

“Politics” isn’t a dirty word for these medical students

“Medicine is not an isolated field,” says Matthew Ippolito, a second-year medical student. “The role of the physician in the community should [include] community service and political awareness.”

Ippolito is already following his own advice. He and his classmate Kimberly Cartmill are co-presidents of the DMS chapter of the American Medical Student Association (AMSA). This year, they formed committees within the chapter focusing on health policy, global health, primary care, community service, and political activism.

Stump: In October, the chapter sponsored a lecture by U.S. Senator Sheldon Whitehouse, a Democrat from Rhode Island who was stumping for then-presidential candidate Barack Obama. (The group invited the Republicans to send a speaker as well, but the McCain campaign never did.) The talk was one of several events the DMS chapter organized this fall.

Whitehouse, who is known for promoting health-care reform in the Senate, spoke about the Obama proposals. Afterward, he fielded some tough questions from an audience of about 20 students and a handful of faculty and staff.

“Right now there is a huge demand for primary care,” noted Scott Wiener, a DMS ’12. “For the first-year medical students here, what can be done to con-

MEDIA MENTIONS: DMS AND

Among the people and programs coming in for prominent media coverage in recent months was a DMS expert on medical imaging. It’s fairly common, reported the *New York Times*, for MRIs



to be misread. According to the article, “it’s not just patients who have to deal with the problem, said Dr. **William Black**, a professor of radiology and of community and family medicine at Dartmouth Medical School. . . . Radiology centers send written reports to doctors, but the doctors may have no idea whether the MRI was done well and interpreted well. ‘It’s a huge problem,’ Dr. Black said.”

A DMS professor made the news for his work on an interactive computer program to treat depression in astronauts. “‘Depression is more than a change of mood. It’s not easily reversible, and it affects how people function,’ Dartmouth researcher **Jay Buckley**, a crewmember on NASA’s *NeuroLab* mission, told *Discovery News*.” Buckley also discussed the computer program with the *Guardian* in Great Britain, noting, “You’re depending on each other for survival. So you want to make sure you’re working together well and trust each other.” Eventually, the program may be used to treat depression in earthbound patients as well.



An article in *USA Today* about dance classes for patients with Parkinson’s disease quoted Dr.



“**Stephen Lee**, co-medical director of the Parkinson’s Center at Dartmouth-Hitchcock,” who said that the disease may cause “tremors, coordination troubles, or muscular rigidity.” The article noted that some doctors believe dance classes lift the mood of those with Parkinson’s but added, “There’s not much research in humans on how dance or other exercise helps on a physiological level, Lee says.”

“Dartmouth Medical School is the hub of evidence-based medicine in the U.S.,” said *New Sci-*

entist in an article on the cost of care. “Since 1979, researchers have documented huge variations in the extent and cost of medical care offered in different parts of the country. And as the evidence has stacked up, it has become clear that patients in the highest-spending regions are no healthier.”

The high cost of health care was also fodder for the *Wall Street Journal*, which quoted Dartmouth’s **Elliott Fisher** as saying that “medical centers have been focused on improving the biological treatment of illnesses, but broader questions about the use of costly resources remain unanswered.”

In covering a recent study about the health effects of bisphenol A (BPA), a chemical found in



some plastics, CNN.com spoke to “Drs. **Lisa Schwartz** [top photo] and **Steven Woloshin** [bottom photo] of the Dartmouth Institute for Health Policy and Clinical Practice. [They] said the study presents no clear information about what might have caused

participants’ heart disease and diabetes.” Schwartz told CNN that “measuring who has disease and high BPA levels at a single point in time cannot tell you which comes first.” In addition, Woloshin was interviewed by the *Vancouver Sun* about another subject altogether—the use of anti-inflammatory medications and breast cancer risk. The *Sun* described him as a “leading American expert on research design and interpretation.”



DMS’s Dr. **Robert Drake** talked to National Public Radio about patients who have both “a mental illness and also a substance-use disorder or addiction. . . . I see patients all the time who have been in treatment in the addiction system or in the mental-health system, and their second or co-occurring disorder has been missed or ignored for years, and they can’t get well from one illness because the other continues to stir things up.”

