

# Dean's Newsletter

## October 15, 2012

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### **Celebrating Science and Discovery**

The announcement on October 10<sup>th</sup> that Brian Kobilka is the winner of the 2012 Nobel Prize in Chemistry (see: <http://med.stanford.edu/ism/2012/october/nobel-kobilka.html>) was an extraordinary affirmation of the value of science and discovery. Dr. Kobilka's life and work are tributes to scientific elegance, excellence and endurance, conducted over decades with passion, dedication and commitment. He wins this extraordinary prize with Bob Lefkowitz of Duke University, who was his mentor earlier in his career and who helped shape and launch his career in science. Trained as an MD, Brian became dedicated to solving deep and important scientific mysteries. When others felt the problem he was focusing on was impossible to solve, he devoted his energies to doing just that. Over the past decades he pursued with exquisite detail an understanding of the adrenergic receptor and succeeded in defining its 3-dimensional structure along with its function and physiological relevance. His work stands at the crossroads of chemistry, structural biology, and molecular medicine and has been greatly enhanced by the scientific environment of Stanford University, which bridges these and other disciplines.

Brian's commitment to staying focused on a problem of extraordinary complexity and to finding the techniques and technologies that answer both structural and functional questions is also a testament to the value of investigator initiated basic science research. In a day when big teams and massive labs have become the common mediator of modern science, Brian Kobilka stands as a model -- a small group of committed scientists who can illuminate deep mysteries and open doors to new solutions that will ultimately improve human life. His work is a powerful demonstration of the importance of supporting basic science research - whose payoff can take many years or decades to reach fruition but, when it does, changes the direction of medicine and science. And beyond all this, Brian Kobilka is one of the most humble, caring and generous people we are privileged to know and value in our community at Stanford, where he serves as the

Helene Irwin Fagan Professor and Chair of the Department of Molecular and Cellular Physiology in the School of Medicine.

It is also notable that a week prior to this year's Nobel announcements, we held a Partners in Medicine Event in the Paul and Millie Berg Hall that featured interviews with the then three current Nobel Laureates: Dr. Paul Berg, winner of the 1980 Nobel Prize in Chemistry; Dr. Roger Kornberg, winner of the 2006 Nobel Prize in Chemistry; and Dr. Andy Fire, winner of the 2006 Nobel Prize in Medicine or Physiology. Dr. Kobilka was one of the more than two dozen faculty in attendance at the dinner that preceded the "Conversations with Nobel Laureates." Along with his colleagues, Dr. Kobilka was helping to educate and inform the nearly 300 attendees of this event about the importance and relevance of basic science in leading to fundamental insights about the world in which we live, and also how basic science establishes the foundations for discoveries that can transform medicine and human health.

As noted above, many of dividends of basic research take years to decades before their impact is truly understood or applicable to the diagnosis and treatment of disease. Investment in basic science is what has made the USA the world leader in discovery and innovation. But, as I have written on numerous occasions, these investments are now threatened by our nation's economy and the priorities being set by our government, including the funding priorities set by the National Institutes of Health. Increasingly over the past decade (and with the exception of the years of stimulus funding from the American Recovery and Reinvestment Act), support for funding of research from the NIH and other agencies has become more limited and even more competitive, with less purchasing power and with an increasing shift to "big science" and more applied research than to investigator initiated basic research – such as that carried out by Brian Kobilka and many of our other outstanding basic science faculty at Stanford. We have witnessed science becoming more politicized and sometimes being accompanied with an anti-science bias, whether in climate research, stem cell biology or evolutionary biology. These are worrisome trends and could result in America losing its global preeminence in science and engineering.

While it is exciting and exhilarating to celebrate "Nobel moments," less appreciated is how challenging the work and life of an academic scientist can be. This is particularly the case in medical schools, where most of the support for research and a not insignificant proportion of personal compensation come from success in grant funding. It is true that at Stanford medical school faculty have the highest amount of competitive NIH funding per individual of any other medical school in the nation. This speaks to the extraordinary talents and tenacity of our faculty – as well as to the time and effort spent in writing grants and pursuing various funding opportunities. But it does not address the pressures and toll on faculty of continuously writing grants to sustain research funding. This is very much the story for Dr. Kobilka, who has spent enormous portions of his time and energy submitting grants and seeking new sources to support his work and that of his students, trainees and colleagues, sometimes with success but also with failure and disappointment. This is the hard backstory of the celebratory news of discovery and success and the recognition that comes from major awards and honors.

While most of our faculty will continue to say how fortunate they are to be part of a community of excellence like that at Stanford, most would also acknowledge the pressures and worries about whether grants will be funded and whether they can pursue ideas and research directions that matter. This is enormously stressful – and is becoming even more so. Even great scientists, including Nobel Laureates, are not immune to these challenges, which are getting worse rather than better. This is, in part, why we held the Partners in Medicine event on October 2<sup>nd</sup>.

