

October 2011

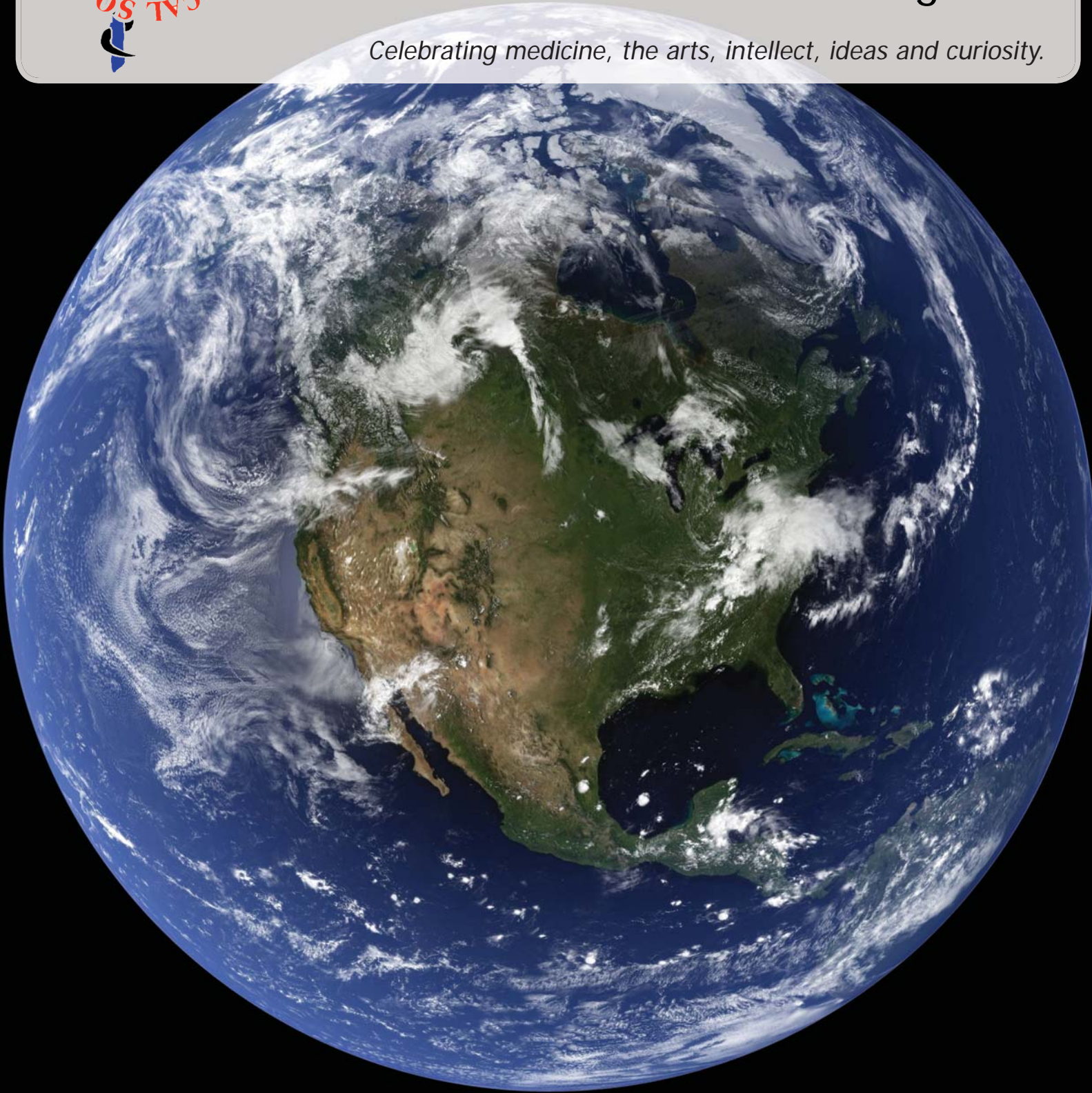
Volume 16 No. 4



# THE WAKE COUNTY PHYSICIAN

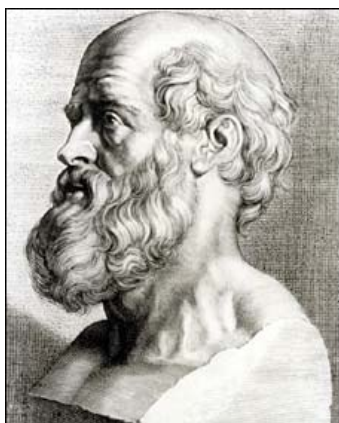
## Magazine

*Celebrating medicine, the arts, intellect, ideas and curiosity.*



***Mother Earth as seen from the moon*** (see page 3 for details)

[Editor's Note: In this, the last issue of WCP under the present editor, we have chosen to adorn the inside cover with three most important medical-ethical documents in all humanities. They are recorded in order of their dates.]



## I Hippocratic Oath (460 BC-370 BC):

I swear by Apollo the Physician and Asclepius and Hygieia and Panacea and all the gods, and goddesses, making them my witnesses, that I will fulfill according to my ability and judgment this oath and this covenant:

To hold him who has taught me this art as equal to my parents and to live my life in partnership with him, and if he is in need of money to give him

a share of mine, and to regard his offspring as equal to my brothers in male lineage and to teach them this art—if they desire to learn it—without fee and covenant; to give a share of precepts and oral instruction and all the other learning to my sons and to the sons of him who has instructed me and to pupils who have signed the covenant and have taken the oath according to medical law, but to no one else.

I will apply dietic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice.

I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect. In purity and holiness I will guard my life and my art.

I will not use the knife, not even on sufferers from stone, but will withdraw in favor of such men as are engaged in this work.

Whatever houses I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief and in particular of sexual relations with both female and male persons, be they free or slaves.

What I may see or hear in the course of treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad, I will keep myself holding such things shameful to be spoken about.

If I fulfill this oath and do not violate it, may it be granted to me to enjoy life and art, being honored with fame among all men for all time to come; if I transgress it and swear falsely, may the opposite of all this be my lot. ”

The Hippocratic Oath has been updated by the Declaration of Geneva. In the United Kingdom, the General Medical Council provides clear modern guidance in the form of its Duties of a Doctor and Good Medical Practice statements.

## II The Oath of Avicenna (Persian physician 980-1054)

Praise be Allah, the Teacher, the Unique, Majesty of the heavens, the Exalted, the Glorious, Glory be to Him, the Eternal Being Who Created the Universe and all the creatures within, and the only Being Who contained the infinity and the eternity. We serve no other god besides Thee and regard idolatry as an abominable injustice.

Give us the strength to be truthful, honest, modest, merciful

and objective.

Give us the fortitude to admit our mistakes, to amend our ways and to forgive the wrongs of others.

Give us wisdom to comfort and counsel all towards peace and harmony.

Give us the understanding that ours is a profession sacred that deals with your most precious gifts of life and intellect.

Therefore, make us worthy of this favored station with honor, dignity and piety so that we may devote our lives in serving mankind, poor or rich, literate or illiterate, Muslim or non-Muslim, black or white with patience and tolerance with virtue and reverence, with knowledge and vigilance, with Thy love in our hearts and compassion for Thy servants, Thy most precious creation.

Hereby we take this oath in Thy name, the Creator of all the Heavens and the earth and follow Thy counsel as Thou has revealed to Prophet Mohammed (pbuh).

“Whoever killeth a human being, not in lieu of another human being nor because of mischief on earth, it is as if he hath killed all mankind.” And if he saveth a human life, he hath saved the life of all mankind”. (Qur’an V/35).

## III The Oath of Moses Maimonides of Cordoba (1135-1204)



The eternal providence has appointed me to watch over the life and health of Thy creatures. May the love for my art actuate me at all time; may neither avarice nor miserliness, nor thirst for glory or for a great reputation engage my mind; for the enemies of truth and philanthropy could easily deceive me and make me forgetful of my lofty aim of doing good to Thy children.

May I never see in the patient anything but a fellow creature in pain.

Grant me the strength, time and opportunity always to correct what I have acquired, always to extend its domain; for knowledge is immense and the spirit of man can extend indefinitely to enrich itself daily with new requirements.

Today he can discover his errors of yesterday and tomorrow he can obtain a new light on what he thinks himself sure of today. Oh, God, Thou has appointed me to watch over the life and death of Thy creatures; here am I ready for my vocation and now I turn unto my calling.



# President's Message

By Michael Thomas, MD, PhD, FACE



For the past year and a half, there has been much discussion about Accountable Care Organizations (ACOs), though they remain an

evolving concept. In August 2010, the North Carolina Medical Society (NCMS) sponsored a one day summit on ACOs, and this past spring, a 400+ page description was published by Health and Human Services (HHS) which put forth the federal government's first attempt to outline what would be an ACO. The American Medical Association (AMA), in conjunction with NCMS held a one day symposia on July 16, 2011 at the RTP Hilton, entitled "Pathways to Success: What physicians need to know about ACOs and the coming revolution in payment practices". This symposium featured an overview of ACOs

and discussed some of the evolving models ranging from hospital-based ownership of clinical practices, independent practice associations, and various regional health improvement collaboratives. Two local health care collaboratives, Cornerstone Health Care (in the Triad area), and Community Care of North Carolina (CCNC), were discussed, along with an overview of NC Medicaid. A cardiology subspecialist from the Virginia area gave an overview on collaborative efforts in reducing costs and improving care, using coronary artery bypass grafting (CABG) as a model. Though it was an informative day, I left the symposia feeling even more confused about where ACOs are going. The jury still seems to be out on ACOs: several groups have expressed significant reservations about the commitment of time, resources, and money for a program that remains untested, and places a tremendous amount of financial risk for the providers that want to be in an ACO. It may be years before "benchmarks" and other measures of quality can be extended to various

patient populations. Logically, one might speculate that ACOs could emerge out of the three major hospital systems in Wake County (Duke, Rex/UNC, and WakeMed), and it is unclear whether all Wake County Physicians would want to be aligned with a hospital-based option (which might exclude independent physicians outside these networks). It is unclear whether an independent alliance of independent clinics would be permissible within the ACO framework. Physicians must be at the governance core of "accountable care" organizations, since they are accountable for the care they deliver. However, I fear that the bureaucracy of an ACO system is going to crush it before it can ever become a reality. §

## Simple things that make a difference to patient safety

By Peter W. Carmel, MD\*



Back in 2007, a Harvard Medical School surgeon wrote an article in The New Yorker magazine that raised a lot of eyebrows. If surgery units would follow a very simple checklist, wrote Atul Gawande, MD, it would both save lives and lessen complications.

Such a checklist was being promoted and used by Johns Hopkins critical care specialist Peter Pronovost, MD, he said, and it had made a remarkable difference.

Initially, the surgical

community received the article with disbelief, derision and a lot of defensiveness. Yet there were those who intuitively saw the potential benefits of checklists. My hospital was one that signed on. Today, we use checklists routinely.

I am a big fan of these simple checklists. They are designed to make sure that in our focus on the complex we don't overlook the obvious. In my own work at the New Jersey Medical School, for example, every surgery involves three checklists:

The first list is reviewed before the surgery. We confirm things such as whether the patient has confirmed his or her identity, whether the site is marked, and whether the anesthesia machine and medications have been checked.

The second takes place at the "time out" after the patient is asleep but before the surgery begins. Again we confirm the patient's name, the procedure and surgery site. We review anticipated critical events such as estimated time,

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# Editorial

Assad Meymandi, MD, PhD, DLFAPA  
Founding Editor



The press is full of stories bashing American medicine. Pharmaceuticals have been maligned and accused of greed. In my writings, I have personally devoted enough space to extensively critique the doings and shenanigans of the pharma industry including the malignant and greed imbued practice of direct to consumer television and newspaper advertising. The pharma's greatest sin is greed and the bottom line. We have criticized the trend of pharmaceutical industry spending more on advertising and public reactions than they spend on research and development. The public relation comes in the form of free lunches and junkets for medical practitioners and researchers. We have objectively and constructively warned against the unholy medical-pharmaceutical complex and its

unwelcome product of pushing pills and inventing new diseases to use the pills. Adult Attention Deficit Disorder, fibromyalgia and Chronic Fatigue Syndrome are but a few examples of such unscientific atrocities. These are accomplished through direct to consumer's television and media advertising. However, this essay is dedicated to defense of medicine, in general, and American Medicine, the best in the world, in particular.

With Flexner report of 1908, America purged itself of the substandard medical schools which up to that point were engaged in which hunt, snake oil, and superstition. Flexner report rooted American Medicine in solid scientific firmament. In the 1950s, when I decided to study medicine, I looked around the world including most of the European medical schools and found the American medical education to be best. I chose America.

We do have our problems. The cost of medical care is out of sight. We spend 17% of the Domestic product, yet our health care access is below many European countries. Health issues are a source of

anxiety to most citizens. In a recent issue of JAMA, it is reported that of 500,469 cases of percutaneous coronary intervention (PCI), 10.9% of the operations have been inappropriate. This type of waste in unacceptable. Unfortunately, greed continues to be an unwelcome part of practice of medicine. It ought not to be.

## What is good about American Medicine?

In the last 10 years, between 2001 and 2010 America has logged ten great triumphs in advancing public health.

- We have doubled the lifespan of Americans at an unprecedented rate. The average life span of an American baby born today is 82 years.
- Vaccine Preventable Diseases: There has been a substantial increase in utilization of rotavirus, quadrivalent meningococcal conjugate, and human papillomavirus vaccines, tetanus and diphtheria
- Prevention and control of infectious diseases such as HIV/AIDS.

- Tobacco Control
- Vast advancement in maternal and infant health
- Motor Vehicle safety. And finally,
- Cardiovascular disease prevention and increased awareness of the epidemic of obesity which is the focus of this discourse.

In the late 50's, when I was in medical school, even as students, we could feel the competition between, large medical centers for cardiac surgery. My alma mater, The George Washington Medical school being located in the nation's capital, was the favored child receiving huge grants to advance cardiovascular surgery, Dr. Brian Blades (pun not intended), Chair of surgery at GW, was in fierce completion with Johns Hopkins

[Continued on page 31]



# Mrs. Thurber: A Role Model Worth Emulating

By David C. Thurber, Jr., MD, FHM

## Throwing in the Towel

**T**wo and one-half months ago my mother died -- today would be her 93rd birthday.

Nearly two years have passed since a devastating stroke left her totally dependent for all her needs but with her cognitive functions largely intact.

Astrid, a widow of ten years, was a remarkably independent woman with the constitution expected of a tough Swede. She was determined to remain in her historic, 200 year old home in Portsmouth, New Hampshire after her husband's death. Notwithstanding its charm, the home was replete with those hazards which made one cringe- a steep back stairway which resembled a spiral staircase and an antique footed bathtub which due to its height was hazardous to enter. Certainly a hip fracture was in the making!

She was fortunate to have some help from a home agency and handyman and dedicated herself to maintaining the historic character of her home and memories of the years with her husband.

At times, we would speak of the future and what might become of her living arrangements if, due to physical disability or unanticipated medical events, she were unable to remain in her home.

"I'm just going to throw in the towel" was her consistent answer.

At the time of her stroke, it was hard to imagine that she could possibly survive- she was nearly unarousable and had a dense left hemiparesis with a NIH Stroke Scale of 18. Predictably, we had the inevitable, heart wrenching discussions concerning life-sustaining measures over which countless other families have agonized.

Would mother have wanted to be resuscitated in her condition, if there was no hope for substantial improvement? No. Would she want to have a feeding tube to sustain her if she were unable to eat? Not so sure on this question and from our perspective it seemed that an inordinate amount of pressure was applied by her attending physician to make this deci-

sion immediately. Several days after her stroke she had improved to the point that she was responding to our voices and could indicate yes and no with feeble head movements. Ultimately, we agreed to a PEG tube with the hope that she would recover more of her cognitive function to help us understand her desires and to assist with future medical decisions. In the ensuing months of rehabilitation she made significant cognitive improvement, yet remained non-ambulatory and hemiparetic. For a number of months, she was able to eat a modified diet and avoid aspiration. She was placed at a long term skilled nursing facility with exemplary care and never developed a pressure ulcer. Over time, a new personality emerged and she developed an appreciation of her caregivers we never anticipated. She knew the staff by name and their schedules and became more patient and understanding of their competing responsibilities to others. Inevitably she developed intense pain associated with her immobility and underlying arthritis and required increasing amounts of narcotics -- leading to episodes of aspiration. She decided to resume her tube feedings --after all, in her words "the food here is ng [no good]".

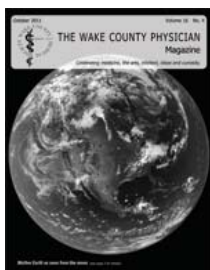
Gradually she had increasing periods of rest and lethargy.

Despite this progression, mother always anticipated our visits, always asked about our children and grandchildren and enjoyed limited group activities in the home. She avidly followed national and world news.

In one particularly prescient moment, she asked that I do some research -- "are there any studies which show if all this longevity is worth it?"

