



December 2004

Volume 9 No. 5

# THE WAKE COUNTY PHYSICIAN

A publication by and for the members of the Wake County Medical Society, serving the citizens of Wake County since 1903.

## WCMS - Fun and Fellowship at Tara Farms

Photos Courtesy Mrs. Newton Griffin



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1. Ray Madry and Assad Meymandi
2. James Scanlon and Jeff Crane
3. Ray and Betty Madry
4. Duke and Evelyn Holt
5. Robert and Helen Majors
6. The Clown and friend
7. Helen Hall
8. Albert and Sue Jenkins
9. Sid Gullede with friend
10. Fva Pugh
11. Tom Daniel

# Wake County Medical Society Officers and Executive Council 2004

## THE WAKE COUNTY PHYSICIAN

The *Wake County Physician* is a publication for and by the members of the Wake County Medical Society. The *Physician* publishes four times a year: in February, May, August and late October. We will consider for publication articles relating to medical science, editorials, opinion pieces, letters, personal accounts, photographs and drawings. Prospective authors should feel free to discuss potential articles with the editorial board.

### Manuscript Preparation

Submit a cover letter and a 3 1/2 inch computer disk that contains the text written in MS-DOS compatible format. Also enclose one hard copy of the text for review purposes. Double space text with one-inch margins and no smaller than point 12 fonts. Articles should be no longer than 500 words.

Submit photographic illustrations as high quality 5 x 7 or 8 x 10 glossy prints, or as black and white glossy prints. Label all illustrations with author's name and number them sequentially according to their position in the text and indicate the orientation of the images.

### Authors Bio and Photos

Submit a recent black and white or color photo along with your submission for publication. The photo may be a 3x5 or 5x7 photo. Snapshots are suitable. All photos will be returned to the author. Include a brief bio including your practice name, specialty, special honors and positions on boards, etc. Please limit the length of your bio to 3 or 4 lines.

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## The Wake County Physician's motto:

**"To nurture the bonds between us."**

## Mission Statement:

**"The Mission of this publication is to educate our community, publicize physician activities, inform and educate our readership and nurture the bonds between Wake County Physicians, allied health care professionals and patients."**



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Mr. B was a postmaster in a small North Carolina town who faithfully served his community for over 30 years. Nearing retirement, he sought care to address a nagging ear problem. His ENT surgeon diagnosed cholesteatoma and recommended a mastoidectomy. The operation was poorly done, leaving significant diseased mucosa and cholesteatoma in the mastoid. Several months post op, Mr. B developed a bacterial labyrinthitis which destroyed his hearing. This labyrinthitis was unfortunately misdiagnosed and poorly treated, leading to a course of meningitis. Despite treatment at a tertiary care facility with revision surgery and infectious disease consultations, the damage had been done and Mr. B died. He left a wife of 40 years and two children. He left his golden years and his grandchildren.

I testified at the malpractice trial. We lost. The defense attorney was good enough to create doubt in the jury's minds. A jury made up of non medical people. This is how most malpractice trials end, with a judgment for the doctor. Many trial attorneys will take only the 'good' cases, those that will settle without court action. But still these court cases consume many \$\$\$ with expert witness depositions and attorney's fees prior to settlement.

Mr. B is a victim of our broken tort system. He was truly injured, but he received nothing. While others who are just as injured may receive millions of dollars. Where is the justice? What is the solution? Is it caps on pain and suffering? Mr. B's family could care less about caps. They got nothing. And it has nothing to do with periodic payments or a doctor's right to appeal without posting bond or joint and several liability (offsetting judgments for costs incurred by the patient's health insurance).

The only thing that would have helped Mr. B would be a fair tort system. A radical overhaul. A re-engineering.

I propose that attorneys and doctors and politicians work together to establish a special medical malpractice tribunal to review cases and make judgments with a set schedule of compensation. Only when this judgment is challenged could a party go to court, with the stipulation that a loss in court made this party liable for all court and attorney fees.

I propose that representatives of the trial attorneys meet with me and the executive body of the Wake County Medical Society to talk, debate, explore, discuss, and create. Create a new system that is fair and just and right. No caps, but true reform. No caps, but a fair system. No caps, but patients like Mr. B getting something for being wronged. No caps, but justice.



## In Defense of Arrogance

*The recent experience of facing and dealing with colon cancer, stage III, prompted me to re-visit a column written many years ago. Please write and give me your opinion. Thank you.*

One of the greatest fights of life is to have and to know people whom we respect, adulate and emulate. For me and in my life, it was the late Dr. Franz J. Ingelfinger, a towering intellect, a compassionate, generous and loving teacher, a prolific journalist and writer and long time editor of the prestigious New England journal of medicine - the most enviable post in medical journalism.

Dr. Ingelfinger was a cancer specialist. He was a practitioner of the art and science of medicine. He was a teacher. But above all he was a writer, a journalist and one whose editorials and opinions, in the pages of new England Journal of Medicine, truly influenced the dimensions and directions of practice of medicine, not only in America, but in the entire Western world.

Dr. Ingelfinger died on March 26, 1980 of cancer of the stomach!

Let me explain: When Dr. Ingelfinger fell ill and a diagnosis of cancer of the stomach was made in mid 1979, no one truly took charge to be this gentleman's doctor. All physicians at Harvard Medical School reverentially deferred to him (the patient) and his judgement. No one told him "forget about your high falutin titles, who you are and where you come from. While you are here, in my office, or under my care in this hospital, you are my patient and you are going to obey me and my orders!" In other words, the physicians in charge of his case let him get the most unacceptable standard of care that any citizen could receive. No physician "arrogantly" became the commander-in-chief of the management of Dr. Ingelfinger's case. Everyone involved was deferential to other colleagues, and, of course, to the master, the patient himself.

Again, the cost of all this "humility" and absence of arrogance was perhaps the early death of one of the most brilliant children of God ever put on earth which, even till today, five years later, grieves the medical community and the community of medical journalists.

Reading through Dr. Ingelfinger's personal notes, I ran into a magnificent lecture which he had delivered at Harvard Medical School on May, 1977 entitled "Upon Medical Ethics." It is ironic that in this lecture, Dr Ingelfinger, one of the most humble and generous of all physician, had defended arrogance by pointing out that a physician "who merely spreads an array of vendibles in front of the patient and says, go ahead and choose, it is your life, is guilty of shirking his duty, if not of malpractice."

The physician, to be sure, should list the alternatives and describe the pros and cons but then instead of asking the patient to make the choice, the physician should recommend a specific course of action. He must take the responsibility, and not shift it to the shoulders of the patient. "The patient may then refuse the recommendation, which is perfectly

acceptable, but the physician who would not use his training and experience to recommend the specific action to the patient does not warrant the somewhat tarnished but still distinguished title of doctor," wrote Dr. Ingelfinger.

It follows that it is reasonable that a certain amount of professional arrogance isn't only desirable but necessary if a physician is to save the life of a patient. There is a thin line between accepting responsibility, making decisions, being the "commander in chief" of the health team that is taking care of a patient and arrogance.

Frankly, if I am sick, I hope that I'll end up in the hands of an arrogant physician who will not defer to me; but take charge and direct the course of treatment of my illness. I believe every reasonable and conscientious citizen can see this. To be responsible, to be decisive, to be ethically consonant with the needs of the patients and do for the patients what one wants to be done to one's self, are necessary in the armamentarium of healing and treating patients. To this end, "arrogance" is not only a necessary but admirable trait.

## Letters to the Editor

To the Editor:

I read with interest the article entitled " Physicians Nourish the Triangle with Compassion and Grants " in volume 9 of the Wake County Physician in Sept of this year. There are a few inaccuracies in the article but that's OK. In general your article captured the essence of what the Foundation was all about. Just for your information and there is no need for a followup on this information at a later date, it would be important to give Dr. William Dunlop a special thanks as he was the initial chair of our board and set us off on a long and honorable course. Actually hundreds of physicians did not contribute to this Foundation. The large majority of donations came from the generous hearts of the private medical attendings at WakeMed who donated their stipends that they had earned from UNC School of Medicine by giving their time to teach our young physicians from UNC as they rotated through WakeMed. There were modest donations from the departments of pathology, pediatrics, Ob-Gyn, and urology at WakeMed but the main force of this fund came from our medical colleagues , all of whom were in busy private practices and took extra time to teach the physicians of tomorrow.

