



Our Stars Shine for Charity

by Jim Smith

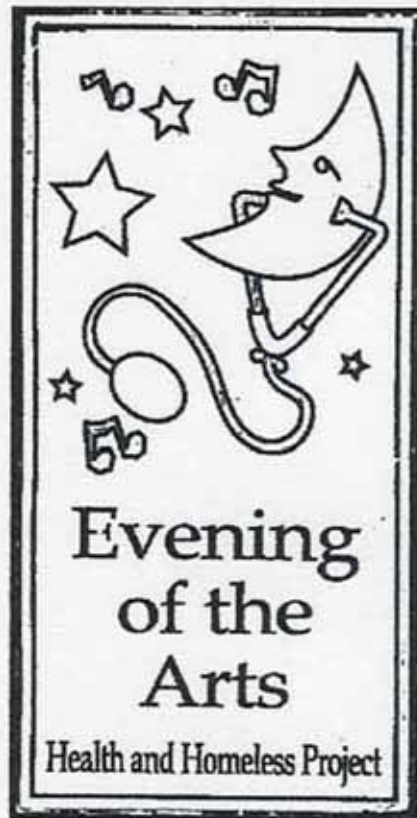
The study of medicine can consume our lives. Learning the intricacies of medicine during the first two years of medical school leaves time for little else, and studying medicine on the wards during third and fourth years offers no respite. Practicing medicine on a daily basis can occupy every waking thought. Yet, although medicine consumes much of our lives we still manage to pursue other interests and maintain our individuality. We are all gifted in our areas of study, yet many of us possess other gifts as well. This April, a group of students and residents would like to showcase their particular talents in the fourteenth annual Evening of the Arts.

Evening of the Arts is a student-produced talent show. It features instrumental, dance, and vocal arrangements. Past shows have included a number of piano and guitar acts, dance recitals, poetry readings, and even comedic performances. A silent art auction also takes place before the show and during intermission. All artwork in the auction is produced by medical



students. This year's show promises to be better than ever due to the amount of interest from members of the student body.

The ongoing mission of Evening of the Arts is to raise funds to support medical clinics that service the health care needs of the homeless and working poor of the Indianapolis area. Over the past five years, Evening of the Arts has donated over \$15,000 to local clinics such as Genessaret Free Clinic,



www.iupui.edu/~iusmeota

Wheeler Mission, Salvation Army, Horizon House Day Center, and the St. Thomas Clinic. These generous gifts are made possible by the support of students, faculty, and local organizations through ticket sales, a silent art auction, and donations. The clinics use these funds to buy medical supplies to continue offering services to those in need. The goal for this year's Evening of the Arts is to raise \$4000.00 to give to these free clinics.

Evening of the Arts has become a medical school tradition. During the 1991-1992 academic year, a group of medical students discussed ways to showcase the many artistic and musical talents of their colleagues.

From this discussion, the idea of a variety show featuring medical students, faculty, and administrators was born. As the idea blossomed, the students decided that these talents should be tied into volunteer efforts at the health care clinics caring for Indianapolis' homeless population. On April 25, 1992, the performers of the first Evening of the Arts took the stage and the event has been an annual extravaganza ever since. The tradition of donating the proceeds from Evening of the Arts to local health clinics was also begun and has continued each year.

In addition to fundraising, Evening of the Arts strives to provide education and draw recognition to homeless health care issues. Each year, the performance draws a large and diverse audience of students and faculty, as well as their families, friends, and colleagues. Community recognition has also grown with each successive year through television and newspaper publicity. Evening of the Arts works to create a better community, not only at the Indiana University School of Medicine but also throughout the city of Indianapolis. For more information on the history or the mission of Evening of the Arts visit our newly established website: <http://www.iupui.edu/~iusmeota/>.

The performances are set. The art is collected. The room is booked, and the anticipation for the 14th annual Evening of the Arts builds. This year's show is scheduled to be a two hour affair. Medical students and residents alike will display their talents for everyone. Tickets will be on sale the week of the show during lunch; \$10 for students and \$15 for everyone else. Come to the 14th annual Evening of the Arts on Saturday, April 2nd and see what, besides medicine, drives our student body.

The 14th Annual Evening of the Arts is scheduled for April 2.

In this Issue: Highlights



*Read about
Spring House
Calls on page 3*



*Need A Little
Romance?
Turn to Page 4*



*The CMA: Not
the Beliefs of Most
Christians, page 9*

Iatrogenesis

Student newspaper of the Indiana University School of Medicine

March 2005

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The opinions expressed within Iatrogenesis do not necessarily reflect those of the Indiana University School of Medicine or its Medical Student Council. Questions, comments, opinions, and submissions should be directed to editors at iatrogen@iupui.edu. Iatrogenesis reserves the right to edit or exclude any submissions, solicited or unsolicited, for publication.

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Campus News

Back for Seconds by Brian Meek

Our beautiful interlude has ended, and Act II of our academic drama has come whether we have returned with our popcorn or not. Overall though, second semester has been much of what our elders have told us it would be, still busy but with a bit more free time. By no means are any of us complaining. The weekly quizzes in physiology have been a constant load but a good initiative for those who procrastinate until test time. CHD is coming close to an end as we wrap our ninth and final case, the triple jump exam to follow a couple weeks after spring break. And then there is microbiology, reminding us of those fun memory test we took in the ISTEP (e.g., a baloo is a bear). We do have about a month until the next exam though, so I guess that will give us some time to resolve our associative hatred of the Bug Charts. And last but not least is histology, which has been completely unique compared to any other course so far. I mean an exam over six lectures? I thought there were bylaws against that in medical school. But once again, I'm not complaining. Keep up the good fight Dr. McAteer. Until next time, everyone have a great spring break, and for the love, use it to relax; you deserve it.

Notes from the Class of 2007

by Derik J. Geist

Do you remember the days when you were in your room, the stereo was turned up, and your parents were always yelling at you to turn down the volume? Remember how you always thought that it wasn't really that loud, but that your parents were just being fuddy-duddies about it? Well, oh how the tables have turned when it is now we as second year, students are saying to our classes, "Turn that volume down!"

Two more months of lecture, one more month of Step I prep, then welcome to the big show. Summer vacation will be no longer. We'll have to tune in to the latest episode of Laguna Beach to live vicariously through those teenagers wise beyond their years that speak to the core of me. Maybe we can get MTV to make a reality series about second and third-year medical students detailing the trials and tribulations of transitioning towards being a medical professional...but I guess that we really do not have anybody in our class with a unique and trendy name who makes "stoked" and "wicked" part of their vernacular. But nonetheless, thank goodness we'll finally get to apply something for a change, that is besides a #2 marking a, b, c, d, or e to a bubble sheet (or any combination, all, or none of these choices, right?!).

MS3 Update

by Paul Chestovich

Yo, yo third years!!! February's in the hiz-ouse!

The beginning of this cold and frigid month places us past the two-thirds mark of medical school, nearing three-quarters finished through our saunter within the corridors of the IUSM. During our recent class meeting, we discussed electives, away rotations and were assigned advisors. As a class, medicine was our top choice of future residency program, followed closely by anesthesiology and surgery. Finally, a class that really cares about health care and not money... Well, that's about it for our class, hope everyone's having a great time on their rotations!

MS4: Important Upcoming Dates

by Toni Lin

Monday, March 14 - Un-match Day - At noon, seniors participating in the ERAS general match receive an e-mail saying whether or not they matched. Reading this message may require a change of pants.

Thursday, March 17 (St. Patrick's Day)

9 am - Exit interview - Required for all students who have taken out loans, more information to follow from Jose Espada

11 am - Match Day Luncheon in the atrium for MSIVs

Noon - Match Day Ceremony - It's not required to read your match location publicly, but you have that option. Limited amount of space for significant others/family.

2pm to 7pm - Private Match Day Party at The Vogue in Broad Ripple.

Week of May 2nd - Senior Week - Plans to follow

Friday, May 6 - Senior Banquet - Indiana Roof Ballroom, 6 pm

Sunday, May 8 - Commencement - Convention Center, 4:30 pm

Center Update: Gary MS1...Why the Bad Rap?

by Blake Erdel and Jacob Hennings



We're sure most of you are sitting at your regional campuses around the state wondering what life would be like if you hadn't ranked the Northwest Center number nine on your selection list. On behalf of the 18 "suckers" in Gary, we would like to take a minute to answer your burning questions...

