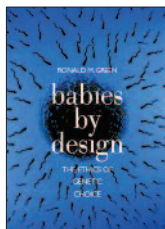
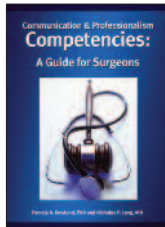


**New on the bookshelf:  
Recent releases by  
DMS faculty authors**

*Communication and Professionalism Competencies: A Guide for Surgeons.* Edited by Pamela A. Rowland, Ph.D., research associate professor of community and family medicine at DMS; and Nicholas P. Lang, M.D. *CineMed*, 2007. Designed for surgeons, this book describes communication competencies in various situations, covering physician etiquette, professional image, and cultural adaptability. It discusses how to make oral presentations, disclose adverse outcomes, and request organ or tissue donations.

*Babies by Design: The Ethics of Genetic Choice.* By Ronald M. Green, Ph.D., adjunct professor of community and family medicine at DMS and director of the Ethics Institute at Dartmouth. Yale University Press, 2007. This book presents a scientifically and ethically informed view of human genetic modification and explains the possibilities for the future. It outlines new capabilities in genomic science; addresses questions of safety, parenting, and social justice; and explores religious implications of gene modification.



MEDIA MENTIONS: DMS

Among the people and programs coming in for prominent media coverage in recent months was the Dartmouth Institute for Health Policy and Clinical Practice, which in April published the newest edition of the *Dartmouth Atlas of Health Care*. The volume showed that the amount of money spent on end-of-life treatment varies



widely depending on location, inspiring newspapers across the country—including the *Miami Herald*, the *St. Louis Post-Dispatch*, and the *Baltimore Sun*—to find out where their local hospitals ranked. The *New York Times* asked “Dr. **John Wennberg** of Dartmouth Medical School, the chief author of the study” about the findings. “‘Some chronically ill and dying Americans are receiving too much care—more than they and their families actually want or benefit from,’ Dr. Wennberg said.”

Other authors of the *Atlas* were also in demand as the media covered the findings. “**Elliott Fisher**, the report’s coauthor,” told *USA Today* that “the big differences between hospital systems indicate there is room to improve efficiency, save money, and spare some patients from what may be unnecessary hospital stays. ‘These are all high-quality medical centers, but it’s amazing the differences in practices among them,’ Fisher says.” The *San Luis Obispo Tribune* spoke to “Dr. **David Goodman**. . . . Health care, he said, is like sunshine. There are limits to how much is good for you.” And the *Wall Street Journal*, among other media outlets, reported on a plan by *Consumer Reports* to publish hospital ratings. “The index is based on work from the Dartmouth Atlas Project, a research effort developed by researchers at Dartmouth.”



Not everyone agrees with the *Atlas*’s conclusions. In the *Washington Post*, one doctor argued that “to some, the Dartmouth data encourage the notion that if the supply of specialists and hospital beds

were suddenly cut, doctors might reserve fancy care for patients who really needed it, and thus costs would fall. But . . . these cost controls will require hard choices—and, inevitably, haphazard rationing of health care.” Others, however, were more convinced. “The Dartmouth researchers estimate that Medicare could save tens of billions of dollars annually,” said a *New York Times* editorial. “That is a very good reason to change.”

When a study in the *British Medical Journal* revealed that the use of terminal sedation in the Netherlands has risen since 2001, *Time* magazine turned to a Dartmouth expert for commentary.



Terminal sedation “may sound to many people as automatically hastening a patient’s death. But that’s not the case, says Dr. **Ira Byock**, chair of palliative medicine at Dartmouth Medical School. . . . ‘This is a practice, when used correctly, that’s only done in the final stages of life. . . . At that point, nutrition or antibiotics can usually do nothing to prolong life.’” But in *U.S. News & World Report*, Byock, “an end-of-life-care expert,” warned that sedation can be misused. “‘There is no distress you’re going to have that I cannot alleviate with medications, but we don’t want that to be a substitute for good, comprehensive medical care.’”

Reuters highlighted a study led by **Linda Titus-Ernstoff** on “women whose mothers were exposed to diethylstilbestrol (DES) in the womb. . . . DES, a synthetic form of estrogen, was introduced in 1941 as a drug that prevented miscarriage. An estimated 6 million women worldwide took the drug before its use during pregnancy was banned in 1971.” Earlier research showed that DES could cause cancer in daughters of women who took it, “and now it seems that the hazard may have been passed to granddaughters.” Titus-Ernstoff found that “although there was no overall increase in cancer, there were three cases of ovarian cancer in daughters of women exposed prenatally to DES—a figure higher than would normally be expected.”