A number of media outlets, including *USA Today* and the *New York Times*, reported recently on the

DHMC IN THE NEWS

possibility of an impending shortage of primary-care doctors. One reason so few medical school graduates choose family medicine is a discrepancy in pay. “Family medicine had the lowest average salary last year, \$186,000, and the lowest share of residency slots filled by U.S. students,” the *Times* observed. “And as American students lose interest, teaching hospitals will probably become less interested in offering primary-care programs, said Dr. **David Goodman**, associate director of the Center for Health Policy Research at Dartmouth.”



The *Los Angeles Times* cited a DMS expert on the use of cognitive behavior therapy (CBT) to treat insomnia. “The only problem with CBT is that there are not nearly enough trained practitioners in the U.S. to help the millions of people with insomnia,” says Dr. **Michael Sateia**, head of the sleep medicine program at Dartmouth-Hitchcock Medical Center. . . . ‘By using behavioral changes, we can . . . encourage [patients] to think and do other things rather than lie there anxiously.’”



U.S. News & World Report covered a study of allergy patch tests by DMS’s Dr. **Kathryn Zug**. “Adults and children who have allergy patch tests are equally likely to react to skin allergens,” the magazine reported, “but they tend to react to different types of skin allergens. . . . Compared to adults, children with a positive reaction were more likely to have atopic dermatitis (reactions on skin not directly in contact with an allergen).”

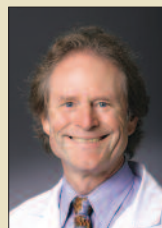


“Before it was pulled from the market in September 2004, Vioxx probably did more harm than any other modern prescription medicine,” reported *Prospect* magazine. That month, “**John Baron**, a professor at Dartmouth Medical School, called Merck. Baron was investigating whether Vioxx could be used to treat benign tumors [in the

colon]. . . . His colleagues had updated him on a trial he had helped establish. The results were alarming. Vioxx was causing so many heart problems that Baron was calling to say that the study had to be stopped.” And a recent study by Baron, said the *Irish Times*, found that “an increased risk of stroke and heart attack caused by the anti-inflammatory medication Vioxx continued for one year after patients stopped taking the drug.”

“Eighty-year-olds with clogged arteries or leaky heart valves used to be sent home with a pat on the arm from their doctors,” said the *New York Times*. “Now more are getting open-heart surgery, with remarkable survival rates rivaling those of much younger people.” The article later cited a study conducted by “**Donald Likosky**, a researcher at Dartmouth, [that] involved 8,796 elderly people in Maine, New Hampshire, and Vermont with leaky aortic valves. The condition can kill within two or three years, and ‘surgery is their best option’ for treatment, Dr. Likosky said. Six years after valve surgery, sometimes accompanied by a bypass procedure as well, most were still alive. . . . In fact, those in the study who were 85 or older actually outlived their general-population counterparts.”

For an article about suspiciously high rates of disability claims among workers retiring from the Long Island Rail Road, the *New York Times* turned to “Dr. **Robert McLellan**, section chief for occupational and environmental medicine at Dartmouth-Hitchcock Medical Center.” MRI test results are often used as one source to document these disability claims, but McLellan explained to the *Times* that “MRIs alone were not enough to determine whether someone was incapacitated. ‘As we get older, we accumulate all kinds of abnormalities on MRIs,’ Dr. McLellan said. ‘You can’t use an MRI to say, ‘This person must have really bad back pain and therefore must be disabled.’”



vince us to go into primary care?”

“That’s a good question,” said Whitehouse. He suggested that the medical-home model—in which a patient’s primary-care physician is at the heart of a highly efficient and coordinated care system—might be a solution. “I don’t know a way to improve reimbursement for primary care without going into that medical-home model,” Whitehouse admitted.

Wiener followed up by suggesting that federal loans for medical students be structured to encourage them to go into primary care.

“Good idea,” responded the senator. “I’m going to see if there is a bill to do that. If not, maybe I’ll write one.”

Vote: A few weeks after the Whitehouse talk, DMS’s AMSA chapter set up shop outside the DHMC cafeteria to help Vermont and New Hampshire residents register to vote.

In the future, Ippolito and Cartmill hope to organize a panel presentation by experts in managed care and to coordinate a lobbying day, during which DMS students would travel to the New Hampshire statehouse to promote policies that AMSA supports.

The AMSA chapter at DMS is about giving “those students who are motivated an outlet for their interest not only in the policy side of things but the advocacy side,” says Ippolito. Current and future doctors should know that their representatives in government “are just a phone call away,” he adds.

JENNIFER DURGIN