I have since reflected on what is the meaning of the phrase "quality of life" as it applies to Astrid -- all I can say is I was fortunate to share some time with her shortly before she succumbed to a second stroke.

When that time comes, how will you "Throw in the Towel"? §



### Cover: Mother Earth as seen from the moon

October is the space flight month. Sputnik 1 was the world's first unmanned Earth-orbiting satellite. It was launched by the Soviet Union on October 4, 1957. Yuri

Alekseyevich Gagarin (March 9, 1934 – March 27 1968) was a Soviet pilot and cosmonaut. He was the first human

to journey into outer space, when his Vostok spacecraft completed an orbit of the Earth on April 12,

1961. On July 20, 1969 American Astronauts landed on moon, a tremendous demonstration of resolve, American ingenuity, patriotism and commitment to the advancement of science and humanity. AM

# Letters

Excerpts from letters to the Editor

**What do you think? Share your thoughts in WCP Forum. We are reaching a multitude of readers in medicine, business, universities, public libraries, and hospitals. Letters to the Editor and contributions are welcome and will be considered for publication.**

## Higher Education in America

### The Editor:

Read your Monday musings this morning with complete and enthusiastic approval. I have been asking the same questions (about the athletic extravagances) for more than half a century - beginning as editor of the Daily Tar Heel. The erosion of scientific and humanistic education all over is deeply disturbing. When I was an undergraduate at UNC (1952-56) the General College requirements were still intact - English composition; Chaucer, Milton, Shakespeare; three sciences; two years of a foreign language; and more, which I have doubtless forgotten. It was impossible to graduate from college without at least a respectable smattering of real education, and one could not begin a major in the College of Arts & Sciences without passing the requirements. Now I would be surprised if any, or equivalent, demands remain. When I was teaching at Washington & Lee in the 90s I soon learned that at that "selective" private liberal arts college, the general run of students knew no history, no science, and no literature to speak of. Certainly no classical language. One day I wrote "e pluribus unum" on the board; no one confessed to knowing the meaning of the words and there were wild guesses. I did tell them that in Virgil it is a stew.

Ed Yoder  
Alexandria, VA

(The writer is the former syndicated columnist, Washington Post Group, former Trustee, National Humanities Center,

Professor Emeritus of Journalism and Humanities at Washington & Lee College, and a graduate of UNC-- Ed)

### The Editor:

I have often thought how sport seems to getting more emphasis than the actual meaning of education. Personally, I could recite the known athletes of yesteryears from our local universities. But I could not name any of the best medical students, lawyers, nurses, writers etc. They say that athletics is a very good source of revenues especially when they qualify to the NCAA finals or invited to a Bowl. Sport coaches and assistant even recruits potential athletes even when they are in high school. I do not know if our Universities recruits would be scientists, engineers, etc. while they are in high school. I do wish that the Presidents of our Universities should at least put more emphasis on education and not too much on athletics.

Arthur de Leon, MD  
Family practice (Retired)  
Raleigh, NC

### The Editor:

With mandating anything for U.S. higher education which exists on its own merits or demerits, accredits itself, and prepares increasingly poorer and poorer graduates, some of whom pester our children instead of teaching them, all to the same result; building up and protecting itself. The problem is tenure, a lack of standards which we have done to ourselves with "everybody wins - all of the time", and stressed out financial systems of government which simply cannot continue to support this travesty of self-indulgence. Do you know of any other "system" which writes its own standards, conducts its own evaluations and then wildly declares how well it has done - to itself? I am a Ph.D. graduate of one of our "finer" Southern universities in higher education no less, and have gotten completely disgusted with our lack of integrity. I did graduate from the Harvard of North Florida -- but then, Florida State does play good football! See

how it works?

Michael F. Gast, Ph.D., M.Div.  
Raleigh, NC

### The Editor:

Thank you for your courage to say about the decadence in our universities and educational system, the things no one wants to hear.

Mary Stumpf  
Raleigh, NC

### The Editor:

Thanks for your thoughtful essay on education and our universities. I share your concern that among are greatest problems in the U.S. is the failure to make substantive education at all levels a priority - much less the highest priority. This includes not just the buzzwords - math, science, and engineering - but also the critical thinking skills entailed by a foundation in liberal arts. I cannot tell you the number of job applications I have read - for open positions - that didn't make a first round cut. These resumes demonstrated weak writing skills, limited curiosity, and an inability to persuade...I could go on. I know that dynamic societies live at the edge of chaos. So, perhaps a new, effective educational paradigm is around the corner. I'm not going to hold my breath.

Jeffrey Segal, M.D., J.D.  
Founder and CEO  
Medical Justice Services, Inc.  
Raleigh, NC

### The Editor:

For years now, I have been extolling the seemingly unpopular belief that sports overall, television, all school levels, and especially college and university levels, have reached levels bordering on the obscene. It has permeated the thinking processes of our children to the point that is all they think about. When is this madness going to stop? Who will lead the charge to say that enough is enough? Who will tell our children that there is more to life

than that associated with a ball or a puck? Who? And when?

Once you get the business men out of it, and stop extolling the almighty dollar inexorably attached to the idea...well...just maybe something will begin to change. But, I fear, not in my lifetime.

Joe Purcell  
*Raleigh, NC*

## Discourse on Health Care

### The Editor:

I very much appreciate and agree with Dr. Robert Bilbro in his article in the Wake County Physician, Volume 16 No. 3, July 2011.

A two tiered system has much to be admired, and offers a win-win for payers, physicians and their patients. The first order of the day is to finally define "basic healthcare", and then to find the revenue to support its universal distribution. In order to begin to accomplish this task, and to support the many stakeholders including Congress, the insurance industry, AARP, the hospital association interests, the various physician organizations and others, we offer the following scenario:

Just as the paradigm shifted from sail to steam, and from the horse-and-buggy to the horseless carriage, we as a nation need to re-direct our entitlement tax monies from that which is no longer effective as measured by outcomes and cost to new efficient and productive programs that can be flexible and adapt to the on-going and changing medical environment. Dividing the current entitlement costs of Medicare, Medicaid, ESRD, and a myriad of other "entitlements", much of it which seems to be wasted, unmeasured, unaccounted for and ineffective, by 290 million citizens, we can come up with a unit cost (per capita), that could generously provide for a patient-centered medical home for all citizens (no Alphas in this Brave New World) providing a team approach for cost effective care for 90+% of undifferentiated problems and for meaningful preventative services (i.e., basic healthcare), and with measurable outcomes and savings to boot (no new damaging taxes for anyone). From the patient-centered medical home, that small percentage of cases needing super-specialty or institutional care (less than 10%) could be referred and the receiving group could then be measured and be held accountable for evidence-based

care and outcomes.

However, sadly, the nature of our political beast is self-preservation of the status quo, lying comfortably sideways in the public trough, rather than standing tall, upsetting the apple cart by doing what us professionals have always done, which is to serve our constituent client/patients before all else.

With the election of President Obama even the best of liberal thinkers were hoping for a miracle, but alas, classic politics is only the art of the possible. In the chaos that the President has inherited he failed to seize the opportunity in a brief window after his election to turn the ship of state in the direction of real change, as too has Congress under uninspired leadership. Compromise, after all, is a tool of maintaining the status quo. Uncompromising duty to country does upend the status quo to benefit the citizens, risking the tenure of those in power under the crush of powerful lobbies, a worthy and patriotic sacrifice indeed, and not destined to be achieved in the absence of inspired and inspiring leaders. General Tsao said, "In chaos there is opportunity!", and in this nation's current economic state opportunity for truly meaningful change surely abounds.

Lin Church, MD  
*Raleigh, NC*

## Essay on Mother's Day

### The Editor:

I love this day, for being a mother, a daughter, a sister, a friend to mothers, a care giver for those who feel motherless in the broadest sense as they face their own mortality in the form of cancer....Beyond the cheapening and commercialization of this recognition of the basic humanness of mothering and being mothered, it is a wonderful opportunity to pause and be grateful for the connections that this most basic form of love gives to all of us, and the ability to connect that it has made possible as we go through the remainder of our lives.

Thank you again for your ever thoughtful comments.

Elizabeth Campbell  
*Raleigh, NC*

### The Editor:

It took me an entire weekend to properly digest your "Monday's Musings" about

America and "What is Right With the World" (Please see Editor's Notebook). You draw from your own life, crossing oceans and cultures as you have, combining it with your incredible love of learning and ability to retain knowledge, synthesized with an uncanny ability to draw parallels and voila the result -- wisdom! What a rich intellectual life you have and what a blessing for those of us privileged to share in its musings!

Jennifer Parser  
*Raleigh, NC*

### The Editor:

What a lovely tribute to the things that we do well, but it seems to me there is so much more we could and should (I think) do! The problem of global warming, so well portrayed in Al Gore's documentary in 2005, may well be at the heart of the terrible draught in Africa and the increasingly relentless summer heat, and more severe storms we are experiencing and yet goes unheeded in the US and the current increasingly radical conservatism threatens so many of the most vulnerable in our society while at the same time, many of us are so privileged. There is still so much to do!

Leonard Gettes, MD  
Emeritus Professor of Cardiology  
UNC School of Medicine at Chapel Hill  
*Chapel Hill, NC*

### The Editor:

I am reading your musings from Terminal 3 in Heathrow, London, where we are on our way to visit our daughter in Cape Town. I certainly agree with your thoughts in today's Musings, but I also harbor the following wish.

I wish that somehow we can, as a nation, regain our focus and ability to do exceptional things that will benefit the entire world. For example I wish that --like JFK when he set a goal to put a man on the moon -- we could set a goal to develop a non-fossil fuel source that would enable us to cease being in effect held hostage in a relentless search for more oil. Just as the inability to find and control oil supplies condemned the Japanese empire to defeat in 1945, we seem to be overextending our military, economic, and political presence all over the world in the same search. We can avoid the same fate if we use our creativity and will to [Continued on page 46]

# EXPANDING OPTIONS FOR WAKE C



# COUNTY PATIENTS



Patients in Wake County continue to benefit from expanding access to the leading-edge services of Duke Medicine. Over the coming months, Duke Raleigh Hospital's campus will be transformed with a number of construction projects supporting program growth. Other hospital services have pursued clinical excellence with the addition of new medical leadership and the expansion of services in tandem with the arrival of new highly-specialized Duke physicians to the area.

"The considerable physical growth on our campus, expansion of our programs and the addition of new highly-specialized and renowned physicians to our medical team is indicative of Duke Medicine's commitment to continue to bring the very best we have to offer to our patients across our region," said Duke Raleigh President Doug Vinsel.

## Duke Raleigh's Campus Transformation

Duke Raleigh Hospital's campus will be undergoing significant construction from September 2011 through June of 2012 with the expansion of several key services including a bi-plane addition, growth in surgical services, transformation of the emergency department and an MRI expansion.

Duke Raleigh's cardiovascular and neurovascular interventional services will grow with the addition of a bi-plane catheterization lab affording the capability to perform neurointerventions. The bi-plane addition includes the acquisition and installation of state-of-the-art bi-plane equipment capable of providing atrial fibrillation procedures, other electrophysiology procedures, and advanced neurovascular procedures. The project also includes the construction of a 2,776 square-foot addition to accommodate expanded cardiovascular support services and facilities.

In addition, Duke Raleigh is expanding the surgical services department with the construction of a 5,084 square-foot, two-level addition which will accommodate two additional operating rooms. The project also includes the renovation of the existing surgery department, preoperative suite, and post anesthesia care unit.

Transformation of the emergency department includes the addition of a new entrance, more square footage and 11 new treatment rooms. The enhancements will facilitate improved patient flow, expedite the check-in process, afford patients and family members' greater privacy and comfort and improve the efficiency of care delivery.

Finally, with the acquisition of a second MRI scanner, Duke Raleigh's diagnostic services space will be expanded and will improve patient convenience and access to the service.

## Duke Raleigh Cancer Center

With the resources of the Duke Cancer Institute, Duke Raleigh Cancer Center offers an extraordinary level of care and a full range of services for patients battling cancer. The 22,400-square-foot center unites medical, radiation, surgical and gynecologic oncology under one roof. The center's care team continues to grow to enable patients to receive the latest methods of treatment through access to clinical trials, advanced diagnostic testing and support services.

"Our expansion in Wake County is part of our commitment to helping those in our community who [Continued on page 8]



need us most. Our center is an integral part of Duke Cancer Institute, a newly created entity designed to accelerate the progress of translational research to clinical care and put patients at the center of everything we do," said Dr. Joseph Moore, medical director of the Duke Raleigh Cancer Center.

A nationally renowned medical oncologist, Dr. Moore recently joined the Duke Raleigh Cancer Center team in 2010 and brings a wealth of expertise and knowledge in aspects of patient care, clinical research and the academic experience.

"I look forward to furthering the Cancer Center's delivery of the highest level of research-based care in a personal and welcoming environment," said Dr. Moore.

### **Neurosciences Expansion**

In January 2011, Duke Raleigh Hospital opened a nine-bed neuroscience unit. This addition provides a full spectrum of care for patients with neurological and neurosurgical diagnoses. The new neurosciences unit provides comprehensive specialized care for stroke patients as well as neurological patients. The neuroscience care team includes specially-trained direct care nurses, nurse practitioners, neurosurgeons and neurologists, as well as critical care intensivists. The addition of the bi-plane lab will also support the furthered growth of Duke Raleigh's neurosciences services.

### **Orthopaedic Total Joint Certification**

Duke Raleigh Hospital's Total Joint Replacement Program earned the Gold Seal of Approval™ for health care quality from The Joint Commission for its commitment to excellence in providing care for total joint replacements. Duke Raleigh's Total Joint Replacement Program is a comprehensive and multi-disciplinary program that includes pre-operative patient education, surgical and medical care, acute rehab, assistance with discharge planning and post-operative wellness instruction. Duke Raleigh Hospital is the first in the Triangle to receive this distinction.

### **Expanded Weight Management Program**

Duke Raleigh's Weight Management Program expanded in 2010 with the addition of a surgical weight loss program. Surgical options at Duke Raleigh include Roux-en-Y gastric bypass, gastric banding, duodenal switch and sleeve gastrectomy procedures. The program brings together dedicated surgeons, physicians, psychologists, nutritionists, nurses and a staff committed to seeing the patient through every part of the process. Through weight loss surgery, patients can lose on average 60 to 80 percent of their excess weight, and see significant improvements



of health problems, such as diabetes, high blood pressure, cholesterol problems and sleep apnea.

Duke Raleigh's Wellness Center also developed a Weight Loss Surgery Wellness Program to support patients in changing lifestyle behaviors before surgery and after. The program includes both individual and group components, with particular focus on goal-setting, diet and exercise.

## Bringing the Best of Duke Medicine to Wake County

In addition to transformation and growth to Duke Raleigh Hospital, a number of new physicians are bringing highly-specialized care to Wake County.

### Duke Urology of Raleigh

Duke Urology of Raleigh opened in July 2011 in Duke Medicine Plaza on the campus of Duke Raleigh. Duke Urology is a comprehensive, multidisciplinary practice that offers adult patients care in the areas of general urology, multidisciplinary treatment of urologic cancers, female urology, evaluation and management of kidney stones, reconstructive urology and in-office procedures such as prostate biopsy, vasectomy and urodynamic studies.

The practice includes Cary N. Robertson, MD, urological-cancer expert; administrative director and clinician Helen Tackitt, FNP-BC, Charles J. Viviano, MD, PhD, general urologists; Michael Lipkin, MD, a subspecialist in stone disease; and Aaron Lentz, MD, who subspecializes in post-prostatectomy incontinence, prosthetic urology, urethral strictures, urinary diversion, and neurogenic bladder.

"We are proud to offer the nationally ranked services of Duke Urology in Wake County," said Tackitt. "We are a full spectrum practice, and look forward to being a part of this community."

### Duke Colon and Rectal Surgery of Raleigh

Joining Duke Raleigh Cancer Center in 2011, Drs. Linda Farkas and Ben Hopkins perform colon and rectal surgery in Wake County, in addition to offering other gastrointestinal (GI) services. Both surgeons work with gastroenterologists, radiation

oncologists and medical oncologists in a multidisciplinary setting to evaluate patients from all perspectives.

Drs. Farkas and Hopkins are a part of Duke Colon and Rectal Surgery of Raleigh and offer care for benign and malignant disorders of the colon, rectum and anus. These include hemorrhoids; anal fissures; diverticulitis; inflammatory bowel disease; colon, rectal and anal cancer; rectal prolapse and other conditions.

"We offer a great majority of surgical treatment options as minimally invasive through robotics and single-incision laparoscopic surgery," said Dr. Farkas. "This helps patients to resume their normal lifestyle on average sooner than with traditional surgery," she said.

"We also offer personalized medicine with hereditary risk assessment for each patient that comes into our clinic," said Dr. Farkas. "For our cancer patients, we additionally benefit from the availability of our on-site colleagues in radiation and medical oncology for a multidisciplinary approach to care for our patients all in the same day."