At universities like Stanford, philanthropic support from our community, both locally and globally, has been transformative. This extraordinary support has enabled us to build world-class laboratories and education facilities. The recently launched Campaign for Stanford Medicine will play a major role in the construction of the new Stanford Hospital, just as the Children’s Health Initiative and the “Breaking New Ground” campaign have helped with the plans and construction for the Lucile Packard Children’s Hospital. Support from grateful patients, alumni and wonderful community members has created financial aid funding for our students and has been a source for seed grants for innovative research, including for our Stanford Institutes of Medicine.

The Campaign for Stanford Medicine is just getting underway and will be led by our next Dean, Dr. Lloyd Minor, in collaboration with Amir Rubin, CEO at Stanford Hospital & Clinics, along with faculty and hospital leaders and the tremendous support from community volunteers and the Office of Medical Center Development. However, it is clear already that making the case for support for basic science research and graduate education is of essential importance. Of course no one envisions that philanthropic support can or should supplant or replace the competitive funding that comes from agencies like the NIH. That is not an attainable or even a meritorious goal. But when philanthropic support can be garnered to create Faculty Scholar Awards, Professorships, Graduate Student Education and Innovation Funds (among other needs) it can make a world of difference in the ability of our faculty to be successful – and innovative – and make transformative discoveries.

Many times we hear that raising philanthropic funds for basic research is too difficult or not feasible, because the connections between basic research and the drugs or treatments that impact human life and disease are too distantly separated in time. However, I would venture that, while those of us in science and medicine understand this dilemma, we have personal examples of how these connections are actually quite closely defined and how they have impacted our careers or the patients we have cared for. I can think of many examples in my own career, but one that stands out for me occurred at the beginning of the HIV/AIDS epidemic in the US. I was a pediatric oncologist and infectious disease specialist doing laboratory and clinical research in the Clinical Center at the National Institutes of Health when the first cases of HIV/AIDS occurred in adults and then children.

Initially the cause of what became known as AIDS was unknown and approaches to diagnosis and treatment were lacking. But advances in diagnosis and treatment were

able to advance relatively rapidly and to a large measure because of discoveries and technologies that had been made years to decades earlier, some of which took place at Stanford. These included the Fluorescent Activated Cell Sorter (FACS) invented by Len and Lee Herzenberg and the discoveries of retroviruses and the enzyme reverse transcriptase. Of course, these basic science discoveries also happened because of other fundamental scientific insights that emerged from different disciplines, often driven by the curiosity of the investigator and not because of an anticipated impact on a human illness. Indeed none the examples I mentioned above anticipated the eventuality of HIV infection – but they each played a central role in the early diagnosis of HIV infection, the ability to make blood transfusions safe (which came from the work of Dr. Ed Engelman at Stanford) or in the first antiretroviral agents that blocked reverse transcriptase and that I was able to use in the children I was caring for at the NIH.

Simply put, if basic research hadn't been done years or decades previously in seemingly unconnected fields and disciplines, the opportunity to make progress against a new disease like HIV/AIDS would have been almost unthinkable. Similar stories can be told about many other basic science discoveries that ultimately had a big impact on medicine but which were not known or anticipated when they were first being conducted. This is the value and payoff of investments in basic research.

We are fortunate at Stanford to have outstanding basic and clinical science faculty who work collaboratively and who engage with amazing students and trainees. We have an environment that fosters innovation and discovery across disciplines and that has created an intricate ecosystem of excellence. It is a system that has facilitated extraordinary discoveries, including those made by Brian Kobilka and by others that helped his journey that culminated in the Nobel Prize. But we are at a point in history when we cannot expect this work to go on unless there is commitment from our government and community to invest in and support research broadly – including in the biomedical sciences. It is also a point in history when we need to be advocates for research and when our community can make an exceptional difference in supporting innovation and our pipeline to the future that includes our students and trainees. This is how we create the future – the fruits of which may not be known for years to decades from now, but which ultimately can be tracked back to fundamental discoveries resulting from probing minds and creative inquiries. That is an investment worth making and is the case for supporting basic science research at Stanford and beyond.

## **Welcome to the 2012 Stanford PhD Students**

On Monday evening, September 24th, a newly designed graduate student Orientation and Welcome Dinner was held in Berg Hall of the Li Ka Shing Center for Learning and Knowledge (LKSC). Dr. Dan Herschlag, the Senior Associate Dean for Graduate Education and Postdoctoral Affairs, fostered discussions about issues highly relevant to new PhD students. Among the topics were: the transition from undergraduate to graduate school; choosing rotations and a thesis lab; and how to succeed in graduate school. These topics were discussed by incoming PhD students together with current students and faculty and thus permitted a nice introduction to Stanford and the challenges

and opportunities in graduate education. In addition, Dr. Adam de la Zerda, a newly appointed Assistant Professor in the Department of Structural Biology, spoke engagingly about his life as a graduate student – a perspective that is helpful to those just beginning their journey.

