

clinical education. Six residents and two faculty members will soon be added to the roster. The founding student members were Matthew Baird, Brett Chevalier, Joseph Dwaihy, Lisa Ernst, Scott Hughes, Christopher Jons, Andrew Place, John Raser, Rebecca Swenson, Roy Wade, and Emily Walker.

Gold: Another giant of medicine present at the induction ceremony was Dr. C. Everett Koop, former U.S. surgeon general and a pioneering pediatric surgeon. Soon to turn 90, Koop said, "I knew both gentlemen—Tom Almy and Ronald Gold." Dr. Gold established the society that bears his name.

"You enter a far different world of medicine than I did 65 years ago this week," Koop told the students, most of whom were about to begin residency. They would face an environment, Koop said, with more chronic disease, uncovered by testing and screening, as well as more unmet needs. He offered himself as an example of what medicine today can do, saying he has two artificial knees, a stent, and two pacemakers and takes 13 pills.

Care: "You may not be able to cure, but you will always be able to care," Koop advised. "I really, at 90, envy you," he said, "and wish I could join you."

There were also lesser giants at the induction, though they loomed every bit as big in the eyes of the 11 students who invited them, from among all their teachers, to be at the ceremony. These 11 mentors—some young and eager, others still eager though they've been role models

MEDIA MENTIONS: DMS

Among the people and programs coming in for prominent media coverage in recent months was a Dartmouth pediatrician who studies physician workforce issues. "A large supply of doctors does not necessarily improve the health of a population, . . . Dr. **David Goodman** of Dartmouth Medical School" told the *Atlanta Journal-Constitution* in an article about a projected physician shortage in Georgia. A popular public radio show also tapped



Goodman's expertise in reporting on the Association of American Medical Colleges' call to train more doctors. In "places where there are a lot more physicians," Goodman was quoted as saying on *Marketplace*, "the costs are much higher."

And in an op-ed essay published in the *New York Times*, Goodman said that "the most serious problem facing our health-care system . . . cannot be solved by more doctors. In fact, that approach, like prescribing more drugs for an already over-medicated patient, may only make things worse."

A *New York Times* "Quotation of the Day" may be even more high-profile than a *Times* op-ed essay, but it's a media coup one can't lobby for—it just comes like manna to the especially silver-tongued. On September 8, the honor fell to "Dr. **James Bernat**, a professor of neurology at Dartmouth Medical School." Asked about a British woman in a vegetative state who had shown signs of consciousness on a brain-imaging test, he said: "Even though we might assume some patients are not aware, I think we should always talk to them, always explain what's going on, always make them comfortable, because maybe they are there, inside, aware of everything." The *Washington Post* was among a number of other media outlets that asked Bernat to comment on the case.



When a biotech company announced it had devised a way to extract embryonic stem cells without destroying the embryo, reporters from all over phoned a DMS adjunct professor of community and family medicine. "This technique overcomes

this hurdle . . .," **Ronald Green**, director of Dartmouth College's Ethics Institute and chairman of [the company's] ethics advisory board" told *Agence France Presse*. And the *Washington Post* reported as follows: "'We're speaking here of an enormous breakthrough in American medicine,' said Green, who said his only financial link to the company was the approximately \$200 per day he was paid—more than a year ago—for attending a handful of meetings to review the research."

In a recent feature about treating back pain, *Fortune* magazine consulted "a surgeon and researcher at Dartmouth, Dr. **James Weinstein**, who is leading the



biggest-ever U.S. study of back surgery." Weinstein, chair of orthopaedic surgery, is "trying to make sense of all [the] competing treatments and theories" on back pain in "a massive six-year, \$13.5-million study . . . dubbed SPORT (Spine Patient Outcomes Research Trial)." The trial, *Fortune* said, "seeks to answer the most vexing question in back pain treatment: To cut, or not to cut?"

"Pediatricians usually ask a mother about her baby's sleep pattern or a toddler's eating habits,"



began a recent *Boston Globe* article. "But a study published today suggests . . . they should ask a few questions about the mother's own well-being, too." The study, published in *Pediatrics*, was led by "Dartmouth professor . . . Dr. **Ardis Olson**," noted the

Globe. Pediatricians already "provide advice in a wide array of areas," Olson was quoted as saying. Asking two additional, simple questions "can quickly and easily start the process of getting [depressed mothers] the help they need."