### Duke Primary and Urgent Care in Wake County

Duke Medicine's primary care and urgent care services continue to expand to make it easier for patients to access Duke's world-renowned services in their own neighborhood. Duke Primary Care in Wake County affords rapid access to appointments, seven locations in Raleigh and can serve as a patient's link a network of renowned Duke specialties and resources. Family medicine clinics are open at Duke Primary Care Brier Creek, Duke Primary Care Knightdale, Duke Primary Care Morrisville and Wake Forest Family Physicians. Internal Medicine services are available at Duke Primary Care Creedmoor Road, Duke Primary Care Harps Mill and North Hills Internal Medicine.

Duke Urgent Care in Wake County is available 365 days a year, including holidays and weekends. The centers offer extended hours, three locations in the Raleigh area, and no appointment is necessary. Urgent Care services are available at Duke Urgent Care Brier Creek, Duke Urgent Care Knightdale and Duke Urgent Care Morrisville. §

## Getting Connected

Launched in April 2011, Duke Raleigh Hospital's newly redesigned web site is the first step in a coordinated effort to better reach a growing number of patients, visitors and friends online. Working with the belief that the patient experience begins long before patients enter the hospital, the Duke Raleigh team implemented tactics enhancing access to information and engaging individuals more effectively.

Duke Raleigh's new site includes content specifically developed to alleviate patient anxiety and provide as much information as possible. The site includes a virtual tour of the hospital's campus and interactive map to help navigate patients and visitors on campus. Additionally, service-line information includes more information for patients to help prepare for their visit. For example, a patient with an appointment for an MRI can visit the imaging page to access information about their specific procedure, how to prepare and what to expect.

Many of the site's new features and content were developed and reviewed extensively by medical staff and hospital clinical team members who knew the key concerns of their patient's best.

New site features also include the addition of a health library with illustrated videos, articles and a detailed health encyclopedia. Family and friends can also send their loved ones a card while they are hospitalized at Duke Raleigh from the convenience of the site, and patients can share their experience with the hospital through the "Share Your Story" feature. Patients can also manage their own health care through Duke Medicine's HealthView portal where they can make an appointment online, view and pay their bills online, obtain lab results and much more.

In addition to DukeRaleighHospital.org, community members can stay in touch with Duke Raleigh through the hospital's Facebook page. Those connected will learn about Duke Raleigh events, health tips, news and much more.



# What Would Halloween Be without Frankenstein?

By L. Jarrett Barnhill, MD, DFAPA, AACAP

Last Halloween we faced the ghost of Hamlet's father. This time we confront the quintessential "bogey man", Frankenstein's created man. Some of us can remember Boris Karloff as a primitive giant who avoided fire only to die by it. That highly sanitized version had a mad scientist (Victor Frankenstein) and a glamor-

ous Depression Era beauty, Elizabeth. It suited the archetypes of early 20th viewers. Mel Brooks' satirized this version in *Young Frankenstein*. He gave us a zany scientist (Gene Wilder); Igor, the hunchback with drooping socks and a migrating hump (Marty Feldman); a singing, dancing and seductive monster, and an unusual host of offbeat caricatures. The latest version, *Mary Shelley's Frankenstein* starred two of my favorite actors, Kenneth Branagh (Victor Frankenstein) and Robert DeNiro (the monster). Aside from the usual book-to-movie liberties, this version re-creates an era when science was at a crossroads and the transmutation of the gothic horror story.

Mary Wollstonecraft Shelley's novel, *Frankenstein: the Modern Prometheus*, begins at a crisis point.

Robert Walton is an Englishman obsessed with being the first to reach the North Pole. Unfortunately, his ship and crew are trapped in the ice. This nearly fatal calamity segues to Walton's encounter with Frankenstein and his creature. In these encounters Shelley drives home a central theme of her small masterpiece- the destructive nature of single-mindedness of both Frankenstein and Walton, The dying Frankenstein confesses his sin of misguided will and pleads with Walton to turn back. His obsession leads only to death. Shortly after Frankenstein dies, Walton meets the "monster". The "created man" is haunted by his will for vengeance towards his dead creator. Shelley describes the creature's painful relationship with creator as a mimesis of Adam's lament from Milton's *Paradise Lost*:

"Did I request of thee, Maker, from my clay  
To mold Me man? Did I solicit Thee,  
From darkness to promote me?-"

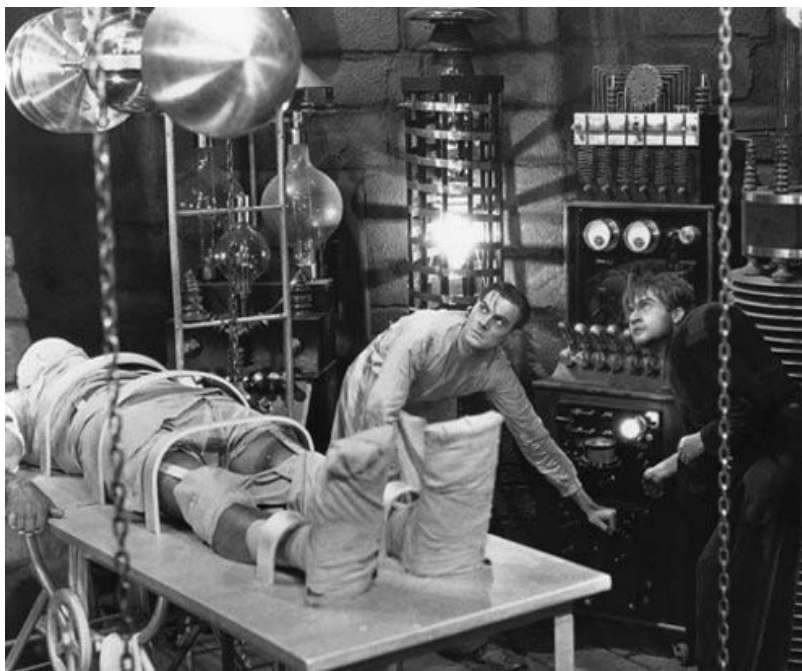
Frankenstein's creation also imitates the egotism and rebellious nature of Satan, including his will to power ("tis better to rule in hell than serve in heaven") and his creative mind ("to make a heaven of hell and a hell of heaven"). This comparison raises the specter of another rebellious creator who arose during the French Revolution and left enormous destruction in his wake- Napoleon Bonaparte. Shelley's book was published after his defeat at Waterloo.

## Who Then is Frankenstein?

When viewed through an early 20th century lens, Dr. Frankenstein is type cast as the mad scientist- or perhaps creator-dictator of the 1930's. But by Shelley's standards (waning scientific materialism of the Enlightenment) Frankenstein is both an anachronism and a distortion of the Romantic creative genius. As an anachronism, Frankenstein is a griffin: a patched-together magus, natural phi-

losopher, and alchemist. He is also bound to the *deus ex machina* and Enlightenment materialism. Man is a machine but it is God, not man who is the clockmaker and first cause. Frankenstein rebels against this imperative and constructs his creature from many dismembered bodies (interchangeable parts) but then takes a step backwards to use alchemy and magic: he instills the life force (animal electricity). Once animated by a new elixir of life, Frankenstein then realizes that his rebellion against the limits of "modern experimental science" led to the creation of a disfigured giant.

The subtitle, *The Modern Prometheus*, adds another dimension to Frankenstein's identity. Prometheus is the rebellious titan who stole fire from the gods and brought it to help mankind. For this act he was bound to Mt Caucasus while an eagle dined on his liver. Frankenstein's original intent was also noble- to reduce human death and suffering. But his urge to create became a destructive obsession with frightful consequences. His man, the reconstructed



machine, had latent desires and wills that emerged from his many parts. The creature pleads then demands a mate to provide him a companionship and accepts exile or expulsion to an "anti-Eden". Frankenstein agrees initially to the contract but then reneges due to his own disgust and pleadings of his fiancée, Elizabeth. Enraged, the creature vows to avenge his creator by destroying Frankenstein's life- he kills Elizabeth on their wedding night.

But Frankenstein was also an alchemist- he sought and found the elixir of life to transmute matter. He tried to merge the 17th century experimental work of Galvani and Volta's with the ancient alchemical dream. To Frankenstein, this experiment provided the platform for re-animating life with electricity. Frankenstein ignored the warnings of the experimentalists to conjure up life by ancient, esoteric magic. By doing so, Frankenstein disregarded Kant's categorical imperative. He created a living human that he was deluded into believing that he could master. The source of Frankenstein's

[Continued on next page]

# Speaker's Gavel: A Store House of Emotions

By Thom Tillis, Speaker of NC House



Personally, I am soaking up this moment, including simple things like this gavel. I decided this historic session should have a gavel that was more than a something ordered from a catalog. With the help of volunteers and donors, we've created something special from the heart of North Carolina's official tree—a longleaf pine.

The wood used to make this gavel came from a tree that lived in the Colonial forest of North Carolina. It was a sapling around 1700 and it lived for more than 100 years. It was alive in the forest during the Revolutionary War and the birth of our great nation. It was felled around 1830 and was used to build a home that was "visited" by General Sherman's Union soldiers in the last days of the Civil War, but it was spared from destruction. Some 300 years later, I hold in my hand a gavel made by volunteers using the wood from that historic tree.

This gavel is beautiful but is not perfect. It has cracks that are the result of centuries of wear and nicks caused by a woodturner's tool. It reminds me of our great democracy—at once beautiful and imperfect.

After seeing this gavel created this weekend and learning the wood's story, I felt it deserved a name. I was reminded of a man who was born in 1929, the year marking the beginning of the Great Depression. This man's father died when he was a baby and his single mother could not afford to provide for him, so she was forced to send him to foster homes and orphanages. He was put to work at a very young age. He had no father figure and he had few traditional family experiences. He married

the love of his life and he volunteered to serve our Country in the Army. He went to night school to get a better job to provide for his family of six children. He was a hard worker and he was a strong father figure. He was a man of few words but when he spoke, people listened. He was civil towards others but those who made the mistake of thinking his civility was a sign of weakness regretted it. He gave his children a lot of freedom but when they abused it he would bring out the belt to remind them of who was in charge. On his deathbed, he made sure that the love of his life received an Anniversary ring—a final expression of his undying love and his commitment to the institution of marriage. This man personified all that is good in the American spirit. Like the gavel and like our democracy, he was not perfect. He had his defects but he was an extraordinary person and someone I think is worthy of having this historic gavel named after him. Therefore, I have named this gavel Ray—short for Thomas Raymond Tillis, my father.

I will do my best to honor my father's legacy and those who have trusted me to lead this body. With the help of this gavel, I will promote policies that reward hard work, celebrate independence and self-reliance, encourage family values, and promote civil discourse.

We will encounter obstacles along the way, and I will work to remove those obstacles and I will do everything I can to bring honor to this great institution.

I am honored to serve as your Speaker and I thank you for your support.

God Bless You and God Bless North

Carolina. §

## Speakers Bio:

*THOM TILLIS, age 49, and his wife of 22 years, Susan, and their children Lindsay and Ryan, have lived in the North Mecklenburg area for 12 years. Thom and his family relocated from Fairfax, Virginia to Cornelius in 1998.*

*Thom's management consulting career has provided him with a deep understanding of fiscal management, policy making, and transformation of complex organizations. Thom was a partner at PricewaterhouseCoopers, one of the world's largest accounting and management consulting firms, which sold its management consulting practice to IBM in 2002. In 2006, Thom was elected by the 98th District to the North Carolina House of Representatives. Thom left IBM in 2009 to focus his attention on serving in the North Carolina House of Representatives and leading the 2010 House Republican Caucus Campaign Committee as the Chairman. Thom's efforts as Committee Chairman helped Republicans win a majority in the NC House for the first time in over a decade. After the 2010 elections, Thom was elected Speaker-Designate by the members of the House Republican Caucus. When the House convenes in January 2011, Thom will be in line to become the next Speaker of the House.*

mistake captures a shifting world view among Romantic poets and scientists mentioned earlier: man and nature were not machines but organic systems that could not be controlled or directed.

Like Milton and Dante, Shelley created a story that explores the dark side of the will in the creative process. For our century, the terror of coldly dispassionate, amoral scientists (cloning and alien science) roams about our nightmares. I suspect that Michael Creighton's *Jurassic Park* provides a "modern" analogy to Frankenstein. Creighton resurrects the danger underlying the will to create, turning science loose, believing delusions of controlling nature and the lack of humility inherent in thinking so. In *Jurassic Park*, the movie, a comment by Dr. Malcolm resonates with Shel-

ley's ending: "you were so intent on proving you COULD do it, you forgot to ask if you SHOULD". In this sense Frankenstein and his creature are always among us, involved on a cosmic wrestling match between creator and destroyer.

Perhaps it is still appropriate to keep Frankenstein in our Halloween pantheon, if for no other reason than to remind us of the struggle between creating/destroying, light/darkness, God/Satan and the Jedi/dark side of the Force that dominates Zoroastrian and Judeo-Christian mythology. Shelley allows Frankenstein to patch these dualities together but ends up with a tragic tale in which the creative genius is bound as Prometheus. §

# PHYSICIAN PROFILE:

## Dr. Jerry Charles Bernstein

By Assad Meymandi, MD, PhD, DLFAPA

Plato, with his unparalleled eloquence and lyrical prose that reads like poetry in dactylic hexameter, devoted two books on the subject of the “soul.” In his search for the soul, he elaborates the fact that “we are not what we do”. He goes on arguing and finally establishing the Greek concept of the soul. He concludes the imperative lesson of separation

“the essence of human personhood” form the “essence of human occupation”, “we are NOT what we do”, he concluded. Well, I have known Jerry Bernstein, our Profile of the Month honoree, since 1974. I have watched him personally and professionally. I have admired him as a person, and marveled at what he has accomplished. I have listened to the intimate stories of how he has helped his patients and their families not only medically, but financially and spiritually. I have known him to be a man of faith, doing much through his church, North Raleigh United Methodist Church, to help others. In my view, he uses religion in its true etymological sense, “to ligate, relegate (religion)” to bind and re-bind people together and with their makers. And with all this observation, I am thoroughly confused, because in spite of what Plato said and wrote, Jerry Bernstein IS what Jerry Bernstein DOES. And what Jerry Bernstein does, and does so well, is practice pediatrics, giving love, knowledge, skills, care and compassion for his patients and their families. Indeed what Jerry DOES is who Jerry IS. I do not know what Jerry Bernstein is trying to prove. Plato was

wrong?...

Yes, Jerry is Pediatrician devoted to the welfare of his patients and their families, but also, he is out there to improve the quality of life in the City of Raleigh, Wake County, and state of NC. That is who he is and that is what he does... As a matter of

fact, I think stating that Jerry Bernstein is a pediatrician is very much like stating “The Pope is a Priest...” Jerry Bernstein is much more

UNC School of Medicine and after internship in Virginia, residency training at UNC, he then came to Raleigh to establish his private practice taking care of little people and their families.

And now, look at what he has done in the short 37 years since he was one of the founders of a three man pediatric practice in Raleigh. The adjacent “black Box” lists some of his community, academic, professional and personal achievements. He has been involved with academic pediatrics since 1973, going through the ranks from instructor, to full Clinical Professor, a post he has served since 1991 in UNC Department of Pediatrics.

Interviewing him for this piece, I found he overflows with energy and passion. To him, the lines of demarcation of his commitment and dedication to his family and to his patients are at best blurred. He devotes his intense caring, loving and serving his patients and their families as much as he does to his own family. His expertise, besides his medical specialty of pediatrics, is to connect (there we go again, religion: ligate and relegate) people



Peg and Jerry Bernstein



Blair Bernstein

than a mere pediatrician. He credits his love for medicine to his working in the emergency room of Sampson County General Hospital during his med school years. Working with the “docs” in the ER, he saw how the family doctors solved health and family problems. He saw how these hard working doctors touched the lives of their patients. Neither of his parents graduated from high school, yet they instilled in him manners, respect for others and a good work ethic. They wanted nothing more than he achieve his dreams. He went on to Duke University for pre-med,



Peg, Jason, Jason, Evan, Beth, Taylor & Jerry

and families and make things happen. He epitomizes what a doctor should be in Hippocratic, Avicennian and Oslerian sense. In my view, he is the apotheosis of all the attributes physicians ought to possess.

Since he started his practice, it was not good enough to have a successful office

practice. He had to have a pediatric emergency room with trained nurses and personnel devoted to the care of children in life and death situations...It was not good enough to turn and evolve that into an pediatric emergency department, the first free-standing children's emergency department between Washington and Atlanta... but to establish a pediatric intensive care unit (PICU), and ultimately a free standing children's hospital in Raleigh, the state capital, the jewel in the crown of pediatric medical care, by creating WakeMed Children's Hospital. UNC and Duke have been gladly pushed from a traditional tertiary referral center to a quaternary center, where heart transplants, bone marrow transplants, and more complicated medical procedures are performed. Jerry's Children Hospital (I know with his modesty, he would cringe at the idea of calling the WakeMed Childrens Hospital Jerry's Children Hospital) is now a tertiary referral center. He wanted to have that since he came to town to set up his private practice of pediatrics in 1974. And he achieved it in 2010.

