

# Dean's Newsletter

## December 8, 2003

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### **Holiday Season: Time for Reflection**

The interval between Thanksgiving and Christmas and Hanukah can be filled with festivity and joy as well as stress and disillusionment. It is a season when families come together for celebration or seem to recognize their distance and separation. For many it is time for heightened spirituality whereas for others it is simply a moment of commercial opportunity or secular frivolity. Regardless of where one is on the spectrum, as one year folds into the next, it is also a time for reflection.

It is often all too easy to slip into the daily pace of life's journey. But for those of us in science, medicine and health care, I believe it is important to try to rise to a higher level. Most of us are fortunate in being able to do work that is not a "job" but rather something that we care deeply about – and that can impact the world in important and positive ways. Even so, the demands and stresses that determine our behavior – either because of internal expectations or external demands – can easily mute any sense of fulfillment that would otherwise be readily apparent.

We are fortunate in being part of an exceptional community and university. You and your colleagues have made great strides in developing an agenda for the School of Medicine and in helping many of its novel facets to unfold. We are surrounded by a constant array of exceptional and remarkable discoveries and insights in the biosciences as well as innovations in patient care and treatment. Of course we are also sometimes frustrated by the slow pace of our research, the lack of respect for our accomplishments and the many pressures that are imposed – often making us feel that we need to do more with less. Naturally it is easy to lose perspective. Compared to much of the world, we are blessed – although vulnerable to letting our isolation and seemingly increasing national arrogance confound our position as a member of a global community. We focus on important research questions and diseases that impact our population. But we pay less attention to questions that impact less developed populations and focus even less on the

study of diseases or issues of social justice that affect the majority of the world's population.

As global health becomes an even bigger issue and concern, it is important to ask what role we should play in the years ahead. Certainly we already have a number of our faculty and students who are interested in or committed to global health issues – but we are still a relatively minor player on the world scene. The question of whether we should change that dynamic – and how – is worth pondering and reflecting on. As a small research-intensive school of medicine, we must make choices since we simply cannot do everything we might like – or others may wish we could or should do. But we do need to pause from time to time and reflect on whether we are addressing the most important questions, focusing on the most significant diseases and having the greatest impact we can on our community – locally, nationally and globally. It is worth some thought – and I am interested in learning what you think. Please do let me know.

### **Appointment of New Director for Communications and Public Affairs**

I am very pleased to announce that Mr. Paul Costello has agreed to join us as our new Director of Communications and Public Affairs. Mr. Costello was selected after an extensive national search and will join Stanford officially on January 6<sup>th</sup>. He comes from the University of Hawaii where he was the Vice President for External Affairs and University Relations and where he supervised media relations, government relations, marketing and special events.

I believe that Mr. Costello is uniquely qualified for his new position based on his extensive and highly variegated professional career. He previously served as spokesperson for Rosalynn Carter and Kitty Dukakis and was press secretary for Ohio Governor Richard Celeste. He also served as vice president of public affairs for HBO. In addition, he has held important management positions at a number of leading public relations firms including Ogilvy, Adams and Rinehart in Washington, D.C.; Edelman Worldwide in Washington, D.C.; Hill & Knowlton in Chicago; and Weber Shandwick International in New York, where his clients included health and biotechnology leaders.

Mr. Costello's experience with media and public relations is enormously important to our agenda for the School of Medicine. There is little question that one of our most significant challenges is communicating the importance and value of academic medical centers like Stanford to local and national audiences. While there is a significant level of appreciation for the importance of biomedical research by the American public, there is less value assigned to the importance of teaching hospitals and the role that academic medical centers play in improving the health of our communities and nation. The important linkage between basic research and clinical medicine – and the role that our academic medical centers play in translating knowledge from the laboratory to the bedside – are less clearly appreciated. As the costs for health care continue to rise and the burden of financial responsibility increasingly shifts to the consumer, it is ever more important for the public to appreciate the role that biomedical and translational research plays in the lives of families now and into the future. It is essential that Stanford assume a

leading role in crafting this message to the public based upon its mission and contributions codified in our Strategic Plan “*Translating Discoveries*” (<http://medstrategicplan.stanford.edu/>). To accomplish the goal of enhancing our communication agenda, we will surely benefit from the expertise of Mr. Costello. I am very pleased to welcome him to our community and leadership team.

