Introducing da Vinci® robotic-assisted heart surgery at Jewish Hospital.

Dime-sized incisions. Reduced pain. Shorter recovery time. These are just some of the benefits of Jewish Hospital’s da Vinci® robotic-assisted heart surgery and other minimally invasive techniques. These procedures represent the future of heart care. And in this area, they’re only available here. To learn more, call 502-550-8514 or visit jewishheartcare.org.
• The largest health care focused law firm in the nation.
• Over 40 years in the health law business.
• More than 130 attorneys serving health care clients.
• Representing over 500 health care organizations nationwide.

IF IT’S HEALTH CARE, WE WILL BE THERE.
Like me, you’ve probably noticed some professional liability insurance carriers recently offering physicians what seem to be lower rates. But when I took a closer look at what they had to offer, I realized they simply couldn’t match SVMIC in terms of value and service. And SVMIC gives me the peace of mind that comes when you’re covered by a company with a stellar record of over thirty years of service and the financial stability of an “A” rating or better since 1984. At SVMIC, I know it’s not just one person I rely on... there are 165 professionals who work for me. And, since SVMIC is owned by you, me, and over 15,000 other physicians across the Southeast, we know our best interests will always come first.
Feature Articles

5
To Listen Is Divine
Parul N. Barry

7
I Remember Madeline
Lisa Pfitzer, MD

10
Destination Louisville
Ellen R. Hale

14
Issues in Public Health and Preventive Care:
Vitamin L Deficiency
Deborah Ann Ballard, MD

16
In the Flexners’ Footsteps:
Historic Sites of a Legendary Louisville Family
Gordon R. Tobin, MD

Departments

9
We Welcome You

12
Reflections
Thoughts on Valentine’s Day
Teresa Bacani-Oropilla, MD

13
Alliance News
Lisa Sosnin, RN

18
Book Review:
The Ensouling
by Mark Petrik, MD
Reviewed by Andy Dzenitis, MD, and Mary G. Barry, MD

21
In Remembrance
Paul E. Schneck, MD

24
Book Review:
The Emperor of All Maladies: A Biography of Cancer
by Siddhartha Mukherjee
Reviewed by Goetz Kloecker, MD, FACP

26
Physicians In Print

29
Doctors’ Lounge
Control
Mary G. Barry, MD
The Doc Wins This Round!
At PMC, Your Share of the Pie is Much Bigger...

Get what you deserve today. At PMC we offer a unique investment opportunity. As the only viable physician owned hospital in the region, your slice of the financial pie can only get bigger.

Find out more today, contact Dennis Medley 812-206-7624 or visit us at: www.pmcindiana.com

PHYSICIANS’ Medical Center
A Prexus Health Facility
1023 Rex Lane, New Albany, IN 47150
To Listen Is Divine

Parul N. Barry

“The good physician treats the disease; the great physician treats the patient who has the disease.” –William Osler

I felt excited. I was in my last week of wards and was more confident about my clinical skills than I had been when I had first started Internal Medicine. I felt less anxious about third year and began to enjoy my life as a future clinician. I was so proud of what I had been learning that I would share (or forcefully impress upon) my knowledge with my parents who are also both physicians, my other medical school friends and even my sister, by giving her advice for her cat (hey, we’re all animals, right?!). And then I met Patient DN.

DN had been admitted for community-acquired pneumonia and then developed C. difficile after a round of antibiotics. He was elderly and he had been admitted so many times previously that it would be beyond the scope of this paper to discuss all of his medical problems. But he had many, and he wasn’t going to make it through this hospital admission. I confidently entered his room, and with a slight air of egotism, I started what I believed to be my perfected physical exam. I prided myself on my exam, because I looked at everything. Nothing incredibly significant was found. He had some complaints of fatigue, and on exam had slight wheezing and right hemiparesis from a previous stroke. It was difficult to communicate with him, and thus easier to ignore him, as I would soon notice. I went back to review his chart again and noticed that he hadn’t eaten - for a while. Since the previous day he had eight bowel movements, and for as long as he remained in my care, he continued to have several bowel movements, but not eat. I was so frustrated. Why would he not eat? He didn’t have anything significant on imaging or labs that would indicate his inability to eat. I felt as though he was challenging me. Didn’t he realize that eating would help make him better? During rounds we always talked about how helpful it would be if he would just eat, and he continued to seem to defy us. His condition was worsening.

On my last day of wards, I felt as though our team had failed DN. As I was driving into the VA, I remembered a quote from the movie Patch Adams. In it, Mitch Roman, Patch’s roommate, says, “You know Mrs. Kennedy...? She doesn’t eat. I visited her room every day for the last three weeks. I can’t get her to eat. Now, I know everything there is to know about medicine. I’ve studied relentlessly. I guarantee you I can outdo, out-diagnose any attending and surgeon in this hospital. But I can’t make her eat. You have a gift. You have a way with people. You know, they like you.” Patch was able to get Mrs. Kennedy to eat, because he knew her as a person, not just her labs and imaging.

This time, I walked into DN’s contact isolation room with a different mission. I didn’t do a physical exam. Rather, I sat by his bedside, in my papery yellow gown and held his fragile hand in my stupidly large purple glove. I talked to him. I asked him why he wasn’t eating and what I could do to get him to eat. As I talked to him, I saw not just a patient, but also a man, and a person. A person, like me, who one day will be in his position, waiting for my doctors to give me enough time to tell them what is really going on. Finally, after much deliberation, he told me he felt nauseated by the cafeteria food and really just wanted vanilla Ensure. Was that it? All of these days had gone by with my team trying to get him to eat, with all of us thinking he was being a difficult patient! I asked the nurse to please help me locate this vanilla Ensure, and he gulped it down. What a bittersweet moment.

I learned on palliative medicine that the best way to keep a doctor from a patient is to put him/her on contact isolation precautions. In addition to being on contact isolation for his C. difficile, DN did not have great communication skills, as he was hard of hearing and dysarthric. It was so much easier to blame him than to reflect on what we were doing incorrectly as a team. How useful was it to do a physical exam and evaluate his labs every day, when his nutritional status was so poor? As a team, we moved too fast and just didn’t ask the right questions.

Despite our best efforts, we were too late. I knew DN’s labs pretty well and could probably have given you an excellent differential on everything that was significant in his labs, but I could not tell you what DN really was like as a person. Through my duration at the VA, I never spent enough time with him to say with confidence that I was able to treat the patient who has the disease rather than just the disease process itself.

I no longer will be so quick to make assumptions, or so arrogant to judge a patient that I don’t even know. I always knew that an excellent working knowledge of Internal Medicine is absolutely necessary for all physicians to have, but I now know that establishing and maintaining a good relationship with the patient is a must as well. Reading the NEJM or JAMA every week may make you a wonderful diagnostician, but learning to talk to your patient will make you a great physician. I won’t ever forget DN, because he gave me more than I could ever give him.

Note: Parul Barry is a fourth-year medical student at the University of Louisville.
Increased Overhead & Declining Reimbursements

Weighing Down Your Earnings?

Take the pressure off with PMC. We offer physicians a unique ownership opportunity that includes incredible return on investment, convenience, and unmatched efficiency. Plus, as the only viable physician owned hospital in the region, PMC goes above and well beyond any ASC investment opportunity.

Start taking the pressure off today. Contact Dennis Medley 812-206-7624 or visit us at: www.pmcindiana.com

PHYSICIANS' Medical Center
A Prexus Health Facility
4023 Reas Lane, New Albany, IN 47150
remember Madeline’s pretty blue-green eyes, so clear to gaze upon but with her secrets tucked far away. Another clinical day, another history and physical scheduled. I read her referral information. I watched her observantly as she spoke to the investigators. I searched those blue-green eyes for answers. I listened to her steady voice. I analyzed the movement of her hands with her speech. She sat straight and tall. She was apologetic and well-spoken.

“I lied,” she said. “Nothing happened. I just made it up.” Over and over, “It’s not true.”

She gave a little smile. Her demeanor was pleasant, almost childlike for this 13-year-old female. After all, in my mind, she was still a child but had the hint of the physical presence of the young woman she was becoming.

She lied? I felt perplexed, worried, curious … could this child, this very young woman create such a story? I again read her referral information: sexually abused by her stepfather for five years. Without question, she told me someone what happened at least once upon a time. An investigation ensued and she then became quiet.

I spoke with her, her and me, one-to-one, a discussion that was longer than usual for my patients who had been sexually abused. I told her that I was concerned for her safety. I told her sometimes kids change their stories, for a lot of different reasons. I told her how important it was to me to know what really happened. She never wavered during our conversation. She said she had been known to tell a story and this was just a story. “I don’t know why I did it, just wanted the attention I guess.” So that was how our interview evolved. I had no more answers than when she walked through the door 60 minutes before.