Thanks for your article; it was timely and those of us that were part of this effort through that 30 years have good feelings about what was accomplished by these gifts to the community. I would like a copy of Legacy of Giving.

Thanks,

Donald T. Lucey, MD  
918 Ferrington Post  
Pittsboro,NC. 27312

## Professional Liability Reform

The Wake County Medical Society organized a statewide meeting of county medical societies with a representative from Medical Mutual Insurance Company to plan a coordinated campaign. The purpose of the meeting was to develop campaign plans for 2005 including the role of local PACS in association with the new "527" corporation created by Medical Mutual to impact tort reform in the NC General Assembly.

Current plans include the distribution of more than \$300,000 in personal checks from individual physicians to key NC General Assembly leadership. This is the first step in this new multi-year initiative to gain influence and votes in the General Assembly. This first round will serve to get the attention of legislators. Subsequent contributions to individual legislators will be based on performance. Eventually, in subsequent years, efforts to defeat candidates who do not support meaningful tort reform will become part of the political process.

In the interim, county medical societies will assist with coordination of local PAC efforts, communications with local county society members, and general coordination with Medical Mutual's

initiative. These efforts will be focused on patient education, media (reporters) education, peer-to-peer physician education and legislative impact.

The greatest challenge will be to sustain the legislative effort. Results will take several years to realize and physicians must increase their political activity individually and through local societies to be effective in the long run. In addition to PAC contributions, supportive legislators will be given additional recognition. Significant changes resulting from this combined effort are not expected for quite awhile.

Next steps will include the development of practice/patient educational materials (posters, handouts, etc.). The establishment of both a statewide coordinated campaign and local county campaigns in 2005 and beyond, and an emphasis on communications, information back to physicians who have made contributions to legislators in this campaign. The goal will be to focus the campaign on the same messages so as not to dilute the effort. The next meeting of county medical societies and representatives from Medical Mutual will be in January 2005.

## LEGISLATIVE UPDATE

By Dr. Dan Albright, President Elect WCMS

Chair of Legislative Committee WCMS



## The Political Candidates Forum. Election 2004.

The Wake County Medical Society hosted a successful political candidates forum at Wake Medical Center on October 20, 2004, just before the fall election. Politicians and physicians were well represented. Many interesting candidates for federal and state offices attended and gave their opinions on the medical liability crisis and other healthcare issues.

The candidates expressed a wide range of opinions. Liberal Congressman David Price articulated his concern about the insurance companies being one of the root problems for the liability crisis. He and some other candidates expressed disapproval for any cap on non-economic damages in medical lawsuits. Conservative Sam Ellis and others voiced sup-

port for a \$250,000 cap on non-economic damages. Representative Ellis said that the free market and competition should be used more in solving some of our healthcare problems.

Overall, the evening was productive and engaging, with the full spectrum of American political opinion expressed. A healthy dialogue between the candidates and physicians and spouses occurred.

The Wake County Medical Society has several purposes. Our Society remains committed to helping those people in need in Wake County through community service programs. Our Society remains similarly committed to representing the interests of physicians and patients at all political levels.

By Dr. Holden Thorp



In recent years, there has been considerable controversy and discussion over whether administrators and faculty at UNC-Chapel Hill are anti-Christian. I have followed this discussion with interest and some surprise, as it seems quite ironic that such charges would be levied against an institution run by a chancellor who spent most of his career as a church organist. In my own experiences at the University, I certainly do not find an anti-Christian bias, and I relate

one important experience here for illustration.

When I became the Director of the Morehead Planetarium and Science Center (MPSC), one of the first things I wanted to look at carefully was our annual holiday show "Star of Bethlehem." This show was the most-recognized production in our inventory and, for many North Carolinians, absolutely synonymous with the Morehead Planetarium.

There were several things that I learned quickly about our "Star of Bethlehem" tradition:

MPSC has offered a Christmas show about the Star for more consecutive years (now 54) than any other planetarium in the world. In 1949, the first director, Roy Marshall, published a pamphlet called "The Star of Bethlehem" that has been a cornerstone of the scholarship of the Star story ever since. Though many of its theories have become outdated, it is still widely cited as an important early work. There were numerous "urban legends" (I guess for Chapel Hill, we should call them "village legends") about any controversy over the Star. Legend had it that the star that we place on top of the building was taken down because of a lawsuit. There was indeed a lawsuit in the 1980s; however, the suit was unsuccessful. Several years later, the star was dropped to the ground during installation and never repaired.

Star of Bethlehem was our biggest selling public show. Church groups come from all over North Carolina to see the show every year.

The show was not up to date. Because of fear over controversy, the show had not been updated for about 9 years. This meant that it did not take advantage of modern digital video, did not have an original digital soundtrack, and was

not current on scientific and historical theories about the Star.

Given all of these aspects, particularly the fact that our biggest-selling public show was not demonstrating the best that we had to offer, I decided that we either ought to redo the show and make a big deal out of it or pull it out of the inventory and learn to live without the revenue. I wrote a memo posing these two choices and sent it to South Building (where the supposed anti-Christian administrators lurked) and got a clear signal to go all-out to produce an exciting, educational show and to promote it heavily.

We went forward with gusto. We hired Charlie Gaddy to do the narration, and his red-clay North Carolina voice was ideal. We hired the best planetarium artist in the country to create stunning desert scenes and images of great buildings and art dedicated to the Star. We got experts from UNC in art, religious studies, and astronomy to talk about the story of the Star. We put the most current theories in the show. We made a brand-new music track complete with all of the most familiar Christmas hymns, including an all-stops organ rendition of "Joy to the World" played by Chancellor Moeser. Our associate director, Bob Gotwals, rebuilt the star in his garage (we worried that the wise men might show up in his driveway, but that didn't happen), and we put the star back on top of the building.

We spent a lot of time carefully tuning the script, which was reviewed and approved with no alterations by the UNC legal office. We wanted to be clear about what science could and could not tell us about the Star story. We went through all of the bright objects that might have been in the sky and how they might have fit into the story. But we also left room for mystery: science cannot definitively tell us what the star might have been, and even the famous astronomer Kepler, who was a deeply religious man, believed that science would not provide the answer. Close to the end of the show, we stated that Kepler believed the star was a miracle, a fact that he made particularly clear in his writings.

The results of the Star of Bethlehem renovation have been extremely gratifying. The first year we showed the new version (2002), we got extensive press coverage, and the public audience quadrupled compared to the year before. Aside from a few complaints from people who simply missed the old show, audiences were pleased with the result. Religious Christians left the theater pleased that we left room for the mystery, others were pleased with the scientific rigor with which we examined the story, and

everyone went out singing. We know this worked because the audience for the following year was nearly the same size as the year before, even without the extensive press coverage we had enjoyed the first year.

Interestingly, we were not able to attract a corporate sponsor for the show, because of fear of the supposed controversy. So the initial production was funded entirely with University resources, which we have now recouped many times over through ticket sales.

The show ends with stained glass windows, the reading of the Christmas story from Luke, and the crèche scene that has lived behind our dome for 54 years. Charlie Gaddy intones "Peace on Earth, good will to men," and Chancellor Moeser plays "Joy to the World." Pretty amazing stuff for a so-called anti-Christian university.

The most recent controversy at UNC-Chapel Hill is about whether University-supported student organizations can exclude members based on their religious affiliation. One Christian fraternity does not want to abide by a requirement that University sponsorship comes with a promise that anyone can join the organiza-

tion, including non-Christians.

Given my direct experiences in this arena, I strongly support UNC's policy and do not find it to be anti-Christian. A principal function of the University is to inspire with knowledge. We hope everyone - Christians and non-Christians alike - are inspired by the historical mystery and astronomical wonders of "Star of Bethlehem."

Paul wrote that through Christ there would be "justification and life FOR ALL" (Romans 5:18). If Christian organizations seek to carry out Paul's teachings, how can they be successful by excluding non-Christian members?

We do not ask people whether they are Christians when they come to see Star of Bethlehem. We believe that anyone can enjoy our show and learn about the wonders of the sky and the relationship of religion to science, history, and art. The broken attendance records show that we have been successful. I have to believe that Paul would be happy with a show meant "for all." Hopefully, UNC-Chapel Hill and our public institutions will continue to inspire everyone.