We wake up each morning gagging on smog from the steel mills. As we exit I-65 towards campus, we slalom our way around and over the 3-foot craters that litter the streets. At the same time, we must keep an eye out for ambitious drug dealers crossing the road to make the early deal in front of the 24-hour cocktail lounge. After school, we hit a popular lunch spot, Subway. Unfortunately, Subway is just not the same when the friendly face making your sandwich is behind 2" of bulletproof glass and joking to other patrons about "beating their head to the white meat." Next it's on to the closet-sized weight room or the Globetrotter basketball tour in the gym. Then, on the way home, it's inevitable that we will catch a red light at every street crossing. However, this affords time to take in unique sights: a well-dressed man in a suit standing in the median selling religion in one hand and an apple pie in the other, a low-rider on spinners hitting hydraulic switches to the rhythm coming from a rusty trunk, among others. Finally, we go to bed in anticipation of what wonders the next day may bring.

Although each of the events accounted above has happened at some point to members of our class, this is actually not a typical day. We have now spent about 8 months at the Northwest campus, and we can honestly say that the stereotypes are overblown. Our campus is the safest each year, and no member of our class has had any negative encounters. Given the choice again, we would all still pick the "Gary" campus.

So, why? Our typical class day is two hours long and long days are four hours. Unlike other campuses that have two tests a week amid five classes, we have two tests every six weeks and one class at a time. We spend our time in a brand new, Taj-Majal-esque building complete with state of the art equipment and a personalized relaxing chair for each student. Instead of listening to a professor drone on all morning, we direct our own learning in our problem-based learning sessions. One professor has treated us with two, all-expense paid fondue dinner parties that would make even "the Trump" jealous. To finish up the year, we look forward to multiple class trips to Chicago, including one to Wrigley Field. What more could you want?!

All of these experiences have brought our class closer than Siamese twins. Hopefully this light-hearted article will help you see what the "Gary" experience is really like. We look forward to another year here and we will see you all third year in Indy.



Entertainment



Music Reviews by Greg Berman

Ray Lamontagne “Trouble”

Ray Lamontagne is not just another singer/songwriter; rather he is the best new addition to the ever growing Hush Rock genre. Lamontagne's debut, “Trouble,” provides a great late winter/early spring soundtrack. With a unique voice and guitar stylings reminiscent of early Van Morrison, he is sure to find a spot in many collections. With a recent Valentine's Day show selling out at Birdy's and much radio play, Ray will soon be hard to miss.



Bright Eyes “I'm Wide Awake, It's Morning”

The better of the two separately issued releases from Omaha, Nebraska's boy wonder, “It's Morning,” is an acoustic gem. A veteran of the indie-rock scene at age 24, Conor Oberst does not disappoint. While the other release, “Digital Ash in a Digital Urn”, is a more challenging listen, “It's Morning” will continue comparisons of Oberst to the Bob Dylan of the twenty-first century. The media and Oberst's obsessed audience are paying close attention as he has received rave reviews and his two singles, one from each album, reached number 1 on the charts.

Kings of Leon “Aha Shake Heartbreak”

The Fallowill brothers and cousin are back after their amazing debut, “Youth & Young Manhood.” The Kings are huge in Europe and are gaining ground here in the States. Their sophomore release shows they have enjoyed their fair share of success. The songs discuss the typical sex, drugs and rock n' roll that drive everyone to yearn for rock star status. “Aha Shake Heartbreak” shows this group's musical maturity all the while retaining their Southern charm. Hard to imagine them topping their debut but with new tricks up their sleeves the good ol' boys may have done just that.



Restaurant Review: The Place to Take Your Significant Other If You Screwed Up

Eddie Merlot (\$\$\$\$)
96th and Keystone
3645 E. 96th Street
Indianapolis, IN 46240
(317) 846-8303
Opens 5pm daily.
Grade: Pass (HP if you need to treat someone special)



by Allison Meadows
and Samson Chan

Synopsis: Eddie Merlot is an upscale steak and wine house complete with valet. Go before St. Vitus Dance, go to propose, go for business, and definitely go for their cakes. Wear a jacket.

Allison: Having never been to Eddie Merlot's and aware that it was known for its steaks, I was a little worried about my options for dinner. However, I was relieved to find several fish selections for each course,

including the ginormous shrimp cocktail (\$14.95) and the grilled fresh salmon entrée (\$19.95). Now, let me begin with a word of caution about the shrimp – they were not deveined, and had explosive tendencies when eaten. But I guess we're all in medical school right?



Regardless, I thought the appetizers were very good, the salad was standard (\$5.95), and the dinner rolls unusual (if you like peppercorns, you'll really like these). I was pleasantly surprised by my very large piece of salmon. It is rare that a restaurant will prepare salmon medium-rare when requested, so I was impressed that they succeeded in doing so for me. The fish was served with a mushroom and cream based sauce, which complemented the fish nicely. As for the sides, I wish there had been more



of the garlic mashed potatoes (\$5.50), while the creamed spinach (\$5.95) was so-so, or maybe Campbell's. Then came the desert. I'm sure Samson will have a lot to say about this, but I'll just say that both cakes were great. Actually, the carrot cake (\$6.95) was delicious – I would almost go back just for that, even if I was paying.

Samson: (Let me just clarify Allison's last statement: neither of us paid for dinner. We went as invited guests to a drug company talk. Will we become drug company toadies because of this lavish dinner? Fear not, fellow readers, neither of us have had pharmacology at the time and remembered neither the talk, the company, nor the drug. Now back to the review.) Actually, Allison summed up the quality of the food very well. My hunk of medium rare filet mignon (\$26.95) was grilled better than any other upscale steak house I've been to in Indianapolis. And the chocolate layer cake was the richest, moistest, most chocolaty cake ever to float to this good brown earth – the \$7 a slice is a bargain. Eddie Merlot, named for a man who loved wine so much that his last name changed to Merlot, is also

known for its fine wines. Allison, abstaining for the night, and I, with my ALDH2 handicap, enlisted Joe Frank of the “Rock for Riley” fame to help judge the wine. He said, “It tasted very good. The way an excellent merlot should be.” Joe promptly left to get a refill. We know where the next “Rock for Riley” foundation meeting will be.



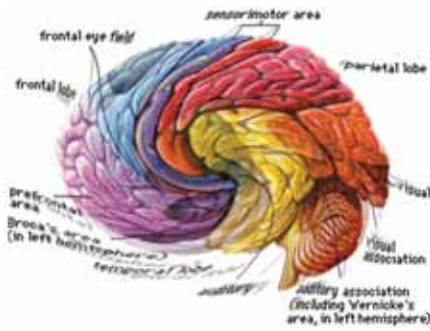
Book Review: *Healing Through Empathy* by Francis V. Adams, M.D.

Iatrogenesis has been asked to inform you about a book that “illustrates the vital importance of the doctor-patient relationship.” Published in 2004, it was written by a pulmonologist who recounts his interactions with seven of his patients. Dr. Adams' writes very readably for a lay audience. His goal is to allow the reader to shadow him in order that they may be “better equipped to choose who their physician should be.” He makes a strong case for the how the doctor-patient relationship may change things for better or for worse, from the patient with lung cancer who survives against all odds to the non-compliant asthmatic who dies of her disease. The stories move quickly and Dr. Adams kindly explains diseases and treatments. The book is fairly short, (97 pages plus glossary and appendix, two hours reading time). I would recommend it as ICM I extra-credit reading, or for a pre-med friend of a friend who is wondering if doctoring is for her. Once we have a few months clinical experience, we know first hand much of what Dr. Adams illustrates. This book does not address the complexities of how to cobble a good doc/patient relationship. Still, it is a quick, entertaining read and might be welcomed by a second year who can't face one more list of anesthetics or discussion of re-entrant tachycardia.

