Hello again!

October is nearing its end and that means one thing: THE UMC HALLOWEEN PARTY!!

Pull out your best costumes, put on your face paint, and prepare yourself for a night of fun. There will be a costume competition for best single, pair, and group with prizes for the winners. Here are the details:

Where: Hal and Mals
When: 8:30pm-12:30am
Band: Culture Sol

More importantly, at this year’s party you have an opportunity to help a child. The ASB has adopted a “Make a Wish” kid. Michael Moore is a 13-year-old with end-stage renal disease, and he needs our help to make his wish come true. Please read the article on page 4 about his story for more information.

Lastly, the ASB will kick off the month of November on the 1st with a Comedy Club featuring the comedian Steve Hofstetter. Tickets will be available to students. Dinner will be served at 6:00pm and the show will start at 6:30pm. Watch for an email with more information about the event.

Amanda L. Harrell, M4
Associated Student Body Vice President

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I hope you enjoy this October issue. Thank you to all the who submitted articles as well as photos. Congrats to Jahnavi Chatterjee for winning the fall image cover photo contest. Jahnavi will receive a $25 gift card! Also congrats to My-lihn Ngo for submitting my favorite previous halloween costume. I adore giraffes. The official costume contest at the upcoming Halloween party will have a panel of unbiased judges.

Hello again!

October is Breast Cancer Awareness month. Med student Ashley McPhie (pictured on right) recently participated in the Making Strides Against Breast Cancer 5K Walk/Run in Jackson on October 16. She exceeded her goal of $300 and raised $365 for breast cancer awareness. Ashley, you are inspiring!

You can donate or learn more about breast cancer awareness at www.cancer.org.

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Michael Moore, who prefers to be called Big Mike, knows some unusual abbreviations for a thirteen-year-old. Instead of OMG and LOL, he uses shorthand such as HD, PD, ESRD, and ICU: hemodialysis, peritoneal dialysis, end stage renal disease, and intensive care unit. All these words became part of his everyday life in May of this year when Michael’s Mom took him to the doctor for what they thought was a spider bite on his chin.

The doctor drew some routine blood work as part of that visit and told Michael’s Mom his office would only call if something was wrong. She received a call a few days later when Michael’s lab results showed a high creatinine. Michael’s mother knew exactly what this number meant since she started dialysis only a year before. The doctor quickly took him to the ICU at the Blair E. Atson Children’s Hospital where he spent 4 days in the ICU and started hemodialysis.

Michael was eventually set up for PD, which he can do at home at night while he sleeps so he can have more time in the day to be a kid. Through a tube inserted in his belly, fluid is pumped into and out of his abdomen to filter waste products from his blood. As of now, doctors do not know what caused Michael’s kidneys to fail. He will have to have a kidney transplant, but doctors are holding off putting him on the transplant list because they do not know if he has an illness that will make his kidneys fail again.

Make-A-Wish has selected Big Mike to have his wish granted, and he knows exactly what he wants: a Nintendo Wii, a 32” flat screen television, and a laptop computer with a high-definition screen. This list might seem simple, but Michael has good reasons for wanting these items. Every night, when he first starts dialysis, he sits in his room with his mom and they play video games together. Currently, the TV he does not have sound because it was dropped as it was being moved from the den to his room. As for the computer, Michael wants to catch up on all the computer lessons he has missed during his hospitalizations.

It will take around $3,275 to grant Michael’s wish. Together, Dr. Clark, Dr. Woodward, and Dr. Jackson-Williams have graciously donated $500 on behalf of the student and academic affairs offices, so let’s thank them for helping Mike.