I talked to her about having a “checkup,” a nice way to ask if I could examine her for any physical signs of sexual abuse. Perhaps I would see a scar, an ulcer, a tear, a bump or a sexual infection. Maybe she was pregnant? Maybe there would be something on the examination that would lead me to understand this 13-year-old girl’s life experiences that she could not otherwise tell me about. She agreed to have an examination. And, as is so often the case, her examination was normal. I prepared a few specimens to check for infections. Her pregnancy test was negative. She dressed in privacy. We talked again. I said, “You know, even if everything looks fine and the labs are all OK, I will still worry if you were sexually touched at some point.” I continued, “Lots of girls look OK on their checkup but they give very specific descriptions about what happened … what I am saying is I know he could have touched you even if you look all right today.” She looked at me with those pretty blue-green eyes, so crystal clear, and smiled.

Lisa Pfitzer, MD

Continued on page 8
Continued from page 7

brightly. “He didn’t do anything, I told you. I lied, sometimes I tell stories, everybody knows it, sometimes I’m bad for that.”

I spoke with her mom, who was visibly frustrated. She talked about the inconvenience of the investigation and how it was so disruptive to her family. That she just couldn’t imagine how all this got started. She had other children and everybody was just fine. I apologized that her family was having a difficult time. I knew I would not learn anything more from her mother about the possibility of sexual abuse in the family. She was upset with her daughter and she was ready to leave.

Madeline put on her coat, we shook hands and I looked at her one more time, for a sign, a look, a wavering voice, an avoidance of eye contact—nothing. She left.

A few weeks went by. I thought about her situation and how helpless I felt. I desperately wanted to find a solution, but the days passed and other cases eventually occupied my thoughts. One of her tests indicated some bacteria that she would need treatment for. I called her home and the phone was no longer in service. I sent a few letters to ask her guardian to please call the office. No response. I called her investigator to see if the family had other contact information or if they had moved. The investigator was planning a wrap-up visit with the family and offered to provide the information about the lab test result. So otherwise, I thought, I guess we are finished with this case, but I don’t really feel like it is done.

Several months later, Madeline and another lady I didn’t recognize signed in at the front window of the office. I wasn’t expecting to see her again. I finished a chart I was working on and called them back. The lady introduced herself as Madeline’s foster mother. Madeline had recently been removed from her home. Her original case regarding the sexual abuse allegations had been closed until another sibling disclosed that his stepfather was sexually touching him also. His disclosure was consistent with Madeline’s original report and the investigation was to continue. The children were removed from the home because their stepfather refused to leave their home as the investigators requested, and their mother supported him in that decision.

As I looked at Madeline, I was absolutely astounded. She looked tired, her pretty blue-green eyes had lost their luster, she stooped over like an old woman, she was very quiet. I marveled at where she had found the energy to be so convincing just a few months earlier. I felt physically ill thinking that she went back to him that day. I asked her foster mom if I could speak with Madeline privately just a few minutes.

Madeline and I went back to the exam room where we had our first discussion just a few months prior. I asked her how she was doing; she said she was OK and very glad she was with her siblings. I weakly tried to chat with her a few more minutes, then finally said, “Madeline, I need you to tell me how to be a better doctor.” She looked at me, perplexed. I very briefly thought of what awful things happened to her during the months after she left my office. It was nearly unbearable to think about what I let her go back to, thinking how the perpetrator had taunted her that no one could help her, that he had such easy access to her every day. Even now, these thoughts can be overwhelming. She looked at me with her beautiful, kind eyes. She looked down at her hands in her lap. She said, so quietly, “Doctor Lisa, there wasn’t nothing you could say.” She didn’t look at me. “He told me if I said anything else, he would kill me and I believed him. He had a gun and I believed him. I wasn’t going to tell anybody anything.” We looked at each other, tears in our eyes, no words.

I think about Madeline now and again and will always be so grateful she came back into my life one more time. I was so appreciative that she was willing to tell me why she changed her story. I will never forget her incredible courage going back into a home where she knew she was not safe. I hope she does not hate the people who tried to help her and were not successful the first time. I know there are more Madelines out there. I hope I can somehow help them find the strength to believe in what is true and discover a better life.

Note: Dr. Pitzer is an assistant professor at the University of Louisville School of Medicine, Department of Pediatrics, Division of Forensic Medicine.
Candidates Elected to Provisional Active Membership

Barry, Archana (237)
Atul Barry, MD
9900 Shehyville Rd
Ste 11A 40223
426-0152
Psychiatry 98, 08
King George's Medical College 78

Hamid, Humera (30203)
Integrated Treatment Center Lifespring Hospital
812-280-6606
Psychiatry U of Louisville 02

Schaeffer, Cameron S (12177)
Jennifer
1760 Nicholasville Rd
Ste 601 Lexington KY 40503
859-275-5437
Plastic Surgery U of Virginia 89

Stevens, Suellen Elliott (1273)
6520 Glenridge Park Pl Ste 1 40222
657-4551
Psychiatry 95 U of Louisville 89

Candidates Elected to Provisional Associate Membership

Shams, Mitra (18774)
1169 Eastern Pkwy Ste 1234 40217
456-3990
Internal Medicine 04 U of Vienna Medical School 94

Callender, Glenda Grace (21457)
Jeff Roszkowski
401 E Chestnut St
Unit 710 40202
583-8303
General Surgery 08 Harvard Medical School 00

Dickson, Jr Stephen Lynn (30348)
Della J Dickson
3 Audubon Plaza Dr
Ste 560 40217
656-8004
General Surgery 00, 09 Thoracic Surgery 02
U of Miami 94

GLMS would like to welcome and congratulate the following physicians who have been elected by Judicial Council as provisional members. During the next 30 days, GLMS members have the right to submit written comments pertinent to these new members. All comments received will be forwarded to Judicial Council for review. Provisional membership shall last for a period of two years or until the member’s first hospital reappointment. Provisional members shall become full members upon completion of this time period and favorable review by Judicial Council.

IMMEDIATE OPPORTUNITY

FOR A PHYSICIAN IN LOUISVILLE

- Full Time IM or FP Board Eligible or Certified
- Well Established Private Practice
- 5 Days a Week, 1 Call Per Week
- Inpatient Care

Salary and Benefits combined $150K

Confidential responses to:
Hospital Internal Medicine Associates, PLLC
201 Abraham Flexner Way
Suite 1003
Louisville, KY 40202
Attn: Tina
502.584.4479
tinas@himassociates.com
Destination
Louisville

Last fall, members of the Scoliosis Research Society gathered in Kyoto, Japan, for their annual meeting. This September, they will be coming right here to Louisville. Mohammed E. Majd, MD, and John R. Dimar, MD, will serve as the hosts.

“We want to put the name of Louisville on the map,” said Dr. Majd, who worked closely with the Louisville Convention & Visitors Bureau on the annual meeting plans. “We want to say that Louisville is a town that has been a pioneer in some fields of medicine such as spine surgery, heart surgery and hand surgery.”

Louisville, which can accommodate medical meetings of up to 10,000 people, can be an attractive option for regional and national groups.

“Sometimes people don’t think to look in their own backyard as a convention destination,” said Lisa LeCompte, senior sales manager at the visitors’ bureau.

In recent years, the Scoliosis Research Society also has held its annual meetings in San Antonio and Salt Lake City. A colleague suggested that Dr. Majd might mention Louisville as a location, particularly because of Dr. Kenton Leatherman’s legacy.

Society staff and a past president came for a site visit, toured the venues available and eventually booked the meeting at the Galt House. If the event goes well, Dr. Majd said, he thinks he will approach the slightly larger North American Spine Society about coming to Louisville. Members gathered in Austin, Texas, in 2007, for example.

“There are some doctor groups that want to meet in San Francisco or New York City,” LeCompte said. “They want those large, first-tier cities. But then there are others that, when they come to Louisville, they’re like the big fish in a smaller pond. They are the main group in town.”

The visitors’ bureau is ready to work with physicians and their staff every step of the way. The bureau talks to the meeting planner at the group’s headquarters about its specific needs, gathers information, offers a full site visit and presents a bid package to the planner.

The downtown hotels and Kentucky International Convention Center are often the most desirable places for health and medical meetings. There are 4,000 hotel rooms available downtown, and 2,300 of those are connected by skywalk to the convention center, which offers 300,000 square feet of meeting space and 190,000 square feet of exhibit space. In addition, having multiple restaurants, museums and attractions within walking distance helps keep transportation costs down.

Overall, the city is a good choice when it comes to value.

“A lot of groups are starting to look at their meetings differently and be more economically minded,” LeCompte said.

Louisville is also a central location nationally, whether attendees are driving or flying.

The number of medical meetings held in Louisville has been growing, according to LeCompte. From 2007 to 2010, the meetings produced a $12 million economic impact in the city. In 2011 alone, medical meetings are projected to have a $6.7 million impact.

The American Association of Medical Society Executives has booked its 2014 annual meeting in Louisville.

