

Dean's Newsletter

April 4, 2005

Table of Contents

- National Advisory Council Reviews School
- Message to the Search Committee for the Next Chair of Medicine
- US News & World Report Rankings: Advocacy But...
- Seeing and Experiencing the Future of Medical Education
- Plans for a Visit with His Holiness the Dali Lama
- End of Life Discussion
- Continuing Stem Cell Debate
- Upcoming Program in Music and Medicine
- Honors and Awards
 - HHMI Investigators
 - HHMI Student Fellowship Awards
 - Burroughs Welcome Awards
 - Paul Berg
 - Michael Link
 - Stuart Goodman
- Appointments and Promotions

National Advisory Council Reviews School

On Monday March 21st, the School of Medicine's National Advisory Council (NAC) made their second annual visit to assess our progress in achieving our strategic and mission-specific initiatives. Their first visit was exactly a year ago, in March 2004.

The NAC is chaired by Dr. Ed Benz, President of the Dana Farber Cancer Institute and Professor of Medicine at Harvard Medical School. Council members also include Dr. Elizabeth Blackburn, Professor of Biochemistry & Biophysics at UCSF, Dr. Tom Boat, Professor and Chair of Pediatrics at the University of Cincinnati and Pediatrician-in-Chief of Cincinnati Children's Hospital, Mr. William Halter, Stanford University Board of Trustees Emeritus, Dr. Daniel Lowenstein, Professor of Neurology, UCSF, Dr. Bil Acting President of Morehouse University, Dr. Carla Shatz, Professor and Chair, Department of Neurobiology at Harvard Medical School, and Dr. Sam Wells, Professor Emeritus, Duke University School of Medicine. Drs Satcher and Shatz were unable to attend this meeting but have been engaged in our progress via other communications.

This year's NAC began with a presentation I gave on "The Year in Review and Paving a New Future". I reviewed the progress we have made in achieving our Strategic Plan Translating Discoveries as outlined in the January 10th Dean's Newsletter and highlighted the major challenges we face over the coming months and year:

Education: Further refining the New Stanford Curriculum, including improving the didactic courses and scholarly concentrations; addressing the clinical rotations and experiences including improving the evaluation system; continued preparation for the upcoming LCME review this October; further development of clinical courses for bioscience students; working with the University on the Graduate Education Initiative; initiating a program for graduate education opportunities for clinical fellows; rebasing the program for continuing medical education.

Research: Continuing to support and advocate for basic science research throughout the school, recognizing this as our true core strength; further developing the infrastructure to support translational research through SPCTRM (Stanford/Packard Clinical-Translational Research Medicine) and STRIDE (Stanford Translational Research Database Environment) programs; continued development of the Stanford Institutes of Medicine, including the specific goal of further developing the stem cell and regenerative biology research programs in preparation of funding from the California Institute of Regenerative Medicine (CIRM). This work is being done in conjunction with our Stanford Program in Regenerative Medicine under the banner of the Stanford Cancer and Stem Cell Institute. In tandem, we are making progress in our application to become an NCI-designated Comprehensive Cancer Center and plan to submit it in October 2005. Progress is also being made in the organization of the Neuroscience and Cardiovascular Institutes and in the initiation of the Immunity, Transplantation and Infection Institute. We are also further developing the Strategic Centers and defining the School's connection to BioX and related University initiatives. In conjunction the School of Engineering, we continue to develop the new Department of Bioengineering, which is already off to a great start, and we are collaborating with University leaders in the broad programs on the Environment and on International Initiatives.

Patient Care: One of the most important tasks is to stay engaged with integrated clinical planning with both Stanford Hospital & Clinics (SHC) and Lucile Packard Children's Hospital (LPCH), both programmatically and for facility utilization. That said, the single most critical task is to complete the process of "funds flow" and begin implementation, albeit with a transition plan, in the FY06 budget. Also key will be the planning for the North Campus and, in tandem, the refinement of the long-range capital plan for both SHC and LPCH.

Professoriate: Of course one of our most important new initiatives is improving diversity throughout the School and in developing a broad ranging program for leadership training and development, both under the guidance of newly appointed Senior Associate Dean Dr. Hannah Valantine. In addition, continued efforts are underway to better manage our available billets and, importantly, to improve, based on forthcoming recommendations from the Task Force led by Dr. Rob Jackler, the processes and procedures involved in academic appointments and

promotions. Also important to our future is the further refinement of our programs to support Clinician-Educators.

