Digest of the Philadelphia College of Osteopathic Medicine (Summer 1991)

Philadelphia College of Osteopathic Medicine

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President's Perspective
The following remarks are excerpted from Dr. Finkelstein's address to the graduating class at Commencement, June 2, 1991.

"A year and a half ago, when you were third year students, some of you wondered if there would be a Class of 1991 and a commencement today because of our serious financial situation. I'm pleased to say that not only are we here, but probably we are in a stronger position today than ever before in the history of this institution.

Last year when I addressed the Class of 1990, I said that I had listened for many years to how we were the ninth largest medical school in the United States. That was okay, I said, but it didn't mean a lot to me, because quality is what counts, not size. Being the best — not the biggest — is what's important.

We still have a long way to go, but we have made great strides in that direction over the past year.

To improve the quality of our educational product, we have expanded our faculty and have appointed several new deans. Their job is to monitor and upgrade student rotations throughout the state and to expand and improve our postgraduate training programs.

You have heard me say that if we are to compete with allopathic medicine and keep our graduates within our profession, we must do it through quality programs, not regulatory measures. During the past year we have worked hard to make that happen.

The acquisition of our Parkview campus one year ago doubled the number of beds in the clinical classroom that we call our hospital and provided greatly expanded opportunities for our students, interns and residents.

This year we more than doubled the size of our internship class. When the new interns begin in July, 76 of 77 available positions will be filled, mostly with members of our Class of 1991. Those who are going elsewhere know they do so with our support.

We have increased our residency programs across the board, with new programs in dermatology and psychiatry. Our emergency medicine, urology, surgery and obstetrics/gynecology programs benefit from affiliations with teaching hospitals in the area that give our residents access to far larger numbers of patients than ever before. While these changes have made us competitive with other teaching programs, we will continue to improve and expand our programs, because we know we have a long way to go to reach the level of quality that we want to achieve.

We are about to open our sixth health care facility for ambulatory training, providing increased opportunities for our medical students and for the medically underserved population in Philadelphia and rural Pennsylvania.

Three days ago we reached another milestone: We broke ground for the first addition to our City Avenue hospital since the Barth Pavilion was constructed in 1967.

We can't stop now, though, because monumental changes and challenges are occurring both on the academic and clinical side of health care. The field of molecular biology will revolutionize medicine. We will have to expand our faculty and our teaching programs to include the wonderful changes that are occurring in this field almost daily.

On the clinical side, hospital management is a mine field, and it is becoming more difficult by the day. It takes a lot of innovation and sometimes risk-taking to keep up with competitive and regulatorty demands. Again, we have made a great deal of progress in this area. I believe that we now have a management team in place who can meet the challenges we face, take advantage of our strengths and help us to make decisions — on our own terms — that will safeguard and enhance our institution today and in the future. And that is what we intend to do."

Leonard H. Finkelstein, DO

Pomp and circumstance, pride and celebration

"You will all do well," Leonard H. Finkelstein, DO, MSc, FACOS, president and chairman of the Board of Trustees, told the 199 members of the 100th graduating class of PCOM during commencement ceremonies June 2 at the Academy of Music. "I believe today's two honorees, a general and an admiral, are proof that you, as osteopathic physicians, can go as far as you want to go."

Dr. Finkelstein was referring to the two highest ranking doctors of osteopathic medicine in the U.S. Armed Forces Medical Corps — PCOM alumni Army Brig. Gen. Ronald R. Blanck, '67, and Navy Rear Adm. Hugh P. Scott, '64 — who were awarded honorary Doctor of Laws degrees and were the featured speakers at the commencement.

Both reflected upon how greatly the osteopathic profession has changed and advanced since they graduated and became among the first DOs to be drafted into the military during the height of the Vietnam War.

"We have seen a tripling of osteopathic colleges, from five to 15," said Rear Adm. Scott, "and more than a doubling of the number of DOs from 13,000 when I graduated in 1964 to more than 30,000 in 1991."

"Today, osteopathic medicine is flourishing and has become the fastest growing health profession in the U.S."

Speaking of the 99 classes that had graduated before the Class of 1991, Brig. Gen. Blanck told the graduates: "They were committed to improving opportunities for you, the opportunities that now exist; they were committed to promoting the principles of osteopathic medicine."
“And they did it so well that the terms ‘holistic medicine,’ ‘wellness,’ ‘prevention’ and ‘manipulative therapy’ are mainstream enough that we actually risk losing our identity — not because of any failure but because we’ve been almost too successful.

“Look at all of these successes, successes that were dearly won and that do represent unparalleled opportunities for you: DOs are now fully accepted in all areas of medicine and are represented in all specialties. We occupy leadership positions in national organizations, we’re spread throughout this nation and contribute to policy decisions . . . at federal, state and local levels and, as a profession, we do much of the primary care in this country.”

Amid appreciative whoops and warm applause, the 199 graduates who were first called “doctor” by Dean Daniel L. Wisely, DO, are markedly more diverse than the man and woman who comprised the first class in 1900 (the school had more than one graduating class for a number of years, accounting for the discrepancy of 100 graduating classes in 91 years). Although 72 percent of the graduates (131 men, 68 women) are Pennsylvania residents, class members come from 10 other states as far away as Colorado and Texas and represent 94 different undergraduate colleges and universities.

In addition to the medical degrees, three master of science degrees were also conferred: one in radiology to Les Roger Folio, ’87, and two in urology to Lee M. Blatstein, ’84, and Pragnesh Amritlal Desai, ’85.

In a surprise announcement Finkelstein also conferred upon Wisely an honorary Doctor of Science in Osteopathy degree from the Kirksville College of Osteopathic Medicine, the Missouri medical school from which Dr. Wisely earned his degree in 1955. Dr. Wisely was unable to receive the degree in Kirksville because both schools’ graduations were scheduled for the same day.

Cecil Harris, ’43, one of only two osteopathic physicians in the U.S. certified in both neurology and psychiatry, was named Professor Emeritus.

