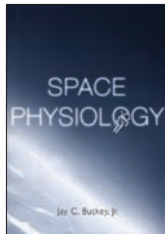


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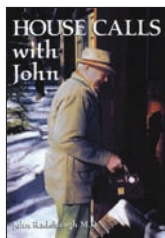
*Space Physiology.* By Jay C. Buckley, Jr., M.D., associate professor of medicine at DMS; Oxford University Press; 2006. Buckley, a former astronaut as well as a physician, explores the effects of long-term space travel on the human body. His book combines research with practical advice on



dealing with such problems as bone loss, kidney stones, motion sickness, and radiation exposure.

Also covered in the book are long-duration medical planning, relevant gender differences, the physiology of extravehicular activity, and post-flight rehabilitation.

*House Calls with John.* By John Radebaugh, M.D., associate professor of clinical community and family medicine emeritus at



DMS; Peter E. Randall Publisher; 2006. Radebaugh describes his experiences caring for migrant farmworkers

on the East and West Coasts and advocating for their needs. A theme throughout the book is his belief in the value of house calls. (Excerpts from a prepublication draft of this book ran as a feature in the Spring 2005 issue of DARTMOUTH MEDICINE).

MEDIA MENTIONS: DMS

Among the people and programs coming in for prominent media coverage in recent months was a Dartmouth researcher whose work was key in the development of a vaccine against cervical cancer. “This is the most significant advance in cancer prevention in the last 50 years,” said lead author **Diane Harper**, director of gynecologic cancer prevention research at Dartmouth Medical School” in *Science Daily*. The vaccine protects against the human papillomavirus (HPV)—the most common cause of cervical cancer—and can be given to both males and females in their teens.



“These findings set the stage for the wide-scale adoption of HPV vaccination for prevention of cervical cancer,” Harper told BBC. And she was quoted in the *Toronto Star* as saying, “I hope that by the time I die, there are one or two cases of cervical cancer [a year] and by the time my kids die, cervical cancer will go the way of smallpox.”

But there has also been political controversy over the cervical cancer vaccine. *New Yorker* magazine turned to another Dartmouth faculty member—a



former surgeon general—to explain it. “‘You have to separate moral questions from the questions of science,’ **C. Everett Koop** said.” The article noted that although some people “prefer to rely on education programs that promote abstinence from sexual activity, and see the HPV vaccine as a threat to that policy,” Koop, who “will be 90 this year . . . but remains active and runs an institute named for him at Dartmouth, [says], ‘One thing that I have learned is that belief doesn’t change reality.’”

“What Insiders Know about Our Health-Care System That the Rest of Us Need to Learn” proclaimed the May 1 cover of *Time*. The article noted that “it’s hard to find a doctor who doesn’t worry about how medicine is changing. . . . ‘What scares me most about the current medical environment is complacency with the status quo,’ says **Dr. Martin Palmeri**, an internal medicine resident at Dartmouth-Hitchcock Medical Center. . . .

‘When I refer one of my family members to someone,’ Palmeri says, ‘I want to make sure that they are the type of physician who leaves no stone unturned and will burn the midnight oil if need be to ensure the highest-quality care possible.’”

The *Wall Street Journal* featured **John Wasson**, a Dartmouth expert in practice redesign who is helping



to launch a national program to expand the micro-practice concept—the idea that doctors may do better with fewer rather than more nurses, secretaries, and receptionists. “The office practice hasn’t changed much in 50 years

. . . This is a disruptive innovation [but one] that can lead to increased quality and reduced costs,” Wasson said. The concept may “fix problems that have long frustrated patients,” the *Journal* explained, including difficulty making appointments, hours spent in waiting rooms, too-brief visits, and the inability to reach physicians by phone. “Dr. Wasson says the most efficient way to offer same-day appointments is to leave 60% to 70% of slots open all day, because in a typical medical practice 30% to 40% of patients will want a set future appointment, while the remainder will need urgent care.”

The *Toronto Sun* also featured an article about making health-care practices more efficient, in light of a projected shortage of doctors in the U.S.



and Canada. “‘It’s how efficient the physicians are, rather than the number of physicians,’ said **Dr. David Goodman**, a professor of community and family medicine at Dartmouth.” United Press International (UPI) also interviewed Goodman on the subject.

“Spending millions of dollars annually to expand our capacity to train physicians will not only create an oversupply,” Goodman told UPI, “but will also divert health-care dollars from care that has been shown to improve the health and well-being of patients.”

In other news about medical finances, “‘You can’t get any more effective care by spending more