## WAKE COUNTY MEDICAL SOCIETY By Angie Metzger Alliance News

### Symposium 2004

*Learning Differences: Ensuring Success for Every Mind*

**Was Held November 9, 2004**

**At The McKimmon Center, Raleigh**

*"To treat everyone the same is to treat them unequally."* – Dr. Mel Levine, Founder and Co-chair, **All Kinds of Minds**.

As an important step in creating greater awareness for the connection of school failure to life failure and loss of productivity, the **North Carolina Medical Society Alliance** is pleased to announce the keynote speaker for Symposium 2004 will be Dr. Melvin Levine. Dr. Levine is Professor of Pediatrics at UNC-Chapel Hill School of Medicine and Director of the University's Clinical Center for the Study of Development and Learning. Dr. Levine is co-founder of **All Kinds of Minds**, a nonprofit institute for the study of differences in learning, and co-chair of the institute's Board of Directors with Charles R. Schwab.

Over the past thirty years, Dr. Levine has pioneered programs for the evaluation of children and young adults with learning, development, or behavioral problems. In 1995, Dr. Levine received the C. Anderson Aldrich Award from the American Academy of Pediatrics for outstanding contributions to the field of child development. Dr. Benjamin Spock, Dr. T. Berry Braselton and Dr. Jerome Kagan were also recipients of this prestigious award in other years. Most recently, Dr. Levine was a guest on the Oprah Winfrey show.

Dr. Levine stresses that all children have a great capacity for learning but many are falling through the cracks because they need an alternative to the way subject matter is presented. Far too many children have been told they "will never amount to anything" because of their learning difficulties. These feelings often last

through adolescence and into adulthood, resulting in poor family relationships, low self-esteem, lack of motivation, and anti-social behavior that drains resources from our society.

It is estimated that more than half of the adolescents in correctional settings have difficulties in one or more of the following areas: emotional, behavioral, learning, and developmental. In some studies of youth in correctional facilities, the rate is as high as 75 percent. These figures are far higher for adolescents in the juvenile justice system than for those in the general population. A majority of individuals in both juvenile and adult correctional facilities are marginally literate or are illiterate as a result of school failures that they have experienced.

It is this connection between learning disorders and child abuse that sets the stage for a morning session featuring Jennifer Tolle Whiteside, Executive Director of Prevent Child Abuse North Carolina. Ms. Whiteside's presentation will focus on recognizing child abuse and neglect, identifying appropriate responses and actions for educators, setting a community agenda for prevention, tracking the latest trends in child abuse and neglect prevention, and discussing North Carolina's "multiple response" pilot programs.

Building on current research showing the lifelong positive effect that sports can play in allowing children to find success, this year the NCMS Alliance will be offering a second morning session entitled "The Value of Sportsmanship: Building Strong Character." William Lassiter of the North Carolina Juvenile Justice Department will outline the opportunities for participants to learn strategies for character education that apply in the classroom as well as athletic training.

# North Carolina Treasures

By Robert Seymour, Minister Emeritus,  
Binkley Memorial Baptist Church, Chapel Hill

## Folkmoot International Folk Dance Festival

One of the best-kept secrets in North Carolina is Folkmoot, an international folk dance festival held for two weeks each summer in Waynesville. This year marked its 21st season! Yet, it is known all over the world, for dancers have come from every continent!

This year's participants arrived from Columbia, India, Israel, Italy, Jordan, Mexico, Moldova, Mongolia, Peru, Poland, Spain, Togo, Turkey, Taiwan, and Canada.

About a decade ago, my wife and I were in New Zealand where we visited one of the areas where native Maori people live. One of them was our guide. When she discovered that we were from North Carolina, she asked with obvious excitement, "Do you know where Waynesville is?" Then she told us with much enthusiasm that she had danced at Folkmoot and was saving her money to go back to Wendys one more time. The festival has cemented friendships with performing visitors from more than 90 nations. It represents the best kind of American diplomacy.

Folkmoot is an old English word for "meeting of the people." Apart from the performance of dancers, a major purpose in the event is to expose the citizens and students of Haywood County to people from other parts of the world. And so, a meeting and mingling of folk from the far corners of the earth is a primary benefit of this annual gathering. Indeed, not only does Folkmoot bring to Western North Carolina people from far away countries; it usually attracts visitors from as many as forty US states.

Several seasons ago, the county school system made available an abandoned school building to house the guests dormitory-style. Countless local volunteers helped upgrade the facility into an attractive place, and the old cafeteria now serves meals to all the international visitors. The building is called Friendship House and is a place of endless conversations and cultural diversity.

Groups that receive an invitation to participate must finance their own travel to the US, but once they arrive, Folkmoot takes care of all further expenses. Audiences totaled over 70,000 people in 2003, and the event generated an economic impact of almost \$4,000,000.

Many of the dance groups are amateur, but some are semi-professional. The variety of styles and costum-

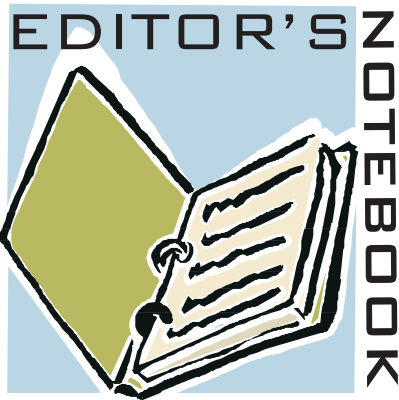
ing is always a delight. Last season a team from France featured shepherd dancers who performed incredible routines on stilts!

For 16 years, Folkmoot has been named a "Top 20 Event in the Southeast" and is included in the "Top 100 Events in America." It has received the Governor's Business Award for non-profits.

The dates for the festival in 2005 will be July 21<sup>st</sup> through the 31<sup>st</sup>. On the final Saturday, there will be a Parade of Nations on Waynesville's Main Street featuring not only the performers, but also crafts and cultural artifacts from the countries represented.

For further information call 1-877-FOLK USA (365-5872) or write to Box 658, Waynesville, 28786.

Information is also available at the web site, [www.folk-moot.com](http://www.folk-moot.com) or the e-mail address at [folk-moot@pobox.com](mailto:folk-moot@pobox.com). This is a Tar Heel treasure not to be missed!



By Assad Meymandi, MD,  
PhD, DLFAA

*The following are  
reprinted from Wall  
Street Journal and the  
Raleigh News &  
Observer*

**To the Editor of The  
Wall Street Journal:**

Mr. Holman Jenkins  
missed the mark in his  
Feb 4, '04 column. He

states that "Drug companies are in the business of funding large R&D establishments" This assertion is only partially true. The fact is that since 1997, when FDA allowed the drug companies to conduct direct to consumer advertising; when one reviews the balance sheets of the five largest drug companies and the data generated by US Department of Commerce, they demonstrate that drug companies are spending far more on advertising than on R&D.

There is no question that America's Freedom, entrepreneurship, personal initiative and the supremacy of the rule of law have made America the envy of the world. There is no question that US scientific discoveries, research and development by the large drug companies backed by a complex network of government in the form of NIH, and academic research institutions have elevated US medical care to unparalleled heights. However, the slippery slopes of spending more money on direct to consumer advertising than for R&D are ominous. Congress should consider this matter seriously and act accordingly.

**To the Editor of Raleigh News & Observer:**

Yesterday, a 23 year old US marine and his friend, another 23 year old young man, died of gun shot wounds. No, they were not combatants in Iraq or Afghanistan. They were enjoying pre-game tailgating rituals right here in Raleigh, North Carolina, on the sacred grounds of an institution of higher learning, NC State University. They are dead because the assailant(s) had a gun and they used it. I believe the time has come for this gentle and civilized nation of America to come to its senses and ban ownership of guns and outlaw the activities of the National Rifle Association whose political lobby is the richest and the strongest in America. Killing innocent persons is not a right or left issue. It is not a Democratic or Republican issue. It is an American issue that should be addressed. The incidence of violent crimes in Sweden, England, Denmark, Norway and France is proportionately much lower than US, simply because of these countries strict gun control laws. America at 228 years of age is old enough.