In addition, Robert Berger, ’58, chairman and professor of pediatrics and assistant dean for clinical education, and Richard M. Kriebel, PhD, associate professor of anatomy, received the Christian R. and Mary F. Lindback Foundation Award for Distinguished Teaching. Those awards were presented at the commencement dinner dance held Saturday evening, June 1.
The military buildup prior to the Persian Gulf War was accompanied by the mobilization of a medical system that was, according to Brig. Gen. Ronald R. Blanck, '67, "larger than that necessary to support the city of Seattle... and three times larger than the medical staff serving at the height of the Vietnam War."

As chief of the U.S. Army's Medical Corps Affairs and Professional Services, Blanck was one of the principal architects of that mobilization. Blanck was involved in calling up 2,500 physician reservists to complement the nearly 5,500 Army doctors on active duty. Some of the reservists "backfilled" at military installations in Europe and the United States, while others were sent to Saudi Arabia.

Those Army physicians, combined with the Navy and Air Force medical corps, were part of a force of 35,000 to 40,000 medical personnel capable of caring for more than 18,000 patients and conducting 3,000 surgeries a day in 59 hospitals — all but 11 of which were mobile units with 60 to 500 beds.

The caliber of physicians was such that there were as many as two board-certified surgeons for each operating table, compared with just two such surgeons for the entire Korean conflict.

"It was an extremely exciting, frenetic period and great as a training exercise. Fortunately, that's what it essentially became, because there were so few combat casualties," said Blanck, who received an honorary degree during commencement exercises. "We learned, for instance, that we had too many thoracic surgeons in combat-support hospitals over there when there were sufficient numbers in hospitals further back. Conversely, we probably need to put general surgery teams further forward in a more systematic fashion."

The medical buildup was premised, he said, upon high-intensity armored battles that never materialized — a drastically different scenario than the localized fire fights that characterized the Vietnam War in which Blanck first served.

Blanck, one of the first DOs drafted and assigned to active duty in Vietnam, served there in 1968 and 1969. "I hadn't planned on a military career," he recalled, "but I was actually pleased. I looked forward to the opportunity to serve and was interested in going there to see what was going on."

Ever since then Blanck, the first DO to achieve "flag officer" status in the U.S. Army, has found his osteopathic training invaluable in his dual roles as both an internist and a military officer.
Two highest ranking medical officers receive honorary degrees

“In both the practice of medicine and in leadership positions, you deal with people as people in a whole variety of ways that those interactions occur,” he said, “so I think the osteopathic background has had a great deal to do with whatever I’ve been able to achieve. The military is interested in the whole person, from spiritual needs and stress reactions to the obviously physical elements of medical care. It recognizes the most effective soldier is one who receives optimal care and who is assured his or her family’s needs are met.”

Before assuming his present position and rank last year, Blanck was commander of the Frankfurt Regional Medical Center in Germany. That was preceded by stints as commander of the U.S. Army Medical Department Activity, Berlin, chief of the department of medicine, Brooke Army Medical Center, Fort Sam Houston, Texas, and assistant chief of the general medicine service and of the department of medicine, Walter Reed Army Medical Center.

Blanck is responsible for issues ranging from personnel and assignment matters to graduate medical education and career development.

It is a heavy position — with one drawback. “It is with some regret that I do little clinical practice,” he said. “In my command positions, though, I’ve continued to see patients, and I still try to see patients once a week.”

“That limited patient contact is countered by the opportunity to set policies having to do with such matters as practice specialties, credentialling and health promotion. To be able to make decisions that shape an entire organization is very exciting.”

Rear Admiral Hugh P. Scott

Military medicine often takes physicians into realms unexplored by civilian doctors. That was never truer for Rear Admiral Hugh P. Scott, ’64, than when he dove into Washington, D.C.’s Anacostia River upon his return to active duty in the Navy 16 years ago.

The assignment at the Navy School of Diving and Salvage seemed simple enough. Scott had to make an initial descent in an old-fashioned deep-sea diving suit with a helmet and air line, walk across the river bottom to a buoy line and tug it to indicate he had reached it.

But, with no light filtering through the murky water, all points of reference quickly became obliterated. When Scott reached the bottom, he sunk into a quicksand-like mixture of silt up to his waist. By controlling the buoyancy of the suit, he eventually wriggled his way out and crawled and swam to the buoy line.

“When they put you through that type of training, it stretches you physically and mentally,” says Scott, the fleet surgeon for the U.S. Pacific Fleet, the world’s largest naval command.

Scott’s military career began in 1967 with Draft Call 41, the first draft in the Selective Service’s history to include osteopathic physicians.

The Navy seemed an obvious choice for Scott. “My father was in the Navy, and I’ve always been fascinated with the sea and ships,” he said. In 1968 Scott began a two-year assignment as chief of the ENT clinic at the U.S. Naval Dispensary, Norfolk, Va.

In 1970, he left active duty and returned to private practice near Detroit, where he had completed his otolaryngology residency. He continued to serve in the Ready Reserve and five years later returned to active duty. “I wanted to get into undersea medicine, including submarines, diving, combat swimming and hyperbaric medical research,” explained Scott, who has written papers on the otologic effects of barotrauma.

“I was particularly interested in ear problems associated with diving, such as eustachian tube dysfunction, vestibular disturbances and hearing loss due to changes in depth and pressure.”

Rejoining the Navy allowed him to explore those problems while supporting military operations.

That led to his enrollment at the diving school in Washington, D.C., and the Naval Undersea Medical Institute in Groton, Conn. He also received training in radiation health to understand the effects of occupational exposure to ionizing radiation associated with the operation of propulsion plants of nuclear-powered submarines and ships and in the maintenance of nuclear weapons. Among his assignments was monitoring sailors for and diagnosing medical conditions that would preclude them from working around ionizing radiation.

