

The Campaign.

# transfor\_ming medicine

**“Exploratory work is not funded by my existing grants,” says Bynum, but “it will feed into future grants. . . . The Thomson Fellowship is really investing in people, which is great,” she adds.**

**1** *Physician-researcher Renda Wiener is one of the inaugural Thomson Faculty Fellows at the Dartmouth Institute for Health Policy and Clinical Practice.*

**2** *Julie Bynum is the other inaugural Thomson Fellow. She and Wiener are both studying questions related to the delivery of health care.*

**3** *Wherever—and whenever—there is a pressing need within Dartmouth-Hitchcock Medical Center or Dartmouth Medical School, the institutions’ leaders know they can rely on the unrestricted support that comes through annual giving.*

Kate Villars is assistant director of development communications for DMS-DHMC.

## Sowing seeds of discovery By Kate Villars

Philanthropy often plays a quiet but key role in advancing medical discovery. This is especially true in the early stages of a young investigator’s career. Even the most promising junior faculty members face challenges attracting initial funding to launch or establish their research careers.

For the brightest and best, this critical gap may be filled by endowed fellowships funded by private donors. And for academic medical centers such as Dartmouth-Hitchcock, such resources provide a way to attract, retain, and nurture the institution’s rising talent.

Drs. Renda Soylemez Wiener and Julie Bynum are just such promising young physician-researchers; they share the distinction of being the first Thomson Faculty Fellows at the Dartmouth Institute (TDI) for Health Policy and Clinical Practice.

“My research is aimed at improving how patients and doctors understand and talk about the benefits and harms of clinical strategies,” says Wiener. “It’s crucial to have some preliminary data to show that a larger study would be feasible and would have some interesting findings. The Thomson Fellowship is advancing my research by directly funding those activities and helping to support my salary while I’m applying for a larger grant.”

Wiener, an assistant professor of medicine and a member of TDI’s outcomes research

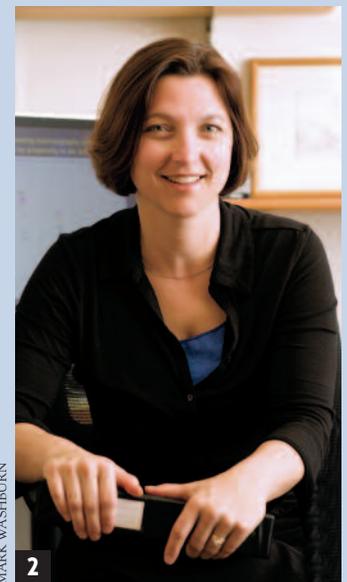
group, has already made an impact with a study of the commonly accepted practice of tightly controlling glucose levels in adult intensive care patients. In a paper published last year in the *Journal of the American Medical Association*, she and her coauthors called for a re-evaluation of current guidelines for glucose control. (See [dartmed.dartmouth.edu/w08/d01](http://dartmed.dartmouth.edu/w08/d01) for more on this study.)

Now, she has turned her attention to the choices faced by patients and physicians when a patient is found to have a pulmonary nodule, often referred to as a “spot” in the lungs. “These pulmonary nodules are very common,” explains Wiener. “They’re found on CAT scans in about 25% of the general population and up to half of smokers.” Such nodules are usually benign, but a small number represent lung cancer. “Only about 2% of them turn out to be cancer,” Wiener says, “but, understandably, patients are very anxious.” So she’s examining how well patients understand their cancer risk and the risks and benefits of testing, as well as how physicians typically manage such cases. With this information, she’ll develop a shared decision-making tool to help patients and doctors plan the best course for each individual, rather than simply following conventional guidelines, which some patients may find too aggressive.

For Bynum, the Thomson Fellowship came at a different



JON GILBERT FOX  
**1**



MARK WASHBURN  
**2**

but no less significant point in her career. “I’m a little further along in my trajectory, but a lot of the work I want to do is pilot in nature,” she explains.