With over 2,000 students on our campus, only $1.50 per student would complete Big Mike’s shopping spree! There will be collection baskets at the library, in the student gym, and in an administrative office of any of the different schools on campus. You can also donate at the Halloween party on October 29th.
It is Halloween time again, which means children are dressing up in costumes and consuming large amounts of candy. Halloween should be a fun holiday for children, but it is important that we remember to make it a safe holiday as well. Medications are formulated into bright, colorful tablets that resemble candy when outside of the medicine bottle. For example, Sudafed® decongestant tablets, which have a stimulant effect and increase heart rate, look very similar to Red Hots®. Many children have a difficult time distinguishing candy from medication. Halloween, being such a candy oriented holiday, gives health care professionals the perfect opportunity to educate children on these differences. Pharmacy students plan to visit local elementary schools to speak with students about Halloween candy safety, as well as medication safety.

5. Never tell children that medication “tastes like candy” to get them to take their medication.

The following are some medication safety tips that were shared with the children:

1. Never take medicine from a stranger. You should only take medicine that is given to you by your parents.
2. Only take medicine that is prescribed for you by a doctor.
3. Never take medicine without your parents’ permission.
4. If a medication makes you feel funny, tell your parents.
5. Several medicines and candy look alike. If you don’t know what something is, do not put it in your mouth.

Some tips to help trick-or-treaters have a safer Halloween holiday include:

1. Be sure to trick-or-treat with a responsible adult.
2. Trick-or-treat at houses of family members and friends. This way you know the candy you are receiving is safe.
3. Allow parents to look over and inspect candy before enjoying it.
4. Make sure candy is fully wrapped. Don’t eat candy that is partially opened or has holes in the wrapper.
5. Inspect the candy itself. Make sure there is nothing odd about the candy, such as holes in the candy, discoloration, or an odd odor.

Do you think a child could mimic adults. Be aware of this because children tend to be curious and mimic adults. Be aware of this because children tend to be curious and to decrease children’s confusion between medicine and candy, discoloration, or an odd odor.

The following are some tips that can decrease children’s confusion between medicine and candy:

1. Do not refer to medicine as candy because this gives children the idea that medicine is not dangerous.
2. Do not take medicine in front of children. Be aware of this because children tend to mimic adults.
3. Store medications out of reach from children.
4. Be sure to keep medication in child-resistant bottles or packaging.
5. Never tell children that medication “tastes like candy” to get them to take their medication.

Potential Uses: Pain relief, anti-inflammatory, regulation of mental disorders, fever, and heart conditions. There is limited data to support its use, and there is a very narrow range between effectiveness and toxicity.

Side effects: Extremely deadly! One gram of plant material can cause death. The most toxic part of the plant is the root, followed by the flower, then leaves and stem. This plant produces death by causing abnormal heart rhythms, disrupting brain signaling, and causing cell destruction within the heart, brain, and liver. Its effects may be due to calcium imbalances within cells.

Bottom Line: Extremely toxic and better left out of your witch’s brew!
Family Medicine

The Family Medicine Interest Group, with the help of the Family Medicine Department, held the 9th annual Family Medicine Residency Fair on September 15th, 2010. The fair was a wonderful success! Thirteen schools showcased their residency programs for our students, and thirteen different agencies were in attendance for our residents to discuss employment opportunities after completion of their program. There were over 100 students in attendance enjoying great food, receiving door prizes, and using this central location to learn more about opportunities available in Family Medicine.

A special thanks to our sponsors and donors for the great door prizes! If you would like to learn more about FMIG or how to get involved please email fmig@umc.edu for more information. Also, look for upcoming events on our FMIG Facebook page. We look forward to hearing from you soon!

Residency Fair

The Mississippi Academy of Family Physicians was on hand to provide information on making Tar Wars presentations more interactive, and to provide information on the upcoming fall meeting. The Residency Fair would not have been possible without the help of Mrs. Diane Summerlin and Mrs. Chastity Carney! We would also like to thank all of the FMIG officers, especially Katie O’Neal (M2) and Elizabeth McKee (M2), for all their hard work! A special thanks to our sponsors and

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Ten Months Post Earthquake, Haiti Still Needs Our Help

Ten months ago, Haiti was hit with a 7.0 magnitude earthquake that devastated the already underdeveloped nation. Today, 1.3 million survivors are still living in tents. With the collapse of many government buildings including the presidential palace and the ministry of health in Port-Au-Prince, the political infrastructure is unstable, to say the least. In addition, only 15% of the internationally pledged $8.75 billion aid package has actually materialized with $1.5 billion being held up in Congress.