Scott was director of the Naval Medical Command’s Undersea Medicine and Radiaton Health Division and commanding officer of the naval hospitals in Groton and Camp Lejeune, N.C., before his promotion. His duties include oversight of the health and medical readiness of a command that includes more than 200 ships, 2,000 aircraft and about 250,000 sailors and Marines spread across 52 percent of the earth’s surface. The Pacific Fleet provided the naval forces for the Persian Gulf War; Scott was intimately involved. He was responsible for activating the medical treatment facility on board the hospital ship Mercy and two 500-bed ground-based hospitals in the Kuwait Theater of Operations. He directed augmentation of Navy Medical Department personnel to Marine Corps units in the desert and those aboard the Amphibious Ready Group.

On August 1, Scott reports for duty to the office of the Chief of Naval Operations as the Director for Medical Plans, Policies and Operations in Washington, D.C. As in the past, the osteopathic training he received at PCOM — the holistic philosophy and emphasis on the principles of commitment, responsibility and excellence — will serve him well.

“It wasn’t until I became involved in the submarine force and the nuclear power program of Admiral Hyman Rickover that those principles took on a new meaning,” he said. “As a DO in the service I’ve embraced those principles and tried to wed them with intellectual growth and personal development.

“That approach has enabled me to achieve a successful professional career and has given me great personal satisfaction in knowing that I have been able to meet my responsibilities as a physician and as a naval officer.”
Second career DOs are among PCOM's outstanding graduates

With 199 graduates from as far away as Colorado and Texas, the 100th PCOM graduating class is far different from the first class.

That 1900 class, which did not even have a graduation ceremony, included just one man, W. B. Keene, and one woman, Gene C. Banker.

But while medical technology and the PCOM campus are both light years ahead of the science and facilities experienced by Drs. Keene and Banker, one suspects some things haven't changed.

"They go from not knowing how to put a stethoscope in their ears to the point where, while they are not finished products, they certainly can hold their own in the medical community," said Dean Daniel L. Wisely, DO. "It's been enjoyable to see the professional development that took place, from a sophomore craze where they were driven by nothing but the live-one-more-day-to-take-one-more-test mentality, to a group of individuals whom you can be proud of because they represent the profession so well."

Here are seven of their stories:

**Sister Eileen Gallagher**

After toiling 13 years as a social worker and nurse in the poverty-stricken rural reaches of Alabama and Mississippi, in 1981 Sister Eileen Gallagher was poised to realize a dream of her own and of her order: entering PCOM to improve rural outreach medicine in the Deep South.

But two weeks before she was to enroll, the Reagan Administration slashed the Health Care Service Corps Scholarship program upon which she was relying.

Dream deferred — but not denied.

After working three more years as a nurse and social worker in Alabama, she returned to Philadelphia, where her order, the Missionary Servants of the Most Blessed Trinity, has its mother house. In Philadelphia, she served as medical supervisor for Catholic Social Services' foster home program for another three years.

By then, her order was able to pay for her PCOM tuition.

"I liked both the holistic approach and emphasis on primary care," she said, "and I was
Standing, from left, are Barry Korn, Sister Eileen Gallagher, Lynn Dahl and Marlowe Francis. Seated, from left, are Linda Neiswender, Anne Jain and Robert Clark.

Anxious to learn the manipulation therapy because when you work in rural areas you get a lot of agriculture-related injuries."

A native of Queens, N.Y., Sister Eileen is returning to the South for a family practice internship and residency at the University of South Alabama in Mobile, and ultimately will set up a family practice in a rural area of Alabama or Mississippi.

"A lot of small towns and rural areas need physicians, and I think osteopathic medicine can provide a great service there," she said, listing the chronic illnesses, problems and needs — hypertension, osteoarthritis, diabetes, poor nutrition, prenatal and well-child care — she hopes to address. "It's a big need, and I personally feel called to provide health care to people who otherwise wouldn't have it."

Anne Jain

June was a banner month for Anne Jain. On June 2, she got her DO degree; on June 15, she married classmate John M. Egan; and on June 24 she began her internship at HPCOM. It figures the King of Prussia native from the close-knit family would want to marry into the profession — and eventually open a general practice. "I've always wanted to be a GP, and doing my urban clinic rotation this fall in Roxborough further enhanced my commitment," she said. "I enjoyed seeing people come back again and especially loved seeing the whole family come through. It is extremely rewarding and I realize that's where my calling is."

After graduating with a biochemistry degree from Penn State University in 1985, Jain spent 18 months studying coagulation factors in Thomas Jefferson University's Hematology department before osteopathic medicine's holistic, people approach drew her to PCOM.

The following summer she received a March of Dimes scholarship to do research in PCOM's Pharmacology-Physiology department. Her work, "Antagonism of Cocaine-Induced Birth Defects by Prazosin," won a $250 student poster award at the AOA convention and was published as an abstract in the Journal of the American Osteopathic Association. In addition, for this award her picture appeared in the March 1989 issue of The DO magazine.

Jain also served as president of the student chapter of the American College of General Practitioners and on PCOM's Admissions Committee the past two years.

Of her husband, she said, "He made medical school even more wonderful than it would have been normally; and as it was, pursuing medicine is the best thing I've ever done."

Barry Korn

Medical school is hard enough without also supporting a family and a medical practice. But podiatrist Barry Korn managed it all so well he graduated first in his class.

Korn, who opened a surgical podiatry practice in Feasterville, Pa., in 1982, sold his practice when he entered PCOM. But the father of two maintained a part-time consulting practice in Northeast Philadelphia throughout the past four years.

"I felt limited just handling the foot," explained Korn, a Yonkers, N.Y., native. "Because I was specializing in trauma and reconstructive surgery I got involved in rehabilitation medicine and decided to pursue that as a career."

He was steered toward PCOM by his dermatologist father-in-law, Herbert Fletman, '44. "It was really rough at first because I was practicing just on the foot and in school I was treating the whole body," he said.