**To the Editor of Raleigh News & Observer:**

Gene Nichol makes some good points in his column "Ten threats to the republic", N&O, July 28. As a premier lawyer

and dean of UNC School of Law, he ought to know that the very nature of our democracy prevents it from being perfect. We have a fifth of our children live in wrenching poverty, because we do not focus on family planning, educating our citizens not to bring children to this world without adequate emotional and financial preparation. Frequently, I see pregnant teenage clinic patients who are accompanied by their less than forty year old grandmothers strung out on alcohol, dope and cannabis.

Citizens are free to bring to this world as many children as they wish as long as there is an inadequate, deeply flawed system, namely our welfare system that offers the perception of supporting and encouraging delinquent behavior.

As a citizen by choice and not by birth, I pay homage to this country's framers of the constitution, our founding fathers. But I am also aware that they gave us a vulnerable and delicate republic that has been flawed by misuse and abuse of the very freedom the system guarantees.

We do need to direct our resources toward more education, families, and family planning and less toward guns and wars. Lighting a few candles is far better than cursing the darkness.

**To the Editor of Raleigh News & Observer:**

I wonder if our know-it-all wonks of the National Security and foreign policy "experts", who have turned the love and affection that the world held for America into bitter hatred in a short span of forty years, have read Proust's "A La Recherche du Temps perdu"?

In the fifties and sixties it was safe for Americans to travel. Being an American was a source of respect and pride. America was truly loved by the world over. Our altruism, decency and reverential devotion to democracy of the rule of law were emulated by all citizens, if not the governments of the nations throughout the world. What happened? How that affection, love and friendship turned into hatred?

The reasons are many, among them America's lack of attention to the psychological issues of human relationship. Our diplomats and foreign relation experts sent abroad, especially to the countries of Eastern Europe and the Middle East, have known none of the native languages, culture and the likes and dislikes of the host countries. They have come across as arrogant agents of imperialism. There are about 300 million people in the Middle East who speak in four essential languages. They are Farsi, Arabic, Dari and Pashtu. And there are 1.1 billion who speak Mandarin. An online search shows that in the past 40 years, very few diplomats sent to the Middle East countries spoke the language or took training classes in local costumes and culture.

Then there is the issue of exporting CIA's brutal tactics to the countries of the Middle East to prop up the shaky dictatorships of people such as the late Shah of Iran and Saddam Hussein. I clearly remember in 1953, when the popular and charismatic Prime minister of Iran, Mohammad Mossadegh, forced the Shah of Iran into exile in Italy, after his return with the backing of US, America sent William Helms to institute the Iranian Savak, an organization fashioned after CIA to spy

Continued on page 17.

## The Art of Aging

*Not where the wheeling systems darken,  
And our benumbered conceiving soars-  
The drift of pinions, would we harken,  
Beats at our own clay - shuttered doors  
Francis Thompson, 1859-1907*

*Lives in a shambles: old age, infirmity and despair,  
Heed Ahura Mazda:  
Keep thoughts clean, bodies fit and deeds good  
Zoroaster, 690-570 BC*

Medical discoveries like Mort's anesthesia, Lister's antiseptics, Fleming's penicillin, Ehrlich's Salvarsan (Compound 666), heart transplantation, h<sub>2</sub> blockers and MRI scanners have grabbed headlines as medical miracles, breakthroughs and revolutions. Relatively little attention has been paid to the silent and incredible revolution of aging. But babies born today live twice as long as babies born 8 years ago and average life span has increased from 47 years in 1920 to 76 years today.

We expect to live longer and to live well. We used to worry that the nation would be burdened by elderly who lived longer but were crippled with pain and riddled with disabilities. Fortunately, the predicted pandemic of pain and disability has not panned out. Instead, Americans are living longer and have less disease and disability. The National Long-Term Care survey of 20,000 people aged 65 and older shows a steadily decreasing percentage of old people with chronic hypertension, arthritis, and emphysema. Demographers like Duke's Kenneth Manton and Dan Blazer have shown that while the nation is growing older, disease and disability rates are decreasing. The number of centenarians who enjoy full lives is rapidly increasing.

The picture of a robust elderly population that emerges from these surveys is marred by the inescapable problem of dementia. The nation is building more care facilities for Alzheimer's patients (who number more than six million). Since Alzheimer's robs its victims of the enjoyment of life, it presents a number of grave ethical issues requiring deliberation, patience, and wisdom. Bioethicists grapple with the problem of the warehousing of demented patients. Fortunately, recent discoveries in molecular biology and the genetics of these debilitating diseases give hope for eliminating or preventing the dementias.

This Journal presents a balanced view of gerontology and geriatrics. The economics and demographics of aging, as well as aspects of prevention, information management and euthanasia are discussed. That being the case, I want to devote the remainder of my space to the art of aging.

The teachings of Zoroaster 26 centuries ago and those of the Sufis, a branch of Shiite Islam, are fascinating. Avesta, the book of Zoroaster, is a compendium of the ontology, cosmology and

epistemology of aging. It presents its wisdom in the content of a dualistic model of good and evil. Zoroastrianism was the religion of the Persians for 1,200 years before the coming of Islam in 710 Ad. (Pockets of Zoroastrians remain in Iran and India - the Parsis, Persians who fled to India in order to preserve their Zoroastrian beliefs in the early 8th century.) Zoroaster's motto is "good thought, good worked, good deed and cleanliness of one's self and one's environment."

Both sufism, which incorporates Zoroastrian teaching, and Zoroastrianism emphasize the supremacy of love as the cornerstone of human behavior. By this they mean the elevated form of love-love of beauty, simplicity, sanctity, intimacy, self-containment and respect for others. In practical terms, this form of love demands conduct free from abuse; loving persons do not abuse themselves with overeating or the use of harmful substances. This form of love prohibits abuse of family members, colleagues, patients, or the public; nor does it allow others to inflict abuse upon anyone. It demands avoidance of unhealthy and stressful lifestyles. Self-assertiveness and recognition of one's own ego boundaries are an essential part of this elevated form of love. We may not yet understand aging, but we do know that aging can produce wisdom and offer opportunities to become more loving. A good practitioner of the art of aging is one who incorporates the discipline and art of loving.

A troubling, even frustrating, aspect of research into aging is that enormous resources are allocated to understanding the molecular biology, pharmacokinetics, genetics and diagnoses of the aging process, but little regard is given to the art of aging gracefully and productively. My mother died at age 101 in 1994. I spoke to her by telephone 30 hours before her death. As always, the conversation led to "Guess what I learned today!" and "What is on your reading list?" she maintained that increasing one's cognitive knowledge is a part of self-love.

Maybe we need another special issue of the Journal devoted solely to the art of aging.



## Love; One Another

I have been asked to speak of love. Not being one to ignore a challenge and after a review of my own thoughts and feelings and a MEDLINE search I have come to the following (which I could very easily expand on endlessly but will not).

Love is the most basic and connecting of feelings. To the extent I love, I am open to my feelings, my thoughts and my actions. To the extent I love, I am open to the world around me and to the feelings, thoughts and actions of others. It provides for the development of integrity within oneself. Love satisfies the emotional needs of the self and generates a developing sense of self. It imparts mature mental mechanisms and mature idealization. Of the mental mechanisms, which are over a dozen, identification and sublimation move us forward, while the others allow us to tread water if not overused.

Love provides, as well, for bonding in relationships. It is the basic human relationship. It affords tolerance of the specific needs of the loved one. It offers a fusion with the loved one which is reversible and preserves separateness. (see my previous article on Individuation)

Love is accepting, beautiful, powerful and will work miracles. It forgives all.

Love provides for optimal resolution of anxiety. It soothes the angry spirit. It supports sadness and in turn mitigates narcissism. It celebrates happiness. It clears the mind and directs us to the healthy care of our self and others. It is stronger than the flesh. It is independent of action. Yet it provides for affirming and nurturing proaction. Love is functionally independent of underlying sexual desire. Yet it provides positively for sexual satisfaction.

Love is a dynamic process. It is the decisive factor for quality and stability.

Love provides positively for commitment. Over a period of time it provides for an increasing sense of commitment and satisfaction.

As far as we can tell, love starts at birth, continues throughout life, is preserved in aging

and it preserves us in aging. It is a biological function of crucial evolutionary importance. Love activates attachment mediating neurohormones -- oxytocin, vasopressin, serotonin and opioids.

