

The cover article in our Fall issue—about a family physician who struggled for years with the increasing burden of regulatory and payment-related paperwork before finally giving up solo practice—struck a chord with readers. We heard from a former coworker of Tim Shafer’s, a former patient, a couple of other private practitioners, and even an English professor, who found the story “heart-wrenching.” And that wasn’t the only feature in the last issue that moved readers to write in. We also got letters about alumnus Bob Rufsvold’s experiences in Ethiopia with *Médecins Sans Frontières* and about DHMC’s first-in-the-nation Center for Shared Decision Making.

Kindness and compassion

I was very surprised to see Dr. Tim Shafer on the cover of the Fall issue of DARTMOUTH MEDICINE. [See dartmed.dartmouth.edu/fall07/html/care_package.php to read the cover story online.] I used to work with him at Grace Cottage Hospital in Townshend, Vt., so of course that was the first story I turned to.

The article was written superbly and enlightened me about rural private medical practice. I really had no grasp of the complexities and struggles that are involved in meeting the needs of the patients, the practice, and the government.

Yet despite all of these headaches and tribulations, I recall many good times working with Tim. I owe him thanks from the bottom of my heart for the help and support he gave me during my nursing career at Grace Cottage Hospital. I think back with

We’re always glad to hear from readers—whether it’s someone weighing in about an article in a past issue or someone asking to be on our mailing list for future issues. We are happy to send DARTMOUTH MEDICINE—on a complimentary basis, to addresses in the U.S.—to anyone interested in the subjects we cover. Both subscription requests and letters to the editor may be sent to: Editor, DARTMOUTH MEDICINE, 1 Medical Center Drive (HB 7070), Lebanon, NH 03756 or DartMed@Dartmouth.edu. Letters for publication may be edited for clarity, length, or the appropriateness of the subject matter.

gratitude to all the knowledge I gleaned from him.

One of the best things I worked on with Tim was the creation of an ACS [acute coronary syndrome] policy and procedure protocol, which we drafted with the assistance of DHMC. Because of that effort, the second night the protocol was in effect we saved a life. This is something that I will always cherish.

Because of Tim Shafer and all the other dedicated doctors, nurses, and staff members who work there, Grace Cottage is an outstanding little hospital.

My mother also had a very special place in her heart for Tim. He was always *her* Tim and no one else’s. She talked often of his kindness and compassion to her, and of the wonderful care he provided her as a patient and as a friend.

Many thanks for the enlightening article.

MARGO BOYD
Jamaica, Vt.

Not a clock-watcher

When I saw the cover of the Fall issue of DARTMOUTH MEDICINE, I said to myself, with a great sense of bittersweetness, “That’s my doctor!” Though Tim Shafer

has actually not been my primary-care practitioner for several years now, due to distance, he was my doctor and my friend for almost 18 years. I still think of him as my doctor and suppose I always will.

So of course I read the article with great interest, and I must say that in all the years I was his patient I had no idea that any of this financial struggle to create a “Care Package” was going on—because, as Tim’s wife, Deb Luskin, writes in the article, his patients were never treated any differently than they had been. If it is possible for me to have gained more respect for this man, this father, this husband, and this doctor, I have.

I remember going to his office feeling that I needed to see him urgently, and he always made time for me. Having to sit for 45 minutes to an hour past my appointment time never bothered me because I knew he was giving someone else his precious time, listening intently to that patient. No matter how long it took, I knew when it was my turn to see him that he would give me as much time as I needed, too. He never looked at his watch and he never sat in front of a laptop typ-

ing while patients were talking with him. He always looked at his patients as they were speaking, which gave him so much insight into what was really going on in their lives. This is something that is sorely lacking in today’s doctors, in my opinion.

Tim often had medical students working with him. I always felt hopeful that somewhere in this world would be a few new doctors who understand that laptops and HMOs and how many patients you can fit into a day are not what is really important.

I miss him.

CHERYL TAYLOR
Canaan, N.H.

A great narrative

I enjoyed the wonderful article by Deborah Lee Luskin about Tim Shafer in the Fall issue of DARTMOUTH MEDICINE. I empathize with them, recalling with fondness the nice relationship I had with patients but cringing about the unpleasant administrative and financial burdens. I, too, became an employed physician in 1991, but my health forced me to retire in May 2007. The patients were what made it all worthwhile.