But Korn, who received the McGraw-Hill Book Publishing Award his freshman year and the National Dean's List Award for being No.1 in the class his sophomore year, obviously adjusted. "I've become more aware of the general medical status of patients, and my ability to handle doctor-patient relationships has grown as a result of osteopathic philosophies," he said. "I also intend to use osteopathic manipulation in my practice."

Korn's goal is to concentrate on spinal cord injury rehabilitation. To get there he will intern at Suburban General Hospital, then do a rehabilitation medicine residency at Graduate Hospital in conjunction with the University of Pennsylvania Medical School.

Robert M. Clark, Jr.

After a year as a pharmaceutical sales representative for Merck Sharp & Dohme, Robert Clark of Downingtown, Pa., knew he wanted a medical career. The decision to come to PCOM was easy. "My family physician, Dr. Robert Parsons, is a DO," Clark explained, "and I liked the holistic approach to patient care."

At PCOM Clark received the Leadership Award from the Southeastern Pennsylvania Medical Association and was president of the PCOM chapter of the Student National Medical Association. Both organizations focus on the need for more medical care in minority communities — a need to which Clark intends to devote his professional career.

"It's not the easiest place to practice, but the people there have severe medical problems and need the most help," said Clark, who will intern at St. Joseph's Hospital in North Philadelphia after having served four monthly rotations there.

Clark is considering pursuing a subspecialty in cardiology. "There's a lot of heart disease, high blood pressure and other cardiovascular problems in the minority community," he said. "I want to be able to treat patients with those illnesses and give back to my community."
Marlowe Francis

A practicing attorney for 10 years and founder of the first all-female law firm in Chester County before entering medical school, Marlowe Francis found the adversarial nature of law often prevented her from truly helping people. She decided to combine her legal training with medicine. Now as an osteopathic physician, she hopes to make physicians more aware of the law's impact on medicine.

"The professions of law and medicine are no longer separate and distinct. They are becoming increasingly intertwined. It is my wish that being trained in both disciplines will enable me to use my knowledge to educate others."

For example, Francis said, "even death isn't a simple matter anymore. Often, it is the law that defines when death occurs."

After completion of her internship, Francis would like to teach legal and medical ethics at area medical schools and lecture on physician risk management.

"The best time to educate a physician about law and medicine is before they become a physician. They will learn to anticipate the consequences of the decisions they make and the counsel they give to their patients. If you sharpen the way medical students think about the law, and I don't mean turning them into lawyers, you're eventually going to have a positive impact on the healthcare system — which will protect physicians and patients alike."

Linda Neiswender

For Linda Neiswender, the road to PCOM and a DO degree was long and circuitous. In 1973 she was a high school dropout focused on alternative living. Five years later she had obtained her GED, an associate degree in biology, and was enrolled in chiropractic school.

Then in 1978 she married a New Hope cabinetmaker, had a son and put her education on hold. She traveled throughout Europe and Asia, enjoyed motherhood and operated several small businesses, among them a vegetarian catering service.

Nearly a decade later, and after some soul-searching, Neiswender decided that she wanted to return to health care, but not as a chiropractor.

"While chiropractic would have given me an opportunity to work within the health care system, it didn't really offer me enough. I felt that osteopathic medicine would give me the opportunity to practice medicine and work with women's health issues."

Neiswender returned to college, obtained her B.S. in biology at Trenton State College, and enrolled at PCOM four years ago. She will intern at HPCOM and hopes to specialize in obstetrics and gynecology.

While admitting the combination of marriage, motherhood and medical studies has been "a work-out" for her and her family, Neiswender feels that "our commitment to each other and to my career goal is strong and intact."

Lynn Dahl

After six years as an Army nurse, Capt. Lynn Dahl had a choice to make: accept a promotion to major or go to medical school at PCOM.

It was no contest. "After being a staff nurse, nurse practitioner and hospital administrator, I decided I truly wanted to be a physician," she said.

"And because I worked with many DOs in the military, I liked the holistic approach they taught and practiced, the emphasis on health prevention and education to which nurse practitioners are also very much attuned."

Dahl, who continued to work as a nurse while at PCOM, is returning to the Army with a transitional internship at Walter Reed Army Medical Center, Washington, D.C. In pursuing a residency in anesthesiology and a fellowship in critical care, she believes her health care background will be a plus. "I think I have a better overall perspective of the medical profession," she said. "Because of my background, I think I have a better understanding of how we should function as a health care team, not just as one professional, in trying to keep people in the best possible health."
Bright future on the horizon as master facility plan begins

A groundbreaking ceremony on May 30 symbolically initiated the construction for the first phase of the master facility plan at the City Avenue campus.

The master facility plan developed by Mediq Consulting Group and its architectural planning company affiliate, Medifac, Inc., calls for major improvements on both the City Avenue and Parkview campuses.

City Avenue construction began in early June and should be completed by January, 1992. Phase one at the Parkview campus began in early April with lobby renovation and improvements on the second floor east wing.

At City Avenue a 13,000-plus square foot addition and renovation project will include a new outpatient center, pre-admission testing area, outpatient chemotherapy center, expanded electrocardiogram and radiology services. A front-door entrance with a patient drop-off will be created as well as a new hospital lobby, admissions department and gift shop. Phase one also calls for new sleeping quarters for house staff including 11 bedrooms, a lounge, kitchen and locker room facilities. A clearly defined boulevard entrance on Monument Road will be included in this first phase as well.

“Parkview lobby renovations began on April 1 and will be completed by July,” said Timothy A. Churchill, hospital executive director and chief executive officer. Attractive furniture, wall and ceiling treatments and a new security desk will be added. Rooms on the second floor east wing are being refurbished, and a new nurses station and telemetry step-down unit are being built. Individual mini-televisions will replace large wall-mounted sets, and window seat enclosures will conceal heating and cooling equipment. A private VIP room will be created with a desk and a den-like vestibule for visiting family members and guests.

