pretty good job, one that I could do for the rest of my life and be relatively happy with. But what they didn't tell me, when I was applying to med school, is that all of those things would really just be secondary to what turns out to be the main aspect of being a doctor. The aspect I speak of, of course, the one that most doctors spend about 85% of their time doing is, as we all now know, determining if their patient is lying.

At least this is what it first seemed like. But studies are now showing that, in fact, all patients lie. The doctor's primary purpose now is to figure out just which parts of their history and physical they're lying about. Because, of course, by listening to the patient we are always led to believe that they have never done anything that could give them their current condition, such as smoking, drinking or placing strange things into orifices they were not meant for. "How do you explain the presence of a 12-inch lizard skeleton in your transverse colon on x-ray?" I once asked a patient. He simply could not imagine. And so on.

Of course, this presents a big problem. How can we successfully treat patients who won't give us the information we need in order to know what's wrong with them? It's bad enough that all my tax money and all my time is going toward their medical care so they can become healthy enough to get back to their jobs, such as heroin

dealer, and once again enjoy their hobbies, such as heroin addiction. But if they won't even tell me their problem, it becomes much harder to fix it, especially since I'm far too lazy to spend a lot of time trying to figure it out.

Now, in today's world of cost-effective medicine, the lying by patients costs the healthcare system more than every other factor combined, except for those \$40,000-a-day oxygen tents for terminally ill babies that outraged watchers of weekday afternoon talk shows insist we use in hopes of the miracle cure that they are too ignorant to understand could never ever happen. So I've been doing a little thinking lately, because it seems to me that if someone could just find a way to allow doctors to see right through the lying, then we would be able to help all these damn patients, despite themselves, and thereby save the health care system so much money that HMO presidents everywhere could own their own Lear jets. And after a lot of careful examination, I believe that I do, in fact, have the answer. It will be a little expensive at first, and may initially put a bit of strain on the system, but I think that in just a few short months, we as a nation will begin reaping the enormous benefits of my plan. Best of all, my plan is simple, and can be easily carried out by the largest academic center as well the smallest community hospital in just a few weeks. What is this fantastic plan of mine, which will revolutionize health care? My plan is to equip every single hospital room in this country with a lie detector.

This, of course, will change everything. Guessing how much alcohol "two beers a night" actually is will become a thing of the past. No more will we have to run a pregnancy test on

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every teenage girl who insists that she+s never had sex in her life. Patient histories, instead of the grueling two-hour marathons at the VA, will become an easy ten-minute exercise. Since all the answers to simple yes/no questions will be true, I'll never have to ask another open-ended question again.

No, under this System of the Future, no more will we have to drag answers out of patients in Clinical Artsesque fashion. Instead, future conversations with patients would go much more like this:

"Now Mrs. Rossman, you stated that your wrist pain started yesterday afternoon during a work-related incident."

"Yes."

"Did it really begin hurting for the first time yesterday afternoon?"

"Yes." (Beep Beep!)

"Mrs. Rossman..."

"It did!" (Beep BEEP!)

"Did this have anything to do with you getting drunk over the weekend and walking into a sliding glass door?"

"No." (BEEP BEEP!)

"Mrs. Rossman, are you really just here to get workman's compensation?"

BEEP! BEEP! BEEP!...

Yes, this new system will be a godsend. But of course, there will be those fruitcakes who insist that lie detectors curtail the freedom of speech and will therefore infringe upon patients' rights. My question is, which right? The Right to Lie to Your Doctor? No, if patients really want to get better, but refuse to hold up their end of the bargain, that is, doing everything in their power to help themselves get better, then they don't deserve our help. Perhaps it would be just as well that they go seek some sort of "alternative" health care, such as crystals, roots, or PA s.

Yes, I believe the innovation of which I speak will be the answer to many of our problems. People will be healthier than ever, more federal money can be funneled into paying for retrials of

convicted felons, and call nights will become synonomous with a good seven hours of sleep. Therefore, in the future, I will be getting in contact with the various manufacturers of lie detectors and will initiate the inevitable bidding war for the right to provide the hardware for my plans. But of course, I still have a few months of medical school to go, and so will be too busy squeezing as much learning as I can out of my remaining time, rather than thinking about the jacuzzi I'll be buying with my first royalty check (beep beep beep...) ■

Davison Council Elections

It is time to relieve these individuals of their positions and get some new blood on the Davison Council! They have rested on their laurels long enough.