After a meeting is booked, the bureau’s Convention Services Department can provide promotional materials to drive attendance including photos, brochures, fliers and video. The department can also connect meeting planners to “member partner” vendors for services needed in conjunction with the meeting. The communications staff can prepare and distribute news releases.

Tracey Corey, MD, chief medical examiner in Kentucky, hosted the annual meeting of the National Association of Medical Examiners in 2008 at the Seelbach Hotel.

“I wanted to showcase Kentucky and Louisville,” she said. “I’m proud to be from Louisville, and I thought it would be a nice meeting venue. Louisville’s just the right size to host a medical meeting. It’s not too big, but there’s plenty to do downtown.”

Attendees had the opportunity to visit Churchill Downs and other tourist spots.

“The meeting was very well-received,” Dr. Corey said. “Everybody in the local community was very helpful in making the meeting a success.”

Note: Ellen R. Hale is the communications associate for the Greater Louisville Medical Society.
Free EHR Readiness Assessment (limited time only)

State of the art Practice Management System

Qualify for up to $44,000 per physician

EHR is guaranteed to meet meaningful use criteria for ARRA stimulus money

Complimentary ROI on EHR & Practice Management for your business

Free EHR Readiness Assessment (limited time only) by certified Medical Practice Executive
Legend has it that Valentine was a priest and physician in Rome around the year 269. He sent letters of love and encouragement to people in his community who lived in persecution. He was eventually martyred, but his ministry may have begun the practice of sending valentines on his feast day, February 14. In the Middle Ages, people believed that on this day, birds started choosing their mates for the springtime, hence a good day to choose a sweetheart.1

Regardless of its origins, in the United States and elsewhere, we make a big to-do about Valentine’s Day, a time to shower certain loved ones with cards, flowers, candy and pleasantries, some of which may lead to more serious and lifetime commitments. Commitments, however, do not necessarily have to start with such romantic notions as flowers, cards and candy. The mutual simple love of two persons striving to devote their lives to realize a dream of stability and contentment in the circumstances that they are in will do it.

A recent newspaper article tells of a father anxiously awaiting his fate in jail, fearing deportation to Mexico, his land of birth. This was distressing to his family, especially a son who had come briefly to visit before being deployed to Afghanistan to defend the interests of his country of birth, the United States. In his younger days, like many others before and after him, this father had committed himself to work in a farm in Kentucky, raised a family and never left. Life was good until it was inadvertently found out that he had never changed his status and was in this country illegally.

Except for American Indians and their descendants, most Americans trace their ancestry to waves of immigrants who came to these shores to pursue a life of liberty and happiness. Europeans fleeing religious persecutions, famines and lack of opportunities in their home countries have come of their free will, overcome hardships and eventually prospered. Others through great suffering and privations were brought here against their will, separated from their families and treated as chattel to furnish slave labor. People from the Orient likewise, who went to the West Coast by various means, were used for the same purposes in the agricultural fields, mines and railroads of that time. Sad to say, the newest, the uninitiated, the most vulnerable of these waves of immigrants were subjected to discrimination until they were established as a force to reckon with, whence they were gradually integrated as equals.

To this day, in our own times, people belonging to different strata of society in many foreign countries desire to come and better themselves in the land of opportunity, the United States. Qualified members of the health professions – physicians, nurses, therapists, technicians – seek open positions in this country. When the demand becomes dire, it becomes easier to accommodate them. Vice versa, certain conditions are easily placed to discourage or bar their coming when personnel are deemed adequate, or to send them away when their services are no longer needed.

The question that begs to be answered is, “Should these trained health professionals or those who belong to other fields of endeavor, and nonprofessionals with potential for useful contributions to our society and economy be given the opportunity to better themselves, like the rest of us who preceded them?” The corollary would be, “Should those who have proven their worth by a lifetime of toil in this country be allowed to stay?”

Although our country has come a long way in enacting laws that protect both those who are legal Americans and those who seek to become so, we are still continually challenged by incorporating humane considerations into these laws. Can we do better than writing letters of love and encouragement as Valentine did?

Reference

Note: Dr. Oropilla is a retired psychiatrist.
Love is in the air.
February is the month for love as well as Friendship Month. What better way to celebrate love with friends than to meet at Gilda’s Club Louisville for tea on February 14. The GLMS Alliance is hosting the “From the Heart” tea for our group and those who have been touched by cancer. Love and support – that is the true heart of the GLMS Alliance.

The GLMSA is fulfilling our mission to support our medical families, work in our communities and promote health education. The GLMSA extended love in various ways during 2010 by gathering together for our opening day brunch at the home of Rhonda Rhodes, GLMSA president-elect. We volunteered at Supplies Over Seas packaging medical supplies for other countries. We went on an excursion on the My Old Kentucky Dinner Train to see the “Colors of Kentucky” in October and took a tour of the Louisville Science Center in November to learn about the Pulse of Surgery program and how we may, as a group, impact area schoolchildren by assisting in this learning opportunity. During December, our members took time out of their many holiday festivities and bagged gifts for individuals at The Healing Place. Alliance members and their spouses met at Historic Locust Grove and toured the facility, learning about prominent individuals who lived in Louisville in the 1800s. It was a wonderful family event for our group.

Also in December, the GLMS Alliance showed love and support by working in conjunction with the Kentucky Medical Association Alliance Foundation in collecting donations from our members for a Holiday Sharing Card. Donations from this Holiday Sharing Card may be directed to any of Kentucky’s medical schools, Pikeville College School of Osteopathic Medicine or other state medical schools. The money provided through the Kentucky Medical Association Alliance Foundation is available to be used to purchase necessary supplies, provide financial assistance to students during the interview process for residency programs, as well as providing support through scholarships.

The GLMS Alliance has kept up to date with our legislature through information provided by KMA Executive Vice President Patrick Padgett. We have and will continue to encourage our group to contact our legislative representatives and voice our support for our spouses and our medical communities.

As we all know, the state of our health care system is in disrepair and in great need at this time. I would like to hear from anyone with a concern and idea as to what you would like GLMSA to consider doing to help improve the situation for our patients and ourselves. Please feel free to e-mail me at lasonsnin62@hotmail.com.

The GLMS Alliance has had an eventful year in 2010. We are looking forward to what 2011 will bring to our group and our medical families. Come and join us. Let us show love and friendship to you during these stressful times. It is not too late to be a part of our wonderful group. We would love to have you!

Note: Lisa Sosnin is a registered nurse and is the practice manager for her husband’s solo practice, Bluegrass Community Family Practice, in Bardstown.

Lisa Sosnin, RN
GLMSA President

Love is in the air.
February is the month for love as well as Friendship Month. What better way to celebrate love with friends than to meet at Gilda’s Club Louisville for tea on February 14. The GLMS Alliance is hosting the “From the Heart” tea for our group and those who have been touched by cancer. Love and support – that is the true heart of the GLMS Alliance.

The GLMSA is fulfilling our mission to support our medical families, work in our communities and promote health education. The GLMSA extended love in various ways during 2010 by gathering together for our opening day brunch at the home of Rhonda Rhodes, GLMSA president-elect. We volunteered at Supplies Over Seas packaging medical supplies for other countries. We went on an excursion on the My Old Kentucky Dinner Train to see the “Colors of Kentucky” in October and took a tour of the Louisville Science Center in November to learn about the Pulse of Surgery program and how we may, as a group, impact area schoolchildren by assisting in this learning opportunity. During December, our members took time out of their many holiday festivities and bagged gifts for individuals at The Healing Place. Alliance members and their spouses met at Historic Locust Grove and toured the facility, learning about prominent individuals who lived in Louisville in the 1800s. It was a wonderful family event for our group.

Also in December, the GLMS Alliance showed love and support by working in conjunction with the Kentucky Medical Association Alliance Foundation in collecting donations from our members for a Holiday Sharing Card. Donations from this Holiday Sharing Card may be directed to any of Kentucky’s medical schools, Pikeville College School of Osteopathic Medicine or other state medical schools. The money provided through the Kentucky Medical Association Alliance Foundation is available to be used to purchase necessary supplies, provide financial assistance to students during the interview process for residency programs, as well as providing support through scholarships.

The GLMS Alliance has kept up to date with our legislature through information provided by KMA Executive Vice President Patrick Padgett. We have and will continue to encourage our group to contact our legislative representatives and voice our support for our spouses and our medical communities.

As we all know, the state of our health care system is in disrepair and in great need at this time. I would like to hear from anyone with a concern and idea as to what you would like GLMSA to consider doing to help improve the situation for our patients and ourselves. Please feel free to e-mail me at lasonsnin62@hotmail.com.

The GLMS Alliance has had an eventful year in 2010. We are looking forward to what 2011 will bring to our group and our medical families. Come and join us. Let us show love and friendship to you during these stressful times. It is not too late to be a part of our wonderful group. We would love to have you!