Construction of the new medical office building is expected to begin this July, according to Churchill. Meetings with physicians about office suite design and rental arrangements are in progress.

In his groundbreaking ceremony remarks, Leonard H. Finkelstein, DO, chairman and president, expressed excitement at the institution's turnaround in the past year and thanked physicians, staff and guests for making the progress possible.
Tackling Tough Issues

When he was first admitted through HPCOM-City Avenue’s Emergency Room, the elderly man was semi-conscious and suffering from septicemia, a bacterial infection secondary to a urinary tract infection that had resulted from an obstructed prostate.

Transferred to the ICU, he was immediately given aggressive IV antibiotic treatment — treatment with which the numerous family members who flocked to the hospital all concurred.

But then the patient suffered a cardiac arrest and was placed on a ventilator — an invasive course of treatment supported by some family members, but strongly opposed by others because of his poor prognosis.

Unsure whether it would be appropriate to discontinue these various life-support measures and unable to deal with the disagreement among the family members, the attending physician called the hospital’s Biomedical Ethics Committee.

Peter Hedrick, ’82, chairman of the Ethics Committee and a member of the board of directors of the 450-member Delaware Valley Ethics Committee, was the ethics consultant on call during this event. His first action was to review the man’s charts.

“I noticed,” he said, “that on one or two previous occasions he had refused to have prostate corrective surgery because, he said, ‘I don’t want any more surgery or hospitalizations.’ Obviously, the patient preferred to experience the consequences of the obstruction rather than have the corrective surgery.”

Hedrick, a family practitioner who teaches biomedical ethics at PCOM, also noticed the patient had checked himself out of a hospital on another occasion rather than receive treatment. It was obvious to him as well as to the attending physician that the patient had demonstrated a philosophy of medical non-intervention.

Ideally, the patient would provide information concerning his preferences regarding medical treatment, but in this case that was impossible. For this patient, as for others, the capacity to make decisions or communicate with caregivers was lost, although significant medical decisions regarding his case still had to be made.

Family members join discussion

Those decisions were then discussed by a team of health professionals, joined by eight members of the patient’s family. This discussion, led by Dr. Hedrick, focused on three specific issues: the likelihood of recovery (nil); the types of medical treatment available; and the patient’s past patterns of preference.

Talking about these questions, the family members began to recollect statements made by the patient about medical intervention and to discuss what they believed he would have wanted if he could so decide.

“They finally came to the realization that they should be making a decision that the patient would have wanted, rather than acting according to their own wishes,” Hedrick said.

The ventilator was discontinued, and the patient died gracefully, with his family relieved by the knowledge that they had acted in a manner the patient would likely have preferred.

In an era when modern medicine can sustain life despite severe and irreversible underlying disease, a hospital’s biomedical ethics committee plays a vital role in helping patients, family members and physicians reach appropriate decisions.

As a result of the Anglo-American concept of self-determination, medicine has come to recognize ever more fully the right of what Dr. Hedrick calls “decisionally capable” patients to forego or discontinue medical treatment.

Legalities of tough decisions

But ethics committees were not widely accepted until the landmark 1976 New Jersey Supreme Court ruling in the Karen Ann Quinlan case, in which — for the first time — a family (surrogate decision makers) could decide on the patient’s behalf to have life-sustaining medical treatment withdrawn.

Since then, courts throughout the country have upheld such rights — provided the actions are consistent with what the patient would have wanted, especially as expressed through a patient’s advanced directives. Advanced directives may include either a written “living will,” or a “durable power of attorney,” or perhaps verbal statements family members might remember from
the past. Even in states without living will legislation, such as Pennsylvania, these directives carry legal weight and can be respected as a document of the patient’s wishes.

HPCOM’s committee, which has been in operation since the early 1980s, generally has as its members four physicians, including a bioethicist, surgeon, neonatologist and geriatrician; two nurse-counselors; a hospital representative; and a theologian/philosopher. One of its responsibilities is to educate hospital physicians and staff on current ethical concepts and statutory and case law.

The committee meets monthly to formulate hospital policies, procedures and guidelines — such as its DNR (Do Not Resuscitate) policy — and to review cases brought to it during the month for consultations. In such cases, one committee member reviews (as did Hedrick) the patient’s chart and discusses the case with physicians and, in some instances, the family. Afterwards, the committee representative discusses the case with another committee member. Their discussion of the issues and suggested courses of action are offered to the attending physician and entered into the medical record.

“One misconception is that we make decisions for families or the physicians,” said Hedrick. “We’re there to assist the physician, patient or family in weighing the ethical and medical factors involved in often complex and emotional decisions.”

Generally, most cases concern the withholding or withdrawing of life-sustaining treatments such as CPR, mechanical ventilation and artificially administered nutrition and hydration. Whether to begin or continue dialysis, chemotherapy, blood transfusions and IV antibiotics are also common considerations.

‘Life-sustaining treatment’ vs. euthanasia

Hedrick says it is important to understand the difference between euthanasia and the withdrawal of life-sustaining treatment.

“Life-sustaining treatment,” he said, “serves only to postpone the moment of death. It is not treatment which is likely to reverse an underlying medical condition or a treatment which will alleviate pain or discomfort. Euthanasia is an act of omitting treatment or administering a lethal drug intended to kill the patient; it is illegal in the United States. Withholding life-sustaining treatment intends to avoid an unwanted or unduly burdensome treatment, not to kill the patient.”

The patients about whom these decisions need to be made include the seriously and irreversibly ill and those who are irreversibly unconscious, such as in an irreversible coma or persistent vegetative state.

“We know of patients with advanced metastatic cancer who have a zero percent chance of ever leaving the hospital alive,” said committee member and HIV-oncology nurse-counselor Phyllis Taylor, RN, ET. “Yet if they code, with drugs, electric shock and ventilators we can start up their heart again and sustain or supplant their breathing.

