

The right size and values

By Ethan Dmitrovsky, M.D.

It is, Sir, as I have said, a small college. And yet, there are those who love it," Daniel Webster said in 1818 of Dartmouth College. In the four years that I have been at Dartmouth Medical School, I have developed a strong attachment to our institution and appreciation of Webster's words. I know that many here share his view. So when Dartmouth President James Wright asked me to become acting dean of the Medical School, while a national search for a permanent dean was conducted, I said it

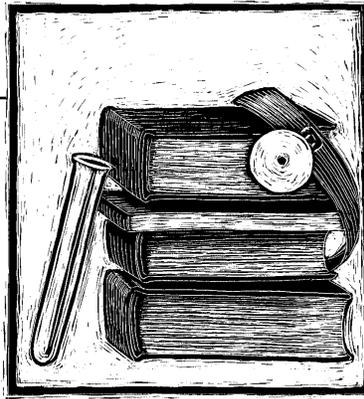
would be an honor to serve our academic community as well as to build on the many accomplishments of Dean John Baldwin.

Strengths: I view the future of Dartmouth Medical School as bright in large part because of our distinct strengths in size and core values. These strengths allow us to compete effectively in both the basic and the clinical sciences. Our size is an asset that our collegial and collaborative values enhance. This combination drew me to Dartmouth and has enabled me to recruit distinguished faculty from respected peer institutions. These faculty have been attracted by academic values difficult to match elsewhere, values that promote interdisciplinary collaboration and scientific synergism.

Our geographic proximity and intellectual ties to a world-class college invigorate DMS and enhance the stature of both the College and the Medical School. Since my arrival at Dartmouth, my research program has benefited greatly from interactions with scientists in the Departments of Physics and Astronomy and of Biology. These departments, which did not exist at my prior institution, afford access to colleagues in diverse areas of scholarship.

DMS also benefits from its partnership with Dartmouth-Hitchcock Medical Center, a preeminent medical center whose progressive architecture offers a welcoming environment for patient-centered care and learning. We have a single faculty with a shared purpose: to pursue excellence in clinical care, education, scholarship, and service. Our leadership embraces this unity, which enables us to work effectively to fulfill our common goals. Furthermore, the ease with which our basic and clinical scientists interact places us in a favorable position given the increasing importance of translational research.

Postgenomic era: Recently, I read Michael Bliss's biography of William Osler, the framer of the American biomedical education system. He lived about a century ago, during a time of great discovery and (similar to our era) of genuine optimism about the future of medicine. Osler was in medical school when the germ theory of disease was be-



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how we view health and disease. We can now treat the causes of diseases, not just their symptoms. We can use genetic information to identify those at increased risk for many conditions. We even stand ready to prevent, not just cure, some diseases.

The way science is conducted has also changed since Osler's time. Today we are the beneficiaries of society's decision to use public funds to drive the scientific enterprise. We have taken maximum advantage of this enlightened decision by developing a peer-review system that although not perfect has helped to establish a scientific meritocracy. This means that creative individuals (even of modest personal means) with worthy scientific proposals can contribute to this important enterprise. This meritocracy creates an engine for scientific discovery.

Diverse disciplines: Another important change is in the way scientists work. The stereotypical image of the scientist is someone who toils in isolation, on obscure problems, driven by the pleasure of discovery rather than the work's practical potential. This view is one that I respectfully reject. Scientific discovery is now a complex and highly social process involving interdisciplinary teams. Boundaries between fields are often blurred. In the future, a competitive advantage will certainly accrue to teams that assemble scientists from diverse disciplines. My own research requires close ties between basic and clinical scientists. I have found collaborators at Dartmouth because no administrative barriers exist.

Examples abound of programs that benefit from productive collaborations between Dartmouth College and the Medical School and Medical Center. Our Superfund program, the Norris Cotton Cancer Center, and the recently founded Department of Genetics are just a few. Vibrant scientific collaborations like these have resulted in considerable funding success for DMS. Our size and collaborative nature reinforce our competitive advantage in the life sciences.

In summary, Dartmouth Medical School is the right size and in the right place to facilitate education, scholarship, patient care, and service. Yet even great institutions such as Dartmouth must compete in a focused manner. As we look to the future, we should build on the strengths evident in our size and values. If we do, Dartmouth will not only compete successfully but lead nationally and internationally. ■

Dmitrovsky became the acting dean of Dartmouth Medical School on July 1. He joined the Dartmouth faculty in 1998 as a professor of medicine and of pharmacology and toxicology. He is also the chair of the Department of Pharmacology and Toxicology, as well as the first incumbent in DMS's Andrew G. Wallace Professorship.