Love is a basic feature of the practice of medicine and provides for bridge building with the patient, and for not hurting the patient, destroying life or violating the patient's integrity.

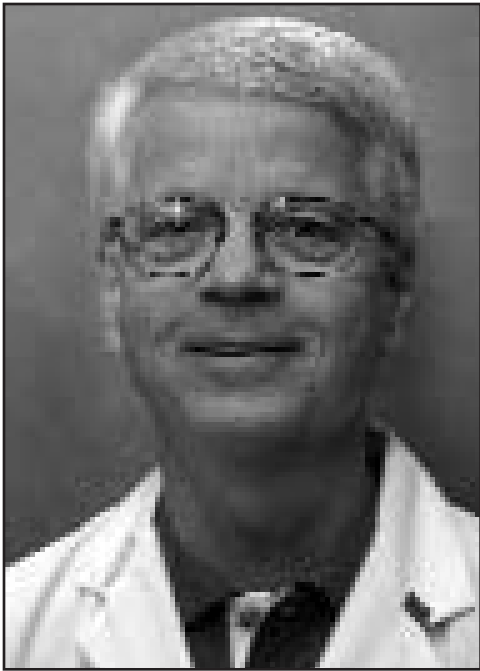
Just as Aphrodite, Jesus and Buddha developed their capacity to love, it is the substance of all religious institutions and more importantly is the stuff of spirituality. Love is what is essential for the preservation of humanity.

*Question, comments and suggestions are welcome c/o Raleigh Psychiatric Associates, 3900 Browning Place, Raleigh, NC 27609; 919-787-7125; stratas1@mindspring.com*



# Physician Profile

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## Dr. Ross Vaughn

Ross Vaughn was born and raised in Nash County, North Carolina on a hog and tobacco farm. While his family has been in North Carolina for generations, they don't have the typical Eastern North Carolina farming story. His grandfather was a successful attorney. His father had a deep love of music, graduated from college at the age of 20, studied in France, worked at a US Embassy in Rumania and

eventually returned to North Carolina to start a family farm. It is with these varied experiences and shared knowledge of music, travel and culture that Ross Vaughn and his younger sister were raised. While his father was a marginally successful farmer, his mother went to work in an agricultural aid office when he was 12 years old to secure the family business after a series of hurricanes and droughts. In his youth, he learned the value of hard work and how to use his talents to the best of his ability to get a job done. "I've ridden mules, hung tobacco out in barns, and fed, herded and castrated hogs. I grew up in a town that, in retrospect, was a pretty nice place to grow up - a quiet, uncomplicated farming town."

Ross and his family didn't live on the farm; they grew up in the town of Nashville with a population of around 1,000. It was a place where you could ride your bikes everywhere with a level of safeness that faltered only slightly when there was a Russian bomb scare and children had to hide under their desks. Life in a small town and working on a farm enabled Ross to recognize the importance of doing what is right and, combined with hard work, how it can make everything come together. It also made him realize that farming was not for him.

When the time came to attend university, he had narrowed his options to Duke and Chapel Hill. Ross chose to attend University of North Carolina - Chapel Hill. (Rumor has it this choice had something to do with the

superiority of the basketball team.) At the end of his sophomore year, he eased into his career path. "I had taken a lot of science classes and enjoyed it. I took the MCAT and did well. Life is pretty much planned out after that. You go through training and there is some mutual decision making, but for the most part life is pretty much planned out."

Ross Vaughn had decided his focus would be in pediatrics by the time he reached medical school. He attributes this decision to his work with children at Camp Seagull and the fact that too many adults cause their own diseases through bad habits. His time at UNC was primarily influenced and inspired by Dr. Floyd Denny, who was a front-runner in the development of a combined medicine-pediatric program. After spending two years in the US Navy, Ross attended Vanderbilt University where he made his first rotation in an intensive care nursery. It was here that he met a woman who became not only a professional mentor, but a friend. "He was a bright student and fellow, consistently involved in Vanderbilt Pediatric programs. He continues to be an excellent physician, having strong interpersonal skills and respected by faculty, peers and families of patients." Dr. Mildred Stahlman, a pioneer in high-risk newborn pediatric medicine, knows what a difficult job it is to deal with such an emotionally stressful situation, not only with the patients, but with the families. "It takes a level of personal caring to make certain situations acceptable to families of premature babies. It takes a person who cares, and Ross genuinely cares."

Dr. Ross Vaughn began and ended his fellowship at Vanderbilt with a year at St. Mary's Hospital in Manchester England in the middle. In 1977, he returned to North Carolina. Neonatology was relatively new and as with all of his choices in life, Dr. Vaughn made his decision based on what he enjoyed; He liked the staff at WakeMed and being half-way between Chapel Hill and the coast so he "could attend basketball games and go to the beach on the weekend." His longevity in this community has allowed him to be a part of some great transformations in program development, growth and patient care. He came to North Carolina as the 8th neonatologist in the state; now, there are over 80. His involvement

and love for education and progression in this field have been steadfast since he began his specialization. He has been Clinical Professor at UNC-Chapel Hill, Director of Nurseries at WakeMed and a practicing Neonatologist at WakeMed, Rex Hospital and Western Wake Medical Center. "I have a good mix here. I can be a bit of a teacher, work at the University, do some research and have a bit of private practice."

Teaching has been something that has been the most rewarding for Dr. Vaughn. "It's so fun to deal with bright people and the pediatric residents from UNC are exceptional...scary actually, I don't know if I could get into medical school today." There are several pediatricians and leaders in medical education that are pleased to have grown with the guidance of Dr. Ross Vaughn. The length of time he has spent in local programs, particularly WakeMed, has allowed him to share his knowledge and experience with hospital support staff, nurses and fellow physicians. "He is always there as a resource and allows for learning and the development of individual skills," Nancy White, Nurse Practitioner at WakeMed. Linda Kessler, Manager of the WakeMed Intensive Care Nursery, has always been impressed with Dr. Vaughn's ability to be a supportive physician on every level. "On my first day, he gave me a bottle of Mylanta and told me he would be here for me whenever I needed him." He has been there - valuing improvements for patients, families, residents and staff; taking suggestions from staff and passionately pursuing issues that are important. His involvement has included programmatic developments such as Friends of Children, the Wake Home Monitoring Program, Healthy Mother & Healthy Babies Coalition, development of progressive care facilities for premature babies and drug related research. He has been President of the NC Neonatologists' Association, Reviewer for the Journal of Pediatrics, a long-standing member of the WakeMed Staff Foundation, recipient of the AHEC Wyeth Traveling Fellowship (United Kingdom) and took a sabbatical to Melbourne Australia where he was Honorary Pediatrician at the Royal Women's Hospital. Through it all, he has shared the importance of humor and compassion in getting through each day.

Much has changed in care and prevention of premature babies since he started over 30 years ago. One of the most important lessons of his life has been learning to deal with death and dying. "I knew coming in how to do the mechanical part of caring for patients, getting them to the point of going home...but learning to deal with the anxiety of families, not only with babies who died, but families with survivors was really a challenge." In the past, he's spent a lot of time with students and fellow staff on this issue, but now the frequency doesn't warrant that much attention and strong support structures have been put in place with nurses, psychiatrists and chaplains for families and patients. New issues are rising as the premature survival age gets younger. When Dr. Vaughn started out it was a struggle to get a 2 pound baby to survive; now they all survive unless there is some other complicating issue. Today, there are technological support systems for 23, 24, 25-week old babies, bringing many moral and ethical issues to the forefront. "Are we using technology when we really don't know what we are doing with it? Technology saves the baby, but we have a baby that is not

whole."

In North Carolina, the support systems and nurseries are in place to care for the high numbers of premature babies and the survival rate is quite high. Still, North Carolina continues to have one of the worst infant mortality rates in the country. Dr. Vaughn believes there needs to be more emphasis on maternal care and education of women as they become of child-bearing age. "We need to have a healthier producing population. Right now, people do not understand good health; it's not a priority growing up."

Community involvement and education has always been important for Dr. Vaughn. He has been actively involved for many years with Camp Seagull, championed causes for parental rights and premature babies. For 21 years, he has been with the Tammy Lynn Center, as an advocate forwarding their mission and services into the community and assisting with financial and long-range planning. "He is a quiet man with a powerful voice and is such a strong advocate for at-risk infants and early intervention programs. He has been actively involved in the evolution of the Tammy Lynn Center and is a very special and committed person who finds the time to serve."