“Although these measures ultimately are futile, we do them because many people have difficulty raising the issue of code status before the patient is in medical crisis. Many also have trouble talking about withdrawing treatment with patients and their families even when the treatment is not working.”

There are questions with which the committee must grapple: When we have the medication or technology that can prolong the dying, should we use it? And if we do, can we stop it?

“Ethically,” explained Taylor, “there is no distinction between starting and stopping a treatment if the treatment is not accomplishing its intended goal. But emotionally, it is much harder.

“In my view very strongly in continuing to provide care to someone with a life-threatening illness. The goal of that care isn’t a cure or prolongation of life at all costs, but comfort.

“We must tell them, ‘We don’t abandon you. We will do the best we can to make sure you’re not in pain and help set up a social system to give you and your family support.’”

Over-treatment and lawsuits

Indeed, according to committee member John Raines, PhD, professor of religion and chairman of the Theology department at Temple University, the most pervasive problem the committee faces is over-treatment. “That would be true for any hospital, and I would think one of the reasons for that is physicians protecting themselves against possible lawsuits.”

And yet, according to Hedrick, “Most physicians don’t realize it, but you have a much higher likelihood of being sued for ignoring a patient’s wishes to withhold treatment than for following those wishes.

“In fact, no physician has been successfully criminally prosecuted for withholding or withdrawing life-sustaining treatment. But they have been sued for assault and battery, for instance, in a case where CPR was administered to a patient who said she did not want to be revived.”

Though it is time-consuming, Hedrick advises physicians to query patients regarding their wishes before they become seriously ill. “If the physician continues to have a dilemma about certain courses of action,” he said, “consultation with his or her institution’s ethics committee may prove invaluable.”

Hedrick and his committee also believe the federal Patients’ Self-Determination Act, which will be effective this December, will be a major step in bringing patients’ wishes to light. The law will require all institutions that receive Medicare payments to educate the community and to inform all incoming patients (not just Medicare patients) of their right to make advance directives. They must also offer the patients the opportunity to do so.

“Patients have experienced inappropriate treatment because their families felt trapped, fearful and didn’t know what to do,” said Hedrick. “This law is wonderful in the way it brings to the fore, through federal mandate, the appropriateness of discussing with our patients issues regarding life-sustaining treatments — whether they should be withheld, withdrawn or continued.”
Clinical work and research go hand-in-hand for David A. Baron, ’78, who since 1988 has been the deputy clinical director and director of medical student and residency education at the National Institute of Mental Health.

His research career began while he was staffing a psychiatric emergency room during his residency at the University of Southern California. “As a clinician I was seeing many bizarre cases related to PCP use — for example, a 17-year-old girl who plucked out her eye with a spoon while she was on the drug and then had no recollection of doing it,” he recalled. “I became interested in the relationships between PCP and this violent acting-out behavior.”

His published observations on how to manage such violent manifestations ultimately won him his first research award.

His research efforts and an impressive series of firsts for osteopathic psychiatry have propelled the president-elect of the American College of Neuropsychiatrists and chairman of the Journal of the ACN’s editorial board to the forefront of national research in such areas as psychoneuroimmunology, stress, depression and premenstrual syndrome.

The only osteopathic senior research scientist at NIMH, Baron was the first DO to finish a psychiatry residency at USC.

In 1982 he also was the first DO and USC resident to be named an American College of Psychiatrists’ Laughlin Fellow and, five years later, at age 28, the youngest member ever inducted into the ACP. As the first director of psychooncology at USC’s Norris Cancer Research Hospital, he did both clinical work and research involving cancer patients and the growing AIDS epidemic. His focus: the role of psychiatric symptoms and syndromes on the oncologic process.

Last December Baron, who has lectured widely in the United States, Canada, Mexico, Europe and the Middle East, gave lectures on AIDS in Taiwan and on anxiety there and in the Philippines. “There’s a very important — and prevalent — neuropsychological component of AIDS directly related to HIV neurotoxicity, a clinical aspect that, until fairly recently, has been grossly underestimated,” he said.

He has also investigated premenstrually-related mood disorders, stress and its effect on the cytokines, and presently is researching the effects of anabolic steroid use in normals, psychogenic spasmodic dysphonia, and salivary measurements of the stress axis.

“I’ve always been fascinated how clinical observations and lab results don’t always coincide at first. The more deeply you look, though, the more you can see that it’s the technology that’s lacking, not the link,” he said. “As we’ve gotten more sophisticated, the neuropsychology and clinical observations begin to come together.”

In such work, he says, osteopathic medicine has served him well. “In molecular genetics, as we look at the impact of various systems that don’t initially appear to have significant interactions, it’s important to look at the big picture.”

In fact, Baron believes 5 percent of each graduating class should devote itself to research. “In research, people judge you by the quality of the work you do, not by the abbreviations at the end of your name,” he said. “My story is just representational of many DOs who have pursued research careers and achieved recognition equal to or greater than my own.”

The 1986-87 teacher of the year at USC Medical School, Baron is still an associate professor there. Teaching and research are both important to him. But, he said, “I don’t believe what I do is any more important than the clinician seeing an office full of patients daily. People look at these as ‘glamour’ jobs, but if I cannot relate it to the clinical practice of medicine, it’s of little value to the healing arts.”

In fact, he said, “I don’t think I could ever leave research and teaching completely, but after 10 years I am considering going back to my osteopathic roots and becoming more involved with patient care.

“Clinical work requires many of the same skills as research: keen observation, formulating relevant questions, documenting procedures and a willingness to attend to ambiguity in pursuit of explanatory conclusions. I think every osteopathic physician is a teacher — either teaching professionals or teaching patients how to lead healthier lives.”
Herbert N. Avart, '78, professor and chairman, department of physical medicine and rehabilitation, was a program chairman for the American Osteopathic College of Rehabilitation Medicine's Mid-Year Seminar. Other program participants were: Alan Carr, DO, anesthesiology; Philip Spinnuzza, '82, orthopedic surgery; Mitchell Freedman, '82; and Joseph S. Lubeck, DO, chairman and clinical professor, division of neurology.