We are pleased to welcome the 135 incoming Bioscience and Interdisciplinary PhD students and 36 new Masters students, who began classes on September 24th. As with the MD students we welcomed in late August, the incoming PhD class is diverse, and the entering students have exceptional academic and personal credentials and accomplishments. Our 97 Biosciences PhD students were selected from a pool of 1820 applicants submitting a total of 4182 applications (applicants can apply separately to one or more departments or programs). This was an increase of almost 14% from last year. Women comprise 52% of the 2012 entering class, and 8.2% of the incoming PhD students are underrepresented minorities. Reflecting our global community, 20% of the students are international and were born in 19 different countries. Those born in the US come from 22 different states. Our new PhD students come from 60 different undergraduate schools, with four or more coming from each of the following: MIT (7), UC Berkeley (5), Brown (4), University of Washington (4), and Yale (4). Of note, 15 of these students already have advanced degrees: one Master of Technology, three MA degrees, 11 MS degrees (one student has two of these), and one has an MD.

The home programs of the Biosciences are housed primarily in the School of Medicine, but they also include the Humanities and Sciences Programs in Biology and Biophysics. In addition to the Biosciences programs, the new Stem Cell PhD program (see: <http://med.stanford.edu/ism/2011/april/stem-phd.html> and <http://stemcell.stanford.edu/education/phd/index.html>) matriculated 15 new students, and Bioengineering, a joint program of the schools of Medicine and Engineering (see: <http://bioengineering.stanford.edu/>), matriculated 23 new PhD candidates. The number of incoming students in a program/department ranges from "large" in the case of Biology (with 24 students) to small (with one student in Structural Biology). The 36 Masters students joining us are matriculating in Bioengineering, Epidemiology, Genetic Counseling, Biomedical Informatics, Masters in Medicine, and Health Services Research.

Also of note, the third annual White Lab Coat Ceremony will be held on October 19th in Berg Hall. This celebration parallels the Stethoscope Ceremony for MD students as a welcoming tradition in the School of Medicine. Stanford Medical School is unique in having nearly equal numbers of MD and PhD students (with lots of dual degree students), which is something worth celebrating in its own right. Our outstanding PhD students play an incredibly important role in contributing to the rich and creative scientific environment that defines Stanford.

Special thanks go to the staff who organized and brought the Orientation and Welcome Dinner to life: Sarina Tom, John Bray, Lorena Najarro, Dominique Kalata, Mary Boyer, Samar Fahmy, and Zera Murphy and to Julia Tussing, Associate Dean for Education Programs and Services.

Having shared the names of the new MD students in my August 27<sup>th</sup> Newsletter I am also most pleased to share the new PhD students and their home program. Please note that these are only the PhD students entering the current Bioscience Program and the list does not include the new students in Stem Cell Biology and Regenerative Medicine or the new PhD students in Bioengineering. It is also important to point out that two of the major home departments (Biology and Biophysics) are officially housed in the School of Humanities and Sciences. It is terrific that we are able to have PhD programs that cut across schools and disciplines.

<i>Name</i>	<i>Home Program</i>
<i>Ahanonu, Biafra Owowonta II</i>	Biology
<i>Ahmadi, Nimit</i>	Bioengineering
<i>Asaad, Mazen</i>	Molecular and Cellular Physiology
<i>Babur, Sameen</i>	Developmental Biology
<i>Bahrami, Zahra</i>	Chemical Systems Biology
<i>Ballard, Ian Connors</i>	Neurosciences
<i>Bayless, Nicholas Logan</i>	Immunology
<i>Beckwith, Sean Lu</i>	Biology
<i>Bi, Yang</i>	Biology
<i>Bieri, Gregor</i>	Neurosciences
<i>Blair, Lily Margaret</i>	Biology
<i>Byers, James Samuel</i>	Developmental Biology
<i>Chan, Caleb</i>	Biochemistry
<i>Chandler-Brown, Devon</i>	Biology
<i>Chang, Andrew Hsiu-Hao</i>	Developmental Biology
<i>Chaudhari, Akshay</i>	Bioengineering
<i>Chavarha, Mariya</i>	Bioengineering
<i>Chen, Elizabeth Yang</i>	Stem Cell Biology and Regenerative Medicine
<i>Cherf, Gerald</i>	Bioengineering
<i>Chevez, Natalie</i>	Biology
<i>Chung, Hokyung</i>	Biology
<i>Chung, Jae Ik</i>	Biology
<i>Clarke, Donald Nathaniel</i>	Biology
<i>Comerci, Colin James</i>	Biophysics
<i>Conrad, Bogdan Heinrich Meno</i>	Stem Cell Biology and Regenerative Medicine
<i>Cormier, Olga</i>	Biology
<i>Course, Meredith Marie</i>	Neurosciences
<i>Cristea, Sandra</i>	Cancer Biology
<i>Cumnock, Katherine</i>	Microbiology and Immunology
<i>Cunningham, Anna Delia</i>	Chemical and Systems Biology
<i>Daneshjou, Roxana</i>	Genetics
<i>Davis III, Joe Reese</i>	Genetics