Lisa Sosnin, RN
GLMSA President
Vitamin L Deficiency

Deborah Ann Ballard, MD

“All you need is love.”
– The Beatles

February is American Heart Month and February 14 is Valentine’s Day. It is a month of celebrating matters of the heart, both physical and metaphysical. There will be bright red dresses and media campaigns to raise awareness about heart disease, and advertising blitzes for chocolates, flowers, jewelry and sappy greeting cards.

Heart disease remains the No. 1 killer in the United States, causing about 600,000 deaths and costing about $503 billion per year (Centers for Disease Control and Prevention). The risk factors for heart disease are well-known and, except for genetics, are preventable: smoking, obesity, physical inactivity, failure to control cholesterol and blood pressure levels.

Every few years, medicine touts supplementation with some vitamin as a panacea for human illnesses. Most recently, vitamin D has been in the spotlight. Vitamin D is a good thing: make sure you and your patients get plenty of it. Perhaps, however, a more pervasive vitamin deficiency is at the root of most human suffering. It is a lack of vitamin L – LOVE.

Numerous writings describe the incredibly powerful effect of love on human health and happiness from a scientific, secular and spiritual perspective. Pablo Picasso said, “Love is the greatest refreshment in life.” Feelings of love are most potent in the bond between mother and child and between romantic lovers during sex. During those interactions, love is a rush of hormones, neurotransmitters, emotions and physical sensations that no drug or other activity can reproduce. Oxytocin is released, reward centers in the brain are stimulated, positive emotions are enhanced and negative emotions are eliminated. It is no wonder that on a recent survey concerning happiness, people reported they were most happy during sex. From a biological perspective, love ensures the creation and survival of babies and the propagation of our species. From a metaphysical perspective, love has inspired countless masterpieces of literature, music and visual art. Men have abandoned thrones and women have departed from their late 70s when I became their primary care physician. They had been married more than 50 years and produced six children together. They were family farmers and had a very modest lifestyle. They always came to appointments together. They sat very close together, frequently touching each other, leaning in toward one another and looking to each other as they answered questions. They addressed each other with deep respect, and I never heard either of them utter a cross word. They were adored and revered by their children and many grandchildren. Their love for one another was almost palpable. True to his Kentucky roots, John grew tobacco and smoked heavily for his entire adult life. The fact that he lived to be more than 80 years old is perhaps a testament to how happiness can mitigate some other negative habits. After he died of a heart attack, Catherine started coming in by herself. Smiling through her tears, she started every visit by saying how much she missed John and how lucky she was to have been his wife. The children she created with him lavished attention and affection on her so she was not left alone.

John and Catherine had a life replete with vitamin L – LOVE. It gave them great happiness and contentment and no doubt contributed to their longevity. They loved each other; they multiplied that love through children and grandchildren. Even when John died, that love endured for Catherine and continued to give her a very meaningful and happy life. She lived to be more than 90 years old and died surrounded by more than 30 family members who intensely loved her.

While I do personally know a few couples my age or younger who seem to be as in love and happy as Catherine and John, I know a whole lot more who are divorced or have never married at all.

The very high rate of fractured families and rejection of marriage altogether today produces a lot of sad, restless people with severe vitamin L deficiency. Women are increasingly becoming single mothers by choice because while motherhood is very appealing, marriage is not. In 2010, for the first time in our nation’s history, the number of single people ages 25-34 was greater than married ones. Fifty percent of all marriages end in divorce. Children are still produced, but the majority of them live with divided loyalties and conflicted parental relationships.

What factors today make it so difficult for people to find happiness in long-term committed relationships and produce stable nurturing homes for children? Not surprisingly, they are also the factors that make it difficult to maintain good physical health.

Consumerism drives us to become rapidly dissatisfied with what we have and to desire an infinite variety of goods and

Continued on page 20
WE HAVE THE NAMES YOU NEED TO KNOW IN NEUROLOGY.

It’s not every day that you find yourself in need of a neurologist. But if you do, it’s comforting to know that Norton Neuroscience Institute offers the most experienced neurologists in the region. And they are part of a larger team that includes some of the best neurosurgeons you can find. Whatever you need in the area of neuroscience can be found in one place. For more information, call (502) 629-1234 or visit NortonNeuroscienceInstitute.com.
In the Flexners’ Footsteps: Historic Sites of a Legendary Louisville Family

Gordon R. Tobin, MD

Louisville provides many fascinating treks through a Solomon’s mine of medical history. Among the finest treasures uncovered during the centennial celebration of the Flexner Report publication in 2010, I will identify many sites relevant to the story that can be located (Figs. 1–2) and highlight the few buildings from the era that remain, thanks to enlightened preservation efforts.

As background, Chestnut Street became (and still remains) Louisville’s medical street (Fig. 2). This identity began with the building of the Louisville City Hospital at Chestnut and Floyd streets (Fig. 3), first called Louisville Marine Hospital when opened in 1823, and later expanded and renamed to City Hospital, and then to Louisville General Hospital. For hospital staffing and civic pride, city leaders established the Louisville Medical Institute on Chestnut, between Eighth and Ninth streets in 1837 (Fig. 4). The Louisville Medical Institute captured a core faculty from Transylvania University Medical School in Lexington, precipitating a cross-state conflict and enduring rivalry. The Louisville Medical Institute is the ancestor of the University of Louisville, which moved in 1909 to the elegant Louisville Medical College building (Fig. 5) at Chestnut and First streets (now the Greater Louisville Medical Society) and in 1970 to the current campus surrounding the City Hospital site. The Flexner story is thoroughly interwoven with these medical landmarks and their history.

Abraham Flexner’s parents, Moritz and Esther, returned to Louisville from Lawrenceburg for safety during the Civil War. During the “boom and bust” economic climate of the 19th century, the Flexners were propelled up and down the economic scale, and they had to move frequently to accommodate changing income. Some of their more significant homes include the following. Their first home, on returning to Louisville, was in the “shabby section of town” on East Street, which is now the short, off-set stretch of Brook Street between I-65 and Jewish Hospital just north of Chestnut Street. Economic progress allowed moving to a home on Center Street (now called Armory Place), near Chestnut Street. Later, better income allowed another move to the house Abraham Flexner remembered as his childhood home on Sixth Street (Fig. 6). Later in the century (around 1890), the older Flexner children were working young adults, and their incomes allowed a better home on Madison Street (Fig. 7) near the original family home, where the neighborhood had improved. This site is now the north entrance to Jewish Hospital on the appropriately renamed “Abraham Flexner Way.”

In the late 19th century, Louisville educational institutions played vital roles in the ultimate successes of the educationally oriented Flexner family, and were all clustered in the same area along Chestnut Street. Abraham’s older brother Jacob desired a medical education, but had to switch to pharmacy after his father’s bankruptcy in the panic of 1873. Jacob attended the Louisville College of Pharmacy (Fig. 8) on the southwest corner of First and Chestnut, where Jefferson Community College now stands (across from the Greater Louisville Medical Society). After apprenticeship in several pharmacies, Jacob would establish his own pharmacy on the southeast corner of Fifth and Market (Fig. 9), which played a great role in the family destiny. With the first $1,000 profit from the pharmacy, Jacob sent his younger brother Abraham to Johns Hopkins.

Fig. 3. Louisville City Hospital in the early 19th century.

Fig. 6. Abraham Flexner’s childhood home on Sixth Street. (Source: Iconoclast by Thomas Neville Bonner.)

Continued on page 22
Fig. 1. The Medical Center and East Chestnut Street in an aerial photograph circa 1950, with relevant sites identified.

Fig. 4. Louisville Medical Institute (U of L's beginning) circa 1838.

Fig. 5. Louisville Medical College circa 1893, now the GLMS headquarters and called The Old Medical School Building.

Fig. 6. Louisville College of Pharmacy, where both Jacob and Simon graduated.

Fig. 7. The Flexner home (mid-block) on Madison Street, now the north entrance to Jewish Hospital.

Fig. 8. The Flexner home (mid-block) on Madison Street, now the north entrance to Jewish Hospital.

Fig. 9. Jacob's Pharmacy site today, at Fifth and Market streets.

Fig. 10. Louisville High School (later Male, then Central) was built for a U of L College of Arts and Sciences that never opened (until 1907, one block south of The Old Medical School).

Fig. 11. 210 W. Ormsby St., where “Mr. Flexner’s” successful private high school was located circa 1903.

Fig. 12. 1103 Third St., where Abraham and Anne lived in the early 20th century.
The Ensouling

BY MARK PETRIK, MD

CreateSpace, September 2010

Reviewed by
Andy Dzenitis, MD

Dr. Mark Petrik’s book, The Ensouling, is in the genre of the late Michael Crichton’s highly successful medical science novels. The story setting is “George Rogers Clark Medical University” in Louisville. The main character is neurosurgeon Michael Killeen, whose quest for the holy grail, the Nobel Prize, is vividly told.