Finance and Administration: One of our most important goals is the continued refinement and planning of space to support our research and education missions. We are in the process of completing the “Master Site Plan” for the Medical School Campus, which defines space options and opportunities for the next two decades. First and foremost is the program planning for the Learning and Knowledge Center, which will be located on the site of the Fairchild Auditorium, and Stanford Institutes of Medicine #1, which will be located on the parking lot south of CCSR. The infrastructure plans to support the entire medical site development (including future SIM’s 2-4) will be completed and the future of the original ED Stone Complex will be reassessed, in conjunction with the site development plans underway at SHC. Key to this planning is further refining both the costs of the new building projects, renovation and infrastructure support and, perhaps most importantly, the plans for funding these projects. We hope to have this planning completed in the next two months. In addition to planning for on-site research space, we are also working actively on the off-site facilities. These include the Arastradero site, which will provide interim space for investigators in the Cancer and Stem Cell Institute and the Neuroscience Institute, as well as the renovations at California Avenue, where the genome centers are located, and the utilization of animal space on Porter Avenue. Given our significant needs for laboratory space we are also looking at the prospect for additional off-site rentals.

Communications/Advocacy/Government Relations: With the continued program development by Paul Costello, Executive Director of Communications and Public Affairs, and Ryan Adesnik, Director of Federal Relations, we have assumed a more vibrant and proactive stance on a number of important issues. Our ongoing agenda of course includes stem cell research, but I have also engaged in a number of issues, including funding support for the NIH, the challenges of conflict of interest, alignment of medical school deans around the upcoming reauthorization of the NIH, the recent issues of clinical trial challenges and the need to develop a clinical trial registry, and our failing health care “system,” among others. I hope you are pleased with the recent issues of *Stanford Medicine*. I anticipate continuing exciting editions in the future.

Development/Philanthropy: Our Office of Medical Development (OMD) is undergoing a needed transformation, thanks to the recruitment of Doug Stewart last October as the Associate Vice President for OMD. Doug has recruited a number of new staff and has reorganized operations. He is now focusing on fundraising plans, which include our key initiatives – the Stanford Institutes of Medicine, Education and related hospital initiatives. Clearly this is a work in progress, but evidence of improvement is already evident. At the time of this writing, our medical development is \$20 M ahead of this same time last year. But we have some major needs to fill in both capital and program development through the School, Medical Center and University campaigns, as well as a

specific need to more than double our annual cash from development. While this will require enormous commitment by our faculty, leaders and of course our OMD staff, I am confident that we will achieve the goals we are setting. I am certainly personally committed to doing all that I can to make this happen.

Planning for the Future: I also discussed with the NAC the important challenge that I believe we – and virtually all – academic medical centers will face in the years ahead. As I discussed in my February 7th Dean’s Newsletter commentary on “Charting the Future and Pondering Some Important Questions” I do believe that education and research and their relevance to patient care will undergo transformation as a consequence of new innovations, discoveries and opportunities. Important questions are the rate and pace of change and the ways Stanford can serve as a leader. This potential relevance to Stanford is one of the reasons I posed the broad question of how an academic medical center might be organized in 2005 if we were starting anew and planning to optimize our missions for the next 2-3 decades. Because aspects of this question could have immediate relevance to some of our current department chair recruitments, I also offered some advice to the search committee beginning their work on behalf of the Department of Medicine (see below). Obviously this is an issue we will be discussing and working on in the years ahead.

My presentation was followed by a update on the School’s diversity and leadership initiatives by Dr. Hannah Valentine along with contributions from Chequeta Allen, Assistant Dean for Postdoctoral Affairs, Dr. Gabe Garcia, Associate Dean for Admissions, Anika Green, Assistant Dean for Graduate Studies and Director of the Biosciences Diversity Programs, Dr. Fernando Mendoza, Associate Dean for Minority Advising and Programs, Julie Moseley, Manager of Organizational Development, Dr. Ellen Porzig, Associate Dean for Graduate Studies, and Ellen Waxman, Director of Faculty Relations. Dr. Valentine reviewed the plans she proposed at the School’s Retreat in January (see <http://news-service.stanford.edu/news/2005/february2/med-retreat-020205.html>) and received considerable praise from the NAC for the initiatives being taken and for the broad engagement through the School

The NAC also heard updates on two of the Stanford Institutes of Medicine (Dr. Bobby Robbins, Director of the Cardiovascular Institute, and Drs. Bill Mobley, Director of the Neuroscience Institute, and Karoly Nikolich, Chair of this Institute’s Advisory Council) and two Strategic Centers (Dr. Rick Myers for the Genome and Human Genetics Center and Dr. Henry Lowe for the Center for Clinical Informatics). Some of the materials related to these Institutes and Strategic Centers can be found on our Strategic Planning Website at <http://medstrategicplan.stanford.edu/retreat05/>.