Because of the lack of urgency from the international community, much of the burden is being shouldered on the ground from individual NGOs working together to meet the needs of the moment and plan for the needs of the future. Hurricane season from individual NGOs working together to meet the needs of the moment and plan for the needs of the future. Hurricane season 2008 from four named storms -- Fay, Gustav, Hanna and Ike. This has largely directed the way relief efforts have been focused. Haitians have already faced a heavy storm earlier this year that damaged approximately 8,000 tents, displacing many already displaced people.

How can we help? There are many, well-managed NGOs that rely on private and governmental funding to continue their work, one being Partners in Health (PIH). PIH, a Boston based organization, began its work in Haiti in 1983. PIH’s more than 25 years of experience have given them a wealth of insight into the culture and historical settings that have shaped Haiti. Since the earthquake, PIH teams have been working on immediate relief efforts and have put together a comprehensive plan to build back better. Among their plans are the establishment of a teaching hospital – its ground-breaking was held in July -- and the addition of about 2,000 community health workers to help reach a larger Haitian community. Check out their efforts and donate at standwithhaiti.org.

Think you might want to volunteer? All Hands, a disaster relief organization, plans to be present with relief efforts through June 2011 and accepts all volunteers willing to move rubble from collapsed homes and provide manual labor for ongoing projects in Leogane, the epicenter of the earthquake. You can stay for as little or as long as you like; there is no time requirement! Check out Hands.org for more info.

P.S. Even Prince Charles is headed to Haiti with his engineers to rebuild part of the capital! -- Mimi Abadie, M2

American Heart Association Metro Jackson Start! Heart Walk

The 2010 Metro Jackson Start! Heart Walk took place on Sunday October 10th at the Mississippi State Capitol Building in downtown Jackson. Unofficially, the American Heart Association raised $79,883 from the event. It is likely that more donations will come trickling in as the company to raise the most money; we collected over $56,000. We had over 900 participants on teams from various UMMC organizations, departments, and schools. The majority of volunteers who assisted with Heart Walk logistics were UMMC students and employees. I want to thank everyone at UMMC for helping make the 2010 Metro Jackson Start! Heart Walk a success!

Look for information on participating next fall in this annual event. Visit http://metrojacksonheartwalk.kintera.org for more information.

Did you know that cardiovascular disease is the No. 1 killer of all Americans? In fact, someone dies from CVD every 38 seconds! Heart disease also kills more women than all forms of cancer combined. And congenital cardiovascular defects are the most common cause of infant death from birth defects. From http://metrojacksonheartwalk.kintera.org
SEC Roundup

Ole Miss

After disappointing Rebel fans with a 44-48 loss in double overtime versus little-known Jacksonville State, the outlook for Houston Nutt's squad appears to be improving. Following solid wins against Troy State and Kentucky, the Rebels have established a strong running offense with Junior RB Brandon Bolden averaging 10.6 yards and Senior QB Jeremiah Masoli averaging 52.4 yards per game, but the Rebels defense remains suspect.

If the Rebels' want to see the post-season, their secondary must improve on shutting down opponents' second-half scoring. However, with Alabama, Arkansas, Auburn, and LSU ahead, the outlook is bleak.

Mississippi State

Dan Mullen's Bulldogs have made great strides this season, knocking off SEC-rival Georgia 24-12 and narrowly losing to undefeated Auburn 17-14. Mullen is managing his two-quarterback system effectively, with QBs Chris Reelf and Tyler Russell splitting time under center and putting up impressive numbers. Nutt's squad appears to be improving on all fronts, with a strong running game and solid defense. Nick Saban's Crimson Tide had a lopsided victory against a top-ten Florida only to be beaten 35-21 by South Carolina the following Saturday. The loss against South Carolina has called into question the team that held a string-less held on the SEC for a few weeks ago. Can Nick Saban return to the National Championship with a one-loss team? Will the Crimson Tide win the SEC West, or will they experience a second defeat against a strong LSU and Auburn Teams?