--Jessie Stewart

Observations from a Twisted Mind

by Seth Moore

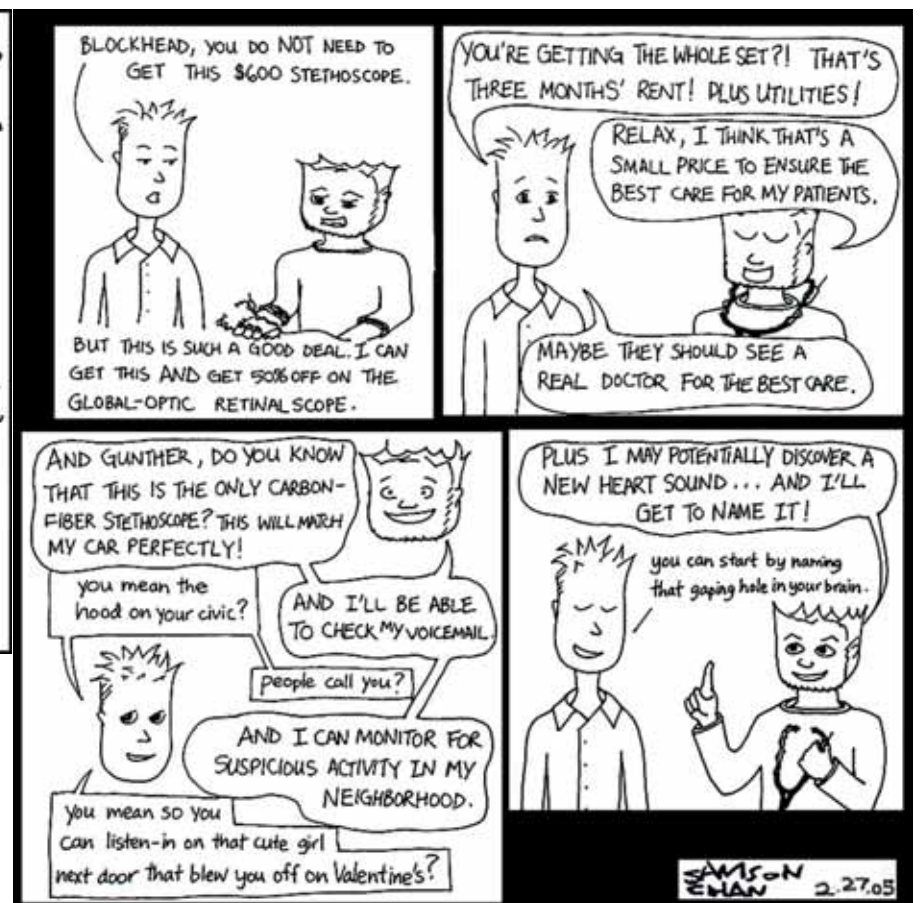


- Does anyone else feel like the mentoring lunches are like bad blind dates? Where are you from?...really?...year are you?...wow...SOOooo how about that crazy weather?
- Why are parking decals so expensive? For \$104 dollars a year a tram should pick you up at your car and deliver you to the building. Where did I park again...Mickey 3 or Pluto 7?
- It's all about the fabric. Sure you learn a few things and maybe take a few tests in medical school, but in the end we are all just really working for that extra six inches of white fabric on the end of our coats...anyone know a good seamstress?
- Why does the Clarian People Mover look incredibly aerodynamic yet only goes about 5mph...when it runs.
- Is there anything else that can be served for lunch other than cold cut sandwiches or pizza? How about cold cuts ON a pizza...
- Does anyone else find themselves pondering the REAL unanswered questions in life during those early morning lectures...Seriously, which really DID come first...scrambled eggs or chicken fingers?
- Presenters, lecturers, and speakers...when your wireless microphone suddenly fails to work during the middle of your presentation...the battery is dead...REPLACE IT. Yes. Rocket science.
- On campus I am not sure which is more dangerous on the sidewalks: ice and snow or the 2 inches of salt that soon follows.
- The progression of self-confidence as a medical student: I am going to get honors in all my classes as I am incredibly intelligent and great at studying...oh well...I know this year I am going to receive nearly a perfect score on the USMLE Step 1 test as I do really well with standardized exams...oh well...I know this year I am will impress all the attendings on all my clinical rotations with my outstanding medical techniques...oh well...This year I know I will do well with all my residency interviews as I have the ability to be very articulate and I am good at talking about my strengths...oh well...bagging groceries can't be THAT bad!



Brain Scan

by Jessie Stewart

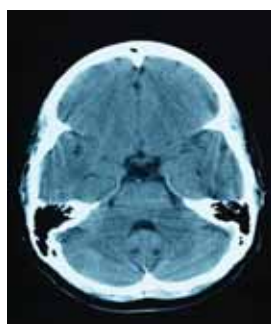


CONGRATULATIONS to Corbin Vandewege, MSIII, winner of last month's brain scan.

A word scramble puzzle- for those of you who regularly sit in lecture doing the puzzles in the Star. For someone with my poor unscrambling abilities, this seems like a really hard puzzle. So, even if you get only part of the puzzle, send in your response (iatrogen@iupui.edu). If you get more than anyone else, you win!

Instructions: unscramble each of the 10 words. Then, rearrange the indicated letters to spell out one of the core medical student maxims.

1. nantarpslt (2nd letter)
2. taompxehounr (6th letter)
3. teremisrt (3rd letter)
4. onyaidts (1st letter)
5. ourcp (5th letter)
6. rufeogt (1st letter)
7. iatosilon (2nd letter)



Blockhead and Gunther
by Samson Chan



THE TOP TEN

by Nick Nelson

The “Best” of This Year’s St. Vitus Dance

This month’s award winners are all #1 in my book. St. Vitus is the one time that all you meddies get crazy, sample the free adult beverages, and actually have a good time. This year did not disappoint, thanks to the organizers.

I hope you all had a good a time, here’s what I can remember...

Best Dressed (tie): Amy Morris and Anthony Harris. We all should have just worn scrubs because she looked like a million dollars in that black dress and Anthony wore a Tuxedo. Enough said.

Best Foreign exchange student: Andreas Kehrer. I think this German phenomenon had twelve dates. Sorry ladies, he’s in the Swiss Alps this month.

Best Bartender: Barb to the left of the DJ. Our in depth conversation went like this:

Nick: “Damn Barb... now that’s a Crown and Coke!”

Barb: “Pour ‘em strong and they’ll last long”... that’s my motto. Where’s my tip, you &%@<?!”

Best Dancer (tie): “The Dirty Birds,” the 2nd years’ favorite pair of roommates who love to dance...together.

Best Boy Scout: Yours truly. Next year, you too can Be Prepared. Bring your own flask, avoid the lines early, and then camp out at the bar with Barb while all the other meddies are tipsy after two Cosmos....

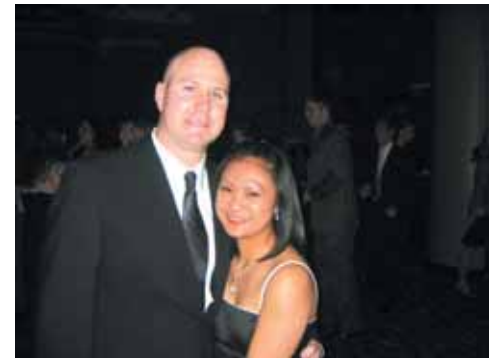
Best Republican (tie): Mike Snyder and Greg Singleton. When they weren’t discussing the national missile defense system, plotting the invasion of Canada, or cutting taxes, they were lobbying their ladies.

Best Drunk: Anonymous 3rd year who passed out on the greeting table at 23:30 and proceeded to have mass vomitus while a group of young women were trying to nurse him back to sobriety...You know who you are!

Best News of the Night: Frances Contreras and Jason Cosgrove. Congratulations to the Class of 2005’s very own who got engaged over New Year’s.

Best Verbal Slam: Anonymous 1st year to two Dental students holding up the drink line:

“Hey, can we get some friggin’ drinks back here? I know you guys feel bad about having to be at a Med School party, but let’s go! By the way, sorry about the MCAT, but my pal here scored higher than both of you two combined!”



Strictly Confidential

by Mel Practice

It is just past 5 a.m. Snow falls outside and I just made it home, back from one of the most fun nights of the school year so far. The St. Vitus Dance night seems to be that one time of the year when the majority of the student body simply lets go of their pride and delves into the intricacies of drunkenness—in all its levels—and dancing.

As I sit here, recalling all the special moments of the evening, I feel that there is one thing I would like to share with the other students. My evening would NOT have been complete without this one special touch...

Being the party animal that I am, one could easily spot me on the dance floor shaking my body to the music, almost like a convulsion, but in a slightly more coordinated way. I believe Dr. Crabb would have called it choreoathetosis. I honestly do not remember leaving the dance floor for a long time while there. My friends were awesome. Aside from taking pictures of me with cameras that have those fast-repeating flashes that supposedly eliminate red eye, but induce a seizure in the process, they brought me drinks, water, and I think I was given a banana at some point. I never had to leave the dance floor!

The night was going absolutely wonderfully! I was mingling with everyone and dancing with as many people as there were who wanted to dance with me! Things got slightly—how shall I say this—discomforting when I was dancing with a friend. I do not know exactly what kind of maneuver I was trying to perform on the dance floor, but I somehow managed to rip the back of my pants open. No, really! It just went *wrrrrrrrrrrrak* and split right open.