Walter Ehrenfeucht, '79, department of osteopathic manipulative medicine, has become a fellow of the American Academy of Osteopathy.

Jeffrey S. Freeman, DO, chairman, division of endocrinology and metabolism, was recently elected to the state board of the American Diabetes Association of Pennsylvania. He was also selected to be a council representative for the national American Diabetes Association meeting.

Mark Hysell, PCOM '93, was the grand prize winner of a national computer art contest, sponsored by AV Video magazine. Hysell's entry, "Digital Muse," was chosen from more than 200 submissions. The winning image consisted of hand-drawn illustrations depicting the use of Amiga computers in multimedia applications. Hysell will be awarded a variety of computer hardware and software valued at almost $8,000.

Saul Jeck, DO, chairman and professor, Emanuel Fliegelman, '42, professor, Herbert G. Wendelken, '85, staff physician, and Simon M. Lubin, '38, and Edward A. Slotnick, '66, clinical professors, all of the department of obstetrics and gynecology, received the Distinguished Fellow Award from the American College of Osteopathic Obstetricians and Gynecologists.

In addition, the following staff physicians were inducted into the ACOOG: Patrick J. Becher, '77, Wesley Chodos, DO, Michael L. Mansi, '75, and Warren Taylor, DO.

Paul J. Misischia, DO, has been promoted to professor in the department of ophthalmology.

Nicholas S. Nicholas, DO, FAOO, professor emeritus, department of osteopathic manipulative medicine, received the 1991 Andrew Taylor Still Medallion of Honor from the American Academy of Osteopathy for "fidelity to the osteopathic concept."

PCOM residents take first and second at city competition

Urology residents Pragnesh Desai, '85, and Kenneth Belkoff, DO, were top winners at the Residents' Night Competition sponsored by the Philadelphia Urological Society.

Dr. Desai earned first place for his paper titled "Ciprofloxacin as prophylaxis in patients undergoing ultrasound guided transrectal needle biopsy of the prostate: A prospective, randomized double blind study."

Dr. Belkoff took second place for his paper, "Transurethral microwave hyperthermia in the management of benign prostatic hyperplasia."

The annual competition included entries from urology residency programs at the University of Pennsylvania, Hershey Medical Center, Temple University, Thomas Jefferson University, and PCOM.

New Board Member Named

Philadelphia investment banker Arnold S. Hoffman has been appointed to OMCP's board of trustees.

Hoffman is chairman of The Middle Group, an investment bank affiliated with Shearson Lehman Brothers Inc. He is also a founder and general partner of Financo Investors Fund, L.P., a venture capital fund.

Hoffman is vice chairman and a director of Philadelphia Geriatric Center and director of Delaware Valley Region of The Jewish Theological Seminary of America.

New Appointments

Barbara C. Jeanes, MA, is the new associate executive director for clinical services at City Avenue.

Jeanes comes to HPCOM from Cooper Hospital/University Medical Center, where, as administrator of clinical affairs, she was responsible for many of the clinical services of the hospital. Prior to that, she headed the departments of speech pathology and audiology, and admissions.

Radiology chairman named at City Avenue

Lewis M. Halin, '59, is City Avenue's new chairman of the department of radiological sciences and professor and chairman of radiology at PCOM.

Dr. Halin succeeds long-time chairman of radiological sciences Robert Meals, DO, who will continue as professor of radiology in the college.

A specialist in interventional radiology, he'll manage the daily activities of the radiology department, in addition to overseeing the development and operation of a new, state-of-the-art angiography-interventional facility.

Prior to joining HPCOM, Halin was radiology and medical imaging department chairman at Metropolitan Hospital, Central Division, where he also served as chairman of the division of special studies.


Walter C. Prozialeck, PhD, Benjamin Weiss, PhD, Medical College of Pennsylvania and Dr. Suipo Zhang, visiting scientist from China: "Differential Inhibition of Calmodulin Sensitive Enzymes by Drug-Calmodulin Adducts," Molecular Pharmacology, Nov. 1990, Vol. 38, pp. 698-704.


1944 Albert Fornace, Norristown, Pa., has been appointed to the board of directors of Suburban General Hospital, where he is chairman of the department of medicine and director of the division of cardiology.

1956 David A. Patriquin, Athens, Ohio, has been elected to a two-year term on the board of directors of the Chicago College of Osteopathic Medicine. He is a professor of family medicine at the Ohio University College of Osteopathic Medicine.

1959 Bertram Greenspun, Philadelphia, Pa., was recently awarded membership in the American College of Physician Executives.

1961 Yale Bobrin, Huntingdon Valley, Pa., has been appointed medical director of Friends Recovery Center in Philadelphia.

1964 Theodore P. D'Orazio, Media, Pa., has been named director of medical affairs at Springfield Hospital.

1967 Thomas F. Santucci Jr., Voorhees, N.J., has been selected chairman of Atlantic City Medical Center's department of pediatrics.

1968 Joseph K. Eshelman, Kennett Square, Pa., has been named medical director of the Center for Physical Rehabilitation at St. Francis Medical Center-North, Pittsburgh.

1971 Gary S. Packin, Voorhees, N.J., was named president of the American College of Osteopathic Obstetricians and Gynecologists.

1972 Jonathan Beck, Ft. Washington, Pa., a family practitioner, has joined the medical staff at North Penn Hospital in Lansdale.

1974 William J. Somers, Sewickley, Pa., has been appointed vice president of medical affairs at D.T. Watson Rehabilitation Hospital.

1975 Donald P. Mess, Huntingdon Valley, Pa., received the "Humanitarian of the Year" award for 1991 from the United Way of Bucks County for his work with mentally retarded, indigent and addicted patients in Lower Bucks County.

1976 Ronald A. D'Alvone, Linwood, N.J., has joined the medical staff at Burdette Tomlin Memorial Hospital, Cape May Court House.