Jerry thinks that WakeMed is better known outside Wake County than it is within the county. He has the flare and passion of a salesperson who knows the goods he has and wants to market it to the rest of the world. Perhaps this is one of many reasons his leadership created WakeMed Foundation used as an instrument for building friends, future leaders and fundraising thereby "marketing" the services of WakeMed. The health care facility will be 50 years old and Jay Leno is coming to celebrate the Golden Anniversary in December in a gala fit for kings (watch your mailbox for an invitation).

To those who know something about medical economics, pediatric specialty occupies one of the lowest or perhaps next to the lowest (the lowest is psychiatry!) rung in funding. Pediatrics is not a glamorous and high dollar specialty as are heart surgery and other procedural specialties, yet Jerry has succeeded to bring forces of human love, compassion, and purpose together, in order to catalytically connect the community and government leaders to make these miraculous advances possible. And the man is only 68. He plans to do much more by the time in 2043 when he will have reached his centennial. With the love of his wife, Peg, his own disciplined valor, and a life style of moderation, proper exercise, Yoga and contemplation, he will get there...

Peg and Jerry have been married for 36 years; they are involved in sports, yoga and many other intellectual, spiritual and instructional pursuits. The place to find out the most intimate secrets of a couple is the spouse. So, when I asked Peg about Jerry, her eyes brightened, her face became serious, the ever present smile disappeared, and she took a little breath "*His dedication and commitment for his patients and their families, his passion to make things better for everybody, to never shirk his responsibilities even though for many years in practice he often got six to 10 calls a night from two hospitals, with not a wink of sleep, and his dedication to our children as a father never wavered...*" "Oh, are you kidding?" she said, breaking into her wide lovely smile, "*I am crazy about him!*"... And we ended the interview with a collective hug. §

**BORN:** October 28, 1943

**EDUCATION:** 1966, Duke University, BA  
1970, University of North Carolina, MD

Postgraduate:  
Pediatric Internship,

University of Virginia Hospital, Charlottesville, Virginia, 1970-1971  
Pediatric Residency, North Carolina Memorial Hospital, Chapel Hill, North Carolina, 1971-1970  
Pediatric Chief Residency, North Carolina Memorial Hospital, Chapel Hill, North Carolina, 1973-1974

**EMPLOYMENT:**

Raleigh Pediatric Associates, PA  
1921 Falls Valley Drive  
Raleigh, NC 27615

**PROFESSIONAL & COMMUNITY:**

Board of Trustees, Wake Medical Staff Foundation, 1983-94  
Board of Medical Directors, Triangle Region, American Lung Association, 1984-2000  
Board of Governors, Friends of the Children, Wake Medical Center, 1982-1991  
Wake County Board of Mental Health, Mental Retardation, and Substance Abuse Services, 1982-1989  
Wake County Youth Services Planning Board, 1986-1992  
Chairman, 1986-1992  
Chairman, Department of Pediatrics, Wake Medical Center 1990-1991  
Medical Staff Executive Committee, Wake Medical Center 1990-1994  
Joint Conference Committee, Wake Medical Center, 1991-1994  
Chairman, Quality Assurance Committee, Wake Medical Center, 1992  
President-Elect, Medical Staff, Wake Medical Center, 1992  
President, Medical Staff, Wake Medical Center, 1993  
Chairman, Medical Executive Committee, Wake Medical Center, 1994  
Strategic Planning Committee, Wake Medical Center 1993-1996  
Board of Visitors, The Chil-

drens' Hospital, UNC Hospitals Chapel Hill, NC, 1993-2007  
Board of Directors, WakeMed Foundation, 1994-2003  
Chairman, 1994-2003  
Capital Campaign Committee,

**Jerry Charles Bernstein, M.D.**

WakeMed Foundation, 2003-  
Board of Directors, The Healing Place of Wake County, 2000-2006  
Board of Trustees, The Healing Place of Wake County, 2008-  
Board of Advisors, Oak Ranch, 2000-2006  
President's Council, Medical Advisors, NC Chapter, American Lung Association, 2001-2003  
Board of Directors, SouthLight, Inc., 2004-2006  
Board of Directors, Autism Society of North Carolina, 2006-2008  
Data Safety Monitoring Board, Otsuka Pharmaceutical Company, 2004-2007  
Data Safety Monitoring Board, Bristol Myers Squibb, 2006-2008  
Autistic Disorder Registrational Trials Advisory Board, Bristol Myers Squibb, 2008  
Data Safety Monitoring Board, Otsuka Pharmaceutical Development & Commercialization, Inc., 2008-  
Data Safety Monitoring Board, Supernus Pharmaceuticals, 2008-  
WakeMed Health and Hospitals, Board of Directors, 2009-

**PROFESSIONAL SOCIETIES:**

Fellow, American Academy of Pediatrics  
Member, North Carolina Medical Society  
Member, North Carolina Pediatric Society  
Member, Wake County Medical Society  
Member, Floyd Denny Pediatric Society  
President, 1975-1984

**FAMILY:** Wife, Peg, Daughters Beth and Blair. Son-in-law, Jason and three grandchildren, Jason, Taylor and Evan



## Isabel Zaytoun: A Role Model Worth Emulating

*By Joseph E Zaytoun*

**M**y love of music and especially classical music came early in my childhood.

My mother, Isabel Zaytoun, who had migrated to New Bern from Brazil, was a violin student during her younger days. Therefore, she was very musically inclined, and it was only natural that all of her six children were expected to take some sort of music lessons, mainly the piano, during their school years.

My three older sisters were all piano students. As for me, like my mother, I began to take violin lessons when I was in the third grade. My violin was the same instrument my mother had used during her childhood. It was a very old instrument, made in Germany.

My lessons as a music student lasted throughout my high school years. Although I never became a concert artist, this experience in my youth instilled in me an appreciation for classical music throughout my life. As a student at UNC-Chapel Hill in the 1940's, I always attended the concerts of the University symphony. Later in my life, it was only natural for me to subscribe to public symphony concerts wherever I was then a resident.

While still living in New Bern in the 1950's, I worked hard in the sale and delivery of newspapers and magazines to earn extra money for the funds to subscribe to music productions which came to town. When my children began to grow up, I urged

them to also appreciate the wonderful gift of classical music by encouraging piano or violin lessons and I took them to symphony concerts and the opera at an early age. I am certain my son, Robert, recalls fondly his first opera, *Madame Butterfly*, at the Raleigh Memorial Auditorium during a summer night before air conditioning.

My son, Stephen, even began music lessons on my mother's antique violin, and this instrument is now amongst my most loved possessions. Every now and then I will open the case, tune up the strings and attempt to play a tune. Recently, Robert secreted away the violin and placed it in the able hands of John Montgomery, a local prominent violin maker. John's handiwork transformed an aging violin into the work of art it is today. While not a Stradivarius, it might as well be for me. My mother would be happy to see her violin so well-preserved.

My love of the North Carolina Symphony is well known and my interest in attending North Carolina Symphony concerts has always been consistently avid. Yes, I have ordered reserved seats for the 2011-2012 series.

I can recall the move of the North Carolina Symphony for Durham to Raleigh. I was a member of the Civic Committee which encouraged this relocation. I soon found myself being appointed by Governor Hunt as a Trustee of the North Carolina Symphony Society. I cherish the many years I had the privilege of serving our fine Symphony as a Trustee.

It dawned on me that if we together worked for the North Carolina Symphony to succeed, people's lives, and particularly young people, could be changed and enriched by the preservation of classical music seen in its live performance purity. I consequently urged my acquaintances to attend the North Carolina Symphony and have brought many guests to Meymandi Hall to discover the wonders of world-class symphonic music with which we are blessed.

I am proud that Robert has succeeded me as a member of the Trustee of the North Carolina Symphony Society. Like Father, like son, he cherishes the same symphonic music which his grandmother instilled in me over 85 years ago. §

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# North Carolina Treasures

By Steve Volstad, Director of Communications and Marketing UNC-TV

## UNC-TV PROVIDES NORTH CAROLINA WITH BIG BIRD – AND MUCH MORE

Organizational mission statements are not usually at the top of anyone's summer reading list. But in the case of UNC-TV, it does a pretty good job of describing what North Carolina's statewide public television network is all about:

*Television has the power to change lives. Public television has the responsibility to change lives for the better: a child far from urban resources is inspired to become a scientist, a high school dropout earns a GED, a homebound senior citizen remains connected to the world of arts and culture, the family of an Alzheimer's patient finds strength and support. UNC-TV's unique programs and services provide people of all ages with enriching, life-changing television.*

UNC-TV costs the taxpayers of North Carolina \$1.29 per person per year. In return, UNC-TV's 12-station statewide network provides the most powerful communication resource in North Carolina. It provides some 4 million viewers a week with a diverse array of commercial-free, high quality programming from PBS and other sources, as well as hundreds of hours of locally-produced original award-winning programs for and about North Carolina. In fact, UNC-TV is the only North Carolina-based television service available in some parts of the state.

But there is much more to the story than that. In addition to UNC-TV's familiar primary channel, the network also provides three additional digital channels of programming: UNC-KD, with programs just for kids 24/7; UNC-EX, the Explorer Channel; and UNC-MX, a digital cable-only channel providing an eclectic mix of programming for those who want to know more and do more.

Furthermore, UNC-TV's web site,

www.uncvtv.org, provides basic information such as up to date program schedules, access to a multitude of PBS and UNC-TV full length programs available for online viewing any time of day, plus a host of additional content that is only available online. For example, during the past two election cycles, UNC-TV partnered with the North Carolina Center for Voter Education to produce a rich interactive online election guide with critical information for voters that was used by more than 80,000 visitors in both 2008 and 2010.

UNC-TV's educational outreach staff conducts numerous training sessions and events for teachers, adult caregivers and children all over the state to enrich educational opportunities and enhance early childhood learning.

Just this summer, UNC-TV received the long-awaited delivery of a brand new, state-of-the-art digital remote broadcasting truck (made possible by the higher education improvement bond approved by voters in 2000) that will make it possible to visit more locations, partner with more North Carolina institutions, and bring a wider array of events, performances and documentaries from around the state to North Carolina's citizens.

All of this barely begins to tell the full story of UNC-TV, however. Consider the following:

- NC-TV provides critical public safety information in emergencies, such as hurricanes.
- UNC-TV partners with law enforcement and other emergency responders to maintain emergency communications infrastructure – these organizations and the Highway Patrol rely on UNC-TV facilities to maintain their critical communications systems.
- UNC-TV partners with the North Carolina Community College system to provide thousands of North Carolinians each year with the opportunity to earn GED diplomas and take advantage of English as a Second Language educational

content.

- UNC-TV provides North Carolina with commercial-free public television programs from PBS, such as **Masterpiece, Nature, NOVA, Antiques Roadshow, PBS NewsHour, Nightly Business Report**, Ken Burns history specials, **FRONTLINE, American Experience, Great Performances, American Masters**, and many more.

- UNC-TV produces outstanding original series and specials, including **North Carolina's World War II Experience, North Carolina Now, North Carolina Weekend, North Carolina People with William Friday, Exploring North Carolina, Black Issues Forum, North Carolina Bookwatch, Carolina Outdoor Journal, Almanac Gardener, In the Garden with Bryce Lane, The Woodwright's Shop with Roy Underhill, Biographical Conversations**, and many more.

- UNC-TV provides a safe haven for kids with commercial-free educational programs like **Sesame Street, WordGirl, Curious George, Dinosaur Train, Martha Speaks, The Cat in the Hat Knows a Lot About That, Super WHY!, Arthur, Sid the Science Kid, Wild Kratts**, and many more.

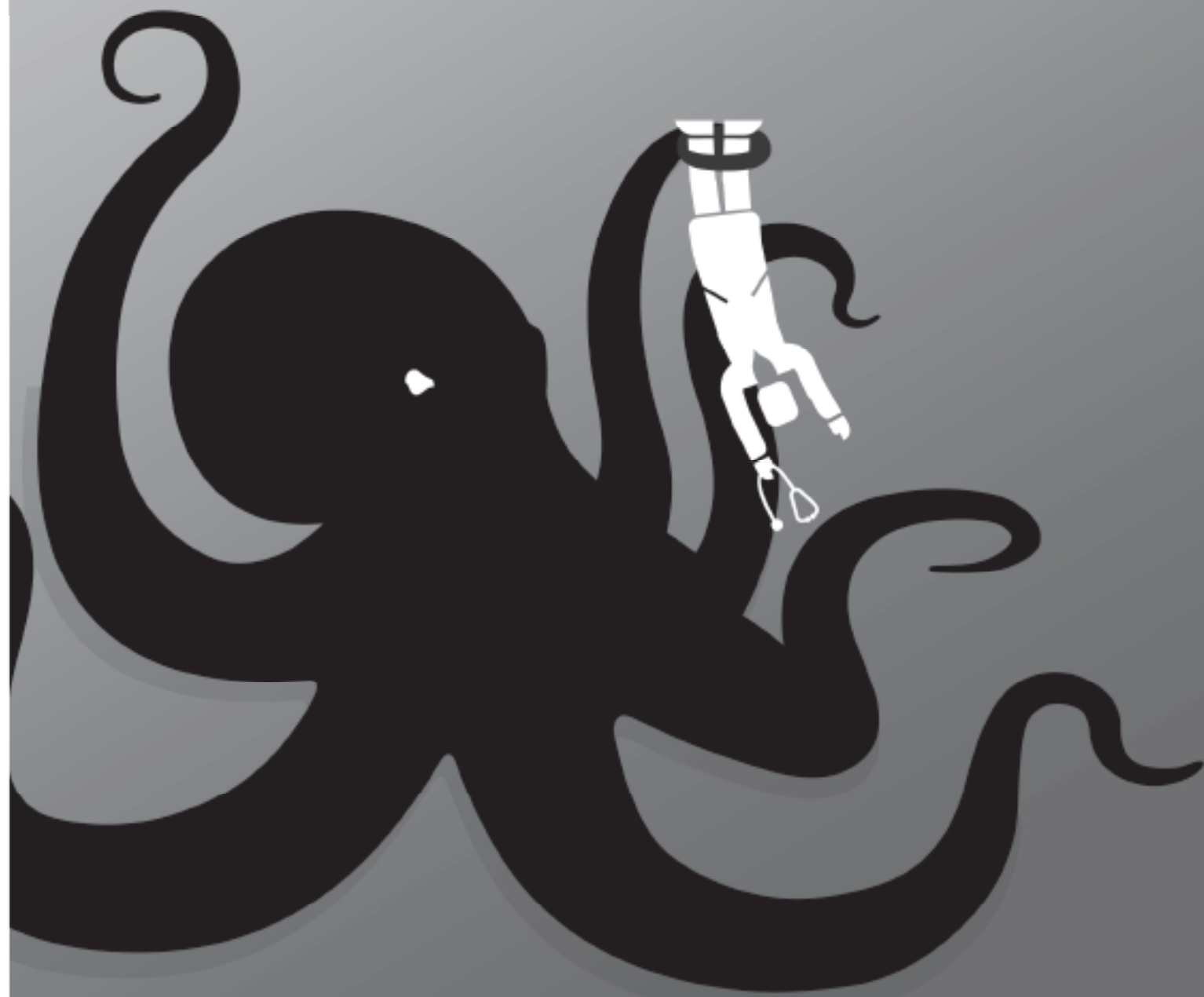
- In addition to a daily schedule of seven hours a day dedicated to children's programs, digital channel UNC-KD provides North Carolina with a channel that features quality public television kids' shows 24/7.

- Studies reveal that children who watch public television children's programs do better in school throughout their entire academic careers.

- The University of North Carolina owns over \$100 million in physical assets at UNC-TV – purchased with taxpayer funds – including the recent investment of \$65 million in state-of-the-art digital broadcasting technology.

- National research shows PBS/public television is the

[Continued on page 19]



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# Sports-related Concussions: Equal Opportunity Injuries

By Carrie Gann



Earlier this year, I conducted a very informal, incredibly unscientific survey of friends and colleagues, asking them to tell me the first thing that came to mind when I said “concussion.”

“Football” was the overwhelming answer, supplemented by other mentions of boxing, pro wrestling and Dave Duerson, the former Chicago Bears defensive back who had recently committed suicide. Although there was no wrong answer in my experiment, none of my subjects mentioned a major source of concussions in sports today: women.

If my survey is any indication, people tend to think of concussions as a male athlete problem, associating the injury with hard-hitting sports like football, boxing and men’s ice hockey. But science says otherwise. In the past five years, researchers who track sports injuries have found higher rates of concussion for women than for men who play the same sports. In 2007, the NCAA published 16 years of data from its Injury Surveillance System, which showed that women playing college soccer, basketball, lacrosse and ice hockey got concussions more frequently than men in those sports. Data on high school athletes showed similar trends.

What causes the gender difference in these concussion data? Right now, scientists can only guess. To date, no study has explored why women’s concussion rates exceed those of men or what kinds of interventions might bring these numbers down.

“There are lots of theories out there,” said Jason Mihalik, a sports concussion researcher at the University of North Carolina at Chapel Hill (UNC). “But we really don’t have the data to back up some of the

claims that we’re making.”

