

Dean's Newsletter

July 30, 2007

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Summer Transitions

For much of the University, the summer session that begins after commencement is a quieter time, with the undergraduate students largely gone and faculty away or otherwise engaged. In contrast, the Medical School and Medical Center hardly miss a beat in summer – and in many ways there is a flurry of activity. New interns, residents, fellows and postdocs arrive and begin their graduate or postgraduate training in clinical medicine and/or research. And with that our Medical Center community is infused with new perspectives, energy and opportunities. On the administrative side, summer brings to conclusion the final phases of budget setting, faculty reviews and salary assessments for the new academic year, which begins September 1st - among many other activities. So, the so-called “lazy days of summer” are more wishful thinking for the Medical Center – although many do take some time for well-deserved vacations. And the Dean's Newsletter often moves to a less regular schedule during the summer months – offering a vacation of sorts to readers and, of course, to its writer!

Healthcare Up in the Air

The good news is that discussions and debates about healthcare in America are on the rise. With the early staging of the Republican and Democrat presidential debates fully underway, commentaries, reflections and recommendations about healthcare in America have become increasingly prominent. And while sweeping changes on the federal level seem unlikely, at least for now, a number of states are moving forward with healthcare reforms of their own. For example, Vermont proposes to introduce a new state-subsidized health plan to cover the approximately 10% of its citizens who are currently uninsured. Concurrent with this, Vermont also seeks to focus on preventive care and better management of chronic illness as a way of controlling costs. Maine is also seeking a program to enroll the 130,000 state residents who lack insurance in an affordably priced plan from a private insurer based on a sliding scale of household income. And Massachusetts is attempting to institute its “nearly universal” coverage of nearly half a million residents who lack health insurance.

These New England plans, along with the one proposed for California, which I previously reviewed in the *Dean's Newsletter*, all strive to address the rising costs of

healthcare along with the problems of access and of the large number of uninsured individuals. They also, to varying degrees, include a sharper focus on prevention, wellness and quality. These efforts are all admirable and one hopes that each will be successful— or at least that they will provide an opportunity to assess different approaches to solving this country’s health care challenges. While it is important for states to move forward where the federal government or nation as a whole has been unable to do so, it is also clear that the mobility of our citizenry and the porosity of state borders, among many other factors, will eventually make a national solution essential. But what will that look like and when will it happen?

While I promise not to lapse into the role of a movie critic *per se*, it is important to note that further attention to the crisis in health care (beyond the presidential debates and related rhetoric) is taking place this summer with the release of Michael Moore’s “documentary” entitled *Sicko* (<http://www.revolutionhealth.com/healthy-living/special-feature/sicko?msc=S20016>), which I had the opportunity to see about 10 days ago. Admittedly it is highly anecdotal, although the various vignettes do help to tell a story that, while clearly organized around a point of view, quite poignantly reveals what works and what doesn’t in the US health care system – and how it contrasts to that of nations having more organized systems, such as Canada, the UK and France. While a big fear of Americans is that such systems would mean “rationing” of health care, I think it is fair to say that this already happens based on what insurance companies or HMOs are willing to pay for – something that will only increase as the pressures and costs continue to rise.

Given the severity of the healthcare crisis in this country, it continues to amaze me that doctors have remained so unengaged in the debate. Even more sadly, when they do become involved – not infrequently through organizations like the American Medical Association – they often seem to take on such self-serving positions that they lose the moral high ground or sometimes even a credible voice in the debate. In an opinion piece in the July 25th Washington Post (see: <http://www.washingtonpost.com/wp-dyn/content/article/2007/07/24/AR2007072401850.html>), Regina Herzlinger, a Harvard Business School professor and authority on health care, opines that the AMA recently “declared war on retail medical clinics located in places such as CVS and Wal-Mart” while noting that “these clinics do a lot of good: their convenient locations and extended hours – they are open usually every day – enable ready access so that busy people need not defer important medical care such as flu shots, and their prices enable the uninsured to obtain care at reasonable costs rather than face the high prices that hospital emergency rooms all too often reserve solely for the uninsured.” Of course the AMA immediately responded that the purpose of their action was to protect the quality of the services being offered (see: <http://www.washingtonpost.com/wp-dyn/content/article/2007/07/27/AR2007072702049.html>). While this is surely an appropriate concern, it is also true that these new market driven health care offerings are also challenging the province of primary health care providers – and they appear to be growing in number and following across the nation.