Humility and self-abnegation are not traits that readily come to mind when describing a neurosurgeon, but Dr. Killeen is beyond the pale.

One can sense the impending doom, but is there room for resurrection? The route there is entertaining and suspenseful. Dr. Petrik’s imagination and skill with the storyline is impressive, completely professional, well-researched and well-told.

The background detail of the minor characters gets a bit tedious, and the science is somewhat contrived, but hey, it’s fiction!

One can only hope and trust this book is not Dr. Petrik’s last and only effort of creative writing.

Note: Dr. Dzenitis is a retired neurological surgeon. He is also a clinical professor emeritus at the University of Louisville School of Medicine, Department of Neurosurgery.

Reviewed by Mary G. Barry, MD

In the fall of 2010 Dr. Mark Petrik wrote in these pages about living with Parkinson’s Disease, and how it has affected his dreams, his practice, his current reality and his future. One of his dreams was to get his novel out of his brain and onto paper (and, ever modern, on the Kindle screen). The Ensouling is that book, a tale of one Dr. Michael Killeen (no relation, Tim), an all-controlling neurosurgeon who falls afoul of his own ego and selfishness, with collateral damage to those who have tried to love and respect him. His most likable colleagues (he calls them underlings) are the research grunts who run his lab, and the mysterious character who appears after he makes the book’s climactic move. This is a thriller whose plot must not be spoiled, so I hesitate to be more specific. But Dr. Petrik hits all the right notes. He describes intricate brain operations and complex experiments with ease, and in between philosophical discourses, the action moves as fast as an episode of 24. He paints a realistic picture of ambition and greed. He asks the important questions: what’s a soul, where is it and what does it mean to have one and to know one? Do you still have one if you don’t know one?

I do wish he had had more fun with the local setting (Dr. Killeen teaches at the “George Rogers Clark Medical University”). He could have had his characters do a lot more things in classic Louisville places, and given us many giggles. I was impressed with how well he wrote about neurosurgery when his own expertise is orthopedic surgery (especially of the foot and ankle, the exact opposite end from the head). His style is a bit inconsistent, being elegantly detailed in the theoretical parts, and a mite overblown in the people parts. But his book grabs you and makes you keep reading till you finish it. So far everyone I’ve talked to about it has watched the hour grow late, yet hated to give up and get some sleep: and that’s one of the best recommendations I know, for books.

Reviewed by Andy Dzenitis, MD

SUMMERFIELD HEALTH & REHABILITATION CENTER

Experience Counts!

79% Return to Home Rate (compared to national average of 72%)
23-Day Average Length of Stay (compared to 30-day state average)

Summerfield’s newly renovated rehabilitation unit provides private patient rooms and a fully equipped therapy space. Our skilled therapists will provide a physician-directed program of physical, occupational and speech therapy customized to help you regain strength and restore your lifestyle.

1877 Farnsley Road, Louisville, KY 40216 • 502.448.8622
www.SummerfieldHealthcare.com
Our services include:

- Adult & Geriatric Pain
- Pediatric Pain
- Interstitial Cystitis / Pelvic Pain
- Reflex Sympathetic Dystrophy
- Sports Injuries

- Migraine Headaches, Whiplash
- Acute & Chronic pain
- Low Back Pain & Sciatica
- Management of Cancer Pain

We specialize in the following procedures:

- Acupuncture & Prolotherapy
- Radiofrequency Neuroablation
- Spinal Endoscopy & I.D.E.T.
- Epidural Lysis of Adhesions
- Spinal Cord Stimulation
- Intrathecal Pump for Pain
- Discography & Vertebroplasty
- Independent Medical Examinations
- Behavioral Medicine

A. J. Nair, M.D.
Fellowship trained in pain medicine
Specializing in relief and management of acute and chronic pain.

2831 S. Hurstbourne Pkwy Suite A, Louisville, KY 40220
T: 502 995 4004 | F: 502 933 5559 | E: info@painstophere.org | W: www.painstophere.org
experiences. Advertising puts all our wants constantly in our faces, enticing us to discard what we have and move on to something else. Consumerism compels us to buy what we want, not what we need. Its effect on our consumption of food has contributed to the obesity crisis. Its throwaway mentality contributes to weak human relationships.

Entertainment overload through television, video games and the Internet reduces the time spent engaging in both physical activity and in meaningful human interactions. It presents distorted depictions of human relationships glorifying casual sex, violence, individualism and substance abuse. “Reality shows” present a cadre of caricatures engaging in every kind of debased and pathetic behavior imaginable. Cartoons such as Family Guy, South Park, King of the Hill and The Simpsons do provide some very funny and biting satire, but this is over the heads of children who watch these shows. What they see is a depiction of people as losers, users, perverts and idiots who are not worthy of trust or respect. Unfortunately, the majority of entertainment offered for mass consumption corrodes civility and mocks love.

Spiritual poverty abounds in our otherwise very rich nation. To be sure, people are searching for spirituality in everything from yoga to earth-centered religions to permutations of Christianity, Buddhism, Judaism, Islam and other traditional faiths. Somehow they all come off as another commodity marketed with slick advertising on flashy websites and late-night infomercials. Belief that we are beings with value, purpose, meaning and a connection to each other and a higher power fosters deep love and respect for ourselves and other human beings.

Mother Teresa says:

“People today are hungry for love, which is the only answer to loneliness and poverty. In some countries there is no hunger for bread. But people are suffering from terrible loneliness, terrible despair, terrible hatred, feeling unwanted, helpless, and hopeless. They have forgotten how to smile; they have forgotten the beauty of the human touch. They are forgetting what human love is.”

So this heart month and Valentine’s Day, give yourself and your nearest and dearest a big boost of vitamin L. If you are in a committed relationship, cherish your good fortune and pay as much attention to preserving and growing it as you do your professional career and retirement funds. If you are not, look for opportunities to love. Referring to romance, Stevie Nicks said, “Love is a hard game to play.” This is very true. But there are plenty of opportunities to love in the broader sense – to give your time to community projects, to practice random acts of kindness, to show a little extra compassion to that difficult patient. Your heart and your soul will be healthier for it – and love is contagious, you know!

Note: Dr. Ballard, an internist, is director of preventive services with Norton Healthcare.
Paul E. Schneck was born January 24, 1923, in Seymour, Indiana, the son of Charles Wesley and Laura Willman Schneck. He was a 1941 graduate of Shields High School and a longtime resident of Seymour.

He is survived by his wife of 61 years, Polly Montgomery Schneck; his children, Emily Glossbrenner of Yardley, Pennsylvania, David Schneck of Louisville, Kentucky, Ellen Meyer of The Woodlands, Texas, and Mary Kelchner of Waconia, Minnesota; his sister, Mary Lou Medlicott of Cincinnati; and eight grandchildren. A daughter, Sarah Houston, of Ft. Wayne, Indiana, died in February 2010.

Dr. Schneck was graduated from Indiana University and the IU School of Medicine in 1949 and was a member of Phi Delta Theta fraternity. He completed internships at Wisconsin General Hospital in Madison, Wisconsin, and at Good Samaritan Hospital in Cincinnati. He did his pediatric residency at Children’s Hospital in Louisville.

Dr. Schneck served in the United States Air Force as a captain, stationed at the U.S.A.F. Hospital in Wiesbaden, Germany.

Dr. Schneck was graduated from Indiana University and the IU School of Medicine in 1949 and was a member of Phi Delta Theta fraternity. He completed internships at Wisconsin General Hospital in Madison, Wisconsin, and at Good Samaritan Hospital in Cincinnati. He did his pediatric residency at Children’s Hospital in Louisville.

Dr. Schneck served in the United States Air Force as a captain, stationed at the U.S.A.F. Hospital in Wiesbaden, Germany.

After practicing pediatric medicine in Louisville for 10 years, sharing an office with obstetrician Dr. Ed Masters, Dr. Schneck completed a radiology residency at Louisville General Hospital. He began his radiology career at Community Memorial Hospital in South Hill, Virginia. He moved back to Seymour in 1975 and worked as a radiologist serving the communities of Bedford, Scottsburg, North Vernon and Louisville, as well as Seymour.

Dr. Schneck’s great-grandmother was Mary Schneck. She donated the land for Schneck Memorial Hospital, along with $5,000, which was matched by the city of Seymour. According to Paul, his great-grandmother’s original idea was to build a nursing home in memory of her husband, the late Louis Schneck. But Dr. Graessle, a prominent Seymour physician, convinced Mary that Seymour needed an acute care hospital more than a nursing home. Thus Schneck Medical Center was conceived.

Dr. Schneck and Polly became involved with the Schneck Foundation in 2002 as charter members of the Schneck Society. When Schneck Medical Center constructed its heliport, Paul was one of the first to receive its benefits. He had a medical emergency and was airlifted to another facility. Polly said, “We were so thankful for the heliport. It saved Paul’s life.”