We also discussed the Neuroscience Institute at Stanford (NIS) at our Executive Committee on Friday April 1st. Dr. Mobley reviewed the rationale for the Institute. The key elements of this rationale are that disorders of the nervous system are devastating and increasingly common; that we are learning to decipher disease mechanisms, encouraging prospects for effective new treatments; but that a variety of factors combine to slow the

pace of applying the benefits of research to patient care. As a result, a new model is needed to accelerate research leading to treatments. This rationale gives rise to the vision and mission of the NIS: to relieve human suffering that arises from the dysfunction of the nervous system and to create a new culture to realize a bold vision for research, treatment, and teaching that arises from the synergy of diverse disciplines focused on the nervous system.

Dr. Mobley updated the Executive Committee on the progress he and his colleagues have made over the past year in the development of the Institute. They have made major strides in building the NIS community, identifying internal leaders, initiating fundraising efforts, securing external support, planning for meeting the Institute's space needs, and starting new scientific collaborations. He concluded by describing a few of the exciting recent research outcomes in laboratories associated with the Institute. The Executive Committee shared Dr. Mobley's enthusiasm for the scientific advances coming out of the Institute and applauded the progress that has been made to date.

Message to the Search Committee for the Next Chair of Medicine and Further Thoughts on "Charting the Future"

In my February 7th Dean's Newsletter I raised questions about the current and future organization of academic medical centers and schools of medicine. In doing so, I asked our school leaders and faculty to consider how they might construct an academic medical center if they were starting from a clean slate in 2005 and wanted to develop programs that would foster the future of medical education, research and patient care. I raised these questions in part because I believe it is incumbent on us, as the current stewards of Stanford, to reflect on how we can assure that our medical school and medical center continue to achieve excellence in the years ahead and serve as a role model for research-intensive schools of medicine in the 21st century.

In raising these questions— and in being purposefully provocative — I knew, and indeed hoped, that my comments would provoke discussion and creative thinking among our faculty and department chairs. To further the discussion, over the past several weeks I met in smaller groups with our basic and clinical science department chairs and I received correspondence from a number of faculty offering their input and recommendations. A number of opinions were expressed — some strongly — that offered different perspectives, points of view and biases. It is notable that even those who protested the prospect of changes in our current organization did acknowledge that some aspects of our current organization are not optimal and will likely change in the years, or decades, ahead. The question is when and how Stanford should participate in — or lead - that change.

Among the reasons for raising this topic at this time is the fact that we have several department chair searches that are ongoing or are being initiated. I felt it particularly important to set some definitions and boundaries now, so that we could more optimally define the scope of responsibilities and qualities that should characterize future leaders.

On Friday, March 25th, I met with the newly appointed Search Committee for the next Chair of the Department of Medicine and took the opportunity to offer some additional perspective and conclusions emanating from my discussions and thinking. The Search Committee is co-chaired by Drs Harvey Cohen and Gary Glazer and includes as members Dr. Mark Davis, Mr. John De Caro, Drs Scott Delp, Carlos Esquivel, Michael Jacobs, Michael Longaker, Bill Mobley, Daria Mochly-Rosen, Rick Meyers, Mike Peterson, Robbie Robbins, Alan Schatzberg, Matt Scott, Lucy Shapiro, and Irv Weissman. Ms Dee Morris and Ms Rebecca Trumbull are staffing this committee.

In charging the Committee, I began by providing a brief summary of the history of academic medical centers and schools of medicine. This is a relatively brief history, since the earliest academic medical center embracing basic and clinical science, Johns Hopkins, was established in 1893. Throughout the subsequent decades, there have been numerous organizational structures that have varied in as many, or more, ways as they have been similar. Some characteristics have remained consistent; for example, the split between basic and clinical departments has been a common thread throughout most centers. About 40 years ago significant changes in the size and scope of academic medical centers and their full time faculty occurred with the introduction of Medicare and the expansion of the National Institutes of Health. Today, academic medical centers and schools have many differences, but they also share some common features, one of which is the Department of Medicine.