"Consumers are finally getting some of the tools they need to comparison-shop for health care," the *Wall Street Journal* recently reported. The *Journal* cited three organizations that have "the latest tools," including "Dartmouth-Hitchcock Medical Center in New Hampshire, [which has] posted online the charges for 75 of its most common

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medical services.” For more about DHMC’s price transparency and cost estimator initiatives, see page 17 of this issue.

Over the summer, the *Chicago Tribune* reported on the results of a Dartmouth-led study of thyroid cancer. “The apparent surge



of thyroid cancer is the result of better, high-tech diagnostic tests that are picking up minuscule tumors, most of which pose no long-term threat,” the *Tribune* noted. “New tests are available to detect abnormalities we never saw in the past, . . . the co-author of the [study], Dr. **Louise Davies**, an assistant professor of surgery at Dartmouth Medical School,” explained.

Washington Post health columnist Abigail Trafford wrote recently about how often depression and other mental illnesses in the elderly are dismissed as a normal part of aging. “Ugly ageism translates into bad medicine,” Trafford wrote. She went on to quote a Dartmouth professor of psychiatry: “To feel down and have a sense of loss is normal,” says psychiatrist **Stephen Bartels**, M.D., of the New Hampshire-Dartmouth Psychiatric Research Center. “To be depressed over a period of time is not normal.”



National Public Radio (NPR) reported over the summer on a former Army private with antisocial personality disorder who pleaded not guilty to raping and killing an Iraqi girl and murdering her family. For insight into the disorder, NPR’s *All Things Considered* interviewed Dr. **Kim Mueser**, a psychologist at Dartmouth Medical School. People with the disorder may appear rational, but “they don’t seem to care about oth-



er people,” Mueser said. “Classic symptoms . . . include aggression to other people and animals, including, for example, cruelty to animals [and] initiating fights. . . . There’s no agreed-upon treatment approach for [these] people,” he added.

Among the guests on NPR’s *Talk of the Nation* for a discussion about where to find help for mental illness was “Dr. **Allen Dietrich**, a practicing primary-care physician and professor of community and family medicine at Dartmouth Medical School.” When asked about the ability of family doctors to keep up with the latest pharmaceutical treatments for mental illness, Dietrich replied, “I think a primary-care physician may actually be in a position to have a protective role. When I was in training, one of the things I learned was to not be the first doctor on my block to prescribe a new medication.”



The results of a Dartmouth study of physician satisfaction caught the attention of the *Dallas Morning News*, California’s *Contra Costa Times*, and the *Chicago Tribune*. Primary-care doctors in areas with the most medical resources “are unhappier with the quality of care they provide than those working elsewhere,” the *Tribune* reported.



“Doctors are less satisfied, and they perceive the resources to be scarcer, even when they have more,” said the study’s senior author, Dr. **Elliott Fisher** of Dartmouth Medical School. . . . ‘Demand feeds supply, feeds demand, feeds supply in sort of a never-ending cycle,’ [noted] lead author Dr. **Brenda Sirovich**,” pictured above.

“Want to cut down on absenteeism by workers?” *Kiplinger Business Forecasts* asked readers. “Pay for their kids’ flu shots. Employers often provide flu shots to their employees in

hopes of staving off sick leave, only to have healthy workers stuck at home caring for sick children. ‘There’s a definite correlation between kids sick due to flu and worker absentee rates,’ says Dr. **Henry Bernstein** of the Dartmouth-Hitchcock Medical Center. ‘Parents either are home taking care of kids, or home having caught the flu from their kids.’

Dozens of regional and national media, including *Business Week*, continue to feature two DMS researchers who have repeatedly shown that “getting more medical care, and paying more for it, can actually make your health worse. . . . ‘The problem is not underuse in low-rate regions and hospitals, but overuse and inefficiency in high-rate regions,’ concludes Dr. **John Wennberg** [pictured], professor of medicine and director of Dartmouth’s Center for the Evaluative Clinical Sciences.” And in the *Wall Street Journal*, Wennberg’s collaborator Dr. **Elliott Fisher** added, “We see there are huge differences in practice patterns across hospitals in the U.S. and even across medical centers.”



This fall, the Associated Press, dozens of TV stations, Fox News, and many other media outlets reported on an offer by attorneys general from more than 35 states to provide antismoking public-service announcements free of charge to movie studios. And all of them cited DMS research. “A 2005 study released by Dartmouth Medical School,” AP noted, for example, “found 38 of every 100 youths who tried smoking did so because of their exposure to smoking in movies.” The Motion Picture Association of America said “it was too early to comment on whether studios would accept the offer to use the public-service announcements.” For word on the latest smoking-and-the-movies study by Dr. **James Sargent**’s team, see page 8.