Paul loved making things and was an accomplished woodworker. He would often start early on Christmas Eve to make something special for the children. Many times he stayed up working until the wee hours to finish a project. Paul and Polly lived in Polly’s childhood home, which was built in 1923. Over the years Paul lovingly made repairs, crafted intricate moldings to match the existing woodwork, and through his expert carpentry skills made sure the house would remain as elegant as when it was built.

Dr. Schneck had many talents, including photography. It became a tradition for him to gather his family together and relive, through slide shows, the fun times they had throughout the years. His favorite slides were those of the years he spent as a pediatrician in the Air Force. While in Germany, Paul had the opportunity to travel to St. Moritz, Switzerland, as the physician for the American bobsled team.

Paul’s real passion was fly-fishing at Spruce Creek near State College, Pennsylvania. There he would be in his own world, surrounded by woods filled with pink, white and purple phlox. Standing in the stream at Spruce Creek, with perfect form, he would whip his arm over his head, forward and outward until the fly gently kissed the water, exactly where he had aimed it. That was Paul’s idea of heaven.

- Based on an article in the Fall 2010 issue of the Schneck Foundation newsletter.
significant role in his brother Simon’s future, and then his own.

After an unfocused childhood, Simon became an employee in Jacob’s Pharmacy, and his latent talent was brought into sharp focus by the pharmacy’s microscope. A passion for microscopy and its medical implications led Simon to follow Jacob in the Louisville College of Pharmacy, where the formerly wayward student graduated first in his class. He then entered medical school at U of L, still in the Louisville Medical Institute building at Chestnut and Eighth. From there, he did postgraduate study with Welch at Johns Hopkins University and went on to significant medical discoveries, international fame and great influence.

Meanwhile, Abraham had graduated from the Louisville High School, attended Johns Hopkins University and returned to teach in the Louisville High School (Fig. 10). This school was immediately next to the old Louisville Medical Institute building, and his walk to work in the early 1880s from the Madison Street home would also take him directly by the construction site of the elegant limestone structure being built by the Louisville Medical College on the northwest corner of First and Chestnut, which opened in 1893. Shortly thereafter, he opened his own successful private school (Fig. 11), which excelled in college preparation.

In 1898, Abraham married Anne Crawford, niece of prominent Louisville business leader J.M. Atherton, and they purchased a home at 1803 Third St. (Fig. 12). Her success as a Broadway playwright would take them to New York City circa 1905, and Abraham would become deeply involved in graduate education shortly thereafter.

In 1893, another panic bankrupted Jacob’s Pharmacy and freed him to pursue his long-desired medical career. His first classes were at the Hospital College of Medicine (Fig. 13) on Chestnut Street, directly across from the Louisville City Hospital. After an “internship” in women’s health in New York City, he completed his medical degree at the Louisville Medical College, which had then opened just a block from his Madison Street home.

The lives of the Flexner brothers would again intertwine when Simon’s national reputation and influence allowed him to persuade Henry Pritchett and Andrew Carnegie to appoint Abraham to lead a national investigation of medical education, which would generate his landmark report and great fame. Thus, a remarkable family of impoverished immigrants with a passion for education, hard work and mutual support took the path of opportunity provided by the American philosophy of upward mobility and support for education. Their journey led to great contributions in the progressive era of medical education, and the spectacular benefit which that revolution brought to American society through the public health movement and genesis of scientifically based medicine.

All of this history has been memorialized by dedicated historians in the medical and civic community who wisely saved some (but unfortunately not all) of these historic buildings. The Abell Administration Building of the U of L School of Medicine (Fig. 14) is the original Louisville City Hospital building. The U of L administration, with a gift from Dr. Irvin Abell’s heirs, preserved this historic structure when the Louisville General Hospital wings were taken down, and the hospital moved to its current location on Jackson Street. The old Louisville Medical College building served 60 years as the U of L School of Medicine, after merger of the four other proprietary schools with U of L in 1907-9. It was slated for demolition when U of L moved to its current campus in 1970, but a heroic effort by the GLMS Foundation saved and renovated this magnificent structure, and it now houses the GLMS offices. These preserved historic sites allow us to follow in the footsteps of Abraham Flexner and his family a century later. Following the Flexners’ footsteps reminds us to honor and preserve Louisville’s rich medical history and to continue the Flexners’ noble legacies in medicine and medical education.

(Figures 7, 8 and 13 courtesy of the U of L Kornhauser Health Sciences Library.)

Note: Dr. Tobin is a professor at the University of Louisville School of Medicine, Department of Surgery, Division of Plastic and Reconstructive Surgery. He practices Plastic Surgery with University Surgical Associates PSC.
Specializing in:

- Spider Vein [telangiectasias] injections using the newest FDA approved Asclera solution
- Radiofrequency/Laser Saphenous Vein Ablations
- Complete Outpatient Acute DVT [ileofem/fempop] therapy with mechanical/lytic thrombolysis ensuring “valve preservation”
- Chronic DVT/Venous hypertension/Leg Swelling therapy with Venoplasty/Stent/Lytic usage
- Chronic VSD Wound Ulcer therapy/prevention with Certified Wound Care Specialists
- On site complete Vascular Laboratory with certified RVT’s

3 Convenient Locations for Your Patients:

Suburban Medical Plaza I
4001 Dutchmans Ln. Suite 1H
Louisville, KY 40207

620 Audubon Medical Plaza
3 Audubon Plaza Drive
Louisville, KY 40217

Norton Commons
9501 Norton Common
Prospect, KY 40059

1-888-485-5075
Toll Free

*For a limited time mention this ad for 20% OFF Spider Vein Injections
Financing through Carecredit available

Ashish K. Gupta, MD, FACS, RVT
PerfectVeinCenter.com
The Emperor of All Maladies: A Biography of Cancer

BY SIDDHARTHA MUKHERJEE

Scribner, November 2010

Reviewed by Goetz Kloecker, MD, FACP

There is an amazing lack of books about the history of Oncology (“oncos” = “mass” in ancient Greek), considering that cancer nowadays will affect more than one out of three of us and has haunted mankind since paleoanthropic times.

Dr. Siddhartha Mukherjee’s colorful walk through millennia of medical history is a truly enjoyable and very informative work, starting with Imhotep’s (2500 B.C.) papyrus about breast cancer and its curt statement of frustration, “There is no treatment.” This sense of resignation would last and find echoes until modern time. The old Roman Galen (A.D. 160) would argue that cancer is a systemic disease, which explained the warning of his colleague Hipprocates (300 B.C.) that excising cancer is futile and detrimental. (1550) opened the way to more surgical approaches. Theodor Billroth’s gastrectomy (1881) and William Halsted’s 1882 radical mastectomy were enabled by cystectomy, 1904), Harvey Cushing (resection of brain tumors, early 1900s) and Evarts Graham (pneumonectomy, 1933). “Radical” surgery was en vogue through the early 20th century, until surgery was complemented and modified in its extent first by radiation therapy and eventually chemotherapy. Interestingly, 1896, a year after Röntgen’s discoveries. He was also the first person to be injured by radiation therapy.

The term “chemotherapy” was coined by Paul Ehrlich (1880), when he used chemical textile dyes to stain microscopic specimens in order to detect and differentiate pathogens from normal tissue. By differentiating the disease microscopically, he conceived targeting it therapeutically with chemical “magic bullets.” Modern chemotherapy began with Sidney Farber’s trials in the 1940s. The author, having been trained in medical oncology at the Dana-Farber Cancer Institute, describes the enormous accomplishments of Sidney Farber in lively detail. Farber, a pathologist at Children’s Hospital Boston since the 1920s, focused on leukemia. Rudolf Virchow (1870) gave leukemia its name (Greek “leukos haima” = white blood) and created the “cellular theory” of all biology. Leukemia was a common tumor model in Farber’s time, since the cell count was easily measured and the bone marrow’s dependence on vitamins was well-known. Since folic acid deficiency suppresses hematopoiesis, in 1947 Farber successfully tried the synthetic anti-folate aminopterin in a 2-year-old boy with ALL – against much resistance and animosity. The drug caused unprecedented remissions (albeit temporary) in a series of children, and proved the principle of chemotherapy in the treatment of cancer. The tidal wave of change that was to follow was made possible by a fortunate convergence of political and organizational circumstances. The National Cancer Institute was created in 1937, mainly due to the insistence of a single senator from West Virginia, Matthew Neely. The American Cancer Society was reinvented and reinvigorated by activist laymen led by the socialite Mary Lasker. Under the guidance of the NCI, the alignment of a handful of cancer centers to form cooperative research groups in the 1950s allowed more effective testing of chemotherapy combinations, and standardized the way clinical trials have been performed to this day. These factors created the foundation for cures of certain cancers even in metastatic stages in the ‘60s and ‘70s (e.g. testicular, Hodgkin’s Disease, NHL, chorionicarcinoma) in ways that had appeared science fiction just a few years earlier.