### **Lucile Packard Children’s Hospital “Gift” to the School to Recognize the Contributions of Faculty and Medical Staff.**

This past year the Lucile Packard Children’s Hospital continued to demonstrate significant growth in its clinical programs as well as further enhancement of research and education initiatives. Based on this significant progress, Mr. Chris Dawes, President and CEO of LPCH, recommended to the Hospital’s Board of Directors that a 4 million dollar “gift” be made to the School of Medicine to acknowledge the important contributions of the faculty who played a role in facilitating these important successes.

Based on discussions with Hospital leadership as well as input from a subcommittee that included Drs. Harvey Cohen, Ken Cox and Tom Krummel along with Mike Hindery and Marcia Cohen, a plan was developed to distribute these funds to faculty and departments. Based on those discussions, Clinical Department Chairs and DFA’s were notified about the plan on December 2<sup>nd</sup>.

You may recall that when the gift was first announced, we elected to use \$700,000 to fund a new biotechnology core as part of the Children’s Health Initiative – but with the recognition that this will have a broader applicability. The remaining \$3.3 million is being distributed to faculty and staff physicians across the school who have cared for pediatric patients or played an important role in pediatric academic program development. A portion of these funds will also be allocated to the newly formed Pediatric/Obstetric Faculty Practice Organization to support and incentivize improved patient care service at LPCH.

The School appreciates the recognition by the LPCH leadership of the important efforts of our pediatric physicians and faculty in improving the status of the care for children and the research and training that will assure that additional improvements continue to occur in the years ahead. This is an excellent demonstration of how one institution can demonstrate its respect and value for a critical partner within our academic medical center.

### **Pediatric Research Equity Act of 2003 Becomes Law**

December 3<sup>rd</sup> was historic day for pediatric research. On that day, President Bush signed into law the Pediatric Research Equity Act of 2003 (S.650/H.R. 2857) which restored the protections provided by the Food and Drug Administration’s (FDA) 1998 Pediatric Rule. The Pediatric Rule requires drug companies to test products for use in children.

As an investigator working on life-threatening pediatric diseases, I was constantly battling the lack of availability of drugs that could be tested in children with AIDS – even though they were being developed and tested in adults. In the late 1980's and early 1990's, more than 75% of drugs had never been tested in children and suitable formulations had not been developed. You can imagine the frustration and disappointment of parents who were able to receive a drug for themselves – but not for their child with the same disease.

In view of this challenge, I and a number of pediatric investigators began seeking ways of developing mechanisms to assure that drugs would be tested in children - and that the FDA would set that expectation. In the late 1980's, I began working with Elizabeth Glaser, a pioneering advocate for children and pediatric research, and with the Foundation that still carries her name. Although it has taken nearly 15 years, the Elizabeth Glaser Pediatric AIDS Foundation (I serve as the Vice Chair of the Board of Directors) has tenaciously pursued the Pediatric Rule – and that was challenged – as well as the legislation that would make it the law. We have been helped in these efforts by many pediatric leaders and advocates around the country. Perhaps among the most important has been Congresswoman Anna Eschoo (D-CA), who co-sponsored the legislation to make the passage of the Research Equity Act of 2003. I also want to thank Dr. Harvey Cohen, Chair of Pediatrics, for his important leadership.

Hopefully the Research Equity Act will now assure that children will benefit from new drugs being developed to treat serious disease. Specifically, the Pediatric Research Equity Act of 2003 gives the FDA the authority to mandate that drug companies test the safety and dosing of all new medications for children – as well as some that have already been marketed but not yet tested in children.