Departments of Medicine have historically been and are often today loose amalgamations of a wide variety of disciplines. Differing cultures and changing dynamics both within medicine and within individual institutions have led to a variety of structures for departments of medicine, with inclusion of some disciplines, exclusion of others, and varying sizes, focus and scope. For example, some institutions have departments of medicine as large as 800-1000 faculty, which is larger than the entire school of medicine at Stanford. In one institution, neurology or dermatology might be a part of the department while oncology is not; in another institution it could just as easily be the other way around. Ultimately, each department of medicine is distinctive and is often the result of institution-specific changes and evolution, including, not infrequently, past leadership and institutional culture and mission.

While departments of medicine were often formed as an aggregate of distinct disciplines and subspecialties that became organized around divisions, surgery followed a different pathway. It disaggregated based on the argument that this fostered a more successful focus and development of specific surgical specialties (e.g., urology, neurosurgery, orthopedic surgery, otolaryngology, etc). Basic science departments have also evolved. Some schools have large departments and others smaller groupings, with the names of the departments changing as new scientific disciplines arose but also with considerable overlap in the type of research being conducted despite differences in name.

Against this backdrop of the fluidity of the form and shape of medical schools and of departments of medicine in particular, I also focused in my remarks on Stanford's recent history. Prior to Stanford's move to Palo Alto in 1959, the preclinical activity of

the medical school was located on the Palo Alto campus but the clinical programs and training took place in San Francisco. When the decision was made to bring the basic and clinical sciences together on the Stanford campus, many of the most senior and experienced clinical faculty stayed in San Francisco, resulting in an initially unbalanced configuration of the school. The historical emphasis and strength in the basic sciences at Stanford have led to one of the very best basic science programs in the world. This achievement, however, has been accompanied by clinical programs that initially lagged in their growth and development. It also resulted in the perception that clinical medicine was undervalued and, to an extent, less important to the school and university.

While underscoring the fundamental importance of the departmental structure as the foundation of the School, I shared some of my views about the future and about the opportunities for a new kind of interrelationship between the basic sciences and clinical care. A change is in the air throughout medicine and the delivery of health care, and Stanford could be at the forefront of how an institution reshapes itself to meet those new challenges. New paradigms for both MD and PhD education are unfolding, and Stanford could be the leader in developing those, just as we have begun to do with our new curriculum and the unfolding plans for graduate education. While maintaining the current strong basic science research departmental structure, I would like to encourage further connections and collaborations between the basic and clinical sciences.

I believe that Stanford should be at the forefront of crafting this new agenda, rather than passively watching it unfold elsewhere. Moreover I believe that as a small research-intensive school of medicine on a single campus, Stanford has a unique opportunity to craft the future of academic medicine. For example, the newly created Stanford Institutes of Medicine begin to provide the fundamental building blocks of this new structure, which will promote a greater interdisciplinary approach across all missions within the School of Medicine. The new strategic centers will serve as additional connecting points to these greater interdisciplinary endeavors. As the institutes and strategic centers grow and develop, the basic and clinical departments will have a key role in interacting and working collaboratively with them to achieve these goals.

In order to foster and provoke discussion about how we should approach the future, I specifically challenged our community to reflect on how we should change or re-invent ourselves. Not surprisingly, reactions to this challenge have varied, depending on a number of factors, including whether the individual is a junior or senior faculty member and whether the person is a chair or not.

Having said that, I also acknowledge that the school has undergone a tremendous amount of change in the past four years during which I have been dean, which themselves followed the tremendous upheavals that took place in the antecedent merger and demerger with UCSF. In light of this recent history, I have been reflecting further on the desirability of increasing the pace of new change versus continuing the rate of change already underway following the introduction of our new models for education and the development of the Stanford Institutes of Medicine. Based on the feedback I have received I have come to the conclusion that a longer, visionary view of the future is more

appropriate than more immediate organizational changes within the clinical departments. Accordingly, and specific to the department of medicine or pediatrics, I do not envision moves of clinical divisions outside the current home department. Nor do I plan other alignments of extant departments (e.g., neurology and neurosurgery).

That said, I do believe that much greater and more collaborative and cooperative interdisciplinary and interdepartmental program development is essential. It is my hope that the new funds flow model will help to foster that by breaking down some of the financial disincentives to joint program planning. At the same time, I do want to challenge each of our departments and divisions to critically examine how they are currently working and how new alignments might foster novel models for education, research and patient care. Even without moving divisions or departments together into new departments (e.g., cardiology, cardiovascular surgery, vascular surgery, interventional radiology) I want to charge those same divisions and departments to develop new virtual connections that enhance opportunities for education, research and patient care.