I note with awe the retirement at age 55 to 60 of college classmates who went into business and finance. They may have homes and toys I can only dream about, but I get to live where they like to visit—not too bad.

I commend Tim on his impressive career and Deborah on writing a great narrative and supporting the office for so long.

WARNER JONES, M.D.
North Springfield, Vt.

A way to go it alone

I was terribly saddened by the commentary within “Care Package,” as it sends the message to our younger physicians that solo private practices are no longer possible.

The truth is anything but that. Speaking as a solo physician whose office is much like the one described in the Editor’s Note in the same issue, “Revisiting Vinyl” [see dartmed.dartmouth.edu/fall07/html/editors_note.php], I have avoided HIPAA entirely by remaining small and by not having any electronic transfers of information. And I’ve avoided billing problems by simply collecting payment at the time of service, by not accepting any insurance or joining any managed care panels, and by keeping my fees reasonable.

My patients know what day I’ll be at the office and simply show up. I stay until I’m finished and the waiting room is empty. Patients are thrilled with the ease of access, I’m happy because I’m not wasting anyone’s time (my own included), and satisfaction on both sides is high.

The American Medical Association offers all member physicians a catastrophic insurance coverage program that serves me well and is inexpensive.

Placing a professional into an employment situation means that professional decision-making becomes biased by the needs or desires of the employer. Just as an example, the decision of DHMC to have a policy that applies to all employees regarding pharmaceutical company freebies means that the professionals

employed there no longer get to use their own professional judgment regarding that domain.

Not wanting anyone else to make professional decisions for me, whether I happen to agree or not, I choose to keep my medical practice in my own hands.

STUART GITLOW, M.D.,
M.P.H., M.B.A.
Woonsocket, R.I.

Gitlow holds an appointment as an adjunct instructor in psychiatry at Dartmouth Medical School.

Heart-wrenching portrayal

“Care Package” by Deborah Lee Luskin was a heart-wrenching story in its portrayal of the devastating effects of federal legislation on a rural medical practice. Reeling from one blow after another—managed care, HIPAA, CLIA, EMTALA—the “mom and pop doc shop” that she and her husband ran was finally forced to close.

It was not a happy story, but it was a true story; the details of the

struggles she described speak volumes about health-care delivery in the U.S. today. What we value most when we are ill—a focus on the treatment plan and on the healing process, and personalized and empathetic care—is undermined today by the proliferation of paperwork and the limits placed on providers.

This story both moved and frightened me. Thank you for publishing it.

MARY BUCHINGER BODWELL
Boston, Mass.

Bodwell is an assistant professor of English at Massachusetts College of Pharmacy and Health Sciences.

Insidious effects

As a friend of Dr. Bob Rufsvold’s, I was glad to read the article about his time in Ethiopia [see “Being Present” in the Fall 2007 issue of *DARTMOUTH MEDICINE*—online at dartmed.dartmouth.edu/fall07/html/being_present.php]. I’m pleased to know that through his article, many people are being educated

about the practice of medicine in the Third World. And about the insidiousness of the way the dam is threatening the grazing lands of the indigenous people of Ethiopia’s Afar region. Dr. Paul Farmer’s work in Haiti with Partners in Health offers similar insight into medical caregiving in this sort of situation.

I was glad to read recently that Médecins Sans Frontières, the organization with which Bob worked in Ethiopia, has developed a peanut paste that is better at helping nourish starving people than the milk products that have been commonly used in the past—for they depend on a clean water supply. There is no substitute for water. In fact, it may represent the limit of sustainable development, since 80% of disease and death in the developing world is due to the absence of a safe water supply. Ground water depletion and contamination are perils that we must make strong laws to prevent.

Yet little by little, headway is being made. I believe this is a time in which cross-cultural experiences and these sorts of reflections have never been more needed. Each hand that touches another makes a difference. To know that what we do matters is essential. I loved the thought at the end of the article—that just “being present” may be enough.

MARTINA NICHOLSON, M.D.
Santa Cruz, Calif.



Shofer often had to wait late at night after dinner to finish paperwork—in town, in 1996.

Fall 2007

CARE PACKAGE

Medicine is, at its core, the provision of care to patients. But in this country there's a lot of financial and regulatory baggage that goes along with providing care. Here is how one DMS alumna—with some help from his wife, running a "mom and pop doc shop"—handled that baggage.

STORY BY DEBORAH LEE LUSKIN PHOTOGRAPH BY MAX AXELBERG BELLEVUE A FUTURE MEDICAL CAREER?

