



Scoop



Nat'l. Volunteer Blood Donor Month

Friday, January 15, 1999

THE UNIVERSITY OF TEXAS - HOUSTON MEDICAL SCHOOL

EVENTS TO KNOW:

- Bridging Grants Deadline TODAY, **Jan. 15**. Contact **Dr. John Byrne**, MSB 7.046.
- Mandatory ten-digit phone dialing for all local calls starts Sat., **Jan. 16**.
- STAR (Service, Tradition, Achievement, Recognition) Awards luncheon, Tues., **Jan. 26**, 11:30 a.m.-2:00 p.m., TMC Conference Cntr.
- Pathology and Laboratory Medicine Grand Rounds, **Dr. L. Maximilian Buja**, "Terminal Differentiation of Cardiac Myocytes: Does the Dogma Stand?," Wed., **Jan. 27**, 8 - 9 a.m., 2.135.

MURAD HONORED AT IMAX

On Wednesday January 13, **President** and **Mrs. M. David Low** and Development Board Chair **Margaret Barnett** and her husband, **Mr. E. William Barnett**, hosted a dinner/reception to honor Nobel Laureate **Ferid Murad** at the Museum of Natural Science. More than 300 guests attended, including Development Board members and representatives of the Houston business community. A video honoring Dr. Murad was displayed on the IMAX screen and *Tony's At Home* catered a dinner buffet in the Paleo Hall.



Tuesday **Jan. 19** is the Second Annual Dr. "Red" Duke Professorship Day. Red Duke helped establish the first air ambulance service

in Texas and made Hermann Hospital the first Level One Trauma Center in Southeast, Texas.

DROP A PINT OFF JAN. 21

Mark your calendars and drop a pint of blood off on Thurs., **Jan. 21**. Walk-ins welcome. Hermann Hospital and Hermann Children's Hospital, Cullen Lobby, from 6 a.m. - 7 p.m., will be taking blood donations. Door prizes to be given away. Contact **Wayne Kehr** at 713-704-4898.



HARVARD'S DR. LUCIAN LEAPE IS RIBBLE LECTURER



Dr. Lucian Leape

Dr. Lucian L. Leape, Harvard School of Public Health, will present the Third Annual John C. Ribble Professorship, sponsored by the MSRDP, Wed., **Jan. 20**, noon - 1 p.m., Room 3.001, with "Error in Medicine." Leape is a health policy analyst whose research focuses on prevention, quality of care, and the development of practice guidelines. Formerly a pediatric surgeon, he is currently Adjunct Professor of Health Policy at the Harvard School of Public Health and a member of the Health Sciences Division at RAND. He recently led the Institute for Healthcare Improvement Breaththrough Collaborative on prevention of adverse drug events. Lunch will be provided for the first 200 attendees.

UT-HOUSTON RECEIVES TIF FUNDING

Dr. Patricia Butler, Associate Dean for Educational Programs, is the Principal Investigator (P.I.) from the Medical School for a \$1 million technology grant awarded to a consortium of institutions including East Texas AHEC, UT-Houston, Baylor College of Medicine, and UT-Galveston. The collaborative distance education effort will provide education outreach to students, faculty, and the medically underserved in rural and urban areas. Two-way videoconferencing and Internet-capable computers will be used by medical professionals, medical students, and local health care professionals to provide health science education and patient-centered learning to the tertiary health-care community. The project covers a 111-county area in East and Central Texas and is part of the Telecommunications Infrastructure Fund Board's (TIF) \$10 million Discovery Grant initiative.

WOMEN'S FUND AWARDS THREE UT PROFESSORS

Three UT Medical School professors will be the recipients of grant awards on Wed., **Jan. 20** at noon at the River Oaks Country Club, when the Women's Fund For Health, Education and Research celebrates its 20th anniversary. They are **Dr. Gailen Marshall**, Allergy and Clinical Immunology division, **Dr. Barbara Sanborn**, Biochemistry (two grants), and **Dr. David Sirbasku**, Biochemistry. The grants are awarded to studies and programs focused on prevention, as well as better treatments and cures for medical problems affecting women.

RODEO IN THE PARK COMES TO HORNBERGER

Saturday, **January 23**, "Rodeo in the Park," a first-time ever event for the Texas Medical Center, will commandeer the Edwin Hornberger Conference Center, 2151 W. Holcome, from 10 a.m. - 5:30 p.m. The free, non-alcoholic festival will feature *JazMetics Dance Band* in concert from 3:30 - 5:30 p.m., horseshoe contests, washer pitching contests, pig races, pony rides, scrubs and boots contest, sack races, horse races, spin art, game booths, face painting, and story telling. The Houston Livestock Show & Rodeo and the Houston General Go Texas Committee are supporting the event, along with the help of Friends of Hermann Park, the Daughters of the Republic of Texas, The Pioneer Memorial Log House Museum, and The San Jacinto Sons of the Republic of Texas-The Rolling Thunder. Remember to wear your I.D. badge for a free entry for you and your family. For information, call 713-943-1995.