It's hard to imagine with his availability to patients, families and staff and service at the community level, that Dr. Ross Vaughn would have time for much else. However, he has three amazing children who have learned the value of hard work and the importance of giving back as a member of a community. Sarah Ross Vaughn, 27, is studying public policy in Denver CO; Gordan Taylor Vaughn, 29, lives in Texas; and Scott Russell Vaughn, 33, is a fisherman in North Carolina. All three contribute their father with teaching them to "contribute something positive, take the stairs and, above all else, be happy." He is known to his family as the 'Boy Scout,' because his heart is always in the right place, he walks a straight and narrow path and treats everyone with the same respect and courtesy. "I think he's a pretty good guy and I try to be like him everyday," says Gordan. His wife, Bettie McKaig, says that Ross is thought of as the rock in his family because he lives to the highest integrity in every phase of his life. "He is truly the best thing that has ever happened to me. I am a better person because of him."

This sentiment is felt across the board. Dr. Ross Vaughn has touched many lives and made a big difference with his quiet compassion and integrity. Right now, he can't really envision retirement. "I've never planned that far ahead. I enjoy traveling, fishing, golfing...You start looking around. But, I haven't figured out when or how to exit yet." He still wakes up everyday, having worked consistently throughout his career, looking forward to going to work. He shares the idea of having a hobby with his residents. "Have something, a passion, a hobby. One day you will retire and you will need to do something else." For Dr. Ross Vaughn, care of people is his hobby, his passion and we look forward to him becoming the oldest practicing neonatologist in North Carolina.



# Issues on Care at the End of Life

By Edward B. Yellig, MD, FACP

Medical Director  
Hospice of Wake County



## Advanced Dementia

Advanced dementia refers to the state of being that occurs in the last stages of various dementia processes. Dementia is a generic term that refers to the end result of several neurodegenerative diseases, the most common of which are Alzheimer's disease, vascular dementia, dementia with

Lewy bodies, and dementias associated with Parkinson's disease, with multi-system atrophy, and with AIDS. The common denominator with all is the progressive loss of cognitive abilities often accompanied by disturbances of mood, behavior, and personality. (Richie, Lovestone, Lancet, 2002) The following case history depicts the functional and cognitive decline seen in a dementing process.

Mr. Smith is a 78 y/o married man with an eight year history of Alzheimer's disease. Just three weeks prior to admission to Hospice he was ambulatory, able to sit independently in a chair out in his garden and follow simple conversations, often retelling the same stories from day to day. With minimal assistance, he could feed and dress himself but required assistance with bathing and toileting. After a fall in which he sustained a fracture and repair of a hip, he quickly became bedridden. Although he could follow some of his family members with his eyes, he rarely spoke in intelligible phrases and no longer recognized his wife or children. He became completely dependent on others for all activities of daily living, became incontinent of urine and stool, and occasionally had hallucinations which caused him to become agitated and combative when family members attempted to calm him. He began to pocket most of his food and frequently choked on food and fluids when he tried to swallow. All these symptoms are markers for the last stages of dementia and indicate appropriate eligibility for hospice services. The family chose not to place a feeding tube, understanding that this was the natural progression of the disease. After several weeks of careful hand-feeding, Mr. Smith developed pneumonia and died in a hospice setting without any interventions as per his living will.

This story reveals how a slow process of dementia can suddenly deteriorate after a traumatic event or new serious illness

and also how certain characteristics can be cues for referral to hospice.

In the United States, less than 1% of hospice enrollees have dementia. In Hospice of Wake County, this percentage is higher, currently at 11%, due to the awareness and referrals by local physicians caring for elderly patients both at home and in local long term care facilities. It is well known that prognostication for patients with dementia can be challenging. Current hospice regulations encourage referral based on the Functional Assessment Staging of Alzheimer's Disease (FAST)©, Stage 7c of Stages 1, no difficulties, progressing to 7f, which is the loss of the ability to hold the head up independently (Reisberg, Psychopharmacology Bulletin, 1988). Stage 7c includes urinary and fecal incontinence, ability to speak limited to a single intelligible word in an average day, and the inability to walk without personal assistance.

Medicare guidelines state that patients may be eligible for the Hospice Medicare Benefit if two independent physicians (one of whom is the medical director of a hospice program) agree that a patient's prognosis, based on usual natural disease progression, is six months or less. There are no penalties if a patient lives longer than the six month prognosis and continues to meet eligibility guidelines for the hospice benefit.

A recent article (Mitchell, JAMA, 2004) describes the effect of a risk score, determined by twelve variables, on the estimated six-month mortality for nursing home residents with advanced dementia. The risk factors, assigned declining point scores proportional to the effect on mortality, include: dependent for all activities of daily living, male sex, cancer, CHF, oxygen needed in prior two weeks, shortness of breath, <25% of food eaten at most meals, unstable medical condition, bowel incontinence, bedfast, age>83, and not awake most of the day. As expected, the higher the score, the greater was the risk of death within six months. Using this risk assessment compared with the FAST 7c criteria, a higher proportion of patients referred for hospice care died within the six month time frame. In this study, those patients with a FAST 7c score experienced only a 38.5% mortality rate. Mitchell discovered that those patients who had advanced dementia had poorer survival if they also had older age, greater functional impairment, male sex, cardiovascular disease, diabetes mellitus, and poor nutritional status. The National Hospice and Palliative Care Organization (NHPCO) has yet to modify its criteria for patient referral to hospice, but

we may look for such changes in the future. We have more confidence that a person who exhibits FAST 7c characteristics along with several of the risk factors listed above will die within six months and would therefore be eligible for hospice services.

Accurate prognostication and timely referral to a hospice program provides numerous benefits for all involved, including the patient, the caregivers, and the attending physician. Hospice programs enhance the quality of life for the patient and for the caregiver. Caregiving has its own associated risks with an increase in levels of anxiety and depression, financial concerns, and family conflict, as well as increased illness and even death. Assistance with identification and acceptance of the last phases dementia, guidance and hands on help with caring for the bed bound patient, respite for the primary caregiver, and education about what to expect and how to manage the symptoms of dying are all part of hospice care. It can be an emotionally intense time for the family, especially if there are differing opinions about which medical interventions are wanted and which are not, from antibiotics for UTI's to artificial nutrition and hydration to cardiopulmonary resuscitation. Having home hospice care assists the attending physician by providing regular timely feedback on the current clinical condition of the patient and the effects of treatments ordered and implemented. Hospice-trained registered nurses see patients from one to seven times per week, depending on the intensity of treatment required. Masters level social workers and chaplains assist the

patient and family in their adjustments to the losses they are experiencing and the death that awaits their loved ones.

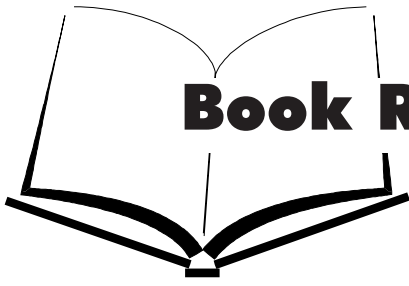
Dementia is a fatal disease. Families become alarmed when their loved one begins to eat less and less and finally stops eating. Patients with dementia without complications die by malnutrition and dehydration because they either no longer desire to eat and drink or because they lose the coordinating capacity to swallow successfully without aspiration. More die of the complications of malnutrition and dysphagia such as aspiration pneumonia, recurrent UTI's with or without sepsis, or from infected pressure sores with sepsis. We can reassure patients' families that the patients rarely experience hunger or thirst during the last phase of life and just keeping the mouth structures moist when needed is usually all that is required.

When the patient receives aggressive symptom management, when families are counseled ahead of time about the burdens as well as benefits of treatment interventions, such as those associated with tube feedings or cardiopulmonary resuscitation, and when they are supported emotionally during the dying process, the patient and the family can ultimately experience a good death. Having sufficient time for hospice staff members to develop a trusting relationship with the patient and family through timely prognostication and referral can make this transition as comfortable and peaceful as possible, allowing the family to feel a sense of accomplishment and satisfaction.