No. 22 Florida

In the first season following Tim Tebow's departure, the Gators continue to win games, yet Urban Meyer's squad appears disorganized without the leadership of their former QB, evident in their embarrassing 33-6 loss to Alabama in Tuscaloosa. While their heartbreakingly leading 33-29 loss to LSU dropped the Gators in the national polls, the Nov. 13 showdown against South Carolina at the Swamp will likely decide who wins the SEC East and plays for the conference Championship.

No. 9 LSU

The LSU Tigers are off to a deceptive 6-0 start this season following a series of fortunate events. Days before opening the season against then No. 18 North Carolina, a delay of the Tar-Heels' top players were suspended from play due to allegations of academic miscon-duct, and LSU narrowly won against UNC's second-string players. Luck intervened a second time in the Tigers' victory against Tennessee when the Volunteers' quarterback was penalized for too many players on the field following a botched play by LSU that would have given Tennessee the win. Lady Luck returned in the Tigers' victory over Florida with the ball taking a perfect bounce on the game-deciding fake field goal attempt. With games against Alabama and Arkansas ahead, an undefeated season seems improbable but not impossible.

Around the SEC

The No. 12 Arkansas Razorbacks had a strong showing against Alabama; the hype surrounding QB Ryan Mallett appears to be true, though three interceptions against Alabama were largely responsible for the Razorbacks' only loss. No. 7 Auburn is off to a 6-0 start, but victories against MSU, Clemson, and Kentucky were all decided by a 3-point margin. Steve Spurrier has finally returned to glory, as his No. 10 South Carolina Gamecocks defeated a No. 1 team for the first time in school history, and the Gamecocks appear poised to win the SEC East behind the stellar play of QB Stephen Garcia. As expected, Tennessee has had a difficult season under former Tech coach Derek Dooley. Georgia has been the SEC's biggest disappointment with consecutive losses to South Carolina, Arkansas, Mississippi State, and Colorado after beginning the season ranked No. 23. Kentucky and Vanderbilt again round out the bottom of the SEC, though Vanderbilt has already claimed an SEC victory against Ole Miss, which is one more victory than last season.

Canoeing In Style with the Outdoor Medicine Group

Bryan Jones, Ole Miss Law Student

settings, although I must admit I cringed when he explained the necessity to get consent from ad hoc patients. (A man's got to eat here Doc.)” Herein we learned a valuable lesson on how to assess victims in an emergency.

Back on the river, the good times kept rolling. Splashes abounded, conversation was jovial, and spirits were high. This positive energy eventually took physical form in the birth of "The Floatilla.”

A coordinated mass of canoes, bound by feet, legs, paddles, and love, the Floatilla was much more than a group of tipsy med students (artistic license) who decided to turn an armada of canoes into a mega craft. Rather, it was a merger of souls. Nay, it was a beautiful and healing vision.

Later, a few of us tried our luck at fishing; however, we quickly learned that Black Creek had no fish. What it did have though was rope swings, a fair enough trade in anybody's play-book.

The undisputed Queen of the rope swing was a girl we'll call "Mary." Shimmering up a tree, more squirrel than M3, Mary grasped the swing, swung out, and launched into that great beyond known as "holy crap this water is only five feet deep!"

Luckily, no one broke a leg on the rope swing, but had they, we were prepared. On the trip, we staged several outdoor emergency scenarios in order to practice skills ranging from splint preparation to fire starting. On one of these scenarios, lightning struck, sending two campers to the ground. A group of med students rushed to help. As a mock victim, I remember it vividly.

Face down in the mud, unconscious and not breathing, I heard a voice cry, "Oh my god is he dead?!? My lovely mock wife screamed as the rescuers examined me.