At first I was possessed with a mix of disbelief, confusion, and fascination. Then I gathered courage and decided to “palpate” myself—while still dancing with my friend who was oblivious to what had just occurred, mind you—and realized that, yes, my ass was exposed. Well, not completely, as I am one of those old-fashioned guys who still believes in underwear. But still...Thoughts were swirling my mind in this dizzying spiral of uncertainty and bewilderment. “What am I going to do now? This is almost as bad as having a diarrhea attack in public!” I thought.

My friend laughed hard when I told her. We both laughed. Being that I was mortified with the scarce coverage my buttocks had at that moment, my friend tried to help me conceal the sight from the rest of the medical student community. This brought a whole new meaning to the expression “covering one’s ass.”

We quickly determined, though, that that plan was drawing more attention than the actual glimpse of my bright white CKs. What I did was get my jacket—because at that time I could still remember I wore a suit to the event—which was just long enough to promote the desired eclipsing effect. I simply continued to dance and have fun!

So why did I feel the need to share this experience with you? For two reasons. One, it is awesome to know that our fellow students are there for us when we need them the most. Second, no matter what bad thing happens when you are out there having fun, turn it around and find a way to avoid it ruining your evening—or whatever time of the day you go out to have fun... Make it a reason to laugh or even stand in awe of how life is so ironic sometimes.

I can hardly wait to see what the next St. Vitus Dance has in store for me. The possibilities are endless. However, I am most certain that I will have a blast again...and hopefully there will be no more unplanned “costume malfunctions.”



The O'Manakas Factor: Have You Hugged Your Attorney Today?

by Chris Manakas

Opinions

"Stupid f#\$%ing lawyers!" "Dipshit ambulance chasers!" "Lawyers: you can't live with them, you can't kill them."

These are all statements that came directly from physicians that I've worked with since beginning my medical training. What I've learned over time, however, is that lawyers are NOT the enemy. In fact, they may even be our friends. What physicians need to recognize is that lawyers and physicians are more alike than we care to admit and we need them to survive in the current health care system.

Our job is not easy. Part of why we do this is because it isn't easy. We realize that as care providers we are held to a higher standard, which often means going above and beyond what is expected of us. But what is expected of us? The patients, bottom line, come looking for help. They might be desperate, having waited months worrying about a lump on their breast, or they might be coming in to have their blood pressure checked for the first time in 10 years. More often than we would like to admit, however, there's not a straightforward answer to the patient's questions or concerns. Personally, it is this part of medicine, the art of medicine, that I find so interesting. It's also, unfortunately, what makes us so vulnerable to litigation.

Yes, as physicians, we are rather vulnerable. On a daily basis, we are making decisions that have significant impact on the lives of others and they PAY us (a lot) to make them BETTER (not worse). In turn, we pay for malpractice insurance in the event a mistake is made that results in direct harm or significant negative changes to the lifestyle of the patient. We pay A LOT for malpractice insurance, more now (in percentage of salary) than ever in history, and there's a lot of finger pointing going on about why the cost has been rising so quickly. One easy target is the legal community and another is the insurance industry that we pay to cover our asses.

Why do we blame the legal community? Why do some of us liken attorneys to terrorists? Hop in the DeLorean and flash forward in time with me. You're ten years out of residency, working your ass off trying to see as many patients as you can. One of your former patients has filed a suit against you and you're on the witness stand five years after the fact and all you've got to remind yourself of that office visit is a scribble on the chart that reads "F/U 3 mo." After charging that patient probably \$100 (or more) to listen to their problems (both physical and psychological), perform a physical exam, generate a differential diagnosis, make sure they're not going to die, write some prescriptions, and maybe even refer them to a specialist, don't you think you should have something more than "F/U 3 mo." to show for that? I can cite a bajillion examples of physicians bemoaning the concept of documentation and the burden it places on their workday. Listen, if it takes the threat of litigation to get you to jot down what you thought was wrong with the patient, what you did for them and why you did it, then that's what it takes.

Why are some people so passionately against writing down what they did? Are they pissed because more time documenting means less time with patients and maybe even less patients which means, *gasp*, less revenue. There has to be a way to make it more efficient. We can figure this out and make it better for everyone because that's what it is. Proper documentation is essential (*no shit*, the reader tells Chris). Who does it hurt? Someone please tell me. Documentation can only **help** the patient. It can only **help** us as physicians, providing better tracking of chronic disease and clearer evidence in the event of a mistake.

What really cracks me up is when physicians, documenting a patient visit, curse the attorneys for making their lives hell when if, anyone gets hurt by proper documentation, it's *the ambulance chasers!* Think about it: They make less money because with proper documentation, not only can they now actually read what you did (less billable hours deciphering shitty handwriting), you actually wrote down what you did, leaving less room for doubt about whether or not you adhered to the standard of care which means less likelihood of going to trial or settling with the insurance company.

Honestly, the lawyers get into their business for a lot of the same reasons we get into ours. They are there to advocate for people that cannot advocate for themselves. They represent someone who has been wronged who seeks assistance in trying to make things right. Are there ethically compromised attorneys that place undue burden on the health care system? Sure. But ask yourselves, do you know any ethically compromised physicians that milk the system for all that it's worth for gain in personal wealth? Oh wait, I don't mean to take up any more of your time...please get going to that \$100 a plate pharmaceutical dinner (where you receive your \$500 consulting fee just for showing up). Please, though, don't bring your non-medical spouse...that would be unethical.

Anyway, the last thing I wanted to point out was a brief, but excellent article in the *New York Times*. An article folks, not an editorial. Seems that those two very distinct entities aren't as distinct as they used to be (another column at a later date). Anyway, this article was entitled "Behind Those Medical Malpractice Rates" by Joseph B. Treaster and Joel Brinkley and can be found online from the 2.22.05 issue in the business section.

Please find the time to read it completely. The gist of the article was that malpractice rates have risen disproportionately in comparison to the number of legal cases brought as well as the financial burden of those legal costs. In the article, the authors explain how the insurance companies' investments soured in the nineties and to make up for lost revenue, they turned to a group of people that could "afford" to pay more: physicians. Meaning, all this talk of frivolous lawsuits driving up the cost of healthcare just might be (*gasp!*) bullshit public relations output from the insurance companies. Seeking a cap on malpractice case payouts would help their bottom line, but do nothing to lower our insurance premiums. Imagine that—really big companies with billions of dollars to donate to various political campaigns, seeking out legislative help in the form of settlement caps that would shield them from future big losses. That's never happened before. I'm *sure* we should trust the insurance folks to not conspire with the politicians.

Bottom line (actually at the bottom, how often does that happen?): Attorneys are a whole lot like us. We really shouldn't curse them. In fact, we should probably all give the next attorney we see a big giant hug.

Vent! Time, Time, Time...Huh? Where Did It Go?

by Stephanie Cohen

So, I have made it through a year and a half of med school so far and I have only recently discovered something. The med school must think that students no longer require sleep in today's modern world. If you don't believe me, let's look at the breakdown.

Between class time, lab time and ICM time, we are at school about 40 hours a week. Then toss in another 5 hours a week for extracurricular activities, because we all have to be involved in something outside of classes. I mean, as med students, we are all genetically programmed to be over-achievers (I believe we learned in genetics that the over-achiever gene is somewhere on the X chromosome.). Therefore, we all have to be in some activities. Then there is studying. Unless you are the rare meddler who actually learns from being in class, you have to study outside of class. So, based on what I see of you crazy people always in the library, you study at least 9 hours a day, or 63 hours a week. So, let's see, that is 40 + 5 + 63, for a total of 108 hours a week for school related activities. Gee, that's a lot just for school. Now we have to add in the necessities.

We know that most meddies work a little bit, since the loan money we get provides us with a lifestyle comparable to people living in the Great Depression. Add on 5 hours a week for working, and let's say that basic hygiene and all potty breaks for the day take only 1 hour/day (hey, just do enough to not smell.). Then, if all of our meals require no preparation and all food is inhaled, we can cut eating of all meals down to an hour a day, total. Then, there is the mandatory 2 hours a day (weekdays only) of *CSI* on Spike that has to be seen. And finally, we have to factor in the essential prime time shows: *Alias*, *Lost*, *Numbers*, *ER*, *Scrubs*, *Apprentice*, more *CSI*, and every teen drama on the WB, which adds to roughly 14 hours a week. So, for the basic necessities of life, we have 5 + 7 + 7 + 10 + 14, for a total of another 43 hours a week.

So, let's round and say 100 hours a week for school and 40 hours a week for basic living. That eats up 140 hours a week. There are only 168 hours in a week. So we have 28 hours a week, or 4 hours a day, left for sleeping and seeing loved ones. In that case, good-bye, dear family. I love you, but I want my 4 hours of sleep.

