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Recent releases by  
DMS faculty authors**

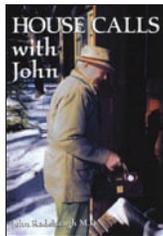
*Space Physiology.* By Jay C. Buckley, Jr., M.D., associate professor of medicine at DMS; Oxford University Press; 2006. Buckley, a former astronaut as well as a physician, explores the effects of long-term space travel on the human body. His book combines research with practical advice on



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

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

money,' said **John Wennberg**, a professor who studies health-care efficiency at Dartmouth," in a United Press International (UPI) article. "The main culprit is what Wennberg and others call supply-driven care—care that takes place much more often in areas where capacity is high," UPI continued. "Health care is not like any other market," Wennberg said. "It's not like automobiles or supermarkets . . . no one wants to see their hospital or their doctor go out of business because it's not efficient anymore." The *New York Times* also quoted Wennberg on what he calls the "supply-driven demand" of health care.



"Researchers found that Botox was 80% to 90% effective in [treating] radiating pain in the head," noted ABC News. The story—titled "Can a Beauty Treatment Banish Both Wrinkles and Headaches?"—reported on a study of Botox as a treatment for "imploding headaches," in which sufferers feel pain moving from the outside to the inside of the brain. "There may be something to the character of the pain,' said Dr. **Thomas Ward** of Dartmouth. . . . 'Botox may actually prevent the release of substances that can radiate and drive the pain.'"



For a report titled "Driving under the influence—of sleeping pills," MSNBC turned to Dartmouth "sleep specialist Dr. **Brooke Judd**." The report noted that the prescription sleeping pill Ambien is one of the top 10 drugs found in impaired drivers. Some drivers even take Ambien behind the wheel on the way home, MSNBC noted, in hopes the drug will kick in by bedtime. "Wow, that's a really bad idea," Judd said.



"These newer sleep medications have a rapid onset, so people can get to sleep quickly. You shouldn't take them until you are really ready to go to bed," she advised. The report said that "Judd also warns sleeping-pill users to get at least eight hours of shut-eye. That's how long the sedative effect can last. An early riser who hits the road might still be too groggy to drive, she said."

Even taken properly, sleeping pills can cause problems. "Ambien may render some people unable to awaken completely even when something significant disturbs their sleep," the *Washington Post* reported. "It is the case, perhaps, of an unstoppable force meeting an immovable object,' said **Michael Sateia**, chief of sleep medicine at Dartmouth-Hitchcock Medical Center." Ads for the drug give "the impression that the management of [sleep] problems is as simple as giving someone a prescription for a sleeping medication and sending them on their way,' Sateia said. 'It's not that simple.'"



In an article about the much-publicized results from the Women's Health Initiative (WHI) clinical trial, the *Wall Street Journal* quoted a DMS faculty member as to why the study had yielded such confusing results. "Being in a trial can be work,' says **John Baron**, a researcher at Dartmouth Medical School. . . . 'You fill out stupid forms, people are calling you to do this and do that. It's a burden to do this. Maybe participating in two trials is just too much to ask,'" he said. The article explained the ambitious scope of the WHI, which encompassed three different studies—one of hormone replacement therapy, one of diet, and one of calcium supplementation—with a smaller number of patients, each of whom was involved in multiple trials. However,



concluded the *Journal*, "the hassles of being in multiple trials may have contributed to compliance problems that plagued all three [trials] and hurt the reliability of their results."



For an opinion on how to get the best mental-health care, National Public Radio's *Talk of the Nation* interviewed "Dr. **Allen Dietrich**, a practicing primary-care physician and codirector of the MacArthur Foundation's Initiative on Depression and Primary Care at Dartmouth Medical School."



When asked why he advocates consulting one's regular doctor before seeking treatment for mental illness, Dietrich said that "primary-care physicians today . . . are quite well-trained for assisting people to make early decisions about whether they have a mental-health problem." He went on to say that "a primary-care physician may actually be in a position to have a protective role. When I was in training, one of the things that I learned was to not be the first doctor on my block to prescribe a new medication."

The *Hindustan Times* recently interviewed Dr. **Auden McClure** about a study of the association between alcohol-branded merchandise and alcohol use in teens. "Adolescents who own t-shirts, hats, and other merchandise with an alcohol brand name on it are more likely to begin drinking than kids who do not own these items," noted the article. The study, which surveyed over 2,000 northern New England middle-school students, was published in the *American Journal of Preventive Medicine*. "This study raises concern about the relationship between the products that promote alcohol brands and early teen drinking,' said McClure."