Mihalik and his UNC colleagues have learned a lot about concussions by studying male football players. Since the 1990s, hundreds of concussion studies have explored helmet-to-helmet hits, high-impact kickoff returns, and the long-term brain health of retired professional football players. Armed with this research, football officials have started making changes to the game, trying to make it safer for players from the NFL down to the Pop Warner pee wees.

But most women don’t play football, and according to the National Federation of State High School Associations and the NCAA, more than 3 million women participate in sports at the high school and college levels. So far, concussion research has had little to say about these athletes.

Now, a few researchers are planning to bring more sports into play in concussion research. By exploring games that lots of women play, like soccer and basketball, these researchers may figure out why women in these sports appear to get concussions more frequently than men.

Their first task will be to decide what the data on concussions in women really mean. Are women athletes more susceptible to concussions than men because of true physical differences? Do they train or play in ways that put them at risk? Or do women simply do a better job of recognizing and reporting their injuries?

Dawn Comstock, an epidemiologist at Nationwide Children’s Hospital in Columbus, Ohio, is studying a popular theory on the cause of concussion gender differences: neck muscle strength. When an athlete heads a soccer ball, hits the ground or collides with another player, the force of the hit flops the head back and forth on the neck. The neck muscles act like a shock absorber, slowing the head’s movement and lessening the impact of the blow. But the weaker the neck muscles, the more likely the head flopping will be violent enough to produce a concussion. Since most women have less neck muscle mass than men, some experts have said this anatomical difference explains higher

concussion rates for female athletes.

Comstock is testing this theory by measuring the neck strength of male and female soccer, basketball and lacrosse players at 100 U.S. high schools. She and her team compare the data from these athletes with any concussions they report during the season. Comstock said if the results link concussion with neck strength, “then we will have identified a very low cost, easily accessible prevention method that could really reduce concussions in high school athletes, both boys and girls.”

But UNC’s Mihalik said the neck strength idea doesn’t go far enough in explaining the rate at which women get concussions.

“In theory, it makes sense,” he said. “But no matter how strong you are, if you don’t anticipate being hit, you aren’t going to use those muscles to protect yourself.”

Beginning in July, Mihalik and a team of UNC researchers will put this idea to the test. They’ll put impact sensors in the helmets of boys and girls playing youth hockey to measure the force of each time they hit the ice, the boards or another player. Like Comstock, Mihalik’s team will measure the players’ neck strength, but they’ll also analyze videos of each hit to see whether players braced for an impact or got knocked down unexpectedly. Comparing the videos to the helmet impact data will give Mihalik and his team an idea of whether differences in boys’ and girls’ playing styles lead to differences in their risk of concussion.

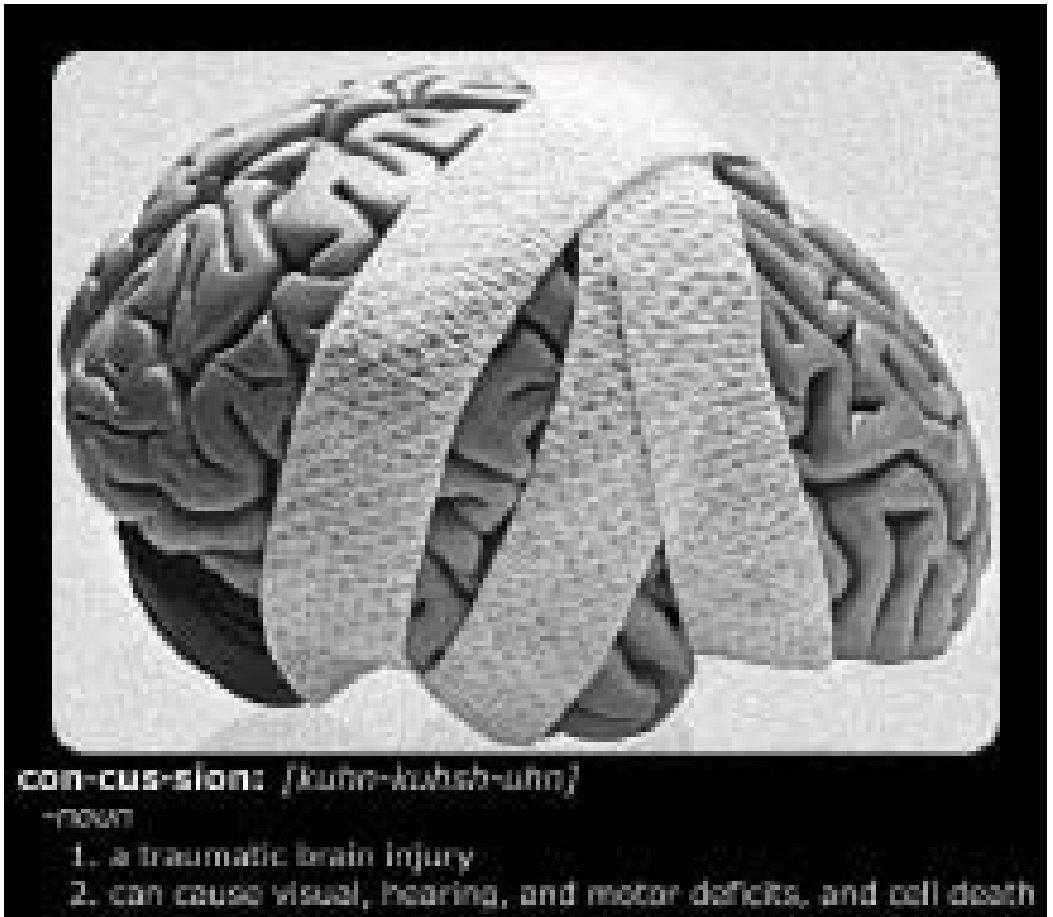
While Mihalik is studying what happens to athletes’ heads, his wife and fellow UNC researcher, Johna Register-Mihalik, is taking a closer look at what’s going on inside their minds. She’s studying how an athlete’s personality and behavior affect how he or she views concussions. In recent research, Register-Mihalik looked at a group of high school athletes to find out how much they knew about concussions, how many concussions they’d had and how they felt about reporting those injuries. She found that girls were more likely to report a concussion than boys. Many researchers

[Continued on next page]

have suggested these differences in behavior explain the higher numbers of reported concussions for women.

“There may be some physical component that puts women at greater risk, but it may be that they are just more likely to let people know when they have symptoms,” Register-Mihalik said.

Scientists are only beginning to investigate why concussion rates differ for men and women athletes. Already, they are finding a tangled web of anatomy, physiology, behavior and social norms that contribute to these injuries. The connection between gender and these injuries probably will turn out to be quite complex and perhaps less dramatic than it seems. But it is important for researchers and educators to help the public understand that concussions are equal opportunity injuries, not just for men playing football. §



[NC TREASURE *continued on page 16*]

nation’s most trusted media organization, and ranks second to national defense as a worthwhile use of tax dollars.

Public broadcasting is similar to public education, public libraries, museums, the ballet, the symphony, and other publicly supported institutions that focus on mission and service to all.

Even in an era of media proliferation the need is, if anything, greater than ever for at least one source that exists for the purpose of public service. A television program is a transient thing that flickers across the screen and then passes from our view. But so is reading a book, watching a play, visiting a museum and listening to music. The ideas that inspire us, the beauty that enriches us and the skills that can change our lives stay with us forever. Like a great

book, a magnificent painting or a symphony that moves us, great television provides us with transformative experiences that help us grow. UNC-TV is dedicated to the advancement of knowledge and the growth of the human spirit. That is the passion that lies behind the UNC-TV mission statement, and the vision that supporters of UNC-TV, both public and private, make possible. §

*\*The writer is the Director of Marketing and Communications for UNC-TV, a position he has held since 1998. Prior to working at UNC-TV, he worked in a variety of corporate communications management positions in the energy industry. He is a graduate of the University of Colorado with a degree in journalism.*

## Wake County Medical Society Your Advocate for HEALTH

The Mission of the Wake County Medical Society is to serve and represent the interests of our physicians; to promote the health of all people in Wake County; and to uphold the highest ethical practice in medicine.

Other aspects of WCMS include providing physi-

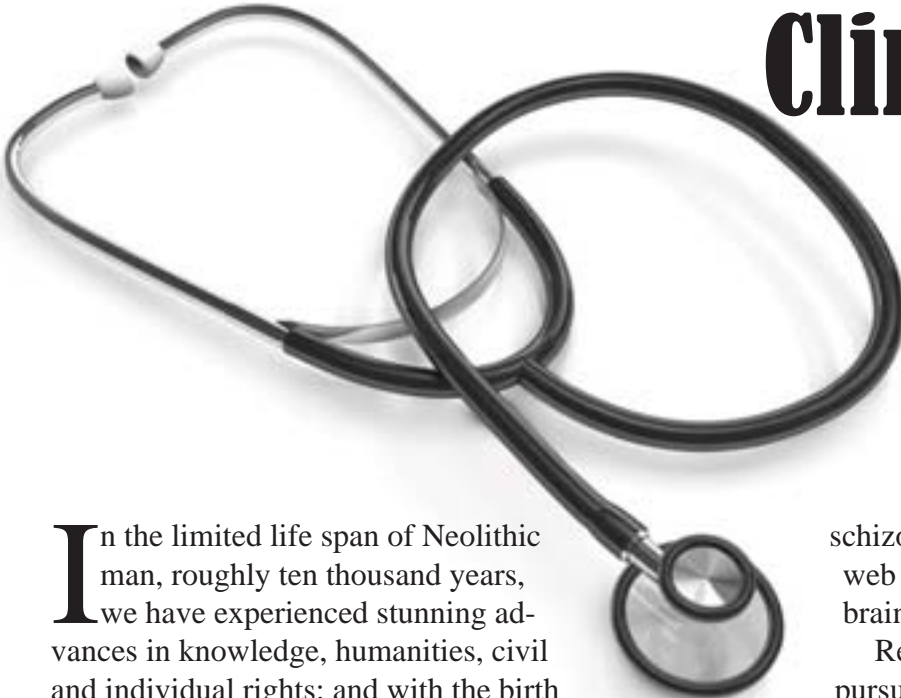
cians with leadership opportunities, fostering volunteerism, promoting health studies and educating the public.

Interested in becoming a Wake County Medical Society member? To register online simply go to [www.wakedocs.org](http://www.wakedocs.org) or call **919.792.3623**.

# Clinical Corner

By Assad Meymandi, MD, PhD, DLFAPA

## SCHIZOPHRENIA IS A BRAIN DISEASE



In the limited life span of Neolithic man, roughly ten thousand years, we have experienced stunning advances in knowledge, humanities, civil and individual rights; and with the birth of our beloved America, a perfection and maturation of the rule of law. These are all good news, indeed Gospels. But what stands out, if one would do a meta-analysis of all factors advancing the cause of life and advocating the dignity of humankind, is the field of science and its contribution to improving the quality of life.

Let's take the case of understanding and treatment of schizophrenia, a dreaded brain disease. Yes, I said brain disease. We have come far from the days of demonic etiology of schizophrenia, the days of snake pits, and inhumane treatment of patients with schizophrenia (note: I did not call these patients schizophrenics. They are individual suffering from schizophrenia) The life giving transformation of care by pioneer institutions, such as England's Bethlehem Hospital and our own Dorothea Dix Hospital, followed by the emergence of community psychiatry are eloquent testimonies of the evolution of care of severely ill psychiatric patients.

What is currently filling our psychiatric literature and journals is most promising. We are in the throes of making new scientific discoveries based on neurochemistry and high resolution MRI. We are learning that

schizophrenia is a diseased or disarrayed neuronal web in the central nervous system, especially the brain.

Research scientists in neurobiology are in hot pursuit of finding an effective pharmacological agent to help treat schizophrenia. We have learned about the cholinergic neurotransmitters, the muscarinic and nicotinic neuro-receptors and dopamine 1 and dopamine 2 agonists and antagonists.

A new group of drugs now under investigation, cholinergic agonists, mediated by two families of receptors, nicotinic and muscarinic receptors are in the final phase of clinical investigation. The nicotinic receptors are ligand-gated ion channels formed by pentameric (5) combinations of different a and b subunits, as well as homomeric (consisting one repeated unit) receptors.

Activation of the nicotinic receptors leads to a rapid increase in sodium and/or calcium conductance that increase neuron activity and neurotransmitter release. This explains why persons afflicted with schizophrenia have such a hunger for cigarettes.

Saint Paul, a fascinating brain, and an elegant stylistic writer summed up the future of mankind in offering hope, charity and love. What science does for us is a combination of all three. It takes a tremendous amount of motivation and discipline (charity), tenacity and optimism (hope) and dedication and altruism (love) to pursue science. §



# Poetry Corner

By Assad Meymandi, MD, PhD, DLFAPA

English Romantic lyric poet, John Keats (October 31, 1795 to February 23, 1821) started to be a doctor. He never finished medical school. He died at an early age of tuberculosis. His famous collection of five ODES are worth reading, re-reading and memorizing. They are a celebration of the English pentameter rhythm. We offer his "ODE to Grecian Urn" which along with Ode to a Nightingale, were written between 1818-1819 and published in a volume in 1820. Keats is one of the principal poets of the English Romantic movement. Other Romantic poets include Burns, Coleridge, Wordsworth and Blake. Happy birthday, Dear John Keats. AM)

## Ode on a Grecian Urn

by John Keats

Thou still unravished bride of quietness!  
Thou foster-child of silence and slow time,  
Sylvan historian, who canst thus express  
A flow'ry tale more sweetly than our rhyme:  
What leaf-fringed legend haunts about thy shape  
Of deities or mortals, or of both,  
In Tempe or the dales of Arcady?  
What men or gods are these? What maidens loth?  
What mad pursuit? What struggle to escape?  
What pipes and timbrels? What wild ecstasy?

Heard melodies are sweet, but those unheard  
Are sweeter; therefore, ye soft pipes, play on;  
Not to the sensual ear, but, more endeared,  
Pipe to the spirit ditties of no tone:  
Fair youth, beneath the trees, thou canst not leave  
Thy song, nor ever can those trees be bare;  
Bold Lover, never, never canst thou kiss,  
Though winning near the goal -yet, do not grieve;  
She cannot fade, though thou hast not thy bliss,  
For ever wilt thou love, and she be fair!

Ah, happy, happy boughs! that cannot shed  
Your leaves, nor ever bid the Spring adieu;  
And, happy melodist, unwearied,  
For ever piping songs for ever new;  
More happy love! more happy, happy love!  
For ever warm and still to be enjoyed,  
For ever panting and for ever young;  
All breathing human passion far above,  
That leaves a heart high-sorrowful and cloyed,  
A burning forehead, and a parching tongue.

Who are these coming to the sacrifice?  
To what green altar, O mysterious priest,  
Lead'st thou that heifer lowing at the skies,  
And all her silken flanks with garlands drest?  
What little town by river or sea-shore,

Or mountain-built with peaceful citadel,  
Is emptied of its folk, this pious morn?  
And, little town, thy streets for evermore  
Will silent be; and not a soul to tell  
Why thou art desolate, can e'er return.

O Attic shape! Fair attitude! with brede  
Of marble men and maidens overwrought,  
With forest branches and the trodden weed;  
Thou, silent form, dost tease us out of thought  
As doth eternity: Cold pastoral!  
When old age shall this generation waste,  
Thou shalt remain, in midst of other woe  
Than ours, a friend to man, to whom thou sayst,  
"Beauty is truth, truth beauty, -that is all  
Ye know on earth, and all ye need to know."

(Elizabeth Barrett Browning (March 6, 1806-  
June 29, 1861) is one of the most famous and  
widely published poetesses of all time. AM)

## How Do I Love Thee?

By Elizabeth Barrett Browning

How do I love thee? Let me count the ways.  
I love thee to the depth and breadth and height  
My soul can reach, when feeling out of sight  
For the ends of Being and ideal Grace,  
I love thee to the level of everyday's  
Most quiet need, by sun and candle light.  
I love thee freely, as men strive for Right;  
I love thee purely, as they turn from Praise.  
I love thee with the passion put to use  
In my old griefs, and with my childhood's faith.  
I love thee with a love I seemed to lose  
With my lost saints, -I love thee with the breath,  
Smiles, tears, of all my life! -and, if God choose,  
I shall but love thee better after death.

# Thinking Things Through

By Jaroslav Folda

N. Ferebee Taylor Professor emeritus of the History of Art University of North Carolina

## Entering “Retirement”: Reflections on Becoming an *Emeritus* Faculty Member

What is an *emeritus* professor?

Most universities in the United States employ the title, ‘professor emeritus’ to designate a former member of the faculty who was a full or associate professor in good standing at the time of his or her retirement. In some places the title is awarded after evaluation and recommendation by the appropriate Dean and in a few places the *emeriti* are recognized at the commencement closest to their retirement. But in the majority of places, and this is certainly the case at my University, the designation is more or less automatic at the date of retirement.

What does this title mean?

