

MEDIA MENTIONS: DMS & DHMC IN THE NEWS

Among the people and programs coming in for prominent media coverage in recent months was Dr. **Henry Bernstein**, “a professor of pediatrics at Dartmouth Medical School and a member of the Committee on Infectious Diseases of the American Academy of Pediatrics,” who told the *Los Angeles Times* that health workers should be required to be vaccinated against the flu. “We know thousands of people die every year from influenza-related illness, and 200,000 are hospitalized each year,” Bernstein said. “Vaccination rates are abysmally low among health-care personnel. . . . Voluntary programs have not been successful enough, so we need to require influenza vaccine to get our immunization rates as close to 100% as we can.”



“A new study of *Pseudomonas aeruginosa* bacteria isolated from cystic fibrosis patients with chronic lung infections shows that the microbe may evolve similarly in everyone who contracts it,” *Science News* magazine reported. “Consistent changes in the activity of 24 genes may provide the bacteria with a competitive advantage when infecting the lungs—and an Achilles’ heel that scientists might exploit. ‘If some of these selective changes are key to the survival of the organism, then those are natural targets for therapy,’ says **George O’Toole**, a microbiologist at Dartmouth Medical School.”



A new book by a DMS author came in for coverage in the *New York Review of Books*. “Most experts agree that the central problem with the U.S. health-care system is its high cost. . . . That is why a new book by Dr. **John Wennberg**, *Tracking Medicine*, is so important and timely,” the reviewer wrote. “It provides convincing evidence that over-

supply of services throughout the U.S. adds greatly to the cost of care. This evidence rests on an ingenious analytical approach devised by Wennberg and his colleagues, which compares health-care expenditures in many different regions of the country. . . . The general implications of the research by Wennberg and his Dartmouth colleagues are now widely accepted.”

For insight into a much-publicized new study showing that the use of CT scans can reduce deaths from lung cancer, National Public Radio turned to “Dr. **William Black** of Dartmouth Medical School, [who] says the study’s results—a 20% reduction in lung cancer deaths—show this kind of cancer screening is about as effective as mammography.” But, he cautioned, “there are tons of questions we have to answer. . . . How do we do it, and on whom? . . . How long do we screen these people for? How often do we screen them? How exactly do we interpret the findings? What about people who are a little bit older, or a little bit younger?”



“Doctors have long known that providing palliative care—a comprehensive service that aims to relieve suffering in people with serious illnesses—can improve patients’ quality of life and overall medical care,” reported *USA Today*. “A new study shows palliative care also can help cancer patients live longer. . . . Dr. **Ira Byock** of Dartmouth Medical School, who was not involved in the new study, says it’s easy to see why palliative care prolongs life. Palliative services are typically provided by a team—doctors, nurses, nutritionists, social workers, chaplains, pharmacists, and others—who focus on the whole person, helping patients, families, and care-



givers make important decisions, Byock says. . . . ‘Attending to people’s physical, emotional, social, and even spiritual well-being is good for them and helps them live longer.’”

“I’ve always had an interest in mind and body interactions in the elderly,” Dr. **Stephen Bartels**, director of the Dartmouth Centers for Health and Aging, told *New Hampshire Magazine*. “Over the past century, we’ve witnessed an amazing increase in life expectancy. . . . What many of us are asking is: How can we remain independent and be both physically and mentally healthy as we age? The good news,” he went on, “is that many of the factors that help us to age well are within our control, and there are things we can do even into later years that can help to maintain functioning.”



The *New York Times* asked “Dr. **Seddon Savage**, a pain specialist at Dartmouth and president of the American Pain Society,” for her thoughts twice recently. Regarding drug-testing for prescription painkillers in the workplace, she told the paper that “in general . . . well-prescribed opioids at a stable dose that are well supervised in most healthy people won’t cause sedation or other cognitive problems.” And in an article on the use of marijuana as a painkiller among older Americans, Savage commented that “cannabinoids, the active agents in marijuana, have shown promise as pain relievers, especially for pain arising from nerve damage,” but that “doctors should be concerned about older patients using marijuana. ‘It’s putting people at risk of falls, impaired cognition, impaired memory, [and] loss of motor control.’”