<i>Denisin, Aleksandra</i>	Bioengineering
<i>Deveza, Lorenzo</i>	Bioengineering
<i>Doughty, Emily Kathryn</i>	Biomedical Informatics
<i>Dulken, Benjamin</i>	Medical Scientist Training Program (MSTP)
<i>Edge, Michael Donald</i>	Biology
<i>Eiseman, Nathaniel Alexander</i>	Biochemistry
<i>Enos, Michael David</i>	Structural Biology
<i>Erlandson, Sonya</i>	Biology
<i>Flynn, Ryan Alexander</i>	Cancer Biology
<i>Fu, Xu Hua</i>	Genetics
<i>Fuentes, Daniel Roberto</i>	Cancer Biology
<i>Fung, Connie</i>	Microbiology and Immunology
<i>Garcia, Miguel Angel</i>	Biology
<i>Glanville, Jacob Eli Gunn</i>	Immunology
<i>Goldberg, Amy</i>	Biology
<i>Goldfeder, Rachel Lynn</i>	Biomedical Informatics
<i>Gomez, Jesse Lee</i>	Neurosciences
<i>Ha, Huong Thi Thanh</i>	Neurosciences
<i>Hale, William Dylan</i>	Molecular and Cellular Physiology
<i>Hall, Heather Elizabeth</i>	Biochemistry
<i>Han, Lichy</i>	Medical Scientist Training Program (MSTP)
<i>Hsueh, Brian</i>	Medical Scientist Training Program (MSTP)
<i>Hu, Kenneth Hsueh-heng</i>	Biophysics
<i>Jacobson, Amanda Rose</i>	Microbiology and Immunology
<i>Jaffe, Mia</i>	Genetics
<i>Jain, Nimit</i>	Bioengineering
<i>Javelosa, Edritz</i>	Neurosciences
<i>Jin, Xiaofan</i>	Bioengineering
<i>Keller, Thomas Joseph</i>	Immunology
<i>Kim, Rick Gyusik</i>	Biology
<i>Ko, Melissa Ellen</i>	Cancer Biology
<i>Kozyrytska, Kateryna</i>	Biochemistry
<i>Krampitz, Geoffrey</i>	Stem Cell Biology and Regenerative Medicine
<i>Kurtz, David</i>	Bioengineering
<i>Lee, Joo</i>	Biochemistry
<i>Leopold, Devin Robert</i>	Biology
<i>Li, Jian</i>	Biochemistry
<i>Liang, Jackson</i>	Molecular and Cellular Physiology
<i>Lin, Grant</i>	Medical Scientist Training Program (MSTP)
<i>Linde, Ian Lisle</i>	Immunology
<i>Liu, Chao</i>	Biochemistry

<i>Low, Hui Ning Natalie</i>	Biology
<i>Madl, Christopher</i>	Bioengineering
<i>Mallory, Caitlin Sierra</i>	Neurosciences
<i>Marzelli, Matthew</i>	Bioengineering
<i>Mason, John</i>	Bioengineering
<i>Matt, Rachel Ann</i>	Chemical and Systems Biology
<i>McIntosh, Lane Thomas</i>	Neurosciences
<i>McManus, Kimberly Faith</i>	Biology
<i>Memon, Farah</i>	Bioengineering
<i>Miguel, Amanda</i>	Bioengineering
<i>Mirza, Amar</i>	Medical Scientist Training Program (MSTP)
<i>Mitchell, Aaron</i>	Bioengineering
<i>Mitsunaga, Erin Michiko</i>	Genetics
<i>Morikawa, Megan Keiko</i>	Biology
<i>Moskowitz, David</i>	Biomedical Informatics
<i>Mychajliw, Alexis Marie</i>	Biology
<i>Owen, Leanna Marie</i>	Biophysics
<i>Payne, Hannah Logan</i>	Neurosciences
<i>Purger, David</i>	Stem Cell Biology and Regenerative Medicine
<i>Puschnik, Andreas Sebastian</i>	Microbiology and Immunology
<i>Qin, Elizabeth</i>	Medical Scientist Training Program (MSTP)
<i>Ramanathan, Muthukumar</i>	Stem Cell Biology and Regenerative Medicine
<i>Rastogi, Suchita</i>	Medical Scientist Training Program (MSTP)
<i>Reese, Angela Lynn</i>	Developmental Biology
<i>Richardson, Rhea Renee</i>	Genetics
<i>Rim, Young-soo</i>	Developmental Biology
<i>Roake, Caitlin</i>	Medical Scientist Training Program (MSTP)
<i>Rogers, Zoe Natasha</i>	Genetics
<i>Rose, Noah Hartmann</i>	Biology
<i>Rubin, Adam Joseph</i>	Stem Cell Biology and Regenerative Medicine
<i>Sapiro, Anne La Fleur</i>	Genetics
<i>Sathyamoorthi, Shyam</i>	Medical Scientist Training Program (MSTP)
<i>Scharr, Alexandra Laurel</i>	Neurosciences
<i>Schep, Alicia Nathalie</i>	Genetics
<i>Schroeder, John Will</i>	Biology
<i>Seligman, Benjamin Joseph</i>	Biology
<i>Seong, Yekyung</i>	Immunology
<i>Sharma, Arun</i>	Biology
<i>She, Richard</i>	Chemical and Systems Biology
<i>Silas, Sukrit</i>	Immunology
<i>SoRelle, Elliott Daniel</i>	Biophysics