## **The Respectful Workplace: Update and Future Plans**

Beginning in the spring of 2002 and through July 2003, all departments participated in a program on the **Respectful Workplace**, underscoring our commitment to assure that we do everything possible to provide a work environment that values the integrity and respect for our employees throughout the School of Medicine. These departmental programs included the participation by staff and faculty from the Human Resources Group, the Dean's Office, Ombudsman and Legal Office (Cori Bossenberry, Ellen Waxman, David Stevenson, Roy King, Normal Leavitt, Martha McKee, Tom Fenner, Melissa Burke and Greta Schnetzler). Some 28 briefings were held that were attended by over 600 faculty.

The sessions on the Respectful Workplace addressed a number of important issues, including:

- The School's Respectful Workplace statement;
- the law regarding sexual harassment as well as other forms of harassment, discrimination and retaliation;
- Stanford's policy on consensual sexual or romantic relationships;

- the important role of faculty as managers and how they should respond to concerns that are raised in the workplace;
- the resources within the School and University to address any concerns or issues that are raised by faculty, staff or students within the workplace including advice for responding to concerns that involve potential legal liability for the university.

Overall, the initial evaluation of these sessions is that they provided a strong beginning to assuring that we achieve and sustain a Respectful Workplace within the School of Medicine. It was generally felt that these sessions provided important information and resource awareness to faculty. However, there still remains considerable skepticism about how committed we are to assuring that a truly Respectful Workplace is fully achieved. I want to make clear that this is among my very highest priorities for the School and that we will do all that we can to work with HR and our legal office to make it an ongoing reality.

It is our intent to continue briefings of departments and members of our community in order to maintain a heightened awareness to the goals of a Respectful Workplace. It is also my intent to vigorously pursue any violations of the respectful workplace and to do all that we can to serve our community. Should you have any concerns that you feel need to be expressed, I want to assure you that you may do so confidentially. Please feel free to bring your concerns to Martha McKee (Ombudsperson), Ellen Waxman (Director of Faculty Relations) or David Stevenson (Senior Associate Dean for Academic Affairs).

## **Faculty Senate Approves the Degree Granting Authority of the Department of Bioengineering**

On Thursday, December 4<sup>th</sup>, the University Faculty Senate reviewed the proposal from our newly formed joint Department of Bioengineering (between the Schools of Engineering and Medicine) to launch its degree-granting program for graduate studies. Drs. Scott Delp, Chair and Paul Yock, Co-Chair, did a wonderful job in addressing the Senate and providing the goals of the graduate studies program and its initial formulation. In a historic vote, the Senate unanimously approved the following resolution:

***The Committee on Graduate Studies recommends that the Senate authorize the Department of Bioengineering to admit candidates for the Master of Science and the Doctor of Philosophy degrees, with enrollment beginning in the Autumn Quarter of 2004-2005, and to nominate candidates for the M.S. and Ph.D. degrees in Bioengineering, without limit of time.***

As you may recall, the plans to proceed with a petition to pursue a joint Department of Bioengineering were resolved between the Schools of Engineering and Medicine in November 2001 and, based on that, achieved approval from the University's Board of Trustees in June 2002. Since then, Drs. Delp and Yock have made significant progress in delineating the educational, research and administrative foundations of the department. The approval of degree granting authority by the Senate is testimony to the

important leadership they have provided. The next several years will prove exciting for the new department and will include the recruitment of faculty, the enrollment of graduate students in 2004 and undergraduate students (likely in 2006) and new research facilities as part of the Science, Engineering, Medicine Campus (SEMC) development now underway.