My friend and colleague, George Houston, Professor emeritus in the Classics Department at the University of North Carolina, has supplied an admirable explanation for the concept, “*emeritus*” as known from the Roman Empire, and as compared with current usage:

### “*Emeritus*”

“The word *emeritus* comes from the classical Latin verb *emereri*, “to serve out,” “to complete one’s term of service (in the army)”. An *emeritus* was thus a man who had successfully completed his term of active duty in the army and been granted an honorable discharge. The discharge was sometimes, but not always, accompanied by a grant of land or a cash payment, and in the later Empire

*emeriti* (retired soldiers) were sometimes granted exemption from certain taxes. But special privileges were not always part of being an *emeritus*, and the only invariable meaning of the word is “honorably discharged soldier.” It appears to be restricted to the military context.

The word does not seem to appear in post-classical (that is, medieval or renaissance) Latin. At least, I did not find it in a quick check of Forcellini, *Lexicon Totius Latinitatis*, nor in Du Cange, *Glossarium mediae et infimae Latinitatis*. The *Oxford English Dictionary* defines the word as being used “chiefly in [the] modern Latin phrase *emeritus* professor, the title given to a university professor who has retired from the office.” The first citation they give is from 1794.”

Having been designated *professor emeritus* a little over three years ago, I find the original idea of what *emeritus* means to be quite appealing; it certainly suits me to think of my new status or ‘rank’ as a veteran senior professor, now that I am retired. But what does ‘*professor emeritus*’ mean in the practical sense? For the purposes of my comments here, I would like to focus on the professor *emeritus* in the Humanities, Fine Arts and Social Sciences fields of a research university. There is, as I see it, a fundamental difference between what retirement means for faculty members in these academic areas as compared to those in the natural sciences and in

medical fields, or what we call Health Affairs at my University.

I made the decision to retire for various good reasons. I think we all want to go out at the top of our [teaching] game, as it were. In my case forty exciting years of teaching graduate and undergraduate students also seemed to signal an appropriate moment to step aside and allow my Department to introduce some new blood in the art history program. And I don’t think I will shock anyone by saying that ongoing administrative duties, never ending faculty committee work, and constant faculty meetings had lost their appeal after forty years. But the fact is that even though I decided to retire from regular teaching, it certainly did not follow that I intended to stop my scholarly research and writing. Actually I discovered two large new art history research projects to investigate in the early 2000s, which I am working on now with no end in sight. Furthermore, I continue to receive invitations to lecture on my work, at institutions both here in the United States and in Europe. Meanwhile, many of my colleagues are retiring all around the country and overseas, so I have also had many requests to write articles in their honor—in *Festschriften*, those celebratory publications of scholarly studies prepared in honor of a distinguished colleague who might be passing age 65 or some other notable milestone in their career. Truth be

told, one of the attractions about “retirement” is the new freedom to read, research and write more or less full time, without heavy teaching obligations, and without the time consuming meetings and administrative responsibilities that voting faculty members have in a university department. And even though I am no longer teaching courses or seminars as a regular faculty member, I certainly do not wish to disappear from the university community which has been my home for the last fifty-some years. It is still my pleasure to work with one or other graduate student engaged in preparing their M.A. thesis or their Ph.D. dissertation. Indeed, I also have many friends and colleagues who are still active faculty members and administrators at the University, and I have many friends who are recent retirees.

The question is, what is the role of an *emeritus* faculty member who wishes to remain active and engaged in the larger university community? The fact is that upon retirement, I would argue many emeritus faculty members in the Humanities, Fine Arts and Social Sciences continue to have serious intellectual interests in his or her field. When members of the professoriate ‘retire’ it does not mean that we somehow change into a completely different person leaving behind the passionate intellectual pursuits of a lifetime career. Nor do

we lose our intense motivation for intellectual inquiry. And because we have these interests and motivation it means that many of us would like to be able to continue our research and writing, leading to eventual publication of conference papers, articles, and books or monographs.

But one problem that immediately becomes apparent in the attempt to continue our work is the fact that as an emeritus faculty member in many universities, we are no longer eligible to apply for small grant research support at our home institution! Small grant support means anything from a few hundred dollars, to a few thousand dollars. The important purposes for such a grant are the same as they were while we were active as regular faculty members: for travel to academic conferences and national or regional meetings of our professional associations, for research travel to study original sources such as manuscripts or works of art and architecture, for essential research materials such as books, photographs, digitized files, computers, and information technology equipment, or for hiring a research assistant to help compile and organize various kinds of research resources. Some universities make small grant support available to their *emeriti*, many do not. My University does not, as yet, for emeriti in the Humanities, Fine Arts, and Social Sciences.

One purpose of this discussion is to bring this issue, and the issue of the disappearance of the *emeritus/emerita* faculty member into a kind of benign oblivion after retirement to the attention of the larger academic and professional community. I would propose

that it is not in the interests of the university community to lose sight of their *emeriti*. *Emeriti* are a resource the university can use and interact with as teachers, mentors, distinguished scholar role-models, and even benefactors with important skills, with significant experience, and in many cases, with deep affection and loyalty to their home institution. Some universities have been pro-active in designing ways to provide research support for their emeriti in the Humanities, Fine Arts and Social Sciences. Just to mention a few examples, Cornell provides a small research stipend for her *emeriti* for each of the first five years of retirement. The University of Minnesota has established a fund that *emeriti* may apply to for small grant support. Indiana University and Yale University both have an *emeritus* faculty center in a house on campus with a variety of facilities available. Other-- mostly private--universities allow their *emeriti* to apply for small grant support effectively in the same way they did as active regular faculty members.

The fact is *emeriti* continue to carry the good name of their university with them in their ongoing lecturing, research and publishing endeavors. It seems reasonable that the university might continue to interact with her emeriti to the benefit of everyone. One valuable way of doing this is not only by encouraging *emeriti* to contribute to current university programs as mentors and occasional speakers, but also by making small grant support available to them as they continue their intellectual work in the Humanities, Fine Arts, and Social Sciences. As David Brooks has pointed out in his recent book, **The Social Animal** (2011), one of the six new life phases is ‘active retirement, which is the time between adulthood and old age. By and large, *emeriti* are ‘actively retired.’ That is what many of us are; that is what many of us wish to continue to do. *Gaudeamus igitur.* §





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 Practice: Wake Ear, Nose and Throat Specialists PLLC

Robert Harper, Jr., MD  
 Medical School: Bowman Gray  
 Speciality: Gastroenterology  
 Practice: Gastrointestinal Health Care

Brittany Harris, PA-C

# Welcome New WCMS Members

Medical School: South University Physician Assistant Program  
Practice: AE Dermatology

Paul Haugan, MD  
Medical School: University of Minnesota School of Medicine  
Speciality: Radiology  
Practice: Wake Radiology Consultants, PA

Timothy Heffron, MD  
Medical School: Jefferson Medical College of Thomas Jefferson University  
Speciality: Otolaryngology  
Practice: Carolina ENT

Jonathan Ho, MD  
Speciality: Emergency Medicine  
Practice: Wake Emergency Physicians, PA

Jeffrey Hoggard, MD  
Medical School: UNC Chapel Hill  
Speciality: Nephrology  
Practice: Capital Nephrology Associates

Dabiruddin Humayun, MD  
Medical School: Dhaka Medical College  
Speciality: Internal Medicine  
Practice: Allcare Internal Med & Peds

Cary Idler, MD  
Medical School: University of Medicine of New Jersey Medical School  
Speciality: Orthopaedic Surgery  
Practice: Triangle Spine and Back Care Center

Tracy Jones, PA-C  
Speciality: Gastroenterology  
Practice: Raleigh Medical Group GI

Gautam Khandelwal, MD  
Medical School: UNC Chapel Hill  
Speciality: Emergency Medicine  
Practice: Wake Emergency Physicians, PA

Jill Koury, MD  
Medical School: Tulane University  
Speciality: Ophthalmology  
Practice: Duke Eye Center of Raleigh

Valerie Laing, MD  
Medical School: University of Florida

Speciality: Dermatology  
Practice: Laing Dermatology & Skin Cancer Center

Kevin Lee, MD  
Medical School: UNC Chapel Hill  
Speciality: Nephrology  
Practice: Cary Nephrology Associate

Catherine Lerner, MD  
Medical School: Columbia University School of Physicians & Surgeons  
Speciality: Radiology  
Practice: Wake Radiology Consultants, PA

Steven Liebowitz, MD  
Medical School: New York University School of Medicine  
Speciality: Internal Medicine  
Practice: Internal Medicine Associates of Raleigh, PA

Anita L'Italien, MD  
Medical School: University of Arizona College of Medicine  
Speciality: Emergency Medicine  
Practice: Wake Emergency Physicians, PA

Dana Mathew, MD  
Speciality: Emergency Medicine  
Practice: Wake Emergency Physicians, PA

Daniel McRackan, MD  
Medical School: Medical University of South Carolina Charleston  
Speciality: Urology  
Practice: AUNC - Landmark Urology

Victor Medina, MD, FACS  
Medical School: University of Nebraska  
Speciality: General Vascular Surgery, Phlebology  
Practice: Triangle Surgical Associates, P.A

Laura Meyer, MD  
Medical School: Duke University School of Medicine  
Speciality: Radiology  
Practice: Wake Radiology Consultants, PA

Sammy Moghazi, MD  
Medical School: University of North Carolina

Speciality: Nephrology  
Practice: Wake Nephrology

Joseph Moran, MD  
Medical School: Ross University  
Speciality: Bariatric Surgery  
Practice: The Raleigh Center for Weight Loss Surgery

Herbert Myles Jr., MD  
Medical School: Medical University of South Carolina College of Medicine  
Speciality: Emergency Medicine  
Practice: Wake Emergency Physicians, PA

Benjamin Ose, MD  
Medical School: Medical College of Virginia  
Speciality: Psychiatry  
Practice: Holistic Mental Health, PLLC

Sarah Owrey, MD  
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Speciality: Pediatrics  
Practice: Raleigh Children and Adolescents Medicine

Prashant Patel, MD  
Medical School: The State University of New York - Stonybrook  
Speciality: Internal Medicine  
Practice: Cary Internal Medicine & The Diabetes Center

Mercedes Payne, MD  
Medical School: Medical College of Virginia  
Speciality: Internal Medicine  
Practice: North Raleigh Primary Care

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Practice: Duke General Surgery of Raleigh

Yale Podnos, MD  
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Speciality: General Surgery  
Practice: Rex Surgical Specialists

*[Continued on page 33]*

# Editor's Notebook

By Assad Meymandi, MD, PhD, DLFAPA



## The Inhumanity of 9/11

Ten years ago, on September 11, 2001, there was an attack on America. So far as history attests, after Pearl Harbor attack of Japanese planes on SS Arizona on December 7, 1941, this was the only time that American land has been attacked directly by any force. We all have seen on television the incredible event. Four planes attacked America in a terrible way killing thousands. Two of the airplanes were crashed into the World Trade Center in New York City. The third plane was crashed into the Pentagon in Washington, D.C. The last plane was going to crash into another building in Washington, D.C., but the passengers stopped the hijackers, and the plane crashed into a field instead. Thousands of people lost their lives through these attacks. Hundreds of people were on the planes. Thousands died in the buildings that were the targets of those planes.

9/11 was a tragedy. America was violated, over 3500 American citizens' lives were destroyed. It was an inhuman act of aggression and brutality. We Americans have been grieved, astounded, misplaced, endangered, compelled, puzzled and stunned by the proportion of the brutality of the 9/11 act.

Historically, the roots of the conflict go back to the days of Abram (before he became Abraham--genesis 17) of Ur. The conflict of his two sons, Ishmael and Isaac planted the seed of Arab and Israeli conflict. Briefly, years before Abraham's second son, Isaac, was born, Hagar a servant of Abraham gave birth to Ishmael, anointed to become the ruler of the nations later forming the Middle East. Ishmael went to live in the wilderness region of Hejaz in what became known

as the Arabian Peninsula. He had twelve patriarchal sons who became associated with the peoples known as Midianites, Edomites, Egyptians and Assyrians. The Bible and Islamic tradition both agree that Ishmael became the leader of all the great desert peoples of the Middle East, while Isaac became the leader of the Jews.



Over the years, centuries and millennia, the jealousy between the two brothers created an unparalleled hate which has set off wars and atrocities for four thousand years. It was the title

deed to the land of Israel, which God promised to Abraham's lineage that has been the source of the friction between the Jews and the Arabs right up to the present day. The crusades were fought mostly over this piece of land called Jerusalem. And now after four thousand years, through the auspices of the United Nations, we have tried to swap pieces of peace for pieces of land. Alas. We have failed.

### What to do Now?

Now, ten years past the atrocities of 9/11, what do we need to do: All major religions and their Holy Books including Bhagavad Gita of Hindus, Avesta of Zoroastrians, Torah of Moses, Quoran of Islam and the Bible of Christ recommend forgiveness and conciliation? As one exposed to all these Holy writings, I am most impressed by Christian Love and the Pauline theology of faith, love, hope, possibilities, forgiveness, and redemption. It is the unique attribute of Christian teaching to transform one's enemy through the act of love and turning the other cheek. What a magnanimous feat of humanity and Godliness. I am for establishing dialogue, learning the enemy's language, pressing flesh and showing acts of love

and mercy.

## IGNORANCE: What To Do About It?

The Kind of a Person I Want For My President

It is not a sin to be ignorant. Indeed most of us are ignorant about many things. What is sinful is to be told that one is wrong and the person refuses to right the wrong and learn from the experience. As of late, I have grown impatient with so many of our politicians and so called leaders whose knowledge of history is as short as the telomere at the end of their chromosomes. Yet, when they are corrected they refuse to acknowledge their error and continue defending their ignorance. Take the case a nationally prominent politician who to be exact on June 5, 2011 in an interview with a TV reporter botched up Paul Revere history by saying "Paul Revere did warn the British" and bragged "I know my American history." And in an earlier interview she opined "Paul revere who warned, uh, the British that they weren't gonna be takin' away our arms, uh, by ringing those bells, and um, makin' sure as he's riding his horse through town to send those warning shots and bells that we were going to be sure and we were going to be free, and we were going to be armed."

Another lady, a candidate for US Presidency, makes errors mixing up content context, places and people. In an interview, she stated that "the Founding Fathers worked tirelessly to end slavery." We know that this is not true. Historians without exception write that George Washington and Thomas Jefferson, among others, owned slaves. But Bachmann defended it, saying that one of the Founding Fathers, John Quincy Adams, worked throughout his life to end the

evil practice. We know that John Quincy Adams was not a member of the Founding Father and he really did not work that hard to end slavery. And very high ranking office holder who glibly stated “using television, FDR did wonders communicating with people in his fireside chats.” There was no television in FDR days!

I am no fan of John Wayne or Elvis Presley. But I am a fan of historical accuracy. The presidential candidate said that the iconic movie star John Wayne is from Waterloo, Iowa, and Elvis Presley’s birthday was on August 16: “Let’s wish the king a happy birthday: she said. August 16 is Elvis’ death date. These parapraxes, or slips of the tongue, though minor and of little apparent consequence, reveal deeper psychological conflict and characterological flaws. The attitude of “not knowing” and “not wanting to learn and correct one’s lack of knowledge” is very disturbing. It reveals a character that is flawed and a personality that is inflexible, arrogant, and unappreciative of the truth. It strongly suggests that the person has very little desire to grow.

#### **What is Growth?**

There are literally billions of words, millions of treatises, books, essays and elaborate explanation and disputation about the topic of psychological growth. Here is a summary of a workable definition: A growing person should or shall 1) To know more today than we did yesterday. That is intellectual and cognitive knowledge. Something we did not know yesterday but learned today. It is not experience, It is raw knowledge. Knowledge of words, languages, music, humanities, basic sciences etc. When one goes to bed one must take an inventory of one’s raw knowledge, and what one has learned that day. And if one does not come with a specific answer, one should get up and hit the encyclopedia and learn something new before he goes back to sleep 2) to be more loving and accepting of others today than yesterday. 3) to do fewer bad things today than one did yesterday. We all do bad things every day. A growing person is aware of all the bad things one does and tries not to repeat them, or do fewer of them. This is the powerful Pauline theology of hope and redemption. To do fewer bad things every day...

#### **What is Love?**

We spoke that a growing person ought to be more loving today than yesterday. Let us define love. By love it is not meant the

erotic or filial love. The object of the discussion is agape type of love. Agape type of love has three components, like a tripod: 1) Not to be abusive to one’s self, such as indulgence, gluttony, getting fat, risking cardiovascular disease, diabetes and back problems, use of tobacco, excessive alcohol and use and abuse of drugs, prescription or street drugs. 2) Not to be abusive to one’s fellow humans, such as family members, colleagues, patients and others. I have a hard time accepting the behavior of some of my colleagues who are not punctual and who make patients wait in their reception room and. 3) And the third part of love is to Not allow others to abuse you. “No” is an effective word to gently but firmly refuse the abuse aimed at you.

I want to have a President who is growing and loving. I do not want a President who is arrogant, narcissistic, and self serving. I can find abundant tolerance for ignorance, but I cannot tolerate denying one’s ignorance.