Executive Committee:	Current:
President	Mike Bolognesi
Social Vice-President	Sunil Sudarshan
Service Vice-President	Jacob Laubach
Treasurer	Trip Meine
Secretary	Quin Mallette (we think)
IM Chair	Nate Mick

Nominations/Applications: December 12-January 16

Voting: January 19-January 30

You may send in e-mail nominations to white015@mc.duke.edu or place a hard copy of the nomination form in the box across from Linda Chambers' office (the site of the reincarnated Candy Jar!). The nominees for all positions will be made public on January 19 and the voting will be open untill January 30. Remember, apathy really is not all that cool

anymore so stand up and be heard! ■

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on my cadaver during Gross Anatomy lab, when I noticed that Grandpa was looking a little peeked. Realizing that he had probably flipped into A-fib, I grabbed the foot long Pepperidge Farm sausage he was eating and gave him a nice firm sternal thump. After he had reverted back to sinus rhythm I realized that it wasn't the two and a half pounds of pork he was trying to digest that had set him off, it was my story. Faced with this realization, I quickly started telling him about Dr. Nevins' Genetics Class and he promptly fell asleep. I had learned my lesson though, the general public and especially my family are not ready for what we go through in medical school.

Armed with the new knowledge that no-one wants to know the truth about my medical education, I set out to misinform, lie, deceive and misrepresent all that I did here at Duke Med. During Microbiology, when my mother asked what I was learning about in class, I chose to tell her about electron microscopy instead of Dr. Corey's cool slide of whipworm induced rectal prolapse. During my second year Pediatrics rotation, I had to find solace elsewhere after helping treat a 4 year old child abuse victim. Mom and Dad only heard about how "those darn pediatricians are over prescribing antibiotics for viral upper respiratory infections." Or how about during Surgery, when Dad asked me why I hadn't continued to exercise daily, I told him it was because the interesting subject matter made it difficult to tear myself away. He really didn't want to know that I was so exhausted from the 120 hour work weeks, that it was beginning to be a challenge to retain bowel and bladder function.

My point is this, non-medical people have this image of medicine that is pristine and holy. They see everything from afar. They see young medical students eager to learn, each and every moment of the day happy that they have been given the opportunity to serve in this noble profession. They see interns and residents clad

all in white, painstakingly honing their skills under the watchful eyes of attending physicians.

The reality is that medical students, even the best and brightest of them, get tired, worn down and a bit cynical. It doesn't make them bad people, it is just a function of the demands placed on them by the system. They don't get close enough to the interns to see the blood stains on their dress whites. Stains worn proudly as if to say, "I have fought death and survived." They don't realize that a lot of medicine is practised by senior residents long after the attending has gone home for the night. In fact, I bet my mother would consider it criminal that most codes at a tertiary care hospital like Duke are run by residents, simply because the majority of them seem to happen in the dead of night.

These are just a sampling of the things that layman would not and should not want to know about. Let them think that medicine is all flowers and happy smiling nurses. Let them think that the stool sample on the Heme-Occult card just magically appears there, no need for a well greased, preferably gloved finger in the rectum. I don't really care. I think that is one of the enduring lessons I have learned from medical school, namely how to face some of the ugly realities of being a doctor all the while putting up a happy front.

Medicine is at times exhilarating, at times sad, at times frustrating, but it is always rewarding. I don't know if I could stand being a MBA or Law Student, trying to fool myself into thinking that what I did mattered in the grand scheme of things. One of the most powerful motivating factors to get up at 4:30 A.M. and evaluate the patient with the fever spike, is that you are helping someone in need. Just don't tell your family how many times you had to stick the poor person to get 60ccs of blood. ■



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Shifting Dullness

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IRISH AND PROUD BY NATE MICK

It's that time of year again. Time to sit back, crack open a Guinness and choke down a couple of Mom's holiday sugar cookies. It is time to listen wistfully as your recently retired father whines about how he has nothing to do all day but sleep and watch Jerry Springer reruns. Time to endure the forlorn looks your mother gives you as she describes the nice woman Mrs. Watton's son brought home for Christmas. And if all this weren't enough, you have to face perhaps the most dreaded question known to a medical student.....How is school going?

It seems like such a benign question, asked

out of curiosity by your 83 year old grandmother as she leans on her cane, but you know better. The truth is no-one who asks that question really wants an honest answer. They want you to describe some story out of the movie Gross Anatomy or off of ER and then shut up so they can tell you about their bunions. The last thing that they want to hear is the truth.

One might wonder how it is I came to this startling revelation. It was during Christmas break after my first semester at Duke and my grandfather had just asked me about school. I launched into a story about "running the bowel"

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