

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

Jay Dunlap, Ph.D., a professor and chair of genetics, received the first Robert L. Metzenberg Award from the Genetics Society of America, for his contributions to understanding the genetics of the fungus *Neurospora*; the award was presented at the annual Fungal Genetics Conference.



Allen Dietrich, M.D., a professor of community and family medicine, received the 2005 Curtis G. Hames Research Award. The award honors dedication to research in family medicine; the recipient is selected by the Society of Teachers of Family Medicine, the American Academy of Family Physicians, the North American Primary-Care Research Group, and the Hames Endowment.



Surachai Supattapone, M.D., Ph.D., an assistant professor of biochemistry, was named a member of the Clinical Neuroimmunology and Brain Tumors Study Section of the National Institutes of Health.



Nancy Speck, Ph.D., a professor of

MEDIA MENTIONS: DMS

Among the people and programs coming in for prominent media coverage in recent months was a DMS neurologist who was quoted in numerous reports about Terri Schiavo—the brain-damaged Florida woman whose parents petitioned the courts to keep her alive. “The persistent vegetative state is a chronic disorder of consciousness in which the centers of the brain that are responsible for awareness have been damaged or destroyed, but the centers of the brain responsible for wakefulness remain intact,” Dr. **James Bernat** explained on National Public Radio’s *All Things Considered*. “So the patient has the tragic and ironic combination of wakefulness without awareness.” Bernat was also sought out for commentary by many other news outlets, including the *Washington Post*, *Newsweek*, *USA Today*, the *Los Angeles Times*, and NPR’s *Talk of the Nation*.



“At Dartmouth-Hitchcock Medical Center, doctors are trying out a radical new concept for their patients: full disclosure of their success rate for medical treatments—even when they don’t measure up,” began a piece in the *Wall Street Journal*. “Of course,” the article went on, “disclosure is easier when a hospital has a stellar record. Consumers would be hard-pressed to find mortality rates at . . . DHMC . . . not on par with or better than national averages for any condition.” But, noted the *Journal*, even at DHMC, “‘there was invariably some skepticism and questioning,’ says D-H Executive Vice President **Paul Gardent**. But doubters were eventually persuaded that disclosure of less-than-perfect performance could provide ‘an additional stimulus for improving quality.’” (See pages 15 and 16 for more on this initiative.)



A DMS research team helped the public make sense of various medical topics in the press this past spring by speaking with *Consumer Reports*, *U.S. News & World Report*, and ABC News. “Medical news often seems to follow an all-too-familiar pattern: New drugs or therapies are intro-

duced with glowing reports, followed a few years later by headlines blaring their dangers,” said *Consumer Reports*. “‘That pattern leaves many people confused or even angry,’ says **Steven Woloshin**, M.D., a professor at Dartmouth Medical School.” One of Woloshin’s research colleagues also aimed to temper such hype, in an ABC report about ways to prevent breast cancer and heart disease: “‘It’s important that we not say more than we know,’ said **Lisa Schwartz**, M.D.” The team also writes a regular series of articles for the *Washington Post*; their latest piece was titled “Overstating Aspirin’s Role In Breast Cancer Prevention: How Medical Research Was Misinterpreted to Suggest Scientists Know More Than They Do.”

A recent Dartmouth study about the relationship—or the lack thereof—between malpractice awards and insurance premiums drew press from all over the country, including the *Boston Globe*, the *Philadelphia Inquirer*, the Associated Press, National Public Radio, and the *Los Angeles Times*. “Physicians and insurers may fear multimillion-dollar jury awards,” the *LA Times* reported, “but the average court judgment in 2003 was \$461,000, said **Amitabh Chandra**, a Dartmouth College economist and one of the authors. And 96% of malpractice cases that year were settled out of court for an average of \$257,000, he said. . . . The researchers concluded that malpractice payments had risen in line with medical care costs, while doctors’ insurance premiums grew far faster—by double-digit percentages for some specialties. They suggest that recent malpractice premium increases may have had more to do with insurers’ documented losses in the bond market from 1998 to 2001.”



A recent feature in the *New York Times Magazine* about the importance of autopsies in assessing “diagnostic and treatment routines” and catching “mistakes and bad habits” said few hospitals today value autopsies. But “hospitals that do—teaching hospitals like New York’s Mount Sinai; **Dartmouth-Hitchcock Medical Center**, in Lebanon, N.H.; and Baylor University Medical Center, in Dallas—manage to absorb the costs [and thus] have a

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much better idea where their errors are” and how to improve the care that they deliver.