### Higher Education in USA

**W**ith the recent turmoil in our beloved University of NC at Chapel Hill, allegations of misdeed and abuse by coaches and sports administrators, which according to the University Chancellor, “the academic integrity of the University is being threatened”, we thought a few reflections on American education, are in order. The basic question is: are our universities citadels of knowledge or a huge stage for entertainment? America’s higher education seems to be held hostage to sports, athletic programs and entertainment. UNC’s Kenan Stadium is opening the new east addition at a cost of \$70 million dollars, adding thousands of seats. Luxury boxes and plush athletic training and tutoring facilities while the infrastructure of the science laboratories are eroding and in ill repair. I never understood a system that rewards a coach with as much as five million dollars a year salary, fifteen times the chancellor’s salary, and rewards the science professors, those who deliver the end product of a university, namely, scientific research and knowledge, with comparative pittance. And, Lord knows I have tried to understand this diabolic system but have failed. I fear America’s higher education is on the wrong track. Here is an over view:

In a recent letter from Michael Poliakoff, Policy Director, American Council of

Trustees and Alumni (ACTA) announces a new project by ACTA underway. WhatWillTheyLearn.com looks at universities, not on the basis of reputation, but their actual education. ACTA grades institutions based on their general education requirements “that is to say, what schools expect their students to learn. The letter states that earlier this year, ACTA completed extensive research on general education in North Carolina institutions—in partnership with the Pope Center—and here are some of the findings: No school in NC directs students to a basic economics class, Only four schools in NC require students to study US history of government. NC Colleges and universities line up along a bell curve some “As”, some “Ds” but mostly B’s and C’s Another message” Do not fall for the hypes of existing college ratings and rankings like the US News and World Report. These report focus on institutional reputation and have no actual value.

It is really alarming to see college graduates with majors in communications and diversity or women studies who are not required to take courses in English, and know anything about Chaucer, Shakespeare, and other romantic poets such as Keats and Shelley. It is alarming to see that requirement for a foreign language has been abandoned by most colleges and universities. It is terrifying to see that our college graduates do not know anything about US Constitution, the Bill of Rights, or the political and civic institutions of our beloved nation. I have known very few college graduates who have read the US Constitution, and even fewer who have read Washington’s Farewell address. There are very few African American graduates who know about Emancipation Proclamation, its author and the date. All these illiterate college graduates know about the entitlement program, and nurture their flawed and misdirected perception as to what the government owes them. I believe that there should be an exit college examination to tests the graduates for knowledge of what I call the catechism of being an American. They are the US Constitution, the Bill of Rights, George Washington’s Farewell Address, and the 85 articles/essays of the Federalist papers written by Alexander Hamilton, James Madison and John Jay. Also, a graduate ought to have a working knowledge of the work of Chaucer, Shakespeare, and other prominent British and American 17th to 20th century authors, poets and writers. §

LETTERS TO THE EDITOR  
*continued from page 5*

a positive good in order create an innovative and sustainable solution. Thanks for your essay.

Jaroslav Folda, PhD  
Emeritus Professor of Art History  
UNC at Chapel Hill  
*Chapel Hill, NC*

## Etymology of names (Onomastics)

**The Editor:**

The oldest living giant tree is the giant grizzly sequoia that sprouted 3500 years ago. The oldest living language is as old as man -- 6,000 years old per creation traditions and between 6,000,000 to 100,000,000 years old in accordance to paleontological theories.

A tree is a living organism; a language is also a living organism. Buds of a tree grow out on final branches of the trunk, developing into new growth. Words of a language keep appearing

in actual time intervals; they are comparable to living plant buds. The two systems keep bearing, growing, and renovating. Death is also a phenomenon shared.

What we are getting from your daily writings, "Monday Musings", monthly "Meymandi at Large" in addition to your other writings and publications, is starting with one fruit of a language tree, following it back to the branch that created it, there from going farther back in history of languages, to an older language, ancient branches thereof, then to trunks and finally to the roots. You are taking us along with the knowledge systematically preserved by etymology and onomastic to the roots.

I have no further way to thank you in this most amazing journey, getting to the old rich branch of the Indo-European language tree -- the English Language -- than writing this humble addendum to your marvelous cultural awakening gifts. Thank you for using the *Astragalus gum tacaganth* derived from "Katira" glue in one of the many "Monday Musings" that brought us in contact with the past history of names Kathy, and Katheline, Cathy, Catherine, Katy etc.

M. Javad Meimandi, PhD,  
*Malibu, CA*

## Education and teachers The Editor:

I just saw your article about education and teachers (See topic in Editor's Notebook). All I can say is that I take issue. Thomas Jefferson had little concern for the great unwashed masses--he didn't think they should vote so no real reason to educate them. And he certainly thought Blacks were incapable of being educated. Consequently, I think it unwise to use his prescriptions as the basis for what we do. Like so many of the Founding Fathers, much recent scholarship is showing, cannot be used to direct our modern life. They were of a time and while they had many good ideas in their time, these ideas can only be useful as a basis for thinking about issues, not prescribing solutions today.

The Declaration and Constitution were cobbled together by individuals that had great reservations about whether what they were doing would work. They did not have some kind of divine guidance and inspiration and Thomas Jefferson, who rejected the divinity of Jesus as hokum, would be the first to agree.

I do agree with your point that much of what we do seems counterproductive and that great buildings do not a great education make. But if we go back to one-room schools, home schooling and private education, I think the situation would be even worse. (I know lots of ignorant people in my extended family who are home schooling their children. No wonder the Tea Party and the know-nothings are having such a great time of it.)

And I believe that many of the reasons for the large bureaucracies in education are that somewhere back in the 1950s we said all children needed to be educated and not in segregated schools. We also passed laws to enable the Federal government to provide compensatory funding to the states to make up for inequalities that the states were incapable of addressing. To make that happen and to assure that it continues today, gotta have a lot of people to oversee what's going on and hold people's feet to the fire.

If you ask me, what we need is a national education system that defines curriculum and tests to check out how schools are doing. I find it ludicrous that we have thousands of school systems all making curriculum decisions and developing tests that have no validity. What a frivolous duplication of effort--one example of how

old ideas from our agrarian past just do not work in this modern age.

Thomas G. Ward,  
*Raleigh, NC*

## Another Way of Doing It

**The Editor:**

Your essay on "What is Right with the World?" was excellent. I enjoyed it. Let me add an item of interest. I usually turn centigrade to Fahrenheit in my head this way: 40 centigrade x 2=80. Subtract 10 percent = 72. Add 32 = 104. The difference, of course is your more accurate way using 9/5, but I am not mathematically smart enough to do the 9/5 in my head as I am driving along in my automobile, or for that matter sitting here at my desk in the quiet of a hot summer afternoon. It comes out pretty close most of the time.

George Edwards, Sr., MD  
*Raleigh, NC*

## Music, Life, Brain and Soul Entwined

**The Editor:**

I am particularly gratified and inspired by your continuing commitment to sharing your vibrant thoughts. These I have intuited, especially as a composer, who during the composition process, is not existent. It is only the music which dictates its correctness, its rightness, and yet presents a myriad of possibilities during the music's development into a completed work.

To know from you that music is an integral part of human life, is a rich blessing. Thank you!

When my son was born, he soon developed a fever. My wife had gestational diabetes, and young Joshua was 12 pounds, 9 ounces at birth. His blood sugar was imbalanced and he was not well. In the neo-natal unit, he looked out of place at his size! Yet I was so concerned, staying at his side night and day. I quickly remembered playing Mozart for his older sister to calm her and bring her peace when her mother would leave to practice piano during graduate school. So I placed a CD player so that he could hear it. His vital signs literally improved then and there with the music, and he is a healthy young man today, writing and playing his own music!!!

God blesses us in many ways, through music, and through those whose lives are a

great composition, such as yours.  
James Aikman, Composer  
Raleigh, NC

**The Editor:**

I enjoyed so much Monday's essay about the preemies and music. It brought to mind a recent article which delighted me. I was reading the August, 2011 issue of Opera News and was intrigued by a short piece on p.29, "The Newest Audience" by John Slade, in which he describes a two year old boy, son of friends, who loves opera! The YouTube clips of Denyce Graves singing "Carmen's" habanera as a lullaby to Sesame Street character, Elmo, apparently fascinated the child, and now he only wants opera and watches full length DVD's of "Carmen", "Rigoletto", "La Traviata". The Three Tenors CDs are favorites, particularly Placido Domingo's "Nessun dorma", which little Henry describes as "Boodiful". There is a place in the human soul of any age which responds to beautiful music! There is a great photo of little Henry, and you can probably access the article online at [www.operanews.com](http://www.operanews.com).

Mary Susan Fulghum, MD (OB/GYN)  
Raleigh, NC

**The Editor:**

Your article on the needs of Preemie's was interesting and factual. Many years ago when I nursed in South Nassau Community Hospital on Long Island, N.Y. premature babies had a special place in my heart. We often had classical music playing softly throughout the nursery and since these babies were in Isolates, would stroke them softly to the music which they seemed to enjoy. Hopefully the music and touch were part of the strengthening process. Thank you for your article.

Sheila Sinnott, RN  
Raleigh, NC

**The Editor:**

I have read with greatest interest your "Monday Musing" regarding the evidence of music being an integral part of human life, human soul, and human physiology. All my life I have been haunted by one song my mother sang to me and I have used it in numerous of my compositions. Thank you for your writings!

Karel Husa, Composer  
Raleigh, NC

**SIMPLE THINGS** *continued from page 1*

steps, anticipated blood loss, sterility and presence of essential imaging.

When the surgery is over but before the patient leaves the operating arena, we go through points on the third checklist. This time, we confirm the procedure, the instrument, and sponge and needle counts, and list key concerns for recovery and the like.

None of these questions requires a fellowship in surgery or anesthesiology, but all of them are important to the success of the procedure. They are very complicated world of science and technology.

As Dr. Gawande points out in his book *The Checklist Manifesto* – which I heartily recommend—something as simple as a checklist is a hard sell to profession like ours. However, checklists are used routinely by pilots and in a variety of other industries. They are used because they work.

I, for one, am all for anything that improves safety, simplifies my job and keeps me focused on what only I can do. That's why I believe in checklists. That is also why I appreciate the AMA's leadership and support in these areas.

The AMA has long been on the forefront in working toward medical quality and patient safety. In 1997, the AMA was a leader in organizing the National Patient Safety Foundation, the NPSF.

Later, the AMA established the Physicians Consortium for Performance Improvement, or PCPI, a national, physician-led initiative dedicated to improving patient health and safety by developing, testing and implementing evidence-based performance measures for use at the point of care. Already, 131 individuals quality measures have been developed and are used for claims-based reporting. §

*\*Dr. Carmel is AMA President*

"The Wake County Physician Magazine is an instrument of the Wake County Medical Society; however, the views expressed are not necessarily the opinion of the Editorial Board or the Society."

**ROLE MODEL WORTH EMULATING** *continued from back cover*

ishly unreservedly and openly...And whose devotion to truth, justice and love of God transcended all other consideration.

And finally, *When* I think of Sarah Morrow, I think of a warm and accepting friend with the most engaging, lasting, and re-assuring smile.

Ladies and Gentlemen:

Finally, when I think of my esteemed friend and role model, Dr. Sarah Morrow, I am reminded of Marcus Tullius Cicero (106-43 BC), the great Roman orator, who did not even see his 62nd birthday. However, in a stirring speech on his last, his 62nd birthday, he extolled the splendid wisdom that was coming to him when he would turn an octogenarian. He aspired to gain the God-like sagacity of older people.

Now, comes Dr. Sarah Morrow, reaching her four scores and ten, a decade past the age Cicero hoped to reach. How wonderful and how delicious it is for the entire NC medical community who has known her, has benefitted from her

wisdom, sagacity, and her love, to celebrate her birthday.

Throughout the years, she has taught us not only the science of medicine, but the call and priesthood of medicine. In the same speech, Cicero equally praised, with elegant language and elevated élan, the possibilities of every year, every day and every moment of life. Indeed it was in that speech that he coined the phrase "Carpe Diem", a common idiom we use every day.

Dr. Morrow is both a blessing and she is blessed, because she has maximized her potential as a child of God, personally, professionally, academically and societally. She continues to show the rest of us the Augustinian advice of being aware of all the things that are good inside of us, and all the things that are good outside of us including family, music, connectedness, the arts, poetry, dance and friends.

Happy Birthday, Good friend. We offer you our love and admiration. Let us Carpe Diem and wish Dr. Morrow a very Happy 90th Birthday

# Book Reviews

By Assad Meymandi, MD, PhD, DLFAPA

## The Help

By Kathryn Stockett

Amy Einhorn Books/GP Putnam and Sons  
New York, New York. 464 pages

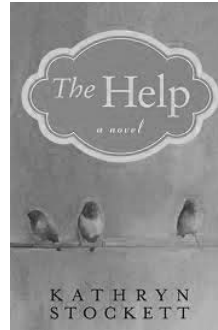
Reviewer: L. Jarrett Barnhill, MD, DFAPA, AACAP

Set in 1963 Kathryn's Stockett's novel, *The Help*, is a book about writing a book. The plot hinges on a marginalized white Ole Miss graduate (Skeeter) trying to convince a group of faceless, uniform-wearing African American maids to tell their stories. Their narratives offer Skeeter's insight into her unconscious entrapment in world view of Jim Crow. Stockett takes her protagonist's book project to explore the asymmetric relationships between affluent white women and their African American (AA) help. In the process she digs through the strata layers of psychological defenses, social mores, and expectations beliefs that underlay Jim Crow. As a native southerner I spent much of my childhood immersed in the narcotizing effects of life imitating art- the mythology of the "south". Stockett reminded me of my own blindness.

She builds her novel around Skeeter's efforts to assemble narratives from the "help". She provides a voice for a group of AA women who will risk everything to escape their slavery of silence. As she explores their experiences it is readily apparent that their personal stories and motives for speaking out are as diverse as the women involved. But this book has other unseen characters that drive the action. The first is Skeeter's New York publisher; the other, Skeeter's childhood "help" who migrated to Chicago. Taken metaphorically both connections personify the social forces impinging on the south.

The New York editor is an archetype, a personification of complaints by "moderate southerners about the "callous pushiness" of outside agitators (a favorite phrase of Alabama governor George Wallace). These "yankees" like local "traitors" challenged southern myths of happy blacks. Stockett depicts her as the quintessential "outside agitator"- a heartless northern "businessperson", who lacks sensitivity towards the realities of life for either set of women. The editor is portrayed as more interested in profits generated by exposing the underbelly of the southern "situation" than portraying individual suffering. Skeeter's sense the editor's darker motives and grapples with her mixed motivations- fearing she might motivated by similar drives.

The Chicago connection is a deeper personal one. Skeeter deals with the childhood loss of her "help" and struggles with her sense of abandonment, anger and devaluation. Collecting



the narratives learns to an epiphany. Like many southerners she was largely blind to real experiences of her black "momma". Skeeter comes to realize that her recollections are nothing more than screen memories. Her informants reveal the real emotional bonds between these black women and their white charges. This insight forces Skeeter to realize that she does not really know these women either. To her inner chorus, she is a protagonist interacting with their persona in an ancient Greek drama. Her memories were

of a woman wearing an actors' mask and playing a role for white consumption.

The Civil Rights struggle serves as the backdrop for Socket's drama. The early 1960's his was a time when the brutality of southern backlash played out on the TV screen. For many these depictions challenged our selective blindness. I recall later commentators arguing that TV made Vietnam the first war to be won on the battlefield but lost in living rooms. For many of us, TV played a similar role during the Civil rights movement. Hot images shocked many silent and "uninvolved Americans"

to the reality of Jim Crow surrounding us.

For many, the horror of police collusion with white violence was equivalent to TV images from Vietnam. Many silently wept as neighbors and family cheered the violence. Many good "Christian" gloated: "they got what they deserved".

But Stockett does not explore this, she keep her focus on individual stories. This technique allows her to unpack a subtler, more genteel form of white aggression. She remains silent on the shared psychological costs of implicit violence and politically sanctioned social injustice on some of the perpetrators. We must not forget that the white women in her novel

were church-going, bible quoting Christians. Many passively supported Jim Crow. Stockett left to the reader Abraham Lincoln haunting warning: Who can be free when people are held in bondage by a caste system founded on explicit threats of violence? Those who "rule" are also enchained by their conformity to prevailing ideas and beliefs?

The death struggle of Jim Crow is the setting for this tragedy. Many violent whites were denigrated as "rednecks". Few considered them as marginalized, desperately disenfranchised people who were tacitly supported by a system built upon paternalism by those with most to gain. Maintaining the mythology of the great cause shifted the focus to outside agitators, rather than their own poverty and lack of opportunities. 1963 was the 100th



anniversary of the fall of Vicksburg and the battle of Gettysburg—turning points in “the War”. The “rednecks” were making a last stand in a feared replay of Reconstructionists’ destruction of the mythical “south”. They rose to defend southern honor against a second invasion by a federal government hell bent on changing their myth of a good life. The last thing many hardened segregationists wanted or tolerated was uppity blacks in cahoots with northern agitators (and editors), traitorous southern sympathizers (Skeeter) stirring up “our coloreds” (to be polite).