The second part of Dr. Mukherjee’s book focuses more on our understanding of tumor biology. Scientists have long been puzzled by the ways different endogenous and external factors cause cancer. Peyton Rous apparently “infected” chicken with sarcoma by transferring a virus (RSV) in 1911. We would think of this now as activation of an oncogene by the RSV, and for this, he won the Nobel Prize 55 years later, in 1966 (he died in 1970). Doll and Hill’s cohort study in 1954, on physicians who smoked or not, established smoking as the carcinogen for lung cancer. Other carcinogens were known such as radiation, chemical toxins, certain viruses, chronic inflammation, etc. How could all these various factors be tied together? The question was answered in the late 1970s by the description of proto-oncogenes (Varms and Bishop) as part of the regular genetic makeup, which mutate to oncogenes (e.g. src, myc, ras). Additionally, the loss of inherited tumor-suppressor genes (e.g. Rb by Knudson) allows the growth of cancers.

The function of the more common oncogenes has been increasingly defined (e.g. signaling pathways, anti-apoptosis), leading to the six essential alterations for cancer development, which are: self-sufficiency in growth signals, insensitivity to growth inhibition, evasion of apoptosis, limitless replicative potential, sustained angiogenesis, tissue invasion and metastasis (Weinberg and Hanahan, 2000).

The knowledge of tumors’ unique genetic features has become the new tool to fulfill Paul Ehrlich’s dream of a magic bullet,” which targets the disease and spares the patient’s non-cancerous tissue (“penicillin for cancer”). The poster child of this targeted approach has been the treatment of CML, which is driven by the BCR/ABL oncogene-derived tyrosine kinase that triggers the signaling pathway. The author describes vividly the development and testing of imatinib (Gleevec) and how its success – again against much resistance and disbelief as in Farber’s case half a century earlier – proves a new principle in oncology. Gleevec’s Cinderella tale gives hope to all of us, patients, clinicians and researchers, even insurers.

Besides being a well-written page-turner, the book has a valuable, 50-page list of references and an appealing bibliography (these rare works that I wished I could download on my iPad as well). However, in tackling this enormously challenging and fascinating topic, the author had to leave some obvious gaps (ever heard of Watson and Crick, for instance?). The most obvious limitation is the author’s sole focus on Western medicine and his emphasis on Boston’s track record in mankind’s life and death struggle against one of its oldest and cruelest foes. EM

Note: Dr. Kloecker is an associate professor at the University of Louisville School of Medicine, Department of Medicine, Division of Medical Oncology and Hematology. He is director of the Hematology-Medical Oncology Fellowship Program.
Kindred Healthcare understands that when people are discharged from a traditional hospital, they often need continued care in order to recover completely. That’s where we come in.

Kindred offers services including aggressive, medically complex care, intensive care and short-term rehabilitation.

Doctors, case managers, social workers and family members don’t stop caring simply because their loved one or patient has changed location. Neither do we.

Come see how we care at www.continuethecare.com.


NOTE: GLMS members’ names appear in boldface type. Most of the references have been obtained through the use of a MEDLINE computer search which is provided by Norton Healthcare Medical Library. If you have a recent reference that did not appear and would like to have it published in our next issue, please send it to Alecia Miller by fax (736-6363) or e-mail (alecia.miller@glms.org).
Murphy Pain Center provides its patients leading care as confirmed by being the region's first *and only* practice to be awarded the distinction of:

"Outpatient Comprehensive Multidisciplinary Pain Clinic"

by the American Academy of Pain Management
MEDICAL OFFICE CONDOMINIUM SUITES AVAILABLE FOR SALE OR LEASE

3430 NEWBURG ROAD, LOUISVILLE, KY 40218

WATTERTON MEDICAL CENTER

Space Available
1,100 s.f. to 7,800 s.f.
Will Divide, Contiguous Suites Available up to 12,000 s.f.

Conveniently Located
At the intersection of Bashford Manor Lane and Newburg Road, 1/2 mile to the Watterson Expressway

75,000 sq. ft. Medical Office and Diagnostic Facility with Multi-Service Medical Providers

2009 PREMA for Best Managed Medical Office Facility by IREM Kentucky

2009 Most Efficient Medical Office Building Award by the Louisville Energy Alliance in the 2009 Kilowatt Crackdown

For More Information Contact:

Janet Luesing, CPM
Cell: (502) 802-2928  Office: (502) 456-2048
jluesing@primus-ra.com

Tom Zinn
Cell: (843) 384-1451 Office: (843) 705-9400
tzinnbh@hargray.com

Former Urgent Care Space Immediately Available
There are few errorless days and no perfect batting averages in the practice of medicine. Airline pilots (thankfully) nearly all enjoy landings exactly matches the number of smooth-ly powered takeoffs. We aren’t like them, although we try to be.

Heathrow during the week before Christmas dealt to us by Mother Nature can be played in planes sat frozen to the ice and passengers lay slumped against the walls. One of those days was a Sunday, and the BBC reported that the ground would mean only more frostbite? Is it a war on, and superhuman effort cannot be sustained. Why, oh why, said the diggers to themselves, am I breaking my back again and again for these passengers?

Many illusions are explained by false expectations. We the citizens of the 21st century, of every class and living, do not perform the ordinary labor of our forefathers. Other people now grease the crankshaft, and other people load the cargo, and other people clear the interstates, and most of us have no idea how these things happen. We are oblivious to the sweat and the ache, and also to the long and arduous road required of those who work in the skilled professions. We expect to exit our warm cars and walk two minutes on a dry sidewalk to our next indoor climate-controlled lounge, where we expect to wait in uncrowded comfort for our train or plane. We usually believe we should leave and arrive on time, surrounded by civility and ease, enjoying of course a full menu of entertainment options onboard. (Which reminds me: if I ran a gang, I’d have posted my underlings at every Heathrow electrical outlet and demanded monstrous sums outlay of time and money. We don’t want to hear that losing 100 pounds is the best treatment or that exercise is essential, or that tests can’t be done tomorrow and even so might not pin down the problem.

Patients do not expect delays and complications and fevers and side effects or, above all, expense and bad news. But doctors do – we have lost our innocence long ago. The internist studies her stubborn patient and imagines his CVA following years of futile entreaty that he take actual medicine, as opposed to red yeasts. The obstetrician knows that stillbirths are inevitable, but there’s not a mother in the world who expects that fate. The surgeon understands just how many years of training and experience it took to dissect his way through three hours’ account of our sins and omissions, and there’s no fun in that at all.

We as patients don’t do enough of our own health care labor, either. We don’t know what it’s like on the other side of the desk. Most of us, when we travel, want perfect sun or skiing, lots of wonderful food and drink, and exotic but not dangerous destinations. There should not be waiting, or seasickness, or inconvenient itineraries. There must be free Wi-Fi, and someone interesting to talk to, and naps. Similarly, if we get sick, we expect rapid access, instant answers, few uncertainties, tiny co-pays, and something curable – preferably fast, and needing minimal outlay of time and money. We don’t want to hear that losing 100 pounds is the best treatment or that exercise is essential, or that tests can’t be done tomorrow and even so might not pin down the problem.

SPEAK YOUR MIND

Mary G. Barry, MD
Louisville Medicine
Editor
editor@glms.org

The views expressed in Doctors’ Lounge or any other article in this publication are not those of the Greater Louisville Medical Society or Louisville Medicine. If you would like to respond to an article in this issue, please submit an article or letter to the editor. Contributions may be sent to editor@glms.org or may be submitted online at www.glms.org. The GLMS Editorial board reserves the right to choose what will be published.

The illusion of control is one that doctors embrace, but for us the goal is rarely reached. There are few errorless days and no perfect batting averages in the practice of medicine. Airline pilots (thankfully) nearly all enjoy landings exactly matches the number of smoothly powered takeoffs.

When anything other than the above happens, we might feel wronged and disappointed, cheated, or helpless in the face of catastrophe. We feel singled out and unlucky and put upon and maligned: just as if we’d taken sick. We don’t want to blame ourselves, exactly (though we did leave home in winter, for instance, with blizzards predicted). We failed to heed the warnings of common sense, or of those wiser than we: it’s true that we ate the whole pizza, and we never did really exercise, and too many of us still smoke. We would naturally like to blame someone else, or try to bribe our way past the guards. Taking full responsibility for our actions and their consequences would require a straight accounting of our sins and omissions, and there’s no fun in that at all.

