

MEDIA MENTIONS: DMS & DHMC IN THE NEWS

Among the people and programs coming in for prominent media coverage in recent months was a DMS pediatrician who published a study showing that middle-school children who watch R-rated movies are more likely to start drinking than their peers who don't see sex and gore on the silver screen. The public radio program *Marketplace* reported that "depictions of alcohol consumption appear



in about 90 percent of R-rated movies, [according to] Dr. **James Sargent**, a pediatrics professor at Dartmouth." In *USA Today*, Sargent said the tendency to drink didn't correlate with "other parenting decisions." And in the *London Telegraph*, he warned: "The message to parents is clear. Take the movie ratings literally. Under-17s should not be permitted to see R-rated movies."

A PBS *NewsHour* debate on the ethics of end-of-life care featured Dr. "**Ira Byock**, . . . director of palliative medicine at Dartmouth-Hitchcock Medical Center," who spoke in favor of rationing care when recovery is no longer possible. Byock addressed the American attitude toward dying—one defined by "denial" and "avoidance." He said: "We



don't even want to talk about [death], . . . as if talking about it will make it happen. So we have to get over it. We're mortal. We're going to die." Byock made the case for the need to discuss not just the unchangeable reality of death but also the efficient use of resources and medical care during people's lifetimes.

The *Philadelphia Inquirer* consulted Dr. "**Gilbert Welch**, a professor at Dartmouth Medical School whose research focuses on harm caused by screening and over-diagnosis," for an article on rising c-section rates. Welch was also quoted in the *Chicago Tri-*

bune. Doctors "often order tests or procedures to protect themselves against lawsuits—so-called defensive medicine—and also because the fee-for-service system compensates them for it," Welch told the *Chicago paper*. "We've systemically exaggerated the benefits of early diagnosis," he added. "We don't always tell people there might actually be downsides [to testing]."

A *New York Times* article about the "try-anything-and-everything instinct" that's ingrained in American medicine quoted Dr. "**Dale Collins Vidal**, a reconstructive breast surgeon at Dartmouth-Hitchcock Medical Center." The article said "Americans tend to believe that more care is better." But "when patients are given information about potential benefits and risks, they



seem to choose less invasive care, on average, than doctors do." Collins Vidal, who is medical director of DHMC's Center for Shared Decision Making, was quoted as saying that "in the United States, I don't know that we're ever going to get to a point where we limit health-care spending. But maybe we could get patients to the same place on their own."

Scientific American featured a group of researchers "led by **Dennis Liang Fei** of the Department of Pharmacology and Toxicology at Dartmouth Medical School" for their work on how arsenic may cause tumor growth. The study, published in *Cancer Research*, showed that arsenic exposure leads to overactivation of the Hedgehog signaling pathway, "which plays a role in embryo development and likely some cancers," said *Scientific American*. The new information might be "relevant to millions of people exposed to high levels of arsenic."

A Dartmouth pediatrician showed up in a Macon, Ga., newspaper called the *Telegraph*. The article discussed waning public

interest in swine flu. "H1N1 is an unpredictable virus with potentially serious and life-threatening consequences," warned

Dr. **Henry Bernstein**, a professor of pediatrics at Dartmouth Medical School and a member of the Committee on Infectious Diseases for the American Academy of Pediatrics." Bernstein also "cautioned the public to be vigilant. 'There's an assumption that the flu is gone, but it's not. We've probably not seen the last of H1N1. It's a moving target. That's why it's important to be immunized annually.'"



A DMS study about racial disparities in cancer caught the eye of *USA Today*, which reported that "we have known for some time that African-Americans die in greater numbers from cancer than Caucasians. The question is, why? This research shows that where patients are treated can influence those outcomes significantly," study leader **Tracy Onega** said. . . . 'The next step is to understand the components of treatment location that most dramatically affect differences in care, and ultimately outcomes, for all cancer patients.'

"If you're frustrated by long waits to see a dermatologist," said a recent article on the European wire service Reuters, "you and



your skin doctor might want to consider a group appointment." The article was reporting on a study of shared medical appointments led by "Dr. **James Dinulos** of Dartmouth-Hitchcock Medical Center." The study found that "doctors saw nearly eight more . . . patients an hour" and "'demonstrates that access, patient care, and the economic bottom line are by no means antithetical,' the researchers note."