"Ok, now perform CPR!" a rescuer cried. "...really?" A dedicated female rescuer replied. After a pause, I felt a face hovering inches from mine.

First, my rescuer blew on me. This only elicited a laugh from my lifeless body. After more blowing, a little spit, and a laugh or two more, my rescuer went in for the real thing. Lips touched lips...heaving compressions rocked my chest...and then suddenly...

My eyes popped open. I was alive! Thank you OMG.

That night, like a gang of roving aquatic gypsys, we pitched our tents on a sandbar. Following hobo meals and hogsheads cooked over an open flame, we talked of the world and then settled in for the night.

The next morning, as we paddled to our pick-up point, we cherished the last few miles of cool water, blue skies and vibrant green vegetation. Nature's silence—windblown leaves, singing birds, and swirling eddies—was only broken by water calmly slapping against the hulls of our crafts.

By now, my artistic prose has no doubt dampened the paper you are reading. Don't be alarmed; this is merely refreshing droplets of Black Creek soaking through the article. Calmly press this cool paper to your face and mark down on your calendar: "Sept ember 2011, OMG Canoe Trip: The Floatilla sails again." Special thanks to Dr. Blount, and everyone who made this year's canoe trip a blast!
October is my favorite month of the year—possibly because it is my birthday month, but it has lots of other things going for it as well: Halloween, football, fall weather, pumpkins.... And all the fun foods you can make with pumpkins. I’ve picked 2 of my favorite pumpkin dishes (pumpkin bread and a double layer pumpkin cheesecake) and my favorite hot soup (curried cream of corn soup) in case you need something to warm you up as the cool fall weather rolls in.

PUMPKIN BREAD

**INGREDIENTS:**
- 1 2/3 cups flour
- 1 1/2 cups sugar
- 3/4 tsp salt
- 1 tsp baking soda
- 1/2 tsp ground cloves
- 1/2 tsp ground nutmeg
- 1/2 tsp ground cinnamon
- 1/4 tsp baking powder
- 2 eggs
- 1/2 cup vegetable oil
- 1 1/4 cups mashed cooked pumpkin
- 1/2 cup water

**INSTRUCTIONS:**
In a large mixing bowl, combine flour, sugar, salt, baking soda, cloves, nutmeg, cinnamon, and baking powder. Next add eggs, oil, pumpkin, and water. Mix well. Pour mixture into a greased loaf-pan and cook at 350 degrees for 1 hour. Makes 2 loaves.

DOUBLE LAYER PUMPKIN CHEESECAKE

**INGREDIENTS:**
- 2 (8 oz) packages cream cheese
- 3/4 cup sugar
- 1/2 tsp vanilla extract
- 2 eggs
- 1/2 cup pumpkin puree
- 1/2 tsp ground cinnamon
- 1 pinch ground cloves
- 1 pinch ground nutmeg
- 1 graham cracker crust
- 1/2 cup whipped topping

**INSTRUCTIONS:**
In a large mixing bowl, combine cream cheese, sugar, and vanilla. Blend in 1 egg at a time. Remove 1 cup of batter and spread into bottom of pie crust and set it aside. Add pumpkin, cinnamon, cloves, and nutmeg to the remaining batter and mix well. Carefully add pumpkin batter into pie crust as another layer. Bake at 325 degrees for 40 minutes and then refrigerate overnight. Serve with whipped topping if desired.

CURRIED CREAM OF CORN SOUP

**INGREDIENTS:**
- 3 cups corn
- 1/2 cup chopped onion
- 2 Tbsp butter
- 1 tsp curry powder
- 1 1/2 Tbsp flour
- 3/4 tsp salt
- 1/2 tsp ground pepper
- 2 (13 oz) cans chicken broth
- 1/4 cup heavy cream

**INSTRUCTIONS:**
In a large saucepan, sauté onion in butter for 3 minutes. Stir in curry powder, flour, salt, and pepper. Over medium heat, stir constantly for 1 minute. Add chicken broth and bring to a boil and stir frequently. Add corn, lower heat and cover. Let simmer for 10 minutes. Now use a food processor to puree (part at a time). Return puree to the saucepan and bring to a boil. Finally stir in cream and season to taste with more curry powder, salt, and/or pepper.
A gob, you say? Some may know these as whoopie pies, the 2nd cousin or so of the moonpie. No matter what you call them, they are downright delicious. Traditionally chocolate, you can make them any flavor, and for October, I say PUMPKIN!