Of course the fundamental problem is that these new ventures, such as the store based medical kiosks run by nurse practitioners, are just another market-based response

to the lack of a clearly defined health care system. And it is likely that other ventures will arise – some driven by a desire to improve health care delivery and others driven by profit – in the absence of a more encompassing approach to health care reform.

I certainly understand that the complexities involved in radically reforming the US healthcare system are nearly overwhelming. But the consequences of not doing so look equally large. I surely do not think that significant reform will take place by the sound-bite solutions of presidential debates or by a polarized political process. What is needed is a much more apolitical and bi-partisan concerted effort that asks first what will improve the health care and health of this nation – and that does so without all the preconceived and often economically or emotionally biased positions on what will not work. I recognize it is Pollyannaish to think that this will happen imminently – but I also think that it will happen, indeed that it needs to take place, since the current system is neither sustainable nor truly defensible. I also hope that academic medical centers will offer a different voice to this debate than that which has been representing medicine and doctors heretofore.

Tobacco Beyond Stanford School of Medicine

Going from movie critic (see above) to book reviewer is dicey at best. But for those interested in public health, public policy and some of the major economic forces driving both, Alan Branch's recent book entitled *The Cigarette Century: The Rise, Fall and Deadly Persistence of the Product That Defined America* (Basic Books, 2007) is worth knowing about. Brandt is the Amalie Moses Kass Professor of the History of Medicine and History of Science at Harvard and is a highly credible scholar. In his book he addresses major questions of personal, social and corporate responsibility by focusing on how the tobacco industry, which first got its foothold in the USA in the 1880s and rose to prominence following World War I, came to influence so profoundly not only health outcomes (20% of all deaths each year in the US are tobacco related, and tobacco-related deaths represent the second leading cause of death in the world) but the entire economics of our nation. He also delves into our response – or lack of response – to the data regarding tobacco use and disease.

In September the Stanford School of Medicine will take the additional step of banning smoking outside as well as inside of its buildings (smoking is already prohibited inside buildings). This is part of our overall effort to improve the health and wellness of our community and will be coupled with access to smoking cessation programs as well as other wellness programs. It is a small but important step.

I was reminded of the larger issues involving tobacco use when I was asked to make some opening comments to the 4th Meeting of the World Health Organization (WHO) Study Group on Tobacco Product Regulation when it met at Stanford on July 25-27th. While various restrictions on smoking in a number of states and cities are helping reduce smoking among adults in the USA, there are still clearly vulnerable populations – especially teens and the impoverished - who are continuing to or beginning to smoke. Advertising and marketing by the tobacco industry help to foster this and create the dependencies that addict new generations of smokers. This problem is even worse in

other parts of the world – which makes the work of groups like the WHO so important. Given the impact of tobacco related illnesses on mortality, disease morbidity and health care costs, one would think that reducing or eliminating tobacco use would be a high priority for nations around the world. Such priorities and concerted efforts led to the elimination of polio generations ago and could do the same for tobacco. Doing so is certainly possible and highly desirable– just not politically expedient.

So while banning smoking anywhere on the Stanford School of Medicine campus is just as small step given the magnitude of the problem, it is a step, which if taken by others could have a significant pro-health impact. We need to work with our colleagues in the university and community to establish similar policies.

Update on Facilities Planning

In recent weeks much has been written in the local media about the hospital expansion projects. These efforts are incredibly important – as I addressed in the July 9th issue of the Dean’s Newsletter. Less has been reported about other Medical School projects that are currently underway but that are not located in the City of Palo Alto. I wanted to give you a quick update on their status as well.

Three major projects are underway or being actively planned. The first is the Connectivity Project, which is currently underway, albeit mostly below ground (although the closure of the south parking lots certainly calls attention to it). This project involves the location and relocation of major utilities and the creation of infrastructure and underground tunnels that will support the Learning and Knowledge Center (LKC) and the Stanford Institutes of Medicine-1 (SIM1) as they move to the next phase of construction.