These expectations help shape the important characteristics I asked the Search Committee to consider as they begin evaluating candidates for the chair of the Department of Medicine. Among the characteristics I underscored as important to me are the following, which will be provided to each candidate:

1. Leadership skills and the *vision to shape the future rather than recreate the past*; unusual and unique leadership, creative thinker, forward-thinking;
2. Understands complexity of the world of academic medicine;
3. Stellar communication skills with range of constituencies, including basic scientists, clinicians, educators, the hospitals, broader university community, and the broader community beyond Stanford;
4. A known record of accomplishment as a scholar and investigator;
5. Dedication to clinical excellence that is placed on par with that of research excellence;
6. Willingness to engage in discourse about the future of medicine;
7. Willingness to have department work collaboratively with and be supportive of the Stanford Institutes of Medicine;
8. Willingness to work constructively and collaboratively with basic and clinical department leaders and faculty;
9. Ability to foster a sense of community within the department;
10. Ability to bring a sense of value and self-esteem to the department in difficult times and to bring value to the community.

In response to a question about how the departments and institutes might work together, I indicated that I envision the departments as the foundation of the school with institutes providing opportunities for broad interdepartmental and cross-school collaboration around key disciplines that are closely aligned to clinical centers of excellence within each of our affiliated hospitals. Both department chairs and institute directors need to be visionary leaders willing to make Stanford much greater than the sum of its parts.

It is my hope and intention that we should continue to challenge who we are and how we can foster the greatest level of excellence, innovation and discovery. While this can sometimes be unsettling, in the long run it will help Stanford to remain fresh, exciting and outstanding.

US News & World Report Rankings: Advocacy But...

During my time at Stanford (which reached four years on April 2nd!) I have been having an ongoing debate with US News & World Reports regarding the methodology they have employed to rank medical schools. I have been addressing the professional and not the graduate programs. Indeed, the graduate programs within the School of Medicine rank at the top of the list.

One of the major concerns that I have expressed to USNWR (and which I have discussed in this Newsletter) is that the ranking used for medical schools is unduly influenced by the size of the school rather than its quality. That is because one of the most important factors USNWR has employed in its ranking score is the total amount of NIH funding. Because Stanford is among the smallest of the research-intensive schools of medicine it really can't compete in total NIH funding compared to schools like Harvard, Hopkins, Penn and even UCSF, which are all considerably larger in their number of full-time faculty. So, my argument has been that USNWR should also include the amount of NIH dollars per fulltime faculty member as a better measure of faculty quality, rather than just size. After three years of annual visits to the editors at USNWR and many letters and communications, I was successful some months ago in getting agreement that this year's ranking data would include NIH research grant dollars per full-time faculty member. And indeed, in the rankings of medical schools that USNWR published on Friday April 1st (and here I am not fooling), they did include – for the first time – a column reflecting the per faculty NIH research dollars. Stanford is #1 on that score – nearly twice as high as Harvard (amazing how loyalties shift). So, in that regard, my advocacy worked and I do thank the editors at USNWR for their willingness to make this adaptation. That is the good news.

More disappointing is that despite the inclusion of per faculty NIH funding, our rank remained #8 in this years USNWR ranking. The reason still seems to be the size factor. While the editors did include the per faculty NIH funding, it was only 2/3 of the overall NIH score. Clearly the total NIH score impacts the outcome in favor of those larger schools that have significantly higher total NIH funding. But at least the data is clearer and the inclusion of the funding per faculty member offers a beginning counter to the size factor.

Clearly there is more advocacy work to be done, but at least the methodology is a bit more reflective of quality rather than simply size.

Seeing and Experiencing the Future of Medical Education

On Thursday evening March 31st the School of Medicine co-hosted a special event with Jerry Yang, Co-Founder and Chief Yahoo, Akiko Yamazaki, and Robert Bishop, Chairman and CEO of Silicon Graphics, Inc., entitled “The Future of Virtual Reality in Medicine”. The goal of this event was to highlight the way information technology and virtual reality are transforming the way we think about education and how they will impact on both how and where we educate and train students. We had the opportunity to witness the remarkable developments at SGI in virtual reality and to showcase some of the school’s ventures including “Anatomy Imaging of the Future” by Drs. Amy Ladd and Robert Chase and “High Tech Healing: Predicting Outcomes of Cardiovascular Interventions” by Drs. Charlie Taylor and Jeff Feinstein. Dr. Tom Krummel served as the host for the exhibitions. It was an incredible experience, and it offered a glimpse about how education, training and knowledge acquisition and dissemination will unfold during the 21st Century.

