

**PAPER TRAIL:** Research from DMS's Department of Pathology was ranked among the top 10% in the world by the U.S. and Canadian Academy of Pathology, based on the number of papers accepted for presentation at the organization's annual meeting.



film at their junior high school.

And "it's a good thing for medical students, nursing students to see," Hofley adds. It helps health-care professionals to have "a sense of what is it like to have a child like this in your home . . . to see the child outside of the office environment."

She says that in her practice, she more often sees children from troubled backgrounds than from stable, middle-class families such as Samuel's. Nevertheless, she notes, "the film is good about showing that families like the Habibs really struggle, too." (For additional information about the film, as well as about upcoming screenings and discussions, see [www.includingsamuel.com](http://www.includingsamuel.com).)

Dan Habib credits DHMC caregivers like Filiano and Hofley with looking at Samuel and his family as more than a set of symptoms or an interesting case study. "We've had some great experiences with the Dartmouth system," Habib says. "We feel welcome and supported."

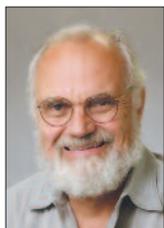
**Future:** And they continue to need that support as Samuel approaches age 9—and an uncertain future. "We will never stop looking for ways to keep Samuel healthy," Habib says. "As we do so, Dr. Filiano is just like a dog with a bone and will not let go until he figures out what's going on. At the same time, he's a very spiritual person. He understands the idea of living every day. As a human being, he's really helped us come to terms with this."

"It's a matter," Habib observes, "of, 'You should just enjoy what you have right now.'"

DAVID CORRIVEAU

## Worthy of note: Honors, awards, appointments, etc.

**Peter Wright**, M.D., a professor of pediatrics, was named chair of the World Health Organization's Polio Data and Safety Monitoring Board. He previously chaired the WHO Steering Committee for Measles, Polio, and Acute Respiratory Illness and served on the WHO Steering Committee for Epidemiology and Clinical Trials and the Polio Research Committee.



**James Weinstein**, D.O., a professor of orthopaedic surgery and director of the Dartmouth Institute for Health Policy and Clinical Practice, was named the Outstanding Physician in Practice by DMAA: The Care Continuum Alliance (formerly the Disease Management Association of America) for his achievements in population-based care.



**John Modlin**, M.D., chair of the Department of Pediatrics, was appointed chair of the FDA Vaccines and Related Biological Products Advisory Committee.

**William Edwards**, M.D., a professor of pediatrics, was named a national director of the Vermont-Oxford Network of neonatology research programs.

**Robert Drake**, M.D., Ph.D., the Andrew Thomson Professor of Psychiatry, received the American Psychiatric Foundation's

2008 Alexander Gralnick Award in recognition of his research on schizophrenia.

**Jay Dunlap**, Ph.D., chair of the Department of Genetics, received the Genetics Society of America's 2009 George W. Beadle Award for his contributions to genetics research.

**Richard Rothstein**, M.D., a professor of medicine and chief of the Section of Gastroenterology, and **James Weinstein**, D.O., a professor of orthopaedic surgery, were ranked among the top five physicians in the Northeast in their respective specialties in the "America's Top Doctors for Women" issue of *Women's Health* magazine.

**William A. Nelson**, Ph.D., an associate professor of psychiatry, received the COMISS Medal for his contributions to health-care ethics scholarship, teaching, and advocacy. The COMISS Network was formerly known as the Council on Ministry in Specialized Settings.

**John Hwa**, Ph.D., an associate professor of pharmacology and toxicology, was the inaugural recipient of a special American Heart Association award for research on cardiovascular disease.

**Pamela Jenkins**, M.D., Ph.D., an associate professor of pediatrics, was named a Fulbright Scholar; she will work on quality improvement at St. John's Medical College in Bangalore, India.

**Arti Gaur**, Ph.D., a research assistant professor of pediatrics, was granted the National Brain Tumor Society's 2008 Daniel Paul Bogart Chair of Research.

