Among the people and programs coming in for prominent media coverage in recent months was Dr. James Bernat, the Louis and Ruth Frank Professor of Neuroscience at Geisel. Bernat, an expert on death determination, talked to Time magazine about how physicians decide to declare that a person is dead. "A person is declared dead when their heart stops beating, they are no longer breathing and they have no circulation for several minutes and they are not on any sort of life support," Bernat told Time. "The other, neurological definition is 'brain dead.' This means that all brain functions and abilities have ceased irreversibly, even though the person may be breathing on a respirator or ventilator. 'In practice there are relatively few issues with this,' says Bernat. 'Some countries and some religions do not accept brain death, but the majority do.'

"Should men get routine PSA tests to screen for prostate cancer?" asked the Los Angeles Times. "It's controversial. In May, a government advisory panel—the U.S. Preventive Services Task Force—recommended against the screens for men of any age. A new study led by Dr. Nancy Morden, a Geisel assistant professor of community and family medicine, about the care of cancer patients near the end of life. "The best hospitals in the United States don't do much better than local community hospitals when it comes to caring for dying cancer patients," UPI reported. "The study, published in the journal Health Affairs, said hospitals in general consistently fail to meet recommendations for end-of-life care. . . . Each hospital needs to examine the care it provides to patients believed to be nearing death, and question its alignment with patient preferences—whether they be for early supportive care or aggressive treatment in the last days of life,' Morden said."

"An estimated 1.58 million patients received hospice care from more than 5,000 programs nationwide in 2010, more than double the number of patients served a decade earlier," noted the Associated Press. . . . One expert in end-of-life issues says the hospice industry and American society as a whole are far from ready for the aging baby boom generation. Unless caring for people at the end of life becomes a larger part of the national agenda, the rising tide of elders is bound to result in a flood of unmet needs," said Dr. Ira Byock, director of palliative medicine at New Hampshire’s Dartmouth-Hitchcock Medical Center. "Post-traumatic stress disorder and traumatic brain injury can increase a person’s anger and hostility and diminish his or her self-control. But the link between those disorders and outright violent behavior is weak and hard to pin down with certainty," reported the Washington Post. "That’s what the research suggests about the effects of post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI), two medical conditions suffered by tens of thousands of U.S. soldiers who fought in the Iraq and Afghanistan wars. . . . 'The closer we get to trying to understand how PTSD relates to extreme violence, the more we get anecdotal,' said Paula Schnurr, Ph.D., a research professor of psychiatry and deputy director of the Department of Veterans Affairs’ National Center for PTSD."

"Quality-of-life questions are becoming increasingly important in medical care, especially when it comes to helping patients make decisions about treatments," reported the Wall Street Journal. "At Dartmouth-Hitchcock Medical Center . . . researchers are developing their own quality measurement tools, including one that uses a 'feeling thermometer' to compare how doctors and their patients perceive the impact of Crohn's disease, an inflammatory bowel condition, on health-related quality of life." Gastroenterologist Dr. Corey Siegel told the Journal that "The optimum use of this tool would be for patients to track the burden of symptoms and treatment so that their providers can understand how they are really doing overall as opposed to focusing on symptoms alone—which is only part of their experience with chronic disease."

"We have developed a system of deeply fragmented health care, where many physicians are not even talking to the other members of the team that is providing care for the patients," Dr. Elliott Fisher, the director of the Center for Population Health at TDI, told
National Public Radio. “I think we need to help physicians learn the importance of practicing as a high-functioning team. You know, we do not think of health care as a team sport yet. We practice as individuals. We walk into the room. We talk to the patient. We go back out. We write our orders, and assume the nurse is going to translate those, and that the next physician will come along and read that order. That simply is not the case in most settings.”

A New York Times blog on parenting covered a study showing that “taking some antidepressants during pregnancy doubles the risk of a baby developing pulmonary hypertension. Researchers have long suspected a link between the use of selective serotonin reuptake inhibitors, or S.S.R.I.’s, and the condition, but previous studies have been small and inconclusive. . . . Pulmonary hypertension, Dr. Juliette Madan, a pediatrician at the Dartmouth Hitchcock Medical Center explained, is diagnosed when an infant struggles to get enough oxygen into her lungs, and therefore into her bloodstream. The condition can be deadly, although Dr. Madan said that it’s usually treatable—with possible lifelong consequences.