During this event we showcased out plans for the future Learning and Knowledge Center (LKC). This new facility will help transform the School of Medicine by providing state-of-the-art facilities for simulation and virtual reality in tandem with interactive small and large class rooms, a conference center and the digital library of the future that will become the School’s knowledge center. We envision that the LKC will provide the education home and hub for medical and graduate students, residents and fellows, faculty, continuing medical education and community events. When the 120,000 sq ft LKC is completed on the current site of the Fairchild Auditorium, it will open a new door for the Medical School to the University and especially to the Science and Engineering Quads. The LKC will be a showpiece for the School and University as well as a gateway to our community, locally and globally. This extraordinarily exciting facility will offer the opportunity for continuing collaboration with SGI, Yahoo and many other programs that have made Silicon Valley the center of the country and even the world for novel information technology development.

Considerable progress has been made on the detailed programming of the LKC, and we are now beginning presentations to the community to help raise the funds to bring it to life. We received wonderful endorsements from the attendees at The Future of Virtual Reality in Medicine event, which allows us to feel some optimism for our success. In addition to the wonderful presentations that were given by our faculty and the exceptional co-hosting by Bob Bishop, Jerry Yang and Akiko Yamazaki, I also want to thank Bruce Bingham, Michael Welsh, Dolly Patterson and our OMD colleagues who helped to make this program so successful. Our goal is to have the LKC completed by 2008. Accomplishing this important goal will require considerable work and effort, which I am absolutely committed to help lead.

Plans for a Visit with His Holiness the Dali Lama

I am very pleased to announce that Tenzin Gyatso, the 14th Dalai Lama, Tibet’s exiled leader and the spiritual leader of Tibetan Buddhism, will visit Stanford Nov. 4-5, 2005. He will make public appearances including a large-scale meditation and teaching

event, a conversation about nonviolence and, most notable from my point of view, participation in a conference sponsored by the School of Medicine.

The conference will be a dialogue between the Dalai Lama and a group of distinguished scientists from Stanford and other major universities on the topic of "Craving, Suffering and Choice: Spiritual and Scientific Explorations of Human Experience." Participants will seek to identify common ground between Tibetan Buddhism and neuroscience, disciplines that use very different methods to understand how the mind works and how to treat its disorders. The Buddhists, with their 2,500-year-old tradition of introspective inquiry into the nature of the mind, are thought to have much to offer to neuroscience. Conversely, Western research tools and concepts may help to test the insights that come from Buddhist practice and better understand the mental states achieved through meditation. The goal for the conference is to establish a rich dialogue focused on problems that all of us experience.

A limited number of tickets will be available for the Dalai Lama's public appearances. One group of tickets will be available to Stanford faculty, staff and students between May 30 and June 12. Another will become available to the public beginning June 13. Complete information about ordering tickets, event times and other details about the Dalai Lama's visit, including descriptions of individual events, can be found online beginning April 4 on a website created for the Dalai Lama's visit at <http://dalailama.stanford.edu>. Because demand for tickets is expected to far exceed the supply, all public appearances by the Dalai Lama will be broadcast live on the website.

Other sponsors and co-sponsors of the visit of the Dalai Lama, in addition to the School of Medicine, are the Office for Religious Life, the Aurora Forum, and the Stanford Center for Buddhist Studies - Asian Religions & Cultures (ARC) Initiative. This will be a wonderful opportunity for the Stanford community, and I want to thank everyone who is working to make it a success.

End of Life Discussion

On March 31st, the day of Terry Schiavo's death, the medical school, in conjunction with the Stanford Center on Ethics, held a forum on the ethical and legal issues raised by her case. David Magnus, Professor of Pediatrics, Medicine, and Philosophy and Director of the Stanford Center for Biomedical Ethics, and Debra Rhode, Ernest W. McFarland Professor of Law and Director of the Stanford Center on Ethics, presented their views. They then fielded questions from the audience. The room was overflowing with participants, including members of the media, illustrating how much the Schiavo case has concerned both the medical community and the population more generally. In their presentations, both Professors Magnus and Rhode felt the ethical and legal issues had been handled appropriately by the judicial system. In conformation with Florida law, the key factor in the judicial decisions was the patient's wishes, as represented by her husband and other witnesses. The principal of patient autonomy in decision-making was considered paramount. However, both Professors Magnus and Rhode acknowledged the "ambiguity" in the boundaries between individual decision-making and government intervention. Questions from the audience were provocative;

they challenged the physicians and politicians who participated in the case, as well as the judicial decision itself. On the issue of written directives, both professors maintained that no piece of paper could replace frank, thorough discussions of one's wishes with loved ones.