And now, having done all of that math, my head hurts. I think I'll go take an hour nap. Wait, that means I only get 3 hours tonight. Rats. I guess I'd better go study. Hang on, *CSI* just started. Priorities, priorities.





Enter Your Initials _ _ _

by Ryan Brown

Benjamin once boiled two ants inside of their chitinous exoskeletons. Then, he dangled a small butterfly by the wing and with a stoic face asked who was next. Something about that just felt wrong. I remember an awkward silence that encompassed the concrete dugout as we stood in a circle of eight waiting for someone to break the tension or for Benjamin to yell, "Sike." In fact, had any of us known exactly what irony was, we might have recognized that an extremely hyperopic child was stumbling around a bleacher using the same concave lenses to burn the small creatures as he needed to see the small creatures. Unfortunately, we would not learn irony for another two years, and that's a long time to wait for a laugh. So, when Jake pointed out that Benjamin looked like a penis when he took his glasses off, we all laughed at that instead.

In a final plea for the insects, someone suggested that we burn pejoratives into the green paint on the bleachers. Plagued by immature moral codes and inadequate self-esteem, we conceded to peer-pressure. A low rumble of giggles embraced the bleachers as Michael slowly formed four-letter words in a calligraphy that proved he could control light rays better than a No.2 pencil.

In a fifth grade manner of subtlety, we huddled in a mindless stupor around our emblazoned curse words - staring at the words as though they would surely come to life and dance for us. We were like little idiots... only, two in the group had actually been held back a grade, which—by fifth grade standards—would make them big idiots.

Unbeknownst to our group, we had attracted the curiosity of a playground teacher during our animated discussion on whether "crap" was actually a dirty word. (By the way, I took a poll in my house. My wife says no; I say yes; my 3½ year old agrees with whatever daddy says; my 20 month old can still be heard in her bedroom loudly repeating the word over and over again clearly trying to earn cute points from her mom.)

As the playground teacher slowly seemed to grow larger with each passing moment, I might have given anything to be invisible. Unfortunately, I was often more fascinated by the idea of flying and clearly was in turmoil over which I might prefer at the moment. Without ample time to settle that cerebral battle, I remember closing my eyes and holding my breath, as though asphyxiation would be the fitting end to my deviance.

As luck would have it, that was not my day to go. After holding my breath for what could have been in upwards of 15 seconds, I exhaled loudly and managed to squeak to the others that we had been caught. In another moment of fifth grade subtlety, sixteen feet scrambled about the bleachers trying desperately to cover the evidence beneath the damned, tiny rubber souls of our shoes. We each stood awkwardly balanced over those cusses that now seemed to sing and dance like we had wished them to do only three minutes before. There was a hush on the playground as a group of perceptive fifth grade girls made that nasal sing-song that haunts the very soul of grade school children everywhere. "Aahhhmmm...you're in trouble." I often think that had they not uttered those words maybe we would have never gotten in trouble.

Fortunately, as students we are provided with a higher toleration for our failures of integrity. Secondary to my puerile status, I was provided with the opportunity to learn from my mistake with a 1000-word essay entitled "Ants and bleachers deserve respect, too" rather than spending the night in jail for misdemeanor vandalism. Even as medical students, we are regarded as pre-professional students, who can similarly have lapses of integrity that can be ameliorated in the training situation when nothing is at stake. Unfortunately, this seems to build our tolerance to the pre-professional academic foibles like cheating and plagiarism, and then leaves us astonished when the same shortcomings are discovered among our professional colleagues.

But, can we really expect to teach integrity during medical school, especially to someone who seems deficient in moral character? My answer to that is a long and rather uninteresting exposition on the divergence of personal integrity and professional integrity. Fortunately for anyone reading this, I spent the better part of the afternoon deleting that exposition and replaced it with the following answer: No. Shortly thereafter, I celebrated my decisiveness with a Rolo.

This is not to say that professional integrity cannot be developed. Rather, it should be our responsibility during the academic years to begin to ask whether or not someone seems capable of maintaining the standards of competence and conduct of the entire profession. I would challenge that anyone who could ignore cheating on the grounds that "it doesn't affect me" may be an even more dangerous smudge on professional integrity. That is because one incompetent doctor with deficient character will have less impact on the profession than a large body of persons bathed in apathy.

After I spent twenty minutes washing and sanding my designated area of bleacher, I promised to myself to never do another bad thing. And as I ducked into the arcade on my way home after school, I left behind a statement to the world on the high score list of Donkey Kong: 4. ASS____88,650. I offer my sincerest apologies to anyone who played that game after me.



Not your Father's Sports Anymore, or Is It?

By David Stiasny



Many aspects of sports have taken occupancy in the American public's vernacular and daily life today. In a lot of ways, various other forms of entertainment have tried mixing themselves in as well, to bask in the glory and share in the multibillion-dollar profits of the sports entertainment industry. What gets lost in the midst of all this is this— the importance of the little things about the games you and I all see on TV. A simple game on TV can have lasting, lifelong memories that will hold in one's heart forever.

Sometimes it seems only the bad things about sports and entertainment make the headlines: Randy Moss' mooning, Ashlee Simpson's Orange Bowl Performance that left her the most unpopular Simpson in the stadium (over O.J. even), and Ron Artest's "punch-tual" timing. The things that should take the headlines are the good sides of a story. Ironically, for me, Randy Moss was involved in my side of the story.

December 24 of now last year, on what I thought would be another normal visit, I was visiting my dad in the hospital for a fairly bad infection resulting from his chemotherapeutical neutropenia. He had just recently gone into remission, for a second time, from his non-Hodgkin lymphoma, and he was happy with any time he could spend with me. Throughout the previous week, the infection had gotten pretty bad, in that some of his thoughts and words were a little incoherent and he was confused over certain things. He and I spent an hour and a half watching the Week 16 game between the Packers and Vikings for the NFC North title, of which neither of us is a fan, that ended up resulting in a 34-31 last-second Packer win. I didn't stay for the whole game because I was going out with my best friend who was in from New York. Saying goodbye to my dad and mom (who was helping him with dinner and support), I thought I'd see them tomorrow, and again two days later when my brother would get in from out of town, thinking my dad would be ok till then. How was I to know that watching that game would be the last time I would see my dad alive? It made me realize this last year and a half of med school, when I thought spending time with my family was pulling me too far away from my studies, was worth paying the price for only passing my classes. I don't regret for one second any extra time I spent with him or my mom.

At a time when most of us totally immerse ourselves in school, we need to realize there is more than just school that governs our lives. Family will always be there and, for me at least, they need to be made as high a priority, or higher even. Who knew that what seemed like a meaningless game to most everyone in the world could mean so much to me in the long run?



The CMA: Not the Beliefs of Most Christians

by Mike Rerko

Many beliefs professed and presented by the Christian Medical Association have recently stirred some heated debate among the IU School of Medicine community. This editorial is meant to clarify that these and other beliefs are not shared by the overwhelming majority of people of the Christian faith. Even some C.M.A. members disagree with views put forth by the organization. It is unfortunate, however, that in our school the beliefs of a small, outspoken minority have overpowered the views of the great majority, some of who have been silent for fear of stigmatization and vilification.

The most controversial C.M.A. event was the recent presentation on homosexuality, in which homosexuality was presented as a choice of a person and as an illness that can be cured. Many people, both Christian and non-Christian, see this view, and the way it was presented, as an assault on a certain population of people at our school who are unable to properly defend themselves to avoid branding or further denigration. To those homosexual members of our community and to all others who feel compassion for them, I would ask them to remember that this view is embodied by only a small subset of Christians and that one of the fundamental beliefs of all Christians is to love one another, a tenet that the C.M.A. was assumingly trying to follow in the talk, even if it did not appear so to some people.

Upon initial observation, one might presume that the “Christian” in C.M.A. meant an organization firmly founded on the overarching, shared beliefs common to all Christians, regardless of denomination. Indeed, the organization as a whole and the speakers in particular continually reinforce this image of inclusiveness through such phrases as “we, Christians, believe ...,” or “you are not Christian if you do not believe ...” In reality, nothing could be further from the truth. The C.M.A. has increasingly made definitive statements of “Christian beliefs” that continue to alienate more and more Christians. The organization is constantly redefining who is “Christian,” and not including the vast majority of Christians in its ever more limited definition of Christianity.

