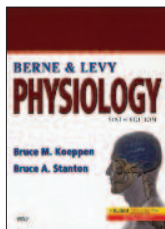
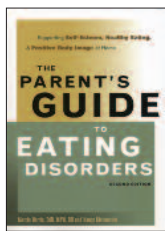


**New on the bookshelf:  
Recent releases by  
DMS faculty authors**

*The Parent's Guide to Eating Disorders.* By Marcia Herrin, Ed.D., M.P.H., adjunct assistant professor of community and family medicine at DMS; and Nancy Matsumoto. Gürze; 2007 (second edition). This book describes a step-by-step approach to help parents normalize their child's eating and exercise patterns. It covers the medical consequences of eating disorders and explains how to deal with peers, school, camp, and sports. The book also includes a mother's first-person account of her daughter's recovery from anorexia.

*Physiology.* Edited by Bruce M. Koeppen, M.D., Ph.D.; and Bruce Stanton, Ph.D., professor of physiology at DMS. Elsevier Mosby; 2008 (sixth edition). Designed for medical students, this textbook uses an organ system-based approach to describe the mechanisms that regulate bodily functions. Disease and abnormal functions are discussed as well. The volume includes new full-color artwork and contains clinical and molecular information set apart from the main text.



MEDIA MENTIONS: DMS

Among the people and programs coming in for prominent media coverage in recent months was the physician who pioneered the field of outcomes research. “Data has been assembled by Dr. **Jack Wennberg** and his associates at Dartmouth Medical School for at least two decades,” a guest on National Public Radio’s *Talk of the Nation* noted, mentioning that “states’ spending per capita on health varies enormously.” The *Baltimore Sun* cited Wennberg’s research, too, in an article about a “new hypothesis” in health care, in which “doing less for patients might improve their health while controlling costs.” (See [dartmed.dartmouth.edu/winter07/html/braveheart.php](http://dartmed.dartmouth.edu/winter07/html/braveheart.php) for a recap of Wennberg’s career.)



Two researchers who collaborate regularly with Wennberg also showed up in the press—in the *Atlantic Monthly*. The article, which was subtitled “The health-care crisis no candidate is addressing? Too many doctors,” mentioned that “**Elliott Fisher**, a physician and researcher at the Center for the Evaluative Clinical Sciences at Dartmouth, quipped at a recent gathering at the Institute of Medicine, ‘If we sent 30 percent of the doctors in this country to Africa, we might raise the level of health on both continents.’” The article also noted that “in a paper published last year in the journal *Health Affairs*, **David Goodman** and his colleagues at Dartmouth examined care at academic medical centers. . . . They tallied the number of doctors” at each and found not only that “the variation was enormous” but that hospitals that used more doctors “did not produce better outcomes than hospitals using relatively few doctors.”



Several other publications cited work by Wennberg and his colleagues, including *Consumer Reports*, the *New York Times*, and the *Miami Herald*. “A 2003 Dartmouth study found that up to 30 percent of the \$2 trillion spent in this country on

medical care each year—including what’s spent on Medicare and Medicaid—is wasted,” *Reader’s Digest* noted. And the *Star-Telegram* of Fort Worth, Tex., said, “Increased spending doesn’t necessarily buy increased quality of care. A Dartmouth Medical School analysis of Medicare . . . found vast disparities in payments—but they varied based on geography rather than on how sick the patients were, or how good the treatment.”

A Dartmouth surgeon spoke with the *Pittsburgh Tribune-Review* about financial incentives that encourage liver transplant centers to give organs to healthier patients. “No question, if you’re relatively healthy coming in, you’re going to cost less and they’re going to make more money at a center,” said Dr. **David Axelrod**, transplant surgery chief at Dartmouth-Hitchcock Medical Center. . . . ‘They’re not doing this just to make money, but the economics are clearly driving a portion of this issue. There are clearly economic benefits.’”



For perspective on a finding that uninsured patients are more apt to be diagnosed with late-stage cancer, the *New York Times* looked north. “Do these findings mean that patients without insurance are being diagnosed too late, or that insured patients are being excessively diagnosed?” said Dr. **H. Gilbert Welch**, a professor at Dartmouth who studies the usefulness of medical procedures.” And in a *U.S. News & World Report* article about women with ductal carcinoma in situ (DCIS), “Welch argued that as mammography continues to detect smaller and smaller DCIS lesions, there can be a tendency to overtreat.” Welch weighed in on prostate cancer screening, too. “Many men agree to prostate screening without thinking much about it,” he told MSNBC.



“Do cholesterol drugs do any good?” *Business Week* asked in a January 17 cover story about statins. Among the national experts tapped to answer this question was a Dartmouth physician-researcher.