*continued on page 58*

## THEN & NOW

**A reminder of the pace of change, and of timeless truths, from the Spring 1979 issue of this magazine:**

In a feature on the effects of seasonal change on the human psyche, Dr. Peter Whybrow, a professor of psychiatry, wrote: "It is in our study of the brain and nervous system that an awareness of the rhythmic nature of many behavior patterns may bear the greatest fruit. . . . Disturbances of these sensitive mechanisms of integration and communication are thought to underlie most serious mental illnesses. . . . There seems to be a peak in the incidence of these illnesses in the spring."



**10,510**

Number of outpatient psychiatric visits in 1979

**38,293**

Number of outpatient psychiatric visits in 2007

## WillowBrook Prosthetics & Orthotics



Robert Diebold, C.O., Orthotist • David Loney, C.P., Prosthetist

190 Hanover Street • Lebanon, NH • 603/448-0070

## The Supply Side of Medicine

*continued from page 48*

with first-year enrollment expected to surpass 5,000 next fall—a 40% increase over just the past five years.

Even Dartmouth Medical School has answered the call to grow. “Our senior class size a few years ago was about 68 to 70 a year, and in a year or two I think it will top out at about 83,” says Nierenberg. “Something like 83 is probably what Dartmouth can do to help the country and still have the resources to do a superb job of training students.”

Still, all that growth might not result in a significant increase in the actual number of doctors. Those medical-school graduates must go on to train as residents at teaching hospitals before entering practice, and most of the funding for residencies is provided by Medicare. But as part of the 1997 Balanced Budget Act, Medicare funding for this purpose remains capped at 1996 levels—about 80,000 residency slots—and it would take action by Congress to lift that cap. For now, at least, what seems likely to happen is that the growing number of U.S. medical graduates

will displace some of the graduates of international medical schools, who currently fill about one-fourth of residency slots.

TDI researcher Elliott Fisher doubts that Congress will lift the cap anytime soon on spending for graduate medical education (GME). Russell Robertson, the chair of the Council on Graduate Medical Education, agrees. COGME has not officially revisited its stance on the physician workforce, but Robertson says at this point he doesn’t recommend an increase in GME funding. “I’m increasingly convinced that lifting the GME cap isn’t a good idea,” he says. “I’m more and more convinced that what we’re doing right now is probably going to produce a surplus of physicians.”

The AAMC, however, has urged Congress to increase Medicare funding for residencies. That call seems likely to grow louder as medical-school enrollment increases.

Clearly, the debate over the physician workforce is far from settled. Goodman, for one, has no plans to stop asking the questions raised by his experiences two decades ago in Colebrook. The difference is that now, they no longer seem quite so heretical. ■

## Worthy of Note

*continued from page 21*

**Corrine Kravitz**, a fourth-year medical student, won second prize for her poster presentation at the northeast meeting of the Society of Teachers of Family Medicine. Her poster was titled “Adolescent Motivation as it Relates to Self-Image and Concrete Planning.”

**Francoise Righini**, director of records management and health information at DHMC, was elected to the board of directors of the Northeast Health Care Quality Foundation.

**Erratum:** A story in the “Vital Signs” section of the Winter 2008 issue of the magazine incorrectly asserted that “snowboarders are more likely to hit the back of their head than the front.” In fact, the research led by Dr. Susan Durham showed the opposite—that snowboarders are more likely to hit the front of their head than the back. Our apologies for getting our facts . . . well, backward. ■

## Patient Teachers

*continued from page 41*

preciated being part of the process and interacting with the health-care team. It was an incredible educational experience for me—certainly from a physiological perspective (I did learn a lot about diabetes management that day) but also from a humanistic perspective. Dr. Merrens was able to seamlessly incorporate teaching the two of us students with building a relationship with the patient and his family. It was a technique and an experience that I will not soon forget.

The two weeks I spent caring for Mr. Miller were, in essence, a syllabus in the practice of humanistic medicine. Mr. Miller reminded me from the moment I met him of the incredible role that physicians play in patients’ lives and of the responsibility that comes with that role. He also was pivotal in demonstrating how caregivers’ interactions with their peers and coworkers are another component in the practice of humanistic medicine and of how seamlessly those relationships can dovetail with direct patient care.

I feel lucky to have seen such a stunning example of how humanistic medicine can be practiced. I hope I spend my career working to remember these lessons and to incorporate them into my own practice. ■