THE UNIVERSITY OF TEXAS-HOUSTON
HEALTH SCIENCE CENTER



Medical School

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Notice - All motorcycles on the SE corner of the Medical School will need to find other homes starting Tues., **Jan. 19**, due to exterior repairs. There are TMC garages available for bikes says **Katherine Thatcher**, director, management services.

Editor's Note: The following is an interview with AMA (American Medical Association) President Dr. Nancy Dickey. A 1976 graduate of UT-H Medical School, she spoke on the topic of "Challenges in the Future of Medicine" at the Marriot West, Houston Chapter of the Association for Women in Communications luncheon, on Tuesday, January 5, 1999. Her term ends in June.

THOUGHTS FROM THE PREZ (AMA'S DR. NANCY DICKEY)

Q The Nov. 11th issue of JAMA (Journal of the American Medical Association) devoted an entire issue to alternative medicine, including herbal medicine. What to you is the meaning of alternative medicine, and do you see an increasing interplay between traditional allopathic medicine and alternative medicine?

A Well, there seems to be an increased interest among the lay public in what's considered alternative medicine. This is a whole array of services; it includes herbal medicine, for some people, chiropractic, acupuncture, massage, almost anything that is espoused as healing properties and that doesn't fit into allopathic medicine. I think that in this day of outcomes and research-based medicine, it is imperative that we subject alternative medicine to the same rigorous scrutiny that we are increasingly demanding of allopathic medicine. Allopathic medicine used to survive on claims on how much good it did and assumptions that because it was science-based medicine, it must be good. Both allopathic and alternative medicines need to begin to ask themselves "Is it effective; is it cost-effective, and is it more effective than the other alternatives out there?"

Q In the study of psychoimmunology and other similar disciplines, there seems to be more of an interest in mind/body connections. But there is a current trend apparently to lessen financial support of psychiatrists in residency training. Any comments? What's encouraging about trends in that field, and what remains to be done?

A I think there's some extraordinary and exciting research being done about the role of spirituality and the role that it plays in your ability to cure or impact the disease. The flip side, though, is that it is certainly not limited to psychiatry. I mean, every family physician, pediatrician and oncologist needs to be extremely aware of the mind/body linkage. And I think all of us need to be increasingly aware of the individual's spirituality and the role that plays. Now the issue of mental health and psychiatry, I think, is simply one indicator, one symptom of this dilemma we find ourselves in, which is, having to find a discrete pot of money that will be available for health care, and an assumption that no more money will be spent on health care, and the ever-increasing array that the buffet table holds.

The solution to that in the AMA's opinion is, to allow the *individual* to make the decision about how much health care they choose to buy, how much of that do they want as an out-of-pocket expense. Through the individual, we may find, much as we do in recreation or in education, some people who are willing to pay for Harvard undergraduate school and graduate school at a prime dollar, and others who say "Hey you know, the State school gives me a perfectly good education and I want to be able to get my Ph.D. in say, finance and mortgage, when I get done."

So the decisions in my opinion are not "How much money the country should spend and let the employer decide"; the decisions are "How big an array of health care do people want access to and who should get to make that choice." We think the choices should be individually based; and in order for that to happen, people will need more information and be better educated about how to make the choices. But in the current system, there are tradeoffs.

Q But the mental anguish and its aftermath effects, not only on the individual, but his/her employer, family and friends - the socioeconomic costs - are enormous, aren't they?

A Oh, it's devastating. There are huge numbers of people who are not employable, not part of the productive work force, because of depression, schizophrenia, and chronic mental illness. The sad part is that we have made such huge progress in the ability to treat these people and return them to functionality, and then we say, "Oh but by the way, we are not willing to make the investment."

It's a matter of priorities. We think absolutely there ought to be parity in terms of coverage for mental health illnesses as there are for physical illnesses. We believe that it will be difficult to get to that parity as long as the doctors and patients are making the health care decisions and somebody else is making money decisions. If patients have the chance to make those choices, many of them, I think, will decide parity is what they want to have. But if you're making decisions with bottom line, with accountants, with bank books, you make different decisions.

Q How do you envision indigent care being funded in the future? In the past, we could shift most of the cost to those who could afford it. HMOs have changed all that.

A There will always be a tiny percentage of people who are between plans or without coverage or whatever. But to live in a country as rich as ours, where 15 percent of Americans don't have health insurance, is unacceptable. So we simply need to find ways to assure that we approach universal access to care and a way to pay for it, so that the number of uninsured is two or three percent rather than 15 percent.

- C. O'Brien

