

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

Allen Dietrich, M.D., a professor of community and family medicine, was named a member of the U.S. Preventive Services Task Force, the nation's leading panel for preventive and primary care. He is also cochair of the John D. and Catherine T. MacArthur Foundation Initiative on Depression and Primary Care, a national program based at Dartmouth.



Richard Powell, M.D., a professor of surgery, was recently appointed as a member of the Bio-engineering, Technology and Surgical Sciences Study Section of the National Institutes of Health's Center for Scientific Review.



Diane Harper, M.D., a professor of community and family medicine, was the lead author of a paper that was chosen as runner-up for the best medical research paper of 2006 by a panel of *Lancet* editors and an international advisory board. The paper reported results of a cervical cancer vaccine trial.



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MEDIA MENTIONS: DMS

Among the people and programs coming in for prominent media coverage in recent months was DHMC's director of palliative medicine. A *New York Times* feature on hospice care noted that Dartmouth's Dr. **Ira Byock**, "a nationally recognized expert in palliative care, . . . says hospice should be viewed not as giving up all hope but about getting the care one needs. . . . Byock rejects the notion that the only point of hospice is to help people die." Byock was also the subject of a profile in the *Boston Globe's* Sunday magazine section, which said that he believes "the core of palliative care, ultimately, is not law or policy but the ongoing interaction with patients." See page 9 in this issue for more about Byock's impact at DHMC.



A feature in *Smithsonian* on facial reconstruction techniques in World War I quoted a Dartmouth expert who compared injuries from WWI to those seen in Iraq. "We're used to thinking about losing an arm or an eye or an ear," says Dr. **Joseph Rosen**, a plastic surgeon at Dartmouth who works with soldiers injured in Iraq. . . . "When you lose all these things simultaneously—[and] the blast injuries take your arms with your face—that's what makes these polytrauma injuries. They're not the sum of their parts; they're much worse." See page 54 in this issue for more on Rosen's work.

Have you ever wondered if there's anything to the "proliferation of products, mostly hawked over the internet, that promise to help turn the last bit of untrammled downtime (sleep) into an opportunity for self-improvement?" The *New York Times* apparently has and recently explored "sleep-learning." The sleep specialists they consulted were uniformly dubious. "Unlike the hypnotized brain, which is receptive to spoken suggestions, the sleeping brain is not so suggestible, said Dr. **Michael Sateia**, the head of the sleep disorders program at Dartmouth. 'Generally,' he explained, 'sleep is considered to be a state of being relatively "offline," as it were, with respect to extrasensory input.'"



"A protein that signals the onset of the deadliest form of breast cancer has been isolated by a team of New Hampshire scientists," reported *Newsday*. "These patients are at very high risk of recurrence," said **James DiRenzo**, a Dartmouth assistant professor of pharmacology. . . . DiRenzo said more work must be conducted to confirm the discovery of the biomarker, known as nestin. *Agence France Presse* also covered the finding, noting that eventually, "if a noninvasive test could be devised to detect nestin, the protein could be used to screen for women at risk for this type of cancer."

Growing concern nationwide about variation in the quality of colonoscopies was the subject of a recent article in the *New York Times*. "Last spring," the article noted, a task force of representatives from two gastroenterology societies "recommended that doctors track their polyp-detection rate. . . . But most have not adopted the recommendation.



Still, Dr. **Douglas Robertson**, a gastroenterologist at Dartmouth and the VA Medical Center in White River Junction, Vt., said it did not hurt to ask for a doctor's detection rate. 'If you are met with a total blank stare,' Robertson said, 'that tells you the doctor is really not clued in to quality issues and is not listening at national meetings.'"

A Dartmouth study comparing two methods of treating post-traumatic stress disorder (PTSD) in women received widespread media attention. "Women are nearly three times more prone [to PTSD] than men, and the incidence is particularly high among women who have served in the military," reported Reuters. And NPR *Morning Edition* host Joe Shapiro noted that the study involved "a team of 50 therapists who treated nearly 300 women." It compared general psychotherapy with prolonged exposure—which DMS's **Paula Schnurr**, a researcher at the VA National Center for PTSD in White River Junction, Vt., described as focusing "repeatedly and vividly on a traumatic experience, . . . retelling it in a safe context [and] eventually



A N D D H M C I N T H E N E W S



learning that the feared memory . . . is no longer as frightening.” Host Shapiro explained that “after 10 weeks of exposure therapy, the results were striking—41% had their symptoms go away, compared to only 28% who got the usual therapy.” See page 5 in this issue for more on Schnurr’s study.