When Tim first arrived in Tisbury, he was one of the many physicians coming to the emergency room in Green County, Vermont, in 1984 to provide care. He had a medical degree from the Harvard Medical Center. In addition to being one of the first to arrive, he was also one of the few to stay. He and his wife, Deborah, owned a solo private practice. After 13 years, in 1996, they moved to Tisbury. The town was small and rural, and the office hours and phone number remained the same as in the city. What changed was not the office or the practice, which was still a solo private practice, which was still generating net income.

10 *dartmed.dartmouth.edu*—October of Dartmouth Medicine Fall 2007

11 *dartmed.dartmouth.edu*—October of Dartmouth Medicine Fall 2007

Readers were moved by our Fall cover story—about what happened when family physician Tim Shafer found himself doing too much paperwork late at night.

a physician whom I knew well during his time as a family practitioner in Lyme, N.H. What a pleasant surprise it was to see him involved with Médecins Sans Frontières in the Afar region of Ethiopia—probably one of the poorest regions in the world, with only one medical facility serving a region as large as the state of Colorado.


The article reveals Dr. Rufsvold's deep empathy for the plight of the region's starving people—victims of chronic drought as well as of a plan to build a dam that will offer no succor to the Afar but will only benefit sugarcane growers whose products will provide biofuel for military purposes.

I was truly moved as I read of his efforts to provide care for over a hundred patients a day in temperatures of up to 120 degrees. Even an ordinary upper-respiratory infection could be life-threatening for these nomadic herders, and two out of five infants did not survive to their fifth birthday.

He realized that he could make only a small dent in the problems of these wonderful people, but he concluded that merely being there, fully there, was enough—though humbling to the extreme. It was the most taxing work that he had ever done, to face the impossibility of eliminating such suffering. I express my admiration to him for contributing his expertise in an effort to offset, to the extent that he could, the hopelessness of the situation.

To quote from the poem with which he ends his article: "What

Be sure to tell us when you move! If your address changes, to keep getting DARTMOUTH MEDICINE tear off the back cover, write your new address next to the old one, and mail it to: DARTMOUTH MEDICINE, 1 Medical Center Drive (HB 7070), Lebanon, NH 03756. Our mailing list is drawn from six separate databases, so it's helpful if you send the actual cover or a copy of it. If that's not possible, please include both your old and new address. And if you receive more than one copy of the magazine, it's because of those six databases (which are in different formats, so they can't be automatically "de-duped"). But we are happy to eliminate duplications—just send us the address panels from *all* the copies you receive.



if we could simply live this experience, / place our hand on the door, / and before entering say, 'Use me. / Help me to do good work today.'"

I hope that Dartmouth Medical School—and Dr. Rufsvold's article—can inspire other graduates to serve in the needy areas that are all too numerous worldwide. Such service is welcomed by the recipients and rewarding for those who serve where they are most needed.

DARTMOUTH MEDICINE has done a great service by publishing this article (as well as "Care

Package" by Deborah Lee Luskin in the same issue; that article, too, is an excellent description of a service opportunity that may inspire a few DMS graduates).

JOHN RADEBAUGH, M.D.
Falmouth, Maine

Radebaugh is an associate professor emeritus of community and family medicine at DMS. An article in the Spring 2005 issue of DARTMOUTH MEDICINE explores his own efforts to serve needy populations, from migrant farmworkers to Biafran refugees—see dartmed.dartmouth.edu/spring05/html/house_calls.php.

Evidentiary finding

I think that Maggie Mahar's article in your Fall issue, "Making Choice an Option," is extraordinarily well-written. She outlined clearly and accurately the work at DHMC's Center for Shared Decision Making, in terms of its ethical motivation, its conceptual and empirical basis, and its practical strategies for providing patients with high-quality, evidence-based, balanced decision support and decision aids in close-call, preference-sensitive situations.