Let’s look deeper into the social myths underlying this book. The servitude of the “help” permitted white women of this novel to maintain their image gentility and graciousness—perpetuating the myth of the southern belle. Stockett’s portrayal rips this idyll apart. Skeeter’s book is a device for exploring the powerlessness of blacks within this caste system bound by rigid rules regarding speech, conduct and deference to white folks. The serpents beneath the flowers of graciousness were often dehumanizing and laced with implicit and overt violence. As children of this system most of us were not consciously aware of their bondage: the grandchildren of former slaves were a new political, economic and social underclass.

Yet in some respects Shockett’s stereotypes of insensitive, petty and authoritarian white women is also a literary device. She does not explore in depth the other struggle: white women silently living in a state of anxious discomfort and queasiness. They were too uncertain to challenge the lie and step into the struggle. Many were victims of a herd mentality. Like many of us, they lived quietly with the evil and even appeared to graciously accept it. But above all, they feared challenging Jim Crow in its many forms. White women in this story were also enslaved by “Good southern girls don’t do that”. Many were wrapped in a fairytale, a brutal rerun of an older slave-plantation myth.

There was a second insidious myth: the caricature of the black male depicted in *Birth of a Nation*. Black males were caricatured

as savages, bogey men and ogres from fairy tales— the depiction of Tom Robinsons in Harper Lee *To Kill a Mockingbird*. Myths such as these helped reveal another paradox— the myth of the southern white males as the cavaliers and chivalric protectors. We were type cast as defenders of the honor of southern womanhood. For some of us, this was another form of psychological imprisonment. Like good white girls we were bound by a rigid social code of thinking and behaving. As with the women, no one asked any man if he really wanted to do these things. It was assumed that a “real” southern man accepted this oath of intolerance.

So why is this book important to us? Aren’t those rednecks and obviously misguided evil women no longer with us? Don’t we admire the noble black women in this novel who dared describe how they lived in spite of the risks? These questions bring us to the problem of caricatures. As literary devices they frequently fail to capture reality and can give us the false assurance that we know these black women. Unfortunately this sense of familiarity can become a form of stereotyping. It allows us to deny the complexity of another’s humanity— caught in the idealizing or demonizing trap shrinks real people to the level of caricatures. We can easily overlook the deep ambiguity and conflicts in their lives. The same also applies to the perpetrators. We can distance ourselves from them by wearing the cloak of self-righteousness, political correctness and intellectual smugness.

*The Help* is the story of a few who were willing to risk their lives for others coming after them. Most went trembling, kicking and screaming but did go forward. Perhaps there is a deeper message hidden in this book. The ongoing struggle civil and human rights provides a deeper religious truth— the definition of neighbor. Clinging to stereotypes creates a false comfort. There is no real solace in the phrase: “there but by the grace of God go I”. I suspect we should be saying: “there go I”. I am my brother’s keeper; we all are the Samaritan to an injured Jew. We are all members of the umma. We are all *The Help*.

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## EDITORIAL *continued from page 2*

Chair of Surgery, Alfred Blalock to the North, and that of Baylor University Michael DeBakey of Texas to the south. DeBakey developed the left ventricular assist device (LVAD) now perfected and worn by thousands of patients including Dick Cheney, the former US Vice President. LVAD is not an artificial heart. The patient must have a heart and the heart must be still working. But the pump helps delay congestive heart failure by relieving strain on a muscle too weak to function by itself. The average human heart beats 100,000 a day, 205 billion times over a lifetime. The rotor in a typical LVAD spins about 8,000 times a minute assisting the worn out of cardiac muscle. The world is in awe of America’s advance in cardiovascular surgery. The first heart transplant by Dr. Christian Barnard in 1967 is a common place operation performed in all university hospitals and even community hospitals throughout US. The past fifty years we

have seen new treatments like coronary artery bypass graft, introduced in 1960, perfected. Discovery of new class of drugs like statins to lower cholesterol, emerging in 1980s, ACE inhibitors to lower blood pressure in the early 90’s, and beta blockers to reduce stress hormones in the early 80’s, have been major contribution of American system of research.

Since mid-century, the heart disease death rate has fallen by 1.7% annually, though progress seems to have slowed in recent years because of epidemic of obesity. Smoking cessation in America has been phenomenal.

In the 1990’s, dubbed the decade of the brain, the National Mental Health Institute invested over two billion dollars in research grants to gain better understanding of the brain. We now know, and the faithful readers of this space recall our several articles devoted to the suggestion to change mental illness to brain disease. Brain research using advanced imaging technique, such as PET scan MRI and

fMRI, as well as biomedical markers, and the discovery of new neuro-transmitters has enabled us to gain better understanding in diagnosis and treatment of brain disease.

In 1981, when the first patient with auto immune-deficiency Syndrome was diagnosed, it was America and American medicine that isolated the virus and discovered the cocktail of antiviral drugs that make the lethal illness into a chronic illness. American medicine has made impressive gains in stem cell research growing brand new organs in the laboratory. A good example of this effort is Dr. Anthony Atala’s work in the area of engineering human organs. He has produced a liver, after successfully bio-engineering urethras, kidneys, and bladders. Atala’s quest is “How can we increase the number of tissues we bring to patients and how can we make more patients benefit from these technologies?” We have every reason, with humility, to appreciate America’s unparalleled gains in medicine. §

# In Memory

*Solidas et amice, ave atque vale* By Assad Meymandi, MD, PhD, DLFAPA

## Ernest B. Page M.D Age 85

**D**r. Ernest Benjamin Page, Jr. died at home surrounded by his loving family on September 13, 2011. Ernie, as he was known, was a devoted husband, father, grandfather, physician, humanitarian, and lifelong student who dedicated his life to serving his family, the medical profession, his church, and his community.



He is survived by his loving wife of 63 years, Nina Musselman Page of Bethlehem, Pennsylvania. Together, they formed a lifelong team.

Dr. Page graduated from Needham Broughton High School in Raleigh in 1943. He attended Duke University as a part of the Navy V12 program, where he met his wife, Nina. They were married in the Duke Chapel in 1948, and they both graduated from Duke Medical School in 1949.

Ernie interned at Royal Victoria Hospital in Montreal, Quebec. He spent the next two years in the Air Force stationed at Offutt Air Force Base in Omaha, Nebraska. Later, he returned to Duke to complete his residency in internal medicine.

In 1955, Ernie and Nina moved to Raleigh where Ernie opened his medical practice and practiced internal medicine for 37 years. He will always be remembered for the kindness, respect, and love that he showed his patients. His patients remember his ability to listen and connect with them as patients and individuals.

As a member of the Raleigh medical community throughout his life, Ernie was active in various Raleigh medical organizations. The many leadership positions that he held include President of the Raleigh Society of Internal Medicine, Chairman of the Department of Medicine at the Wake Medical Center, President of the Medical Staff at the Wake Medical

Center, and President of the Wake County Medical Society.

Ernie always loved teaching nurses and students, and he was a clinical professor of medicine at the University of North Carolina.

Ernie devoted much of his free time to serving his community. Ernie and Nina have been steadfast members at White Memorial Presbyterian Church since they moved to Raleigh 56 years ago. Ernie has served as a deacon and as an elder. Ernie said that while he always enjoyed practicing medicine, his greatest satisfaction came from his 14 medical missions to Villahermosa, Mexico as part of a church program. Over the years the members of that Mexican community came to see Ernie as their regular physician, and their mutual love was evident. Ernie was on the board of FIGS - Filling in Gaps, a program committed to providing medications to the indigent. Ernie and Nina have also volunteered their time tutoring students in several local schools. Ernie and Nina participated for several years in Community in the Schools, a program to discuss values and life skills with at-risk students. Ernie was also a member of the West Raleigh Rotary Club. Ernie's kind and gracious service touched many, many lives in Raleigh and in Mexico.

Ernie lived a full and active life, and he was never idle. Ernie and Nina were avid members of Club XVII, a dinner dance group, and they loved playing bridge in several bridge clubs. Ernie was forever working on a project or pursuing one of his hobbies. His hobbies included photography, woodworking, guitar, tennis, hunting, and fishing. Ernie will always be remembered for having a camera, or two, or three around his neck. During Ernie's illness, his family enjoyed reminiscing and looking at many of the family photos.

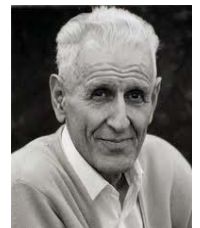
Ernie's greatest passion was spending time with his family. His happiest moments were spent at the family's house on Lake Gaston surrounded by his children, grandchildren, and great grandchildren. His grandchildren fondly remember

spending time at "Camp Grandpa" where Ernie taught them how to fish, sail, water-ski, and play board games. We will always remember him sailing with Nina, netting a fish, constantly taking photographs, and presiding over family dinners.

Ernie's lifelong passion for learning and teaching will never be forgotten. Those who knew and loved him will forever miss his wry grin and the twinkle in his eye.

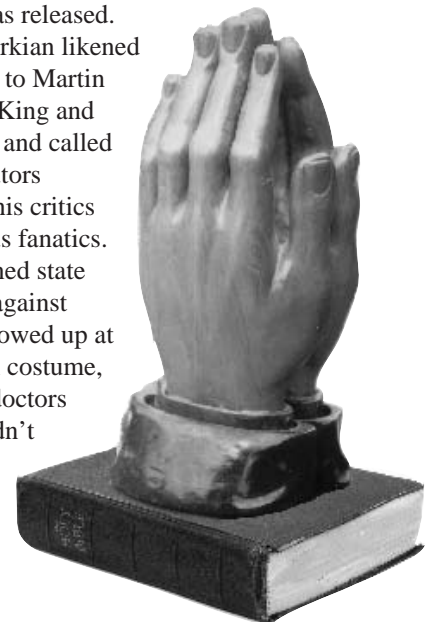
## Dr. Jack Kevorkian Age 83

**J**ack Kevorkian, the retired pathologist who captured the world's attention as he helped dozens of ailing people commit suicide is dead at age 83. Kevorkian, who said he helped some 130 people suffering from cancer, Lou Gehrig's disease and multiple sclerosis.



Kevorkian was freed in June 2007 after serving eight years of a 10- to 25-year sentence for second-degree murder. His lawyers had said he suffered from hepatitis C, diabetes and other problems, and he had promised in affidavits that he would not assist in a suicide if he was released.

Kevorkian likened himself to Martin Luther King and Gandhi and called prosecutors Nazis, his critics religious fanatics. He burned state orders against him, showed up at court in costume, called doctors who didn't support him "hyp-



## WELCOME NEW WCMS MEMBERS *continued from page 25*

David Powell, MD, FACS  
Medical School: UNC Chapel Hill  
Speciality: General Surgery  
Practice: Rex Surgical Specialists

Jeremy Pyle, MD  
Medical School: University of Illinois College of Medicine - Peoria  
Speciality: Plastic Surgery  
Practice: Raleigh Plastic Surgery

Eric Raasch, MD  
Medical School: University of Oklahoma College of Medicine - Tulsa  
Speciality: Nephrology  
Practice: Capital Nephrology Associates

Rachel Robinson, PA-C  
Medical School: George Washington University Physician Assistant Program  
Speciality: Orthopaedic Surgery  
Practice: Hey Clinic

David Schulz, MD  
Medical School: Michigan State University College of Human Medicine  
Speciality: Radiology  
Practice: Wake Radiology Consultants, PA

Lindsey Sharp, MD  
Medical School: Emory University School of Medicine  
Speciality: General Surgery  
Practice: Rex Surgical Specialists

Vijay Sheshadri, MD  
Medical School: Medical College of Ohio  
Speciality: Obstetrics & Gynecology

Practice: Physicians for Women

Graham Snyder, MD  
Medical School: UNC Chapel Hill  
Speciality: Emergency Medicine  
Practice: Wake Emergency Physicians, PA

Kevin Speer, MD  
Medical School: John Hopkins University School of Medicine  
Speciality: Orthopaedic Surgery  
Practice: Southeastern Sports Medicine & Shoulder Center

Jerry Stirman, Jr. MD  
Medical School: University of Texas Br - Galveston  
Speciality: General Surgery  
Practice: Rex Surgical Specialists

Geeta Subramaniam, MD  
Medical School: Brown University Medical School  
Speciality: Emergency Medicine  
Practice: Wake Emergency Physicians, PA

Brent Townsend, MD  
Medical School: Duke University School of Medicine  
Speciality: Radiology  
Practice: Wake Radiology Consultants, PA

Bruce Usher, MD  
Medical School: Medical University of South Carolina  
Speciality: Cardiovascular Diseases  
Practice: Rex Heart & Vascular Specialists

Sandeep Vaishnavi, MD  
Speciality: Neuropsychiatry  
Practice: NC Neuropsychiatry  
Carrie Vice, MD  
Medical School: East Carolina University School of Medicine  
Speciality: Emergency Medicine  
Practice: Wake Emergency Physicians, PA

Neil Vining, MD  
Medical School: UNC Chapel Hill  
Speciality: Orthopaedic Surgery  
Practice: Raleigh Orthopaedic Clinic

Keith Volmar, MD  
Medical School: The State University of New York - Buffalo  
Speciality: Pathology  
Practice: Rex Pathology Associates

Seth Weinreb, MD  
Medical School: Harvard University  
Speciality: General Surgery  
Practice: Rex Surgical Specialists

Danielle Wellman, MD  
Medical School: University of Texas - Houston Medical School  
Speciality: Radiology  
Practice: Wake Radiology Consultants, PA

Ali Zomorodi, MD  
Medical School: Duke University School of Medicine  
Speciality: Neurosurgery  
Practice: Duke University Medical Center - Neurosurgery

ocratic oafs” and challenged authorities to stop him or make his actions legal.

“Somebody has to do something for suffering humanity,” Kevorkian once said. “I put myself in my patients’ place. This is something I would want.” However, organized medicine and AMA were not supportive of his approach.

Kevorkian’s ultimate goal was to establish “obitoriums” where people would go to die. Doctors there could harvest organs and perform medical experiments during the suicide process. Such experiments would be “entirely ethical spinoffs” of suicide, he wrote in his 1991 book “Prescription: Medicide - The Goodness of Planned Death.” He was indeed a maverick and his intentions were altruistic.

### William Jeffress Senter Age 93

**D**r. Senter, a member of the Wake County and North Carolina Medical Societies as well as the American Medical Association died at age 93. He was born in the tobacco farming community of Chalybeate Springs in northern Harnett County, NC. Dr. Senter attended Chalybeate Springs’ Lafayette School where he studied hard and played both baseball and basketball. In 1934 he enrolled at Campbell Junior College in Buies Creek, NC for one year before transferring to Wake Forest College in Wake Forest, NC. At Wake Forest he majored in biology in preparation for medical school. He received his MD from the University of Maryland Medical School in Baltimore, in 1942. He continued his medical education in Atlanta, GA first at Grady Hospital and then Emory



University Hospital where he was Chief Resident. Dr. Senter served his country during World War II as the medical officer assigned to the US Army’s 1318th Engineering Regiment. He served in both the European and Pacific theatres and was honorably discharged with the rank of major. Throughout his life he maintained close relationships with the friends he made during the war and regularly attended his regimental reunions. After returning from the war in 1946, he and Bettye lived in Atlanta until he completed his residency in Internal Medicine. In 1949, he established his medical practice in Raleigh. He practiced internal medicine until the age of 77. Dr. Senter is survived by his loving wife of 67 years Betty, and his three daughters and a son William Jeffress Senter, Jr. He made a significant contribution to the world of medicine in his long and productive life. §

One of the first duties of the  
physician is to educate the masses  
not to take medicine.

*William Osler*

Education without values, as use-  
ful as it is, seems rather to make  
man a more clever devil.

*C.S. Lewis*

## **Dr. Sarah Taylor Morrow: A Role Model Worth Emulating** **Encomium for my Friend, Dr. Sarah Morrow**

*By Assad Meymandi, MD, PhD, DLFAPA*

**W**hen I think of Sarah Morrow, I think of Florence of nightingale, Mother Teresa and Madam Currie, the compassionate, knowledgeable, wise and thoughtful women of ages whose towering intellect, and altruism were subdued by their humility; *whose* wisdom guided radical improvement in our beloved state's public health; *whose* brilliance was to enlighten and not to blind; *whose* sense of humanity and humor made her loved by all; *whose* sense of balance and vision brought her charm and friendship; *whose* commitment to principles, to the truth, and to the love of the Lord, made her as immutable as mountain Sinai. *Whose* beneficence and generosity of possession, generosity of time and generosity of the soul made her an oak with

tens of thousands of branches giving shade and shelter to one and all.

When I think of Sarah Morrow, I think of Abigail Adams to whom the Lord gave the mission "Go, support the Found-

ing Fathers and provide mothering and nurturing to Thomas Jefferson, and other framers of the Constitution..."

The Lord's mission for Sarah Morrow was to become a physician, be a healer, and she did it triumphantly when women physicians were so rare... Sarah Morrow has brought the Lord's love, compassion, care and medical skills to His people. She devoted herself to her Lord, to her family, to her patients and to her profession...

When I think of Sarah Morrow, I think of angels and saints who care, who give, and who serve

*[Continued on page 29]*