For instance, the mission trips of the local C.M.A. chapter to Honduras have been stated to have the primary purpose of converting people to Christianity with the medical expertise they provide as only a tool to help accomplish this task. However, the C.M.A. chooses a country that is 97% Roman Catholic, a denomination that is obviously Christian, and makes the poor citizens wishing to receive needed medical care pass through an evangelization tent comprised of only Protestant ministers. It is hard to imagine that this is anything but the conversion process seen as the goal of the trip, which would not be from just non-Christianity to Christianity, but rather from Catholicism to C.M.A.’s own subset of more Protestant beliefs. Unfortunately, the unknowing medical students and doctors who volunteer for these missions may feel that they are there to help people medically, and due to language constraints and the fact that they are working in the clinic all day, they are shielded from the realities of the not fully Christian “conversion” process going on around them.

The non-inclusiveness of Christian beliefs in the C.M.A. does not stop with Catholics but extends to the bulk of Protestants as well. Recently, the C.M.A. presented a view on creationism in which the belief was stated that you are not a Christian if you believe the world might have taken more than six days to create, or even that it is more than approximately five thousand years old. This statement contradicts the teachings of the majority of major Christian denominations, who often state something to the nature that it is permissible to believe that evolution is a process by which God created our world over billions of years. Now, combining these instances and numerous others with the even further exclusion of Christians who might feel slightly different about homosexuality, the C.M.A. has so narrowed their definition of what it means to be Christian to the extent that Christian in C.M.A. is seemingly a misnomer. Instead, the organization should choose another prefix that more adequately describes their specific views and demonstrates who they wish to include and who they wish to exclude as well.

The prospect of an inclusive and fully Christian medical association is not lost, however. One way to fix this problem of narrowing and exclusion would be to systematically expand the beliefs and actions of the current C.M.A. to welcome all Christians into the fold. This task might be extremely difficult as the progressive exclusion of Christians seems to be caused by a pervasive atmosphere at both the national and local levels. An easier solution might be the establishment of a new Christian organization of medicine here at IU, one that would be built not on exclusion but rather on the common beliefs shared by all Christians while also respecting their differences, in order to create an organization that can be fully and completely Christian.

Homosexuality: The Bible and Science Fiction

by Allison Meadows

Last month an e-mail was sent to the campus listserv advertising an upcoming lecture entitled “Homosexuality: Bible and Science.” Thinking this could be interesting, I went to the link that the lecturer had declared “recommended reading” prior to attending. What I found, however, was not what I had expected. The link took you to the CMDA (Christian Medical and Dental Association) website, an organization that touts itself as “the trusted voice on bioethics to our culture.” There I found a prepared statement on their feelings toward homosexuality. Personally I found this piece of “science” fiction to be offensive and inappropriate within a public medical institution, regardless of the fact that we are in Indiana.

Ok, so first let me say that I am not trying to offend anyone here or necessarily criticize any members of the student interest group that sponsored this lecture. What I *am* trying to do is make my fellow students aware that distributing such statements is hurtful and offensive to many of their colleagues. I have a feeling that such lectures are meant to prompt discussion rather than draw battle lines, but when the *opinion* of one side is presented as fact, with ‘scientific evidence,’ it becomes less of a discussion and more of an argument.

For those of you who did not do the recommended reading, I will give you my brief summary. It begins by stating that homosexuals “struggle with moral failure” and that CMDA is opposed to homosexuality based on medical, social, and biblical grounds. It then goes on to provide “facts” from each category that support why homosexuality is wrong. For example, it states that “any lifestyle dominated by sexual fulfillment is contrary to God’s law,” and “homosexual acts do not have the potential to be procreative.” Under the medical heading we learn that “homosexual behavior can be changed” and that “homosexual acts are physically harmful...and can result in a significantly shortened life expectancy.” Oh but wait, then we get to my favorite part – the social grounds. I was not aware that “homosexual relationships are brief in duration,” or that they are “destructive to healthy marriages, families, and society” (I’m still looking for the references that support this claim). I also didn’t know that gay men are known child molesters, or that they burden society with their medical costs. At the end of all of this, CMDA goes on to say that Christian doctors must still treat these immoral beings with love and compassion, and not judge or stereotype them. Wait – what?? Is that not what they just spent a page doing? Furthermore, they say that homosexuals should be encouraged to abandon their homosexuality, and Christian doctors should oppose gay marriage and adoption of children by gay couples.

Don’t think that the information stops there though. To support their claims, the authors of this statement have provided about 20 pages of references, or should I say, selected and out of context quotations from references. And yes, I did read them all. And yes, I do have about 20 pages worth of comments I would like to make in response, but unfortunately (or perhaps fortunately) my space is limited. Instead, I will counter some of the more egregious statements with my own knowledge and experience.

I do not pretend to be a Biblical scholar, but I have read enough of the Bible to appreciate the messages of love and compassion that it conveys. I am also aware that there are many rules in the Bible relevant to one’s behaviors; many rules that are overlooked because they do not fit into today’s society. For example, the Bible states that we should not wear garments of two different fibers, and nor should we eat shellfish. It also says that homosexuality is wrong, but the only explanation I find for *why* is that two people cannot procreate this way. So, does this mean that any couple who cannot procreate should not have sex? Are gay relationships solely based on sex? No. People are in relationships because they love each other, and for many, sex is a method of expressing love. It is not just about having children. To me, the rationale presented by CMDA harkens back to the days when sexuality was taboo, and couples pretended that they didn’t “do it.” Perhaps you still agree with sexual modesty, but do you think we should be telling others what they can and can’t do in bed?

Now the “social factors” were by far the most offensive and personally insulting of the entire statement. I don’t care how many references they have from 1988 about the incidence of men molesting boys, they are still making a quantum leap in their logic. That is that child molesters are child molesters. They *are not* homosexuals, regardless of the sex of the child. These are two separate issues. Furthermore, I have a lot of close gay friends and not a single one was molested as a child – which is another theory suggested as fact by the CMDA. There are several references talking about the higher incidence of depression and substance abuse among homosexuals. Well, I wonder why that is? Maybe because so many people in this country continue to demonize homosexuality and make them feel guilty for who they are.

The only section that I believe has any relevance to our role as physicians was that concerning the medical issues. CMDA tries to argue that gay sex is disastrous to the GI tract, and that homosexuals engage in promiscuous behavior leading to higher rates of STDs and medical costs. Well, now that we’ve taken a look back at issues from the 80’s, let’s jump ahead to 2005. I don’t know if the authors are aware of this, but many heterosexual couples engage in anal sex. When it comes to STDs, transmission is a consequence of irresponsible behavior – not of being gay. Any physician who presumes that someone who loves another of the same sex must be promiscuous is either naïve or incredibly prejudiced, and needs to be educated about the reality of sexual behavior in this country. Otherwise, they are not going to serve either their heterosexual or homosexual patients as well as they could.

What all of this seems to come down to is a matter of sexual behavior. Nowhere in the CMDA statement does it address the real purpose of homosexual relationships – to express love and commitment between two people, just like the relationships between heterosexual couples. Yes, sex may be a component of any of these relationships, as it should be. But it is by no means the only component – and for anyone to say that it is, it’s a real insult to the gay community. All I really want to accomplish here is to make people reconsider *why* they think homosexuality is such a devious and fallible act; especially those who have never thought about it, and especially those who have isolated themselves from the gay community. Maybe instead of stereotyping people, we should make sure that we get to know them first.

There are a lot of real moral issues surrounding physicians today, be they Christian or not. For example, why are so many people uninsured, and why are there so few doctors working in jails? Hey, there’s a good idea. Why don’t we have a talk about how we objectively treat criminals – murderers, pedophiles – people with real moral shortcomings? Now that is a lecture I would probably attend...

The Wonderful World of Medicine



I'm Special, So Special

by Nathalie Coeller

Was it in 4th grade or 5th grade—I can't remember—when the word “special” ceased to mean “being in some way superior” as Webster describes it and started meaning, well, not so superior. More like, “not all the circuits are firing, but I don't want to say that.”

Imagine my surprise when I showed up as the visiting student at a very prestigious medical school and went to get my name tag. I made my normal gaffes with the camera, looking up just a bit instead of at the camera, lending me a bewildered look as I cast my eyes to the heavens in the picture. The lady wasn't in to retakes (they never are) and printed it off, complete with the standard visiting student designation—“Special Student.” “What?” I cried, “it says I'm mentally handicapped!” The lady, who apparently skipped 5th grade, stared at me and said ever so politely, “No honey, it says your special,” which just insinuated even more that I WAS special, in the dumb way, and not the superior way. There was nothing I could do but hang my head, take the tag and move on, hoping no one would notice.