The forum stimulated important discussion. We plan to work with the Stanford Center on Ethics to present further such forums to the medical community in the future on other ethical topics.

Continuing Stem Cell Debate: Update from Ryan Adesnik

During the past weeks there has been considerable debate and discussion about stem cell research. Accordingly I asked Ryan Adesnik, Stanford Director of Federal Relations, to offer comments on some of the issues unfolding at both the federal and state level regarding stem cell research. His comments follow:

“In the last few weeks you may have read about new developments impacting stem cell research policy in Washington, DC, and Sacramento.

Last week in Washington, the House Republican Leadership agreed to allow a vote on legislation that would loosen Bush Administration restrictions that limit federal funding to research on stem cell lines in existence prior to August 9, 2001. As many of you know, this issue is extremely important since the vast majority of the approved cell lines have proven to be unsuitable for scientific research. Last year, after a vigorous advocacy effort, 206 members of the House and 58 Senators signed a letter to the President requesting that he broaden this funding policy.

The new bill, introduced by Rep. Mike Castle (R-De) and Rep. Diane DeGette (D-CO), would specifically allow federal funding for research performed on stem cells derived from leftover human embryos from fertility clinics. Senators Arlen Specter (R-PA), and Tom Harkin (D-IA) have introduced similar legislation in the Senate. We will work closely with our peer institutions and patient advocacy groups as part of a comprehensive advocacy effort to gain passage of the bill. While this movement is a positive initial step, the legislation is a long way from being signed into law. The House leadership has agreed to a vote in the coming months, so people who follow this issue should expect a lot of twists and turns before this legislation is debated on the House floor.

It is important to note that the Castle/DeGette legislation is silent on the more contentious issue of using somatic cell nuclear transfer (SCNT) to develop additional stem cell lines. While the scientific community is united in its opposition to reproductive cloning, it is vital to protect the ability to perform SCNT since this technique has so much promise to help us understand and treat disease. Unfortunately, Rep. David Weldon (R-FL) and Senator Sam Brownback (R-KS) have again introduced legislation that would impose significant criminal penalties on scientists who perform research that involves SCNT. It is important

to recall that in the last Congress, the House passed the Weldon bill. However, stem cell supporters, including Specter and Senator Orrin Hatch (R-UT), have consistently blocked the Brownback bill in the Senate.

Congressional leaders who support stem cell research have chosen to address the issues of SCNT and expanded funding in two separate pieces of legislation. Legislation that would outlaw reproductive cloning, but specifically allow SCNT has been introduced in the House. Senator Dianne Feinstein (D-CA) and Senator Hatch will soon introduce a similar bill in the Senate. We will be active in support of the Hatch/Feinstein bill and will continue to provide updates as things progress.

In addition to all the activity in Washington regarding stem research, there has also been a lot of action in Sacramento with regard to Proposition 71. State Senator Deborah Ortiz, has joined with conservative Senator George Runner to introduce a Constitutional Amendment that would require: 1) that grant review meetings be to subject to the state's open meeting laws; 2) that members of the Independent Citizen's Oversight Committee (ICOC) adhere to NIH conflict of interest standards; and 3) that the state receive revenues from IP agreement generated from Prop 71 funded grants in an amount that would repay the costs the state incurred by issuing the bonds. This proposed Constitutional Amendment requires a 2/3 vote of the California State Assembly and Senate, followed by approval at the ballot box.

Senators Ortiz and Runner have also drafted legislation that proposes a three-year moratorium on the use of hormones utilized to produce multiple eggs for research purposes.

We will be following these issues as they progress. If you have any questions in the interim please feel free to contact Ryan Adesnik in Government Relations at 5-3322; radesnik@stanford.edu.

Upcoming Program in Music and Medicine

Dr. Audrey Shafer has informed me that on May 2 at 5:00 pm at Fairchild Auditorium there will be an interactive concert and lecture sponsored by the Arts, Humanities and Medicine Program and by the Stanford Center for Biomedical Ethics. The program is called "Music and Medicine: The Art of Listening" and will feature well known music commentator and composer Robert Kapilow and the renowned ensemble-in-residence at Stanford, the St. Lawrence String Quartet. For further information, contact Dr. Shafer at ashafer@stanford.edu.