In a story about the steps hospitals are taking “to prevent one of the most surprising and dangerous hazards facing patients: falls that can lead to severe injury or even death,” the *Wall Street Journal* interviewed DHMC’s director of nursing research. “Surgical patients can be at special risk, notes **Suzanne Beyea**, Ph.D. . . . In cases she studied, falls occurred moving patients onto operating beds or when staffers weren’t clear on who was supposed to be watching the patient after safety straps are removed,” wrote the *Journal*. “Patients may also try to get up and walk after surgery before they are steady on their feet,” Beyea also noted.



“When **Lloyd Kasper** [top photo] and his colleague **Randolph Noelle** [bottom photo] set out in the 1990s to invent a new drug,” an article in the *Financial Times* of London began, “they were exploring the frontier between research and business. . . . The Dartmouth researchers thought they had found a way to block the biochemistry that spurs MS [multiple sclerosis].” The *Times* went on to recount the struggles the researchers have faced during their 14-year quest to bring a new drug to market. A similar but more in-depth piece by the same writer also appeared in *Science* magazine: “The Dartmouth pair, still convinced their discovery can transform the lives of MS patients, are beside themselves with frustration. . . . But not enough [frustration], it seems, to prompt either Noelle or his friend of 20 years to capitulate, even as their options for reviving the drug dwindle.”



To find out “what, exactly, are Americans paying for” when it comes to health care, *Forbes* consulted “**Elliott Fisher**, a professor of medicine in Dartmouth’s influential health costs group, [who] says that the two most expensive decisions a doctor makes are to send a patient to the hospital and to schedule a new appointment. Yet the benefit of more doctor visits is pretty much unproven, he argues. In fact, switching from specialist to specialist may just provide more opportunities for doctors to ‘drop the ball,’ he says. Areas with more intensive health care often wind up with patients who are less healthy,” *Forbes* said. “The U.S. could theoretically send one-third of the health-care workforce to Africa,” says Fisher, “and improve the health of both continents.”



In a *New Yorker* piece about doctors’ salaries, Dr. Atul Gawande cited the work of a DMS physician-researcher. “**William Weeks** . . . found that, if you view the expense of going to college and professional school as an investment,” wrote Gawande, “the payoff is somewhat poorer in medicine than in other professions. Tracking the fortunes of graduates of medical schools, law schools, and business schools with comparable entering grade-point averages, he found that the annual rate of return by the time they reach middle age is 16% per year in primary-care medicine, 18% in surgery, 23% in law, and 26% in business. Not bad, in any of these fields, but the differences are there.”



The *New Yorker* also recounted a now-legendary DMS story: “In the 1970s, a doctor named **John Wennberg** conducted a study in his home state of Vermont and found that, even in his small and relatively homogeneous corner of the country, doctors in different areas adopted wildly different approaches.” The

article updated the story, too: “A recent set of Dartmouth studies, led by Wennberg, looked at the way top teaching hospitals treated elderly patients in the last six months of their lives. . . . At ‘high-intensity hospitals’ patients saw doctors, consulted with specialists, and were given tests far more often than at low-intensity ones.” And all that care “did little but drive up the cost of treatment.”

Referring to the notoriously corrupt 15th-century Borgia family, a DMS pharmacologist responded cleverly to a question posed by *National Geographic* in a story on toxins. “Is arsenic a poison or a drug?” the writer asked. “It’s both,” says **Joshua Hamilton**. “It depends: Are you talking to a Borgia or are you talking to a physician?” The article also recalled the tragic death of “Karen Wetterhahn, a professor of chemistry at Dartmouth, [who] spilled a drop, a tiny speck, of dimethylmercury on her left hand,” and later died as a result of the exposure.



“Doctors may no longer make house calls,” the *New York Times* said, “but they are answering patient e-mail messages—and . . . medical groups around the country are now beginning to pay doctors to reply by e-mail, just as they pay for office visits.” Among those quoted was DHMC’s senior medical director. “‘Patients love this stuff; I love this stuff; the staff loves this stuff,’ said Dr. **Barbara Walters**. One benefit of online messaging—perhaps because it can be done in a setting less harried than a doctor’s office—is that it gives patients a greater degree of control. ‘Patients can describe what’s going on with them,’ [Walters said,] ‘if given the chance and given the time.’”