As for HOW to get your pumpkin, the easiest is just to get the already canned stuff. However, for the adventurous at heart, get a little sugar syrup on you…it burns! Getting solid, quickly assemble your gobs. Just be careful to not get the hot syrup on you…it burns!

Sprinkle the gelatin over the ½ cup cold water and set aside. Meanwhile, put the rest of the water, sugar, corn syrup and salt into a saucepan. Heat up the sugar on medium high heat. NO STIRRING ALLOWED. NOT ONCE, NOT NEVER. Let everything cook and bubble until the temp is a bit over 244 degrees, the “hard ball stage”. Just google it. Then pour the syrup slowly into your gelatin while mixing at a low speed. Then add the vanilla and KEEP MIXING. You will mix for what seems like forever, 6-10 minutes, or until the cookie is cool.

Let everything cool. This is the time to decide on your filling. You can use anything you like…buttercream, cream cheese frosting, good ol’ icing in a can. Slasser some icing on top of a cookie and make a gob – a cookie sandwich. What I did was make a marshmallow fluff (and you can certainly buy fluff too). If you want a real challenge, here’s the recipe:

- 1 envelope unflavored gelatin (2 ½ tsp)
- ¼ cup cold water
- ¼ cup water
- ½ tsp salt
- ½ tsp vanilla

What I did was make a marshmallow fluff (and you can certainly buy fluff too). What I did was make a marshmallow fluff (and you can certainly buy fluff too). What I did was make a marshmallow fluff (and you can certainly buy fluff too).

**What you’ll need for the gobs:**
- 3 cups flour
- 1 tbsp baking powder
- 1 tsp baking soda
- 2 tbsp cinnamon
- 1 tsp ginger
- 1 tsp clove
- 1 tsp nutmeg
- ½ tsp salt
- 1 stick butter
- 2 cups brown sugar
- 2 eggs
- 1 tsp vanilla
- 1 15 ounce can pumpkin

Go ahead and get all your dry ingredients together (first eight) in one bowl. Then start mixing your butter and sugar and add your eggs one at a time. Make sure everything is nice and fluffy. Blend in the pumpkin and vanilla. Add the dry ingredients a little at a time. Your batter should be nice and thick now. To bake, put your oven at 350 degrees. To make your gob, portion out a couple of tablespoons of batter about an inch apart on 2 cookie sheets. If you have an ice cream scoop, that would work. What I do is cut the corner out of a Ziploc bag and put my batter in it and squeeze it out into swirly circles. It’s a little messy, but gives you the best control. Bake for 12-15 minutes, or until the cookie springs back to fingertip touch. Will make about 16 gobs (32 cookies).

Now for the filling! You can use whatever you like…buttercream, cream cheese frosting, good ol’ icing in a can. Slasser some icing on top of a cookie and make a gob – a cookie sandwich. What I did was make a marshmallow fluff (and you can certainly buy fluff too). If you want a real challenge, here’s the recipe:

- 1 envelope unflavored gelatin (2 ½ tsp)
- ¼ cup cold water
- ¼ cup water
- ½ tsp salt
- ½ tsp vanilla

Sprinkle the gelatin over the ½ cup cold water and set aside. Meanwhile, put the rest of the water, sugar, corn syrup and salt into a saucepan. Heat up the sugar on medium high heat. NO STIRRING ALLOWED. NOT ONCE, NOT NEVER. Let everything cook and bubble until the temp is a bit over 244 degrