There are two sure ways to get pharmacologist David Nierenberg, M.D., fired up: take notes with a drug-company pen or mention DMEDS, the Dartmouth Medical Encounter Documentation System. The former rouses his ire, the latter his enthusiasm.

On this particular day, he's teaching pharmacology to second-year medical students. As the students suggest possible drug treatments for two fictional patients, he pushes them to think through their answers step by step—from considering the symptoms and physiological mechanisms of each condition to evaluating which drugs to prescribe.

The class “is supposed to be about pharm, but you can’t really think about drugs until you’ve thought through the pathophysiology,” explains Nierenberg, who is also senior associate dean for medical education. He is conversational with the students, sometimes humorous, but never condescending and always precise. It’s clearly a good approach: he’s been awarded the Medical School’s Clinical Science Teaching Award twice, in 1986 and in 2000.

After class, a few students linger to talk with him. As one asks a question, Nierenberg reaches across the table to examine the contents of her purple pencil case. “You’re not going to make me angry with any drug-company pens in there?” he asks. His mock glare is softened by his unruffled voice and quick grin. “No,” she laughs. A fellow student had already warned her about Nierenberg’s disdain for the way many pharmaceuticals are marketed to physicians.

“Good. Because I go into anaphylactic shock when I see drug-company pens,” he says, feigning shortness of breath. Nierenberg is creative in the way he conveys his strong opinions about pharmaceutical marketing. For example, he has a “dirty-pen swap,” offering students a chance to turn in the free, often fancy, pens they get at drug company-sponsored luncheons and lectures for a “clean” pen. “This is all voluntary and educational. I’ve never confiscated,” contends Nierenberg. Is it true that he’s broken some students’ pens? He explodes with laughter. “Wow, that myth has grown.”

But the dirty-pen swap is sometimes a tough sell. “See,” he explains, “the drug companies hand out $7 or $8 pens” that are colorful, thick, and comfortable in one’s hand. His are skinny, bright-orange, 39¢ knock-offs that say “DHMC Clinical Pharmacology Rx: Prescribe the BEST drug!”

The message has great significance for Nierenberg. Teaching medical students how to prescribe the best medicines for their patients is what got him interested in course design and educational administration. But his interest in medicine goes back even further, to when he was a kid and observed the work of his family internist. “That looks like a nice combination of service and science,” he remembers thinking. By the time he was 15, he had taken all the science courses that his high school in Chappaqua, N.Y., offered. So, in 1965, he enrolled in Phillips Academy, a boarding school in Andover, Mass. He then carried his passion for science to Harvard, where he earned a degree in biochemistry in 1971.

He planned to go on to medical school but wanted a break from academic rigor. So he headed to Oxford on a Harvard fellowship to work in a research lab. “Research has a very different tempo and feel than taking four or five courses every term,” says Nierenberg.

In 1972, he returned to Harvard for medical school. After completing his M.D., he did an internal medicine residency at Boston’s Beth Israel Hospital and a clinical pharmacology fellowship at the University of California at San Francisco (UCSF).

When the head of clinical pharmacology at UCSF became chair of medicine at Stanford, he asked Nierenberg to be his chief medical resident. In 1981, Stanford tried to entice Nierenberg to stay on by offering him either of two positions—one that would be 90% research and 10% clinical and another 90% clinical and 10% teaching. But Nierenberg had other ideas. “What I really wanted,” he says, “was to spend a third of my time teaching, about a third of my time as a physician, and about a third of my time doing research.” He and his wife also wanted to move back to New England. One night, they wondered if Dartmouth might be the right place. They’d always enjoyed visiting New Hampshire on long weekends and vacations. The very next day, out of the blue, Nierenberg got a letter from DMS. “It was literally the next day!” he says, still awed by the timing.

DMS needed someone with his kind of training to set up a division of clinical pharmacology, teach a new fourth-year pharmacology course, and do whatever else that person wanted. Nierenberg accepted. To his surprise, what he enjoyed most was teaching and designing courses. “Between 1981 and 1991, we developed the most intensive, best, required clinical pharmacology course, almost certainly, of any medical school,” he boasts.

In 1995, then-Dean Andrew Wallace, M.D., appointed Nierenberg to the newly created role of associate dean for medical education. Ever since, Nierenberg has been helping DMS move to the forefront of medical education. Under his leadership, the school has reduced redundancy among courses; changed the ob-gyn rotation to include general outpatient women’s health; infused more clinical material into the first two years and more basic science material into the clinical years; and established itself as a national leader in medical education and medical education research (see page 7).

“We are teaching stuff we didn’t do 10 years ago,” Nierenberg says. “Medical ethics, cultural competency, increased attention on com-
one around pharmacologist David Nierenberg, he’ll start to pitch his “dirty pen swap.”

Dartmouth medical students know that if they use a free drug-company pen like this and the child was admitted to the emergency room with bacterial otitis media. A few hours earlier, at a drug-company-sponsored lunch, she’d re-received a pen emblazoned with: “Augmentin: unsurpassed in the treatment of otitis media.”

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“Some of the inspiration for DMEDS, which Nierenberg helped develop, came from his work in the late 1990s on a national committee that revised the U.S. Medical Licensing Exam. The committee converted a multiple-choice section to interactive case-based questions in a more simple and clear way to facilitate direct communication, he explains. “That’s an advanced communication skill. That’s what we want our students to wrestle with before they go out and be a doctor.”

And Nierenberg, really, believes that prescribing and other freebies are “crap,” he says of the resolve more once. “So what happened?” asks Nierenberg. The resident agreed with her resident asked what treatment she’d recommend for the four-year-old patient, the first antibiotic that came to her mind was Augmentin. Nierenberg asks, would drug companies spend billions of dollars a year on marketing if it didn’t work? “It’s about name recognition,” he in-
Alumni Album: Clark

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people about the worldwide AIDS crisis.

Clark, who has received several national
awards for his work, including the Annie
Dyson Award of the American Academy of
Pediatrics, is currently a fellow at the Center
for AIDS Prevention Studies at the Univer-
sity of California at San Francisco. He and
fellow soccer players have returned to Dart-
mouth several times to help develop oppor-
tunities for undergraduate and DMS students
to participate in Grassroot Soccer. And in
November, he participated in a three-day
symposium at DMS on HIV/AIDS, “Great
Issues in Medicine and Global Health.”

For all Clark’s worldwide interests, getting
back to his own grassroots is nice. ■

Faculty Focus: Nierenberg

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meningitis—the worst-case consequence of
an untreated ear infection. There’s a 90% to
95% chance that a generic antibiotic, costing
only $10 to $20, would have been effec-
tive, says Nierenberg. But doctors all over the
country prescribe expensive, name-brand
drugs instead of cheaper, often just as effec-
tive, generics. A long list of studies in promi-
nent journals has documented that drug-
company marketing does alter physicians’
prescribing practices.

Yet Nierenberg is not “anti-drug compa-
ny,” he asserts, just anti-gift. Not accepting
drug-company freebies is one way to combat
the rising cost of pharmaceuticals and pro-
mote affordable health care, he believes.

His commitment to these causes also ex-
tends into the community. For example, he
volunteers regularly at the Good Neighbor
Clinic, a free clinic that serves the Upper
Valley. He recruits DMS students to volun-
teer there, too. On a recent busy evening at
Good Neighbor, Nierenberg was helping a
medical student and a resident think through
each patient’s condition before recommend-
ing a treatment. If a prescription was needed,
he’d prompt them to consider a generic drug.
“It’s cheaper,” he’d remind them. Doctors
must do their part to keep down the cost of
health care, he believes—whether by pre-
scribing generics whenever possible or by
rejecting that free, fancy pen. ■