But they did. Every day as I started a new shift in the ED, I would walk up to the attending with my most motivated smile, put out my hand and say, “Hi, my name is Nathalie.” The inclination when someone introduces themselves is to read the name off their nametag; then the attending's eyes would naturally drop to that plastic card affixed to my white coat, squint at the tiny letters and say, “Oh, you're special,” in the loud, exaggerated tone used when your trying to communicate with someone who doesn't speak your language. “Well, actually, I'm a visiting student from Indiana University and I'm interested in Emergency Medicine.” I could see him trying to put all this together in his head, eventually yielding a “Hmm,” in a reflective tone, as if it just didn't compute.

At this point, I would inevitably wonder if perhaps a great big joke was being played on me. Surely I wasn't the first visiting student in the ED. Maybe it's a hazing activity. Maybe they think all students from other med schools must be a little slow. Maybe that woman in the ID office wanted to punish me for not looking “directly into the camera,” as she asked. At the end of the month, fewer people asked about it. I was just glad that I didn't come the next month, when the IDs read, “Student Who Doesn't Know Where Anything Is and Whose Computer Code Doesn't Work and Who Just Got Vomited On By That Little Kid.”

Dean Brater: An Altruistic Voyage Through Medicine

by Micah Smith and Mike Rerko

How does one become the dean of a prestigious medical school such as IUSM? For Dean Brater, it all started on a farm in eastern Tennessee. As a young and vibrant kid, Dr. Brater used to hound his grandfather for the opportunity to drive the farm tractor. His family members were farmers and engineers; his parents met at Purdue where his father studied engineering. With no one in his family in the medical field, he was accepted to Duke, studied chemistry and loved science. Pursuing his love of science, he applied to Duke Medical School's MD/PhD program because he couldn't figure out if he wanted to do medicine or remain in the basic sciences. Duke's medical curriculum is slightly different from IU's in that all of the basic sciences are completed in the first year and then clinicals begin in the second year. Just after second year, he began to fulfill the requirements of his PhD doing biochemistry research. Along this path he soon realized that he truly enjoyed the medical aspect more than the bench work and after consulting with his advisors, he managed to get back into his third year on track. His track became even more interesting when he was approached with the option of combining his fourth year with the internship year of his residency. Essentially, he graduated from medical school in May and his first year of residency was officially complete one month later in June.

Dean Brater entered the vast field of internal medicine with the intent of focusing on nephrology. He firmly believes that the choices you make are influenced by your role models and superiors in life. He was so thoroughly impressed with a few clinical pharmacologists during his track through nephrology that he changed his mind and eventually specialized on diuretics from a clinical pharmacologist's perspective. He still continues some research on diuretics even now. One of the byproducts of being a clinical pharmacologist with an interest in diuretics is that you tend to accumulate “freezers full of urine.” From Duke, he completed his second and third years and his fellowship at University of California San Francisco before moving on to the faculty at Southwestern Medical School in Dallas.

Several years down the road, Dean Brater was recruited to start an academic clinical pharmacology program from scratch, a unique opportunity he quickly, yet humbly accepted. His professional goals never specifically included being a department chair or dean of a medical school, but he was surely on his way after accepting this administrative-type position. Soon, he was asked to be the Interim Chair for the Department of Medicine during a transition period. Being the good soldier that he was, he was happy to accept the job as a good learning experience and frame of reference. Dr. Daly, the dean of the medical school at the time, suggested him as a candidate and offered him the opportunity to permanently fill the position; this track led him to becoming the dean of the medical school.

Currently, Dean Brater works full-time on his “hobby,” which happens to be his job as Dean of the medical school. He spends an obscene amount of time doing his daily medical school duties either at home, in his office, or while traveling. He practices medicine only in Kenya for a “working vacation” over the summer with his entire family helping out as well.

The finer things in life for Dr. Brater (things that would be considered real hobbies to others) are working on cars, mowing the lawn, and grinding out stumps in his yard. He also enjoys watching Pacers and Colts games and catching Duke games on TV or in the Final Four. Additionally, he likes to spend time with his 25-year old daughter who is a counselor in Florida. He also has a Kenyan “son” who he and his wife have unofficially adopted. He is majoring in computer science at IUPUI and might pursue a Master's in Public Health while living with Dr. and Mrs. Brater. Dean Brater is not much of a movie buff, although his wife drags him to one movie a year. His favorite movie, however, is *One-Eyed Jacks*, starring and directed by Marlon Brando, for its memorable lines such as, “Get up! Get up, you scum suckin' pig!” He enjoys perusing historical fiction novels when he is not reading the *New England Journal of Medicine* or *Sports Illustrated*. He thoroughly enjoys enticing his taste buds with Thai food, which stems from a fellowship he did there in 1973-74.

Dr. Brater's focus as dean of our school encompasses the fostering of a unique culture on campus. The constructs through which this project operates are the Relationship Centered Care Initiative, the competency curriculum, international programs, and service learning. He strives to develop a fabric integrating life here at IUSM that will preserve what's special about medicine and enable people to maximize their potential not only as a physician, but as a person, friend, and colleague. A metaphor Dean Brater uses to elaborate on this is a “special sauce: everybody loves it, but you're never sure what the exact recipe is- you just never want to mess it up.”

Concluding our conversation, Dr. Brater emphasized the importance of developing a passion for what you do in life. He urges students to not be afraid of professional experiments. If you're not sure what you want to do, don't keep going down the same road, but try some other option to discover what is best for you. The key in life is to be happy going to work each day. This will make you a better doctor in the end.



The Monthly Motivator

by Pamela Cates

There is a Reason

Nothing ever goes wrong. Whatever happens happens for a reason.

When events don't go your way, there is a reason. When you don't achieve the desired results, there is a reason.

And precisely because there is a reason why things are the way they are, there is a way to change them. To achieve a different result simply requires a different cause.

Instead of assuming that the world has unfairly turned against you, seek to understand the cause of your misfortune. Once you know what's causing the result you don't want, you'll have a strategy for creating what you do want.

What you see as a problem has not been put in place to hold you back. It is merely the inevitable result of whatever is causing it.

Understand the cause, understand the reason, and you can change it for the better. There is a reason behind what happens, so make that reason work for you.

Peace Inside

When troubles come toward you, let peace come from you. When the world is filled with anger, frustration and confusion, that is when a peaceful heart can be the most valuable.

The more peaceful you are, the more effective you become. When your heart is filled with peace, your energy is more positively and purposefully focused.

The longer you remain peaceful, the stronger you become. Peace on the inside thus leads to real, meaningful success on the outside.

You can choose to carry peace within you, no matter what may be happening around you. Let the calm, deep power of peace energize your spirit and it will surely make a difference.

With peace at your very core, your thoughts are clear and your actions filled with purpose. Whatever the challenges of the moment may be, you have what it takes to move successfully through them.

Peace is something you can always choose to carry confidently inside you. The more you do, the more moments you'll fill with purpose and meaning. --www.greatday.com

When I Grow Up: OB-GYN

by Nicole Boersma



Are you interested in women's health? Prefer your patient base to be mostly healthy and fairly young? Do you enjoy a mix of clinic time and surgery? If so, you may want to consider Obstetrics and Gynecology (OB-GYN for short). Although most people know that OB-GYN doctors deliver babies, there is much more to the specialty. An OB-GYN performs a lot of



preventative health measures such as annual checkups and health screening exams as well as prenatal visits, but their days are hardly boring. There are many different gynecological problems to be seen and treated, and some of these are true emergencies. Many OB-GYNs spend one or two days a week (or more) in the operating room while still maintaining a full clinic the rest of the week, and still need to be available at odd hours for deliveries or other emergencies. This lifestyle

means that if you're the kind of person who really needs a full night's sleep every night, OB-GYN may not be for you. If you don't mind being woken up at 2:00 a.m. before a busy clinic day, though, the excitement and good feelings that can come with delivering babies can make OB-GYN a very rewarding profession.

For more information, contact the OB-GYN student interest group.

Paper, Plastic, or Five Cents?

by Allison Meadows



I don't know about you, but as someone who tries to be environmentally minded I used to struggle with which was the better option for my groceries – paper or plastic? For a while I thought paper was better because it was recyclable. Then I realized how many trees had to be cut down to make the bags in the first place, so I started to reconsider. Plastic bags are supposedly recyclable, but I disagree with that (I'll get to this in a minute) – plus they hurt my hands when I have to carry them more than 50 ft. So really, I was in a quandary about how to get my groceries home. That was until I discovered canvas bags, and the five cent discount I get for using them.