We as patients don’t do enough of our own health care labor, either. We don’t know what it’s like on the other side of the desk. Most of us, when we travel, want perfect sun or skiing, lots of wonderful food and drink, and exotic but not dangerous destinations. There should not be waiting, or seasickness, or inconvenient itineraries. There must be free Wi-Fi, and someone interesting to talk to, and naps. Similarly, if we get sick, we expect rapid access, instant answers, few uncertainties, tiny co-pays, and something curable – preferably fast, and needing minimal outlay of time and money. We don’t want to hear that losing 100 pounds is the best treatment or that exercise is essential, or that tests can’t be done tomorrow and even so might not pin down the problem.

Patients do not expect delays and complications and fevers and side effects or, above all, expense and bad news. But doctors do – we have lost our innocence long ago. The internist studies her stubborn patient and imagines his CVA following years of futile entreaty that he take actual medicine, as opposed to red yeasts. The obstetrician knows that stillbirths are inevitable, but there’s not a mother in the world who expects that fate. The surgeon understands just how many years of training and experience it took to dissect his way through three hours’ worth of adhesions to get to the mass, which turns out to be, unexpectedly, not an endometrioma but a sarcoma, with palpably positive nodes. His patient does not expect to wake up and see a look of dread on her sister’s face, or a grave concern on her doctor’s. All of a sudden there will be very stormy news, and her world will come crashing down.

Teaching our patients to have realistic expectations and to guard their health daily is time-consuming and repetitive. It may add to our illusionary sense of control that we speak the words,
Continued from page 29

even if they go unheeded. But not teaching is an admission of failure. Talk therapy is physically easier than digging out 747’s, but just as essential. Every time we make a connection with a patient, his health can benefit. The only way to combat mountains of ignorance is one shovelful at a time. We have to place ourselves in the patients’ shoes and appreciate the effort required to learn and live better health. We should raise our standards, strive to improve, to know more this year than last, to add kindness and concern in greater measure.

Virtue of course is no guarantee of luck, or of maintaining some control over your daily grind: it just gives you the illusion that it might. Sometimes, though, a job judged well-done will make for peaceful sleep (the Pullman kind, and not the snowed-in terminal kind). After 50, that’s a virtue all its own.

Note: Dr. Barry practices Internal Medicine with Norton Community Medical Associates-Barret. She is a clinical associate professor at the University of Louisville School of Medicine, Department of Medicine.

Elizabeth A. Amin, MD

The Doc Wins This Round!

At 2 p.m. on Wednesday, November 17, 2010, I sat down to watch C-SPAN’s coverage of the long-awaited appearance of Dr. Donald M. Berwick, the new administrator of the Centers for Medicare and Medicaid Services, in front of the Senate Finance Committee. The committee members, especially the Republican senators, had been vociferously opposed to the president’s recess appointment in July 2010 of the man to whom some have referred as the “Chief Arbiter of Health Care Rationing.” The viewing audience had been promised fireworks during the hard-charging proceedings. Fireworks? None to be seen. Fizzle promised fireworks during the hard-charging Rationing.” The viewing audience had been promised fireworks during the hard-charging proceedings. Fireworks? None to be seen. Fizzle, on the other hand, was very evident on the committee side of the exchange.

Dr. Berwick came well-prepared to the hearing. He had a detailed opening statement concisely outlining his “core beliefs” and how these would continue to shape his work at CMS. He also listed the important tools that the Affordable Care Act provides to help achieve the goals of “protecting and strengthening Medicare, Medicaid and CHIP.” Specific examples were carefully enumerated. His measured and matter-of-fact delivery took up 30 minutes of the 90 minutes allocated to the hearing. Each senator was thereby left just five minutes for his/her questions!

Many of the senators asked relevant, cogent questions that their constituents would recognize as being important. Moreover, because of “obvious time constraints,” they were willing to take written answers as soon as the new administrator could reasonably accommodate them. Thus did the gentle, mutually deferential, purposeless back-and-forth continue until the last 10 minutes of the hearing. Then it was the turn of Sen. Orrin Hatch (R-Utah). Poor Senator Hatch flustered and blustered through his five-minute slot. He was indignant and insulted on behalf of
“Neuroimaging and Other Diagnostics in Movement Disorders”
CME Course Presented by the University of Louisville Division of Movement Disorders

February 21, 2011
8:00am-3:30pm
Frazier Rehab Institute, Kosair Charities Board Room

4 AMA PRA Category 1 Credits
Space is Limited, Please Call 502-852-3655 to Register
Breakfast and Lunch Provided

Featuring

Mark Hallett, M.D.
Chief, Medical Neurology Branch
Chief, Human Motor Control Section
National Institutes of Health, NINDS

Joel Perlmutter, M.D.
Director, Movement Disorders Section
Elliott Stein Family Professor of Neurology
Washington University, St. Louis

Presentations

“Functional imaging of movement automaticity in PD” Dr. Mark Hallett

"Functional imaging of psychogenic movement disorders" Dr. Mark Hallett

"Functional imaging of movement disorders" Dr. Joel Perlmutter

“Structural imaging of movement disorders” Dr. David Houghton
I. ADVERTISERS’ INDEX

- Hall Render Killian Heath & Lyman
- Hospital Internal Medicine Assoc
- Jewish Hospital St Mary’s Healthcare
  www.jhsmh.org
- KMA Insurance
- Kentuckiana Pain Specialists
  www.painstopshere.com
- Kentucky Vascular Endovascular Vein Center
  www.perfectveincenter.com
- Kindred
  www.kindred.com
- Louisville Convention & Visitor Bureau
- MedX12
  www.medx12.com
- Merkley Kendrick Jewelers
  www.merkleykendrick.com
- Murphy Pain Center
  www.murphypaincenter.com
- National Insurance Agency
  www.niai.com
- Norton Healthcare Physicians
  www.nortonhealthcare.org
- Physician’s Medical Center
  4 & 6
- Practice Administration Services
- Senior Care
  www.seniorcare.com
- State Volunteer Mutual Insurance Co
  www.svmic.com
- The Doctors Company
  www.thedoctorscompany.com
- The Pain Institute
  www.thepaininstitute.com
- The Physicians Billing Group
  www.thephysiciansbilling.com
- UL Division of Movement Disorders
- VanZandt Emrich & Cary
  www.vanzandtinsurance.com
- Wakefield Reutlinger (Ken Reutlinger)
  www.wrealtors.com
- Walker Counseling Services
- Watterson City Bldg

II. BUSINESS CARD GALLERY

The Physicians Billing Group
Increasing Physicians Cash Flow Since 1994

- AR Recovery
- Aggressive Claim Follow-Up
- Appeals
- Patient Billing
- Customized Office Forms
- Financial Reports

502-855-3491
www.ThePhysiciansBilling.com
4965 U.S. Highway 42 Ste 1000 • Louisville, KY 40222

Ken Reutlinger
DIRECT 502.271.2724
OFFICE 502.425.0225
TOLL FREE 800.837.5696
FAX 502.425.7793

www.WRrealtors.com   KenR@WRrealtors.com

WALKER COUNSELING SERVICES, INC.

MAUREEN A. WALKER, M.A.
KY Board Licensed Clinical Marriage and Family Therapist
Family Systems Psychotherapist

YOUR THERAPIST AND COACH FOR LIFE
- Individual • Couple
- Marital and Divorce • Family • Group
- Effective • Strategic • Healthy

Office (502) 425-5482
Direct (502) 553-5482

YOUR REFERRALS ARE ALWAYS APPRECIATED
Lynnhurst Office Center, 8009 New LaGrange Rd., Suite 4, Louisville, KY 40222

III. CLASSIFIEDS

MEDICAL OFFICE CONDO FOR SALE OR LEASE
Located at 1005 DuPont Square North, between Norton Suburban Hospital and Jewish Hospital Medical Center East. 2980 Sq. Ft.  Call 502-348-9888.

Practice Administrative Systems
“Our practices are collecting more this year than last year. Are you?”
(502) 371-9700
Lindsay A. Hudson, C.P.C.
Did You Know?

National Insurance Agency offers GLMS Physicians unique insurance products not available in the ordinary Insurance marketplace.

GLMS Individual Own Occupation Disability Income Plan.
New Issue and Participation limits make the GLMS Disability Plan a valuable addition for both small and large practice physicians seeking additional protection.

Call, visit us at NIAI.com, or have your agent call us to learn more about these special plans.
EXPERTISE.

With over 20 years of experience and Fellowship Training in Pain Management, Dr. Michael Cronen is respected nationally in his field. He is Board-Certified in Anesthesiology, Pain Management and Headache Management and is also the founder of The Pain Institute, the region’s premier center for pain management. Since 1991, he and his colleagues have used knowledge, experience and state-of-the-art medical technology to provide relief for debilitating pain. Trust your patients to the skill of Dr. Cronen and The Pain Institute. Where relief is reality.

For more information, visit our Web site at www.thepaininstitute.com or for immediate, personal response, call us at 602.423.7246.

THE PAIN INSTITUTE
Dedicated Exclusively to the Management of Acute and Chronic Pain
252 Whittington Pkwy • Louisville, KY 40222