<i>Stanley, Elizabeth Joy</i>	Microbiology and Immunology
<i>Strandberg, Erika</i>	Biomedical Informatics
<i>Sweere, Johanna Maria</i>	Immunology
<i>Taylor, Caitlin Ann</i>	Neurosciences
<i>Thompson, Abbey Carolyn</i>	Genetics
<i>Tom, Ariane</i>	Bioengineering
<i>Torrez Dulgeroff, Laughing Bear</i>	Stem Cell Biology and Regenerative Medicine
<i>Tsang, Emily</i>	Biomedical Informatics
<i>Ursu, Oana Maria</i>	Genetics
<i>Vandova, Gergana Andreeva</i>	Biochemistry
<i>Venkatesh, Humsa Srinidi</i>	Cancer Biology
<i>Volz, Katharina Sophia</i>	Stem Cell Biology and Regenerative Medicine
<i>Ward, Thomas Ray</i>	Genetics
<i>Weitz, Andrew</i>	Bioengineering
<i>Winters, Ian Paul</i>	Genetics
<i>Wu, Chun (Lyndia)</i>	Bioengineering
<i>Xiang, Shengnan (Joy)</i>	Bioengineering
<i>Ye, Anne</i>	Bioengineering
<i>York, Ryan Alexander</i>	Biology
<i>Young, Noah</i>	Bioengineering
<i>Yu, Kun-Hsing</i>	Biomedical Informatics
<i>Zappala, Zachary</i>	Genetics
<i>Zhang, Yunxiao</i>	Stem Cell Biology and Regenerative Medicine
<i>Zhou, Weizhuang</i>	Bioengineering
<i>Zhou, Xiang</i>	Biology
<i>Zhu, Danqing</i>	Bioengineering

Welcome to all!

## **Will November 6<sup>th</sup> Impact the Cost of Care in the US?**

With the presidential election just weeks away, it is not a surprise that there is considerable interest and concern about how the results of the election will impact health care costs and the Affordable Care Act. While the topic of healthcare costs are certainly on the minds of voters, the discussions and debate between candidates and constituencies has seemed more rhetorical than illuminating. While the details of the Affordable Care Act are known, there is still confusion and debate about how its various components will unfold and, most importantly, how the ACA will impact health care costs into the future. This is a topic I have covered in a number of past newsletters.

Recognizing that the details of the healthcare plan that would unfold under a Romney presidency are less well defined, the Commonwealth Fund recently reported an analysis entitled “*Health Care in the 2012 Presidential Election: How the Obama and Romney Plans Stack Up*” (see: <http://www.commonwealthfund.org/Publications/Fund->

[Reports/2012/Oct/Health-Care-in-the-2012-Presidential-Election.aspx](#)). The analysis and report question whether the respective candidates' plans will increase the number of Americans who have health insurance, whether their stated or assumed plans will make health insurance more affordable and whether they will protect consumers, whether the plans will improve choice, and help small businesses and whether they will address some of the major challenges with entitlement programs like Medicare. The bottom line question is whether it can be determined which of the candidates' plans will slow healthcare costs and improve the quality of the healthcare that is delivered.

Needless to say the answers to such questions are of enormous importance, but it is certainly safe to say that the conclusions drawn from the Commonwealth Fund report – or others – will be broadly contested and debated. That said, the Commonwealth Fund study concluded that *“On each of the seven criteria used in this analysis to evaluate the candidates' health care platforms, President Obama's plan to fully implement the Affordable Care Act would likely outperform Governor Romney's plan to repeal the law and replace it with fewer federal requirements for insurance markets and reduced funding for the Medicaid and Medicare programs. This conclusion is driven in part by the considerable detail available in the health reform law and the new guidance and regulations issued by the Department of Health and Human Services to implement its provisions, compared with Romney's far less detailed proposal to replace the law.”*

Of course details are important and we cannot dismiss that those that would unfold from a Romney plan would have a greater impact on the healthcare system and healthcare reform. Hopefully we will learn more of the details between now and November 6<sup>th</sup>. But there can be no question that the results of the election will impact healthcare in the US for the future. Regardless of the politics, we need to continue to advocate and support changes that improve the quality, service and costs of medical care – and at the same time, foster innovation and discovery to improve health and the delivery of healthcare. Based on the many programs put into place over the years, Stanford has the opportunity to lead in all of these areas, which would be great for our communities, locally and globally.