“Exploratory work is not funded by my existing grants,” says Bynum, “but it’s important because it will feed into future grants. Having the resources for that is a great thing. It gives me an extra push to get to the next level in my research career. The Thomson Fellowship is really

*The pessimist sees difficulty in every opportunity. The optimist sees the opportunity in every difficulty.*

—British Prime Minister Winston Churchill

investing in people, which is great,” she adds.

Also an assistant professor at DMS and TDI, Bynum studies how effectively current systems of care address the needs of the elderly, especially people over the age of 80. “What I see in the Medicare data is a lot of elderly people getting care that may not be helping them, or getting tests and treatments that may have more harm than benefits,” says Bynum.

“Our system is designed and incentivized to give more intense care,” she explains. “We know that our health-care system is delivering care that people probably don’t want and may not need, and it’s very expensive. The real key to unlocking the whole puzzle here is figuring out how we get the incentives and the payment system to deliver health care to this population that they actually want and need. It’s an opportunity for a win-win situation, because that would also help us contain costs.”

Both Wiener and Bynum are engaged in questioning just how well current health-care systems and practices are meeting the needs and wants of individual patients. “I think the Dartmouth culture is imbued by this notion of ‘Are we doing the right thing for the population we serve?’” says Bynum. These two talented Thomson Faculty Fellows are pursuing answers to that question. Their discoveries promise to provide an extraordinary “return on investment” for one donor’s vision and generosity.

## The power of unrestricted giving

“I can’t thank you enough for all you did for my wife during her recent illness,” wrote a recent Dartmouth-Hitchcock Annual Fund (DHAF) donor from Springfield, Vt. “The expertise and caring of everyone involved in her care, from the specialists to the nurses and aides, were unparalleled.”

A sense of gratitude also inspires many of those who give to the Fund for Dartmouth Medical School (FDMS). “I probably owe everything to my training at Dartmouth,” says a DMS alumna in Boston. “We should all be giving back every year. We need to pave the way for the next generation of doctors by giving them a strong institution where they can learn the art of medicine.”

There may be no better way to make a charitable gift with immediate impact than with an unrestricted gift to the DHAF or FDMS. That’s because unrestricted gifts can be put to use at once, wherever the need or

opportunity is greatest. This offers the leaders of the Medical Center and Medical School priceless flexibility to respond to ever-evolving demands.

Such flexibility is essential in the current economic climate. Both DMS and DHMC have set ambitious annual-fund targets for the fiscal year starting July 1, 2009—\$600,000 and \$931,500, respectively. Giving to the FDMS by alumni, parents, faculty, and staff is especially critical, as DMS faces 11% in budget cuts over the next two years to make up for drops in other sources of revenue, such as endowment income. Likewise, with DHMC’s budget constrained by rising demand for charitable care, shrinking Medicaid funding, and reductions in its endowment income, unrestricted support from patients and community members really matters.

It’s a powerful way to give, for donors who want to make a difference in the lives of others.

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transformingmedicine

### Raising the bar

The financial goal of the Transforming Medicine Campaign for Dartmouth Medical School and Dartmouth-Hitchcock Medical Center is to raise \$250 million by 2009. Even more far-reaching is its goal of “raising the bar” in medicine. Of questioning assumptions—respecting tradition but not following it blindly. Of erasing boundaries—translating science from the lab bench to the bedside by connecting researchers with clinicians. Of creating solutions to the nation’s most critical health-care issues. Of transforming medicine.

### Campaign update

The Transforming Medicine Campaign continues to make progress toward its \$250-million goal, with gift commitments now surpassing \$233 million. Bequests and other forms of deferred giving have played an important role in this success. More than 80 donors have supported DHMC and DMS by including a bequest in their will, resulting in almost \$20 million in gifts to the Campaign.

Bequests may be designated for a particular purpose, but many donors choose not to restrict their gift, allowing the funds to be put to use where they’re needed most at the time they are received. Such gifts are strengthening patient care, advancing research and teaching, building endowments, and providing critical support for the facilities and programs that will continue to keep DHMC at the forefront of academic medicine.

### Learning more

For more about the Transforming Medicine Campaign, visit <http://transmed.dartmouth.edu>.