There has been much debate about the effect of public “report cards” on medical outcomes—whether, as the *Wall Street Journal* put it, they “boost the quality of health care, . . . don’t have much effect, good or bad, . . . [or have] unwelcome, unintended consequences, such as encouraging doctors and hospitals to game the system by avoiding sicker patients.” The article noted that in northern New England, “heart surgeons have been sharing performance data privately since 1987. Quality has improved . . . without sharing details publicly. The absence of public report cards bred ‘a spirit of collaboration instead of a spirit of paranoia,’ says Dr. **William Nugent**, a heart surgeon at Dartmouth. But seeing the national trend, the consortium plans soon to release results publicly—by hospital, not by surgeon.”



Two Dartmouth experts were asked to weigh in on the subject of flu shots. “The flu season has been relatively mild so far this year,” noted the *New York Times* in December, “making a flu shot seem less urgent. ‘There’s so many people out there that need it and [that] we know didn’t get it yet,’ said Dr. **Henry Bernstein** [pictured], a pediatrician at Dartmouth and a member of the infectious disease committee of the American Academy of Pediatrics.” By February, the *Wall Street Journal* was reporting on the formulation of next year’s vaccine, including a change urged by the World Health Organization (WHO). “I’m very much concerned



about the new strains that have appeared so recently,” said Dr. **John Modlin**, a pediatrics professor at Dartmouth. He said going against the WHO recommendation would create ‘real issues in terms of supply.’” Modlin is past chair of the national Advisory Committee on Immunization Practices.

Dr. **Jonathan Ross** (pictured), a general internist at DHMC, and two residents in medicine—Drs. **Osei Bonsu** and **Jennifer Quinn**—were featured on a recent “Medical Mysteries” segment on ABC-TV’s *Primetime*. The case concerned Diana—a New Hampshire llama farmer and former smoker with food allergies—who noticed a sharp pain in her ear and a loss of hearing. Viewers were asked to guess whether the patient was suffering from “A, nutritional deficiency; B, infection, maybe something from the llamas; C, cancer; or D, circulatory disease.” The show quoted Ross as having observed that “she had a very, very restricted diet” and so “when I met with the housestaff that morning, I said, ‘I think she has scurvy.’” Quinn stated on the show that her response was “You’ve got to be kidding,” and Bonsu said, “We all looked at each other in shock.” So, concluded host Jay Schadler, “if you chose option A, nutritional deficiency, you were right. Diana had scurvy, vitamin C deficiency, because of her limited diet.”

A front-page article in the *New York Times*’s “Thursday Styles” section had some advice about “When it’s O.K. to run hurt.” The lead ran like this: “Just before the end of last year, a prominent orthopedic surgeon was stretching to lift a heavy box and twisted his back. The pain was agonizing. He could not sit, and when he lay down he could barely get up. So the surgeon, Dr. **James Weinstein** of Dartmouth, decided to go out for a run.” The article went on to describe why Weinstein and many other doctors now “say most people can continue with the sport they



love,” despite an injury. Though of course he bases his advice on more than his own personal situation, Weinstein told the *Times* that after his post-injury run, “he felt ‘pretty good.’”

A concept called micropractice is gaining favor with doctors, says the *Wall Street Journal*. One technique that helps them do more with patients and less with paperwork is “a free web survey called ‘How’s Your Health.’ Developed by Dr. **John Wasson** of Dartmouth, the 10-minute survey is a series of carefully formulated multiple-choice questions about the patient’s symptoms, medications, diet, past tests, emotional issues, and habits, such as smoking and drinking.” See more about Wasson’s work on page 62 in this issue and at www.howsyourhealth.org.

“Time to bring back bloodletting?” That was the headline on an MSNBC story about a study by “researchers at the White River Junction, Vt., VA Medical Center and Dartmouth Medical School [that] looked at 1,277 men and women ages 43 to 87 who had peripheral arterial disease. . . . Blood was drawn to promote iron reduction at six-month intervals from some of the patients but not from others.” Among the “younger patients, aged 43 to 61, [there were] fewer deaths from all causes in the iron-reduction group, and also fewer nonfatal heart attacks and strokes.” The results “support the theory that vascular health might be preserved into later life by maintaining low levels of iron over time,” said lead author Dr. **Leo Zacharski**.” The finding was also reported in the *Los Angeles Times*, which noted that “excess iron in the blood is thought to promote free-radical damage to arteries.”



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