1977 R. Michael Gallagher, Indian Mills, N.J., was appointed assistant dean for clinical affairs and director of the University Headache Center at the School of Osteopathic Medicine/University of Medicine and Dentistry of New Jersey, Stratford.

1977 Alexander I. Bunt Jr., Glen Mills, Pa., has been accepted as a fellow in the American Academy of Disability Evaluating Physicians.
Scott A. Boyman, Beechwood, Ohio, has been appointed director of anesthesia for St. Joseph Hospital and Health Center, Lorain.

Jack Facciolo, Cape May Court House, N.J., has joined the orthopedic surgery staff at Shore Memorial Hospital, Somers Point.

Edward W. Sweeney, Shaler, Pa., has joined the department of family medicine at St. Barnabas Medical Center, Gibsonton.

1981
Michael Stever, Tyrone, Pa., has joined the staff of Indiana Hospital, where he specializes in obstetrics and gynecology.

1982
Elizabeth C. Bell, Media, Pa., a family practitioner, is the recipient of the 1990 Women of Achievement Award given by the Delaware County Women's Commission.

1984
Robert A. Donato, Danville, Pa., has joined the staff at Lycoming Obstetrics and Gynecology.

Robert P. Falconiero, Blackwood, N.J., has opened a private group orthopedic practice specializing in sports medicine, South Jersey Sports Medicine, at two locations — Cherry Hill and Washington Township. He has also received a staff appointment to the orthopedic teaching program at Graduate Hospital, Philadelphia.

1985
Douglas B. Allen Jr., West Chester, Pa., has been certified in emergency medicine. He practices at Beebe Medical Center in Lewes, Del.

Charles J. Garland, Lansdowne, Pa., an internist, has joined the medical staff at Fitzgerald Mercy Hospital.

1986
Frank L. Reusche III, Wilkinsburg, Pa., has joined the department of family practice at Hamot Medical Center, Erie.

1987
Joseph DeRosa, Massillon, Ohio, has received the Kenneth A. Scott, DO, Award from the American College of Osteopathic Obstetricians and Gynecologists. An obstetrics/gynecology resident at Cuyahoga Falls General Hospital, he earned the award for his paper on changing the fetal position in breech pregnancies/presentations to reduce the number of Caesarean sections. It was published in the March issue of the Journal of the American Osteopathic Association.

C. Neilson Herrick, Pittsburgh, Pa., has joined the family practice of Drs. John Mansell and Tim Heilman in New Wilmington.

Ritamarie Mancini, Norristown, Pa., has joined Glenn Miller, '79, in his Conshohocken family practice.

A. Archie Feinstein dies at 78

A. Archie Feinstein, '42, Huntingdon Valley, Pa., alumni representative to the board of trustees at OMCP, died March 25 at the age of 78.

Feinstein was the medical director/director of medical education at PCOM from 1971 to 1973 and assistant dean for clinical training from 1973 to 1977. At the time of his death, he was the director of medical education at Sacred Heart Medical Center, Chester.

During his career, Feinstein was the first osteopathic physician to serve on the governor's Hospital Study Commission for the Commonwealth of Pennsylvania and to be appointed as consultant to the Secretary of the Department of Health.

In addition, he was the first recipient of both the Physician of the Year Award from the Philadelphia County Osteopathic Society and the Distinguished Service Award from the Pennsylvania Osteopathic Medical Association.

Dr. Feinstein was also medical director/director of medical education at Delaware Valley Medical Center, Bristol; Metropolitan Hospital, Springfield Division; and at Metropolitan Hospital, Central Division, Philadelphia, where he also served as chief of staff.

Dr. Feinstein graduated from St. Joseph's College in 1933. He completed an internship and surgical residency at Knickerbocker Hospital, New York City, and a neurology residency at University of Minnesota Hospital, Minneapolis.

Dr. Feinstein held numerous positions with the major osteopathic organizations, including president of the American Osteopathic Association, the Philadelphia County Osteopathic Society and the Pennsylvania Osteopathic Medical Association.

He is survived by his children, Katherine K. Feinstein, '82, of Philadelphia, and Michael J. Feinstein, '74, of San Diego, Calif., and two grandchildren.

Remembrances may be sent to: "A. Archie Feinstein, DO, Memorial Fund," c/o Office of Alumni Relations and Development, Philadelphia College of Osteopathic Medicine, 4150 City Ave., Philadelphia, PA 19131.

William P. Fischer, '63, Haverford, Pa., died Jan. 23, 1991 at age 53. Fischer had maintained a practice in Haverford for 15 years after practicing in South Philadelphia for 12 years. An avid runner who completed more than 30 marathons, he was a member of the American Medical Joggers Association. He is survived by his wife Cynthia, daughter Aliena Joy and stepsons Robert M. and Thomas P. Aiken.

Michael E. Pearlman, '79, Margate, N.J., died recently.

James H. Reid, '31, Redwood, Calif., died Jan. 21, 1991. Dr. Reid was an emeritus member of the OMCP board. He had been a board member since 1966.


Charles M. Worrell, '26, Lehigh Acres, Fla., died Feb. 2, 1991 at age 87. Dr. Worrell was the former medical director at Community General Osteopathic Hospital in Lower Paxton Township, Pa. He had been chairman of the department of internal medicine and was the second president of the staff there. He was on the board of directors of Pennsylvania Blue Shield for more than 20 years and a vice president of the Pennsylvania Heart Association. Dr. Worrell is survived by his wife Lee; a son, Bruce S., '77, of Cincinnati, Ohio; and a daughter, Yvonne W. Chany of Palmrya, Fla.
## Coming Events

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<tr>
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<td>AOA Convention</td>
<td>New Orleans, La.</td>
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<td>November</td>
<td>Post AOA Convention CME</td>
<td>Maui, Hawaii</td>
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<td>January 25, 1992</td>
<td>Alumni Association Board Meeting</td>
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