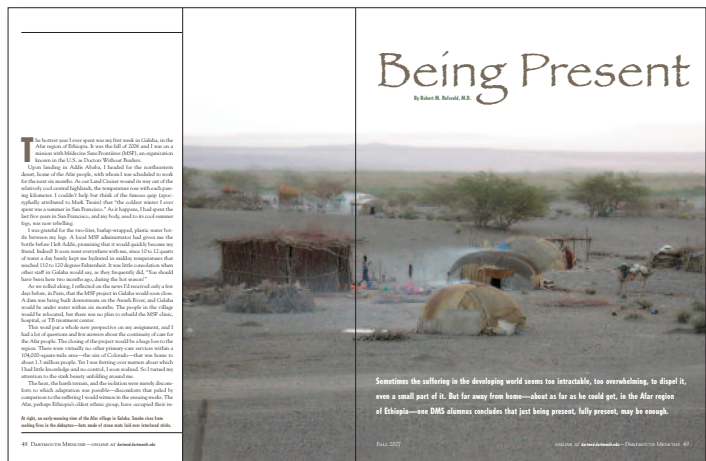
Thank you for publishing this fine article. I plan to use it in my graduate teaching at the Dartmouth Institute for Health Policy and Clinical Practice.

HILARY A. LEWELLYN-THOMAS, PH.D.
Lebanon, N.H.

Llewellyn-Thomas is a professor of community and family medicine at DMS and codirector of the Center for Informed Patient Choice at the Dartmouth Institute for Health Policy and Clinical Practice (formerly the Center for the Evaluative Clinical Sciences).

Tributary follow-up

Reading the tributes to Dr. Brewster Martin, one of the North Country's stalwart family doctors [see the Letters section in the Fall 2007 issue—online at dartmed.dartmouth.edu/fall07/html/letters.php], put me in mind of Dr. Israel "Dinny" Dinerman of Canaan, N.H. He, along with Dr. Bill Putnam of Lyme (who has been mentioned in these pages many times), was seen in the halls of Mary Hitchcock Memorial Hospital now



DMS alumnus Bob Rufsvold wrote in the Fall 2007 issue about his experiences with Médecins Sans Frontières in the drought-stricken Afar region of Ethiopia.

and again when I was a resident there, visiting patients and attending rounds.

“Dinny” wasn’t a mentor for me. We didn’t have mentors in the 1950s. But my residency advisor, Dr. John Milne, thought it might be instructive for me to sit in for a real general practitioner. Dinny wanted to attend a medical meeting, so sometime during the last months of my residency I was dispatched to Canaan as a locum tenens, to fill in during his absence.

I moved into Dinny’s house and sat behind his desk during his office hours. Motherly Mrs. Dinerman fed me my meals, and the office staff held my hand.

Instructive isn’t the right word for the experience. It was both sobering and terrifying. Right there was where I learned that the average patient coming in to a family practice office didn’t suffer from the exotic diseases that I was prepared to pounce upon triumphantly, but seemed to have incomprehensible complaints. It was a great relief when all someone wanted was a prescription refill. Somehow I managed to get through the week, however, with subtle prodding from the office nurse.

My one masterstroke, I had thought, was making a house call on a small child with pharyngeal exudates whom I treated for tonsillitis. When I later related the incident to Dinny, he said, “Interesting. I didn’t think one saw tonsillitis under the age of five,” or some such age, thus bursting my bubble.

Sitting behind my own desk a few months later, and remem-

bering my locum experience, I wondered if I was really prepared for practice. But the one principle I took away with me from Canaan was that if you really listened carefully enough to patients, you could ferret out what it was that had brought them in and make them grateful so that they might think you knew what you were doing.

JEROME NOLAN, M.D.
DHMC HOUSESTAFF ’52-54
Wilmington, N.C.

A solon’s story

I write to commend one of Dartmouth’s extraordinary medical students, Lisa Merry. I had the occasion to meet her in September, when I managed to wreck my motorbike on the edge of Route 12A. I was pretty shaken up after flying through the air and landing on my helmet.

Lisa appeared very shortly after the accident, announced that she was a second-year medical student, and asked if I was okay or in need of any assistance. I

thanked her and asked her for help with my injuries.

It’s not that she bandaged me up very efficiently, which she did, or that she offered to take me to the emergency room after I decided I didn’t need ambulance transport. What most impressed me was the determination she made that she was going to look after me until I was home and okay. She stayed with me at the DHMC emergency room, where I was wonderfully treated, and then took me back to Cornish. She took care of me.

I realize how rare it is to find that kind of commitment offered by one stranger to another on the side of the road. Lisa gave me her help freely and with great kindness. I am happy to share how moved I was by what she did. I sometimes wonder if we as a culture maintain a group of core values that are worthy. I don’t have an answer yet to the large question, but I know that Lisa Merry has those values.

I extend my thanks to Dart-

mouth Medical School for having such a wonderful student close at hand.