Presently the LKC group is working through interior design issues and preparing for construction (see <http://lkc.stanford.edu/> for regular updates). The site for the future LKC-1 is the Fairchild Auditorium, which is currently planned for demolition beginning in mid-October. The actual ground breaking for the LKC is scheduled for March 2008, but this will require approval of the Board of Trustees, which is anticipated this October. That said, we are currently on schedule – although we still have some major philanthropic work to complete.

The architects for SIM1 are also completing the schematic programming. They have made major progress in defining the size and layout of this exciting facility. The proposed Site Plan for SIM1 was presented to the Ad Hoc Board Committee for the SEMC (Science, Engineering and Medicine Campus) on Wednesday, July 25th and received favorable reviews. The next step for SIM1 is to proceed to architectural design, and we currently are on schedule for this as well.

There are a lot of other projects being planned or worked on, but for the first three – the Connecting Elements, LKC1 and SIM1 – we are making great progress, and we are adhering to our timelines and budgets. Clearly more to follow!

Awards and Honors

- **Dr. Marilyn Winkleby**, PhD, MPH, Professor of Medicine has been named the recipient of the 2007 Robert F. Allen Symbol of H.O.P.E. (Helping Other People Through Empowerment) Award. This national award honors individuals who have made outstanding contributions to promoting cultural diversity within health promotion or who have demonstrated significant achievement in serving the health promotion needs of underserved populations. Dr. Winkleby received her award at the National Wellness Conference on July 18th in Wisconsin.
- **Dr. Lubert Stryer**, the Mrs. George A. Winzer Professor of Medicine, Emeritus, has been named one of the 2006 winners of the National Medal of Science, the highest honor and award conferred by the USA. He received his award at a White House ceremony on July 27th (see http://med.stanford.edu/news_releases/2007/july/stryer.html for additional coverage).
- **Dr. Ann M. Arvin**, Lucile Salter Packard Professor of Pediatrics, Vice Provost and Dean of Research and Professor of Microbiology & Immunology, has been elected to serve a four-year term on the NIAID Council.
- The American College of Rheumatology (ACR) has just announced its 2008 award winner, including these Stanford recipients:
 - **Dr. Edward D. Harris, Jr.**, George DeForest Barnett Professor of Medicine, Emeritus has received the Presidential Gold Medal, the College's highest award.
 - **Dr. Garrison Fathman**, Professor in Medicine, Immunology and Rheumatology, has been named as an ACR Master.
 - **Kate Lorig**, Professor in Research (Immunology and Rheumatology), is the first non-M.D. to become a Master of ACR.

Congratulations to all!

Appointments and Promotions

- **Stéphan Busque** has been reappointed to Associate Professor of Surgery (Transplantation), effective 7/1/07.
- **Eliza F. Chakravarty** has been reappointed to Assistant Professor of Medicine (Immunology and Rheumatology), effective 7/1/07.

- ***Tina Cowan*** has been reappointed to Associate Professor of Pathology, effective 7/1/07.
- ***Iris Gibbs*** has been promoted to Associate Professor of Radiation Oncology, effective 7/1/07.
- ***Paula J. Hillard*** has been appointed to Professor of Obstetrics and Gynecology, effective 7/1/07.
- ***Sarah M. Horwitz*** has been appointed to Professor of Pediatrics (General Pediatrics), effective 8/1/07.
- ***Kathleen Horst*** has been appointed to Assistant Professor of Radiation Oncology, effective 7/1/07.
- ***John R. Huguenard*** has been promoted to Professor of Neurology and Neurological Sciences, effective 7/1/07.
- ***Ruth B. Lathi*** has been appointed to Assistant Professor of Obstetrics and Gynecology, effective 7/1/07.
- ***Daniel Palanker*** has been promoted to Associate Professor (Research) of Ophthalmology, effective 7/1/07.
- ***Donna M. Peehl*** has been appointed to Professor (Research) of Urology, effective 8/1/07.
- ***Eunice Rodriguez*** has been appointed to Associate Professor (Teaching) of Pediatrics, effective 8/1/07.
- ***Wei Zhou*** has been appointed to Associate Professor of Surgery (Vascular Surgery) at the Veterans Affairs Palo Alto Health Care System, effective 7/1/07.