## **Update from the Executive Committee: The Matter of Joint Academic Appointments**

At the Executive Committee on Friday, December 5<sup>th</sup>, the topic of joint appointments between departments was considered and discussed. At Stanford it is not uncommon for faculty to have a primary appointment in one department and a secondary and/or courtesy appointment in another department. In the School of Medicine, approximately 23 of our 99 faculty in basic science departments have a joint appointment in another department. Of these, 15 are in another basic science department and 8 are in clinical departments. Among our 641 clinical science faculty, 49 have joint appointments, 25 of which are in a basic science department and 24 in other clinical departments. In our School a secondary appointment does not require a split of a billet unlike other Schools (e.g., Engineering) where a joint appointment means that a billet is shared between two departments.

We do not have any official position on joint appointments since they are largely determined by the desires and needs of individual faculty and departments. However, it is appropriate to review how joint appointments might be helpful to the School and its mission, and whether we should be more proactive in fostering such appointments. Certainly it seems clear that joint appointments can foster increased interaction among faculty, students and postdoctoral trainees and enhance interdisciplinary. Joint appointments offer opportunities for more diverse mentoring of faculty and trainees as well as greater opportunities for training grants or program project grant applications. For the individual faculty member, a joint appointment may provide evidence of greater prestige and accomplishment. Importantly, joint appointments shared between basic and clinical science departments can help to foster more opportunities to promote translational research or to better inform basic science faculty about challenges in clinical medicine and vice versa. At the same time, it is important to take into account that too many joint departments can sometimes be seen as diluting the focus of a department or might create greater competition for training grant slots or even graduate students. A practical but real concern is that if a small department has too many joint appointees it might impact on the overall decision making of the department, especially regarding faculty appointments and promotions since individuals with secondary appointments have similar voting rights and privileges to those with primary appointments.

We had a very thoughtful discussion of these issues at the Executive Committee. From my perspective, joint appointments must be driven by the convergence of the scientific contributions of a faculty member and the goals and directions of a department. This cannot be a top-down process but must be determined between departments and faculty. That said, it is appropriate to explore ways to further facilitate a culture in which

joint appointments are further sought and valued and, based on the content of the discussion we had at the Executive Committee, this is a topic we will pursue as an important agenda item for the School during the months ahead.

### **Community Lecture Series Continues to Draw Crowds**

On Wednesday December 3<sup>rd</sup>, Dr. Eric Knudsen, Edward C. and Amy H. Sewall Professor and Chair of the Department of Neurobiology, gave another in the very successful series of "Community Lectures" that commenced this Fall. Dr. Knudsen spoke about learning and brain plasticity using studies focused on auditory and visual learning patterns in barn owls. It was a wonderfully informative presentation that was clearly interesting to the audience

Dr. Mark Hlatky, Professor, Department of Health Research and Policy and Dr. Laurence Baker, Associate Professor, Department of Health Research and Policy will deliver the next lecture entitled: *Medical Innovation, Rising Costs and the Health of the Public* on Wednesday, January 7, 2004 at 7 p.m. in the Clark Center Auditorium.

### **Announcement**

**The First Edward Rubenstein Lecture** will be held on Tuesday, January 6, 2004 at 5:10 pm in the Fairchild Auditorium. J. Michael Bishop, M.D., a 1989 Nobel Laureate and Chancellor at the University of California, San Francisco will deliver the first lecture which is entitled "How to Win the Nobel Prize: An Unexpected Life in Science."

Dr. Bishop, a microbiologist, shared the 1989 Nobel Prize in Physiology and Medicine for his discovery of the cellular origin of retroviral oncogenes and the identification of the genes that control the normal growth and division of cells. This lecture is named in honor of Edward Rubenstein, MD, associate dean of postgraduate medical education and professor of medicine emeritus, who is noted for developing innovative training programs for practicing physicians and his collaborative research with faculty in chemistry and physics.

This lecture has been made possible by a generous endowment from the Thomas G. and Martha Lee Parker Charitable Fund. A reception will follow. Please RSVP by Friday, January 2, by contacting 650-234-0625 or [vanny@stanford.edu](mailto:vanny@stanford.edu)