For at least the last six years I have been taking my own canvas bags to the grocery; or to the mall for that matter. Doing this has presented its own issues, namely that a lot of grocery baggers get really annoyed when I bring my own bags. Granted I tend to try and bag my own groceries, but that's because I usually bring only one or two bags for a lot of groceries - and most of the employees don't realize that you can actually fit 20 lbs of groceries into one bag, without the risk of it tearing.

Still, I don't enjoy feeling like I am annoying people by trying to cut down on wasteful plastic bag use. I've actually had baggers take the groceries I have bagged out of my bags and re-bag them themselves. I've also had several argue with me about the futility of using canvas bags, telling me that plastic is recyclable. Ok, so I would agree that plastic bags are reusable, and I do use them as my garbage bags. However, they are not optimally recyclable because they can only endure one cycle of reuse before they ultimately end up in the landfill. Let me try to explain this better: glass is perpetually recyclable because the quality never diminishes – regardless of how many times it is melted and reshaped. Plastic is not perpetually recyclable because the integrity of the plastic fibers is lost after one cycle of reuse. When plastic bags are recycled, they are turned into a limited number of items such as garbage bags and plastic lumber (plumber). However, those items *must* be thrown away when they are no longer useful, ending the cycle of reuse.

So for those of you who struggle with the paper/plastic choice, maybe you too will discover canvas. Not only will you save money, but you'll cut down on a major source of waste in this country. And, should more U.S. cities besides San Francisco start charging for paper and plastic bags, you'll be ahead of the game. Now go get those groceries!



Cardio: What's Good and Bad

by Micah Smith

What is cardio? Is cardiovascular exercise simply going for a jog? Are you bored with the "cardio" machine you currently use? Do you go to the gym and wonder what machine will burn the most calories? This article will answer all these questions and more as I discuss the pros and cons relating to five commonly used "cardio" machines.

Irrespective of the electronic components of a machine, the Upright Bike is probably the easiest machine to get the hang of. This machine provides a low stress workout for the knees compared to other weight-bearing equipment. However, most people would agree that riding a bike for a long time can be pretty uncomfortable and so this might take some time getting used to. Additionally, lower back stress may develop from spinal compression if you don't keep your stomach muscles tight. In general, a 180-pound person will burn 350-400 calories in thirty minutes on this machine. (Obviously, the caloric values are different for each person and vary greatly with your intensity, but the values I reported reflect approximately "somewhat hard" levels of exertion.)

Next, the Upright Bike's sister is the Recumbent Bike, a bike you pedal with your feet out in front of you instead below your body. The Recumbent Bike offers wide seats which are much more comfortable and generally place less stress on the lower back. However, sitting for too long on this machine can still be uncomfortable and anyone with a slight foot drop may notice their foot slip out of the straps from time-to-time. In terms of exercise, this machine burns just about as many calories as its sister.

The newest fad machine is the Elliptical Machine. It offers a great fluid workout that mimics running without the joint stress. Additionally, newer models of this machine offer resistance handles to help tone the upper body. The only disadvantage this machine has is that people may find that the stride/arc is not natural for them and may be awkward, especially at first. Alternatively, some gyms also offer the Reebok StrideX Machine on which you can change the stride length, but the problem with this machine is that the arc is not very deep and so you feel as if you are sliding your feet more. On the Elliptical Machine, you generally burn approximately 420 calories in thirty minutes of exercise.

More advanced is the Stair Stepper, which offers a high intensity workout by working up-hill or vertical for the duration of the exercise. This machine can be a great step between a stationary bike and jogging if you are in rehab for a knee injury. Furthermore, this machine works your calves really well. Take larger steps instead of mini-steps to increase the intensity of your workout. On the Stair-Stepper, you can burn around 430 calories for thirty minutes.

Lastly, the Treadmill is available to mimic running but has several benefits over running outside. One, the new Treadmills are well padded to help those with knee problems. Two, you can force yourself to work harder by turning up the speed or increasing the incline. Three, with the Treadmill you can also get a great workout walking at a steep incline or walking backward, but the latter suggestion may take some practice. However, since this does increase joint stress, many people can develop soreness. Typically, one can burn about 460 calories in thirty minutes on the treadmill.

Mix the machines every other session to make your workouts more interesting. Incorporating intervals will burn more calories. I suggest a five minute warm-up followed by intervals of high pace (8mph) for 30-60 seconds and slower pace (4-6 mph) for 60-90 seconds. Repeat several times before cooling down.

AAMC-OSR Annual Meeting Report

As your OSR representatives, Mindy Ho (MSIV) and Jennifer Loh (MSII) attended the national OSR meeting in Boston this past November. The meeting lasted for three days and was full of info sessions and seminars concerning our education, the National Resident Matching Program (NRMP), student debt, student health insurance, and healthcare in general.

Below, we have created a quick refresher about what exactly the OSR is, and also a brief summary of topics and issues discussed at the annual meeting.

What is the Organization of Student Representatives (OSR)?

The OSR is a national organization that is the student branch of the AAMC (American Association of Medical Colleges). It represents the undergraduate medical student body to the academic medicine community. Every accredited medical school in the U.S. appoints representatives to this group, and the OSR is responsible for bringing medical student opinion to the AAMC. The administrative board of the OSR meets with AAMC leaders in Washington, D.C. several times per year, and the OSR representatives gather annually at national and regional meetings. The AAMC itself is the organization responsible for running the licensing exams for physicians (the Boards), the match program for residency, and many other things that are part of becoming a physician.

National issues include curriculum reform, community service, NBME and NRMP updates, Humanism in Medicine Award, student debt, student insurance, health care reform and managed care, and resident work hours.

Topics Discussed at the National Meeting

1. **Student Health Insurance** — A major priority of the AAMC-OSR Administrative Board (Ad Board) this year has been continuing the work of previous Ad Boards to improve medical students' health insurance coverage. Based on the results of 2003 surveys of medical students and student affairs deans, the Ad Board made recommendations to the AAMC Group on Student Affairs (GSA) regarding important issues to be included as recommendations to medical schools on medical student health insurance. The GSA incorporated nearly all of the Ad Board's recommendations. *An official publication of the recommendations will be published in the near future.*
2. **Student Debt** — In response to the concern of increases in medical school tuition and high levels of graduating student debt, the Executive Council of the AAMC asked the staff to develop a paper, presenting the facts about tuition and debt and what is known about the burdens the debt and its repayment place on medical students, residents and young physicians. **If you would like a copy of that paper, please contact Jennifer Loh (jloh@iupui.edu).**
3. **Second Match** — There is talk about the possibility of a Second Match in place of the current "scramble" for unmatched residency candidates. This will most likely affect the Class of 2007 if it is passed. For more information, look at the National Resident Matching Program (NRMP). www.nrmp.org

Reminders!

- Don't forget to nominate a medical school faculty physician for the **AAMC Humanism in Medicine Award**.
- Contact an OSR rep if interested in applying for the **Caring for Community Program** grant. The Caring for Community Program is an institutional grant program designed to encourage medical students to develop services and programs for their local communities. As part of the program, medical schools are eligible to receive up to four years of support for community service-oriented projects.

Good luck this semester! Any questions or concerns please contact an OSR rep! Mindy Ho (MSIV) mmho@iupui.edu, ntony Harris (MSIII) antnharr@iupui.edu, Jennifer Loh (MSII) jloh@iupui.edu



Spring House Calls... You! By Stephanie Cohen

For those of you that don't know, Spring House Calls is the biggest student run service project performed by the med school and is organized by the Office of Medical Service Learning each year, and is one of the best projects (What can I say? I am a co-chair, of course I think it is one of the best! ☺). Basically, it is a day where a huge number of medical students get together on a beautiful spring Saturday and take part in neighborhood clean-up (yard work, planting flowers, etc.) at inner city homes on the near West side. Most of the homeowners are elderly and have no way of taking care of their yards, so you are doing a great service. Plus, it is a lot of fun and you get to spend a Saturday morning OUTSIDE! So for those of you permanently attached to the library, here is your chance to see sunlight again. And there is a wonderful lunch for all of the volunteers and the homeowners after the event. You get to meet the homeowners and hear their stories, which, I have to say, are pretty amazing.

So, here's the scoop. If you love gardening, the outdoors, helping people (this one should apply to all meddies. If not, hmmm...) or were one of those kids like me who just loved playing in the dirt, then this is definitely a service project with which you should be involved. The date of the event is the morning of Saturday April 16, so go mark it in your calendar right now. Go, go write it down. And if I still have not swayed you, then come to the lunchtime call out meeting in B26 on March 30 at noon, and find out why this is the service project to do!