Honors and Awards

HHMI Investigators: On March 21st the Howard Hughes Medical Institute announced the selection of 43 "of the nation's most promising biomedical scientists as new HHMI investigators." The 43 new HHMI Investigators were

selected from an applicant pool of more than 300 nominees and include 32 men and 11 women from 31 institutions. Stanford University had the opportunity to nominate 3 scientists and of note, all three were selected – the highest proportion from any university or biomedical research institute. The three new HHMI Investigators from Stanford include:

- **K. Chris Garcia**, Department of Microbiology and Immunology, School of Medicine
- **Liqun Luo**, Department of Biological Sciences, School of Humanities & Sciences
- **Steve Quake**, Department of Bioengineering, Schools of Engineering and Medicine

Congratulations to all – and to Stanford!

HHMI Student Training Fellowships: In addition to the HHMI Investigator Awards, several of our medical students have received notification of HHMI Student Training Fellowships. We are very pleased about this as well. To date the selected students are:

- Simon Hanft, SMS 4
- Tyler Hillman, SMS 1
- Yashar Kalani, SMS 1

Congratulations to all.

Burroughs Wellcome Fund (BWF) Clinical Scientist Awards in Translational Research: This award is one of the most prestigious and important awards for clinical and translational investigation. Per the BWF, “the program is intended to help reduce award recipients’ general clinical responsibilities, freeing more time for them to pursue the vital link between basic and clinical research. Most importantly, the program aims to identify and reward proven mentors and to increase their capacity to train the next generation of investigators skilled in translational research. In this way, BWF hopes to catalyze the development of a cadre of experienced physician-scientists critically positioned to bridge the gap between bench and bedside.” To do this, the BWF Clinical Scientist Award in Translational Research provides \$750,000 over a period of five years (\$150,000 per year). According to BWF, “the awards are intended to give recipients the freedom and flexibility to explore fundamental scientific questions, to apply the resulting knowledge at the bedside, and to bring insights from the clinical setting back to the laboratory for further exploration. BWF hopes these efforts will lead to better understanding of the mechanisms of disease as well as to new methods of diagnosing, treating, and preventing disease.” This year BWF made 7 awards – and quite wonderfully, two of them were to Stanford faculty – both in the Department of Medicine. These two awardees are:

- **Dr. Jeffrey Glenn**, Assistant Professor of Medicine (Gastroenterology and Hepatology)

Project: *Hepatitis C virus: from molecular virology to effective pharmacologic eradication*

- **Dr. Dean Felsher**, Assistant Professor of Medicine (Oncology) and of Pathology.

Project: Pre-clinical validation of g-quadruplex drugs that target MYC to treat cancer

Please join me in congratulating Drs. Glenn and Felsher.

Dr. Paul Berg, Cahill Professor in Cancer Research, Emeritus will receive the 2005 Biotechnology Heritage Award from the Chemical Heritage Foundation and Biotechnology Industry Organization in June at the BIO 2005 meeting in Philadelphia. In announcing this award, Arnold Thackray, president of CHF noted, "Paul Berg's scientific creativity underlies our knowledge of the genetics of all living things, and our ability to understand the functioning of cells from any species. His work was instrumental in setting the stage for today's and tomorrow's exciting advances in biotechnology."

Congratulations – once again – to Dr. Berg.

Dr. Michael Link, Lydia J. Lee Professor in Pediatric Cancer, was honored on Tuesday March 22nd at a dinner celebrating his being named the first incumbent of the Lydia J. Lee Professor in Pediatric Oncology. This professorship is particularly special in that it is named in honor of a child who is now a long-term survivor of childhood cancer – and who was also a patient who Dr. Link cared for as her physician. During the past several decades there has been incredible progress in the treatment of pediatric malignancies – to the point where survival is now observed in the vast majority of children diagnosed with cancer. This is a testament to research as well as the compassionate and sensitive care that is conducted by physicians like Dr. Link.

Dr. Tony Wyss-Coray, Assistant Professor of Neurology and Neurological Sciences, has been named the first recipient of the John Douglas French Alzheimer's Foundation Distinguished Research Scholar Award. This Foundation is a non-profit public charity that provides funding to outstanding investigators in Alzheimer's disease. This award is considered to be among the most prestigious in this field. Congratulations to Dr. Wyss-Coray.

Appointments and Promotions

- **Christopher Contag** has been appointed to Associate Professor of Pediatrics and of Microbiology and Immunology, effective 4/01/2005.
- **Robert Robbins** has been promoted to Professor of Cardiothoracic Surgery, effective 4/01/2005.

- ***Theodore Sectish*** has been appointed to Associate Professor of Pediatrics, effective 4/01/2005.