## Why Music Education?

- To teach discipline skills
- To teach divergent thinking, creativity and problem solving skills
- To teach cooperative learning and social interaction skills
- To teach an appreciation of Western culture through the arts
- To teach appreciation of diverse cultures through the arts
- To integrate with other subjects across the curriculum
- To provide levity and a winsome quality to the curriculum
- To provide avocational and whole-life skills
- To provide opportunity for accomplishment
- To enhance self-esteem and confidence
- To develop fine and gross motor coordination
- To develop aesthetic sensibilities

*Contributed by Bruce B. Blackmon, MD*



# Book Review

*By John R. Jordan, Jr.*

*Former State Senator, and former Chair, Board of Governor  
of UNC System*

## **Lincoln's War. By Geoffrey Perret, 470 pp., Random House. \$35.00**

Some history buffs have concluded that there can be little new left to be written about Abraham Lincoln, probably our most written of president. Geoffrey Perret, acclaimed biographer of Grant, Eisenhower and Kennedy in this excellent book proves them wrong.

The author aptly points out that when Lincoln became president it was unclear as to a president's role as the Constitutional "commander in chief". The Constitution clearly gave the specific issue of war to the Congress. But what was the president to do in a time of war? President George Washington personally led an army over the Alleghenies to crush the Whiskey Rebellion in 1794. In 1812 with the British advancing on Washington President James Madison with sword in hand led American troops into Maryland in an unsuccessful attempt to halt the invaders. However, personal military activity by the president ended there. President James K. Polk, a Tar Hill who graduated from the University of North Carolina, took the cautious step of personally choosing his army commanders in the Mexican War of 1866 but later stated that he had personally done nothing else to win the war. Fourteen years later Lincoln, who regarded the Mexican War as having been brought solely to revive the political fortunes of the Democratic Party, rejected the Polk precedent and by utilizing what he designated as the president's "war powers" became a virtual dictator mobilizing armies, suspending the writ of habeas corpus, barring "disloyal" publications from the mails, freeing the slaves of the Confederates and even issuing money.

Soon after his inauguration and with civil war already on the horizon, Lincoln became frustrated by what he considered the inactivity of the Union military and naval leadership. The legendary General Winfield Scott took a strong stand against surrendering federal military and naval posts in the seceding states but Lincoln still questioned his loyalty because Scott was a Virginian who openly opposed abolition by force. Scott

proved himself loyal even soliciting Colonel Robert E. Lee for the post of General in Chief to be in command of the entire Union forces. But Lincoln's strained relations with Scott caused further delay and inactivity in taking military and naval steps to suppress what the Unionists now labeled the "rebellion". The devastating defeat of the Union Army by the Confederates at the first Battle of Manassas on the very outskirts of Washington changed everything. Lincoln was now convinced that he should personally conduct the course of the war. He began to do so almost immediately.

Lincoln, as a young man had himself experienced a brief military command. During the Black Hawk War of 1831 he served as a captain in the Illinois militia. By coincidence Lt. Robert Anderson, commander of Fort Sumter years later when it was surrendered to Confederate forces, swore Lincoln and his company into service at that time. Lincoln was a good officer, saw action against the Sauk enemy and reveled in the events for the rest of his life. Speaking of his service in an interview shortly before he became president, Lincoln said: "I have not since had any success in life which has given me so much satisfaction".

In his search for leadership upon Scott's retirement the President named the well known George B. McClellan as Scott's successor. However, McClellan's inaction and ineffectiveness soon brought calls for his dismissal. Lincoln characteristically remarked: "If General McClellan does not want to use the Army, I would like to borrow it". He replaced McClellan with Henry Halleck and McClellan went on to be Lincoln's Democratic opponent in the next presidential election. Ultimately Grant and Sherman met the President's expectations. Throughout the remainder of the war the President actually planned logistics and battle strategy. He even showed up for combat at times prompting a Union officer to tell him, "There is nothing in the Constitution authorizing the Commander in Chief to expose himself to the enemy's fire where he can do no good".

There was no risk too great or task too small for

Lincoln. He was closely involved in the day to day conduct of the war. It was he who picked the Spencer repeating rifle which became the Union's best weapon. He personally inspected the ironclad Monitor upon its completion and urged its adoption as a naval weapon. He held a demonstration on the White House grounds of the world's first machine gun, invented by North Carolina born Dr. Richard Jordan Gatling, and ordered the production of a quantity of them for use by his Army. His field commanders never put them to effective use.

Historians and the casual reader alike are indebted to Geoffrey Perret for this scholarly work. Using information from newly discovered documents in the National Archives he reveals a side of Lincoln we have not seen before. Equally important he has established Lincoln as the architect of the position of Commander in Chief as we know it today and in doing so redefined the Presidency.

**Shadow Divers. The True Adventure of Two Americans Who Risked Everything to Solve One of the Last Mysteries of World War II. Robert Kurson, 348 pp., Random House, \$26.95.**

Robert Kurson, a graduate of the Harvard Law School, has written as his first book a narrative not about the law in which he is trained but about that relatively tiny segment of society known as "deep wreck" divers. At first blush it would seem that such a book would be of interest only to the small band of deep wreck diver brothers and to that larger population of weekend warm water scuba divers who look on their more adventurous contemporaries with awe. Not so. It will also please the students of World War II and adventure fans as well.

The story told is, as the subtitle states, absolutely true. In 1991 Jon Chatterton and Bill Nagle discovered a sunken wreck 230 feet below the surface of the Atlantic 60 miles off the coast of New Jersey. They had no idea what it was and recruited fellow diver Richie Kohler to assist in its identification. They find that it is a submarine of World War II Class. This is exciting news in that the submarine records of neither the United States, England or Germany mention a lost submarine anywhere near the site of the wreck. This challenge sets off a six year search by a team of elite deep wreck divers to solve the mystery. It is a hazardous undertaking that will take the lives so three of the team before the riddle is solved.

To fully appreciate the story one needs to know that what Chatterton and Kohler along with the rest of their team did was entirely voluntary and done without compensation and little hope of reward. Indeed the considerable expense of six years of diving plus travel to Europe and other places was borne by the divers themselves. Their only tangible rewards were the few artifacts recovered, mostly china plates, cups and saucers. The

enormity of the task facing the divers is well described by the author. At depths greater than 66 feet a diver's judgment and mental skills tend to become impaired, a condition known as nitrogen narcosis. Beyond 100 feet the handicap worsens at a time the diver is seeking to avoid entanglement in the wreckage. No matter what happens he cannot simply ascend to the surface. He must do so gradually stopping at predetermined intervals to allow his body to readjust and avoid the terror of the "bends". This sometimes takes hours. Accidents and getting lost within the wrecks themselves are not infrequent and are life threatening.

Notwithstanding the difficulties and the dangers, dive after dive is made in the effort to determine exactly what submarine it is and from what nation. Chatterton makes the first breakthrough when he finds a piece of china bearing the Nazi eagle and swastika and dated 1942. All are satisfied that the mystery U-boat was a part of Germany's underwater fleet. Then began a detailed review of naval charts and records both at home and abroad. They found no documentary evidence that a German U-boat had been anywhere near the site of the present wreckage at any time. But the irrepressible Chatterton continued to make the 230 foot dive and to painstaking search the interior of the wreck which still contains the remains of 56 men who went down with her. Finally in 1997 he found some metal boxes containing spare parts which clearly identified the U-boat as the U-869 which had been mistakenly reported and recorded as sunk off Gibraltar thousands of miles from the wreck site. It was also determined that the U-869 went down as the result of an internal explosion not by enemy action which also explains the lack of data pertaining to the sinking and its whereabouts.

What prompted Chatterton and Kohler and their colleagues to impose upon themselves such a task which risked their lives many times over? This was not a dive to a sunken Spanish galleon containing gold and jewels. Did they think they might possibly find something of great intrinsic value? Not likely, because they all knew what a war time submarine carried. Was it to identify after 55 years the final resting place of the crew for the descendants of the crew's families? Chatterton did this in some cases by personal visits to Germany. Even if so there must have been something else that led these men to repeatedly risk their lives to learn something that in the end meant little to anyone. Robert Kurson gives us little help. Perhaps the answer can lie only in the hearts and minds of the deep wreck divers themselves where Kurson could not reach.