SENATOR PETER HOE BURLING
Cornish, N.H.

Burling represents District 5 in the New Hampshire State Senate.

It’s all in the IT

I read with interest Kelley Meck’s article “Who would import RICE to Vietnam,” in your Summer issue [see dartmed.dartmouth.edu/summer07/html/vs_hanoi.php]. I was intrigued because of the article’s title and because I am Vietnamese. I live in Dallas now, and importing rice to Vietnam would be like importing heat to Texas.

I believe that RICE [which stands for “remote interaction, consultation, and epidemiology”—a Dartmouth-based effort to link rural clinics with urban hospitals in Vietnam using smartphone technology] will produce beneficial results for the people of Vietnam. Furthermore, I do believe that information technology is a constructive way to facilitate the health care there.

I am really interested in the progress of this project.

HUE DAO
Dallas, Tex.

We’ve got you covered

My husband and I get your magazine in the mail and enjoy reading it, cover to cover, each time. I wonder if you can add my mother, who lives in California, to your list of subscribers? (She isn’t computer savvy, so reading it on the internet isn’t possible.) She is 84 years old and dealing

continued on page 69



The impact of shared decision-making on individual patients and, potentially, on the health-care system was the subject of this feature in the Fall 2007 issue.

Faculty Focus: Dale Collins

continued from page 63

all linked with her goal to provide the patient with decision support.”

Ironically, it wasn't until she was well along in her medical education at Emory that surgery even made it onto Collins's list of career prospects. In fact, she originally enrolled there as a Ph.D. student in the neuropharmacology program. "I was very problem-focused," says Collins, and "love puzzles, finding solutions." But the program lacked any clinical application or relevance so, after a year, she transferred to Emory's medical school. There, she discovered a fascination with dissections. "I kept saying, 'This is really interesting,' she recalls. "It's too bad I wouldn't want to be a surgeon." But when she did her first rotation—in surgery—she happened to be assigned a terrific mentor and her perspective began shifting.

Today, Collins makes a point of returning the favor granted by that long-ago surgeon. She provides counsel and mentorship to the whole range of individuals with whom she works—from administrative assistants seek-

ing out new professional opportunities, to undergraduates and medical students looking for research opportunities, to residents or colleagues searching for clarity in their careers. Among CBP staffers, says Moore, that attitude has engendered passionate loyalty and low turnover. "With Dale, you never feel like there's a totem pole," says Moore, who started out with the program as a part-time secretary. "She's very team-oriented, makes everyone feel valued, and pushes everyone to develop their own goals and careers."

Back in 2001, Amy Alderman was a resident in plastic surgery at Michigan who wasn't quite sure what career path to take. Her division chief recommended that she spend a week at Dartmouth observing Collins, who was already nationally recognized in the field. Alderman took the advice and now counts Collins among those who've had the most influence on her career over the past six years. "Dale is the kind of person who tries to make other people look great," says Alderman. "She's a very giving person and really tries to help people. . . . There aren't many Dales in the world." ■

Letters

continued from page 29

with some medical issues. I sent her a copy of "Making Choice an Option," from your Fall issue, and she found it very interesting.

Thank you for publishing such a relevant and informative magazine!

KAREN NORRIS
Augusta, Maine

Something for everyone

I have been reading DARTMOUTH MEDICINE for many years and enjoy it very much. I check it out from my local library. There are always many interesting and informative articles—something for everyone, scientists and laypeople alike.

Would you add my son's name to your mailing list? He is on the faculty at a pharmacy college in Virginia and will appreciate the magazine even more than I do.

PATRICIA LEE
Temple, N.H.

We're glad to add interested readers to our mailing list. See the box on page 26 for details. ■



gile hill 

HANOVER, NEW HAMPSHIRE

come up

Just a stone's throw from downtown Hanover there's a densely forested hillside. Mature oaks and pines, delicate ferns and massive boulders call it home - you can too.

Wander along the winding road to discover buildings with spacious condominiums set thoughtfully into the surrounding woods. Step inside one of our homes to feel you've found your own private place in nature: this is Gile Hill.

Taking reservations for spring occupancy.

Come up to Gile Hill and feel it for yourself.

live : green

live : active

live : closer

Lang • McLaughry • Spera
REAL ESTATE

Call Lang McLaughry Spera to learn more
603.643.2922 or 800.898.9402

www.gilehill.com