## **Massachusetts Voters Will Consider the Death with Dignity Act on November 6<sup>th</sup>.**

Having come to Stanford from Massachusetts I well recall the feeling of being a member of a Commonwealth that was unique, sometimes singularly so. Although now ancient history, I recall having a bumper sticker on my car saying, “Don't Blame Us – We are from Massachusetts” following the 1972 presidential election (can that really be 40 years ago!). And as we move to the upcoming election, it is of some interest that Massachusetts has been the testing ground for healthcare reform that one candidate offers as a model for the nation and the other seems to want to deny – or at least limit it to Massachusetts. While it won't be the first state to do so (Oregon did so in 1990 and Washington in 2009), citizens of Massachusetts will vote on a ballot initiative called the **“Death with Dignity Act”** so that *“an adult Massachusetts resident who has the capacity to make health care decisions and who has been determined by his or her attending and consulting physician to be suffering from a terminal disease that will cause death within*

*six months may obtain medication that the patient may self administer to end his or her life in a humane and dignified manner. It is further declared that the public welfare requires that such a process be entirely voluntary on the part of all participants, including the patient, his or her physicians, and any other health care provider or facility providing services or care to the patient.”*

The Death with Dignity Act is distinctly different from euthanasia or direct physician assisted death, such as is practiced in the Netherlands, Belgium and several other nations (see: “End-of-Life Practices in the Netherlands under the Euthanasia Act that was published in the New England Journal of Medicine in 2007 - <http://www.nejm.org/doi/full/10.1056/NEJMSa071143>). Julian Prokopetz and Lisa Soleymani Lehmann discussed this issue in an article entitled “*Redefining Physicians’ Role in Assisted Dying*” in the July 12, 2012 NEJM (see: <http://www.nejm.org/doi/full/10.1056/NEJMp1205283>). Of course there are strong views on all sides of this issue, one of which is provided by Marcia Angell, former Editor in Chief of the New England Journal of Medicine, in the October 11<sup>th</sup> issue of the New York Review of Books entitled “*May Doctors Help You to Die*” (see: <http://www.nybooks.com/articles/archives/2012/oct/11/may-doctors-help-you-die/>). As a physician and someone who has cared for many dying children with cancer and AIDS, I have opinions about these issues, but that is not the point of mentioning the ballot initiative in this newsletter. Simply it is to highlight that states are coming forward with initiatives to address the process of death and dying and importantly, this is a matter we should all understand better and about which we should form our own opinions.. But at least a dialogue is underway – even if still nascent.

## **Opening of the Stanford Women’s Cancer Center**

On Thursday, September 27<sup>th</sup> we celebrated the official opening of the Stanford Women’s Cancer Center. This new Center, led and championed by Dr. Jonathan Berek, the Laurie Kraus Lacob Professor and Chair of the Department of Obstetrics and Gynecology, was made possible through the dedicated efforts and commitments from Under One Umbrella. In addition to the incredible gifts from Laurie Lacob and Jill and John Freidenrich, Under One Umbrella, representing a group of community leaders and volunteers, has worked tirelessly since 2009 to bring the Women’s Cancer Center to reality. Special thanks go the Under One Umbrella leaders, including Deborah Berek, Fan Codispoti, Jill Freidenrich, Lanie Garrick, Jillian Manus, Lisa Schatz and Diane Taube. Numerous other members of the community have contributed their time, dedication and resources – for which we are enormously grateful. We also want to thank the partnership, support and contributions from the leadership of Stanford Hospital & Clinics (SHC), particularly Amir Rubin, President and CEO of SHC, and the wonderful support from Sridhar Seshadri, Vice President, Clinical Cancer Center and Cardiovascular Health.

The Women’s Cancer Center provides a caring home facility for women facing the serious challenges of breast and gynecologic cancer. It also serves as important symbol to the community that Stanford Medicine cares deeply about the care of women.

## **Thanking CJ Huang and Family**

On Thursday, October 4<sup>th</sup> we had the opportunity to thank CJ Huang and his family for the extraordinary gifts and support they have provided to Stanford over many years. Because of this support Stanford was able to launch the Asian Liver Center in the 1990s that has been so ably led by Dr. Sam So, the Lui Hac Minh Professor in the Department of Surgery. In November 2010, the Haungs pledged funding that will enable the construction of the CJ Huang Center that will be located at 780 Welch Road. Construction of this new facility, which will house the Asian Liver Center and other programs related to clinical and translational research, will begin in several months. We are deeply grateful to CJ Huang and his family and were so pleased to honor and celebrate his incredible contributions to Stanford.

## **Dean's Medal Celebration**

On Saturday evening, October 13<sup>th</sup>, we had the wonderful opportunity to award and celebrate the 2012 winners of the Stanford University School of Medicine Dean's Medal. This is the highest honor that the medical school bestows and it was truly an honor to recognize the extraordinary contributions of this years Dean's Medal Awardees (see: <http://med.stanford.edu/ism/2012/october/medal-1008.html>).

The recipients of the 2012 Dean's Medal offer new depth to our understanding of how science shapes humanity and why Stanford Medicine unites medicine with compassion and communities, locally and globally.

The work of **Dr. Lucy Shapiro**, the Virginia and DK Ludwig Professor, Department of Developmental Biology, exemplifies an artist's exploration of life – how its basic elements are formed and assembled, how they interconnect, take shape and function in multiple domains and dimensions. Her work is a testament to the beauty of basic science and how discovery can lead to insights in the human condition.

The many contributions of **Dr. Sarah Donaldson**, the Catharine and Howard Avery Professor, show how fundamental physical energies can change the lives of children with cancer through discovery and compassion that has been extended to communities worldwide.

**The Baxter Foundation** has not only provided seminal funding for innovative research at Stanford, but has also provided the human presence of its Trustees, who have become a beacon of hope and opportunity for students and faculty for more than five decades.

**Anna Deveare Smith** is an artist and playwright (and former Stanford faculty member) who has connected the lives of individuals from different walks of life to give new voice and meaning to some of society's and medicine's most pressing dilemmas –by connecting sobering facts with compassion, humanity and deep insight.

While each of our 2012 Dean's Medal winners has had different and discrete life journeys, they share in common a passion and commitment to science, medicine, compassion and humanism – and to making the world a better place. Please join me in congratulating this year's recipients of the 2012 Dean's Medal.

## Upcoming Events

### Oral Cancer Screening at Stanford - FREE

Saturday, October 20

8 a.m. - 12 p.m.

Stanford's Adult ENT Clinic, 1st floor

801 Welch Road, Palo Alto

If you use alcohol or tobacco or lack dental care, you may be at risk for oral cancer. Come to our Oral Cancer Screening Clinic to be examined by Stanford doctors and learn more about oral cancer prevention and detection. Screening is quick and painless, and resources for tobacco cessation and low-cost dental care will be available. For more information, call (650) 427-9777 or email [oralcancer@stanford.edu](mailto:oralcancer@stanford.edu).

### Seminar – iPS Technology and its Potentials for Future Medicine

Tuesday, October 23

10 a.m. – 11 a.m.

Clark Center Auditorium

You are invited to hear Hiromitsu Nakauchi, MD, PhD, Director of the Centre for Stem Cell Biology and Regenerative Medicine at the University of Tokyo, speak about how iPS technologies will affect medicine in the future.

## Four School of Medicine Faculty Are Elected to the Institute of Medicine (IOM)

On October 15<sup>th</sup>, the Institute of Medicine announced the 70 individuals who have been elected to the 2012 class. Election to the IOM of the National Academy of Sciences “is considered one of the highest honors in the fields of health and medicine and recognizes individuals who have demonstrated outstanding professional achievement and commitment to service”. This year's newly elected Stanford faculty IOM members are:

- ***Dr. Lloyd Minor***, Dean Designate, Stanford University School of Medicine
- ***Dr. Stephen Quake***, Investigator, Howard Hughes Medical Institute; and Lee Otterson Professor and professor of bioengineering and applied physics, department of applied physics
- ***Dr. David Spiegel***, Jack, Samuel and Lulu Willson Professor and Associate Chair, Department of Psychiatry

- *Dr. David Stevenson*, Dean and Senior Associate Dean for Academic Affairs, and the Harold K. Faber Professor of Pediatrics and Professor, by courtesy, of Obstetrics and Gynecology

## Honors and Awards

- *Dr. Russ Altman*, Professor of Bioengineering, Medicine and Genetics, has been appointed to two major national leadership positions. He is now President-Elect of the American Society for Clinical Pharmacology and Therapeutics and will assume the role of President of ASCPT beginning in March 2013. Dr. Altman was also appointed Chair of the Science Board to the US Food and Drug Administration. In addition, Dr. Altman has just been appointed as the first Kenneth Fong Professor in the School of Engineering. The professorship carries with it a preference for faculty whose academic focus is at the intersection of engineering and medicine. Congratulations to Dr. Altman!
- *Dr. Ellen Yeh*, Acting Assistant Professor in Pathology, has been selected for a 2012 Career Award for Medical Scientists (CAMS) by the Burroughs Wellcome Fund (BWF). She is one of ten recipients chosen from 124 applicants from top research universities to receive this very competitive award, which honors her personal accomplishment and the scholarly environment at Stanford. Congratulations, Dr. Yeh.

## Appointments and Promotions

**Todd F. Atwood** has been promoted to Clinical Assistant Professor of Radiation Oncology, effective 10/1/2012

**James T. Badger** has been reappointed to Clinical Assistant Professor of Surgery, effective 10/1/2012

**Dipanjan Banerjee** has been promoted to Clinical Assistant Professor of Medicine, effective 10/1/2012

**Joy Brown** has been promoted to Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 10/1/2012

**David R. Chen** has been appointed to Clinical Assistant Professor (Affiliated) of Neurology & Neurological Sciences, effective 8/1/2012

**S. Charles Cho** has been promoted to Clinical Professor of Neurology & Neurological Sciences, and by courtesy Neurosurgery, effective 12/1/2012

**Cheryl Cho-Phan** has been reappointed to Clinical Assistant Professor of Medicine, effective 9/1/2012

**Theodore Chu** has been promoted to Adjunct Clinical Assistant Professor of Otolaryngology-Head and Neck Surgery, effective February 1, 2013

**Todd Dray** has been promoted to Clinical Associate Professor (Affiliated) of Otolaryngology – Head & Neck Surgery, effective 10/1/2012

**Jeffrey C. Faig** has been promoted to Clinical Professor of Obstetrics and Gynecology, effective 1/1/2013

**Jennifer Kaci Fairchild** has been promoted to Clinical Assistant Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 10/1/2012

**Jonathan D. Feldman** has been promoted to Clinical Professor (Affiliated) of Pediatrics, effective 11/1/2012

**Anthony L. Filly** has been appointed as Adjunct Clinical Assistant Professor of Radiology, effective October 1, 2012

**Jennifer D. Frankovich** has been promoted to Clinical Assistant Professor of Pediatrics, effective 10/1/2012

**Carlos Greaves** has been reappointed to Clinical Associate Professor of Psychiatry and Behavioral Sciences, effective 9/1/2012

**Alan Greene** has been appointed as Adjunct Clinical Professor of Pediatrics, effective September 1, 2012

**Meghan N. Imrie** has been reappointed to Clinical Assistant Professor of Orthopaedic Surgery, effective 9/1/2012

**Aarif Y. Khakoo** has been appointed as Adjunct Clinical Associate Professor of Medicine, effective November 1, 2012

**Elizabeth Koehler** has been promoted to Clinical Assistant Professor of Medicine, effective 11/1/2012

**Amy Kunihiro** has been promoted to Clinical Assistant Professor of Surgery, effective 10/1/2012

**Truc M. Le** has been promoted to Clinical Assistant Professor of Pediatrics, effective 10/1/2012

**Charles Lin** has been appointed to Clinical Assistant Professor of Ophthalmology, effective 10/1/2012

**Peter T. Lin** has been appointed to Clinical Assistant Professor (Affiliated) of Neurology & Neurological Sciences, effective 8/1/2012

**Amardeep K. Mann** has been appointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 6/1/2012

**Ann L. Marqueling** has been appointed to Clinical Assistant Professor of Dermatology and of Pediatrics, effective 10/1/2012

**Halan Matles** has been promoted to Adjunct Clinical Assistant Professor of Medicine, effective November 1, 2012

**Martha J. Morrell** has been reappointed to Clinical Professor of Neurology & Neurological Sciences, and by courtesy Neurosurgery, effective 2/1/2013

**Hemalatha Narra** has been appointed to Clinical Assistant Professor (Affiliated) of Neurology & Neurological Sciences, effective 8/1/2012

**Periklis Panousis** has been reappointed to Clinical Assistant Professor of Anesthesia, effective 4/1/2013

**Ravi Prasad** has been promoted to Clinical Associate Professor of Anesthesia, effective 10/1/2012

**Nilima Ragavan** has been promoted to Clinical Associate Professor of Pediatrics, effective 11/1/2012

**Arun Rangaswami** has been reappointed to Clinical Associate Professor of Pediatrics, effective 2/1/2012

**Ella Reznik** has been promoted to Clinical Assistant Professor (Affiliated) of Pediatrics, effective 11/1/2012

**Katherine Sanborn** has been reappointed to Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 10/1/2012

**Kimberly Genise Shepard** has been reappointed to Clinical Assistant Professor (Affiliated) of Otolaryngology – Head & Neck Surgery, effective 10/1/2012



**Eva Van Leer** has been appointed to Clinical Assistant Professor of Otolaryngology – Head & Neck Surgery, effective 10/1/2012

**Brian Yim Young** has been appointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 6/1/2012