# IN MEMORY

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## Dr. John Borden Graham

Dr. John Borden Graham, a longtime professor of medicine at UNC-Chapel Hill who was instrumental in the launch of the genetics program and the Carolina Population Center there, died recently at his home.

Not only was Graham noted for his scientific research as a pathologist, he also was a prolific writer who published books about his time as a battalion surgeon in the 77th Infantry Division in World War II, and about taking care of his wife, a stroke victim, during his retirement years.

A man of many opinions who had a fondness for stirring up a good debate, Graham was an inveterate writer of letters to local newspaper editor.

"He was sort of a renaissance man and interested in all sorts of thing," said Dr. Bill McLendon a professor emeritus of pathology of UNC-CH Medical school. "He also enjoyed being a sort of a gadfly in that he'd sometimes state things or pose questions just to see what people thought of thing.

". . . He was of short stature, and he had somewhat of the Napoleonic complex in that he tried to bring everybody down to his size. In spite of all these things, he really was an outstanding scientist and also a very good organizer."

A native of Goldsboro, Graham was born in 1918 to Ernest and Mary Borden Graham.

He was educated in the Wayne County town's public schools and went to Davidson College. He attended the two-year medical school at UNC from 1938 to 1940 then went to Cornell University to complete his degree.

After a short residency in pathology and nearly two years in the Army, Graham came to Chapel Hill in 1946 as an instructor. He spent his entire career at UNC-CH. He did blood coagulation research and in 1961 initiated a graduate program in genetics that evolved into a major curriculum and field of study at the university.

Because of his organizing abilities, Graham was tapped in 1965 to bring together different groups on campus for the study of human population growth. From that effort, the Carolina Population Center was born.

Graham retired in 1985, but continued his research until 1993, when his wife, Ruby, had a debilitating stroke.

"He was a very competent investigator," said Dr. George Penick, who started his career with Graham. "He wrote extensively, he loved to write. He did very good work. He helped discover one of the clotting factors."

His family, friends, colleagues and students will miss him.

-Reprinted from the *News & Observer* of Raleigh.

## Dr. Eben Alexander, Jr.

Eben Alexander, Jr., MD died at his home on Thursday, November 4, 2004. He was born in Knoxville, TN. September 13, 1913 to Elizabeth MacMath and Eben Alexander, MD.

He was a graduate of the McCallie School and earned the Bachelor of Arts degree at the university of North Carolina at

Chapel Hill in 1935, where he was a member of Phi Beta Kappa. As a student at Harvard University Medical School, he was elected to Alpha Omega Alpha. He graduated cum laude with the degree of Doctor of Medicine in 1939. His neurosurgery training at Peter Bent Brigham and Children's Hospital in Boston (1939-1942) was interrupted by World War II and his joining the U.S. Air Force. Most of his military service was in the Pacific Theater. He was discharged in 1946 as a Major, and returned to Boston to complete his training.

In 1949, he joined the full-time faculty of the Bowman Gray School of Medicine (now Wake Forest University School of Medicine) where he served as Chief of Neurosurgeon from 1949 until 1983 when he was named Professor Emeritus of Neurosurgery. He served the Wake Forest University Medical Center in many capacities, including Chief of Professional Services for 20 years, Chairman of the Ethics Committee, the Faculty Executive Committee, as well as a member of the medical Center Board.

He contributed extensively to the medical literature, and served for six years as a member of the NC Board of Medical Examiners and president in 1988. He held leadership posts in a number of neurosurgical societies.

As a physician and community servant, he extended his care as an advocate for the disabled, establishing the North Carolina Paraplegic Society. He dedicated his life to the benefit of his family, his church, his patients, his community and profession.

To those of us who know Dr. Alexander, worked with him and loved him, he was an iconic figure of unparalleled majesty. We will miss him.

## Dr. Frederick C. Robbins

Dr. Frederick C. Robbins, who won a 1954 Nobel Prize for his polio research, died August 4 of heart failure. He was 86.

Robbins died at University Hospitals of Cleveland, said George Stamatis, a spokesman for the hospital's affiliated medical school where Robbins was formerly dean.

Robbins was a pediatrics professor at the medical school and chief of pediatrics at what is now MetroHealth Medical Center when he was named a Nobel Laureate.

His prize-winning research occurred at a Boston Children's Hospital laboratory before he moved to Cleveland in 1952. Robbins, along with virologists John Enders and Thomas Weller, won the prize for finding a way to cultivate the polio virus in a tissue culture. The breakthrough preceded development of the Salk and Sabin polio vaccines and the virtual eradication of the crippling disease in North America.

Their technique also was used to produce vaccines against measles, mumps and other viral diseases.

In the early 1980s, when he was president of the National Academy of Sciences' Institute of Medicine in Washington, D.C., Robbins conducted a Reye's syndrome polio study which prompted doctors to stop prescribing aspirin for children with viral infections.

## Editors Notebook Continued.

on, and torture, the Shah's enemies and the friends of Mossadegh.

The third reason for the turning of love to deep hatred is our uneven handed dealings with the Arabs and Israelis. We have clearly favored one, and denied the other. In families where children are not treated equally and justly neurosis flourishes.

### To the Editor of the News & Observer:

Kevin Sullivan's evocative but heartwarming piece in Q Section, August 8, N&O, "Life Lesson in the Toilet" requires some reflection: True that America has problems. But I am sure the writer is also aware of what is right with America. And I am sure in his loving and gentle way, he will teach them to his four children. His children need to know that In spite of all the chaos and political confusion, America is one of the most decent and generous nations on earth. America remains a shining and lasting beacon for the the freedom seekers and liberty lovers of the world. In America, Kevin can trust the security of our society to leave his three young children behind, unattended at a public restaurant, and take his five year old to the bathroom. He can do this without fear that his children might be kid-napped, molested, stolen or held for ransom. America remains one of the few countries in the world where ordinary citizens can write pieces in ordinary newspapers and have the freedom of questioning the system without fear of reprisal. I understand Kevin's concern for the future of his four children. But I submit America is a place where our children can learn to grow up to be independent thinkers, true leaders and not demagogues. America is a place where meritocracy--what do you know and can you do--hard work, and not aristocracy--whom do you know--are rewarded. America is a place where a space is given at the table to all the citizens, regardless of their religion, ethnicity, geography and country of origin. America is a place where the rule of law, and not the edicts or whims of a Shah, an Ayatollah or a dictator/president for life, is supreme. America is such a generous nation that after W W II, its Marshall plan revived its former enemies, Germany and Japan. No nation on earth has such reverential devotion to the rights of the individual as does America.

The framers of the US Constitution and our founding fathers have given us a sound republic. Surely it is a vulnerable system. But it can absorb the blows of adversity and it can purge itself. Watergate was a good example of such purging. Again, I invite all the critics of our beloved country, while pointing to the problems and noticing the darkness, to light a few candles and make a contribution to the much needed luminosity.

### Reprinted from PSYCHIATRIC NEWS

Crises have causes. The crisis of hatred of America and Americans is caused by our fifty years of neglect and arrogance. America has sent ambassadors and representatives to the countries of the Middle East who do not speak the language of the host countries. Nor have they shown respect for the autochthonous norms and cultures. And America has treated Arabs and Israelis differently. In a family where children are not treated equally, dysfunctionality arises. We are at war in Iraq because of these sins of commission and omission.

I submit that psychiatry is in crisis. Having psychologists, many of whom failed admission to medical schools at some point of their lives, write prescription is not an economic issue. It is a travesty and a breach of trust, and I suggest that we, the nation's psychiatrists, are responsible for the breach. Let me explain: As psychiatrists, since the days of Benjamin Rush, and later Pinel and Dorothea Dix, we have been given every chance to repair the deteriorating conditions of patients' access to needed care. There was a glimpse of hope in the early sixties with leadership coming from the late President Kennedy--and not from the ranks of psychiatrists--in the form of community psychiatry. We failed to do the right things. And we failed to make care and access available to citizens. Now that the system is finding an alternative way, as unethical, unacceptable and outrageous as it may be, is really society's validation that psychiatry as a profession has failed. Two states have passed laws allowing non-MDs to write prescriptions. If the domino theory has its way, the other 48 states will follow. It is a matter of time!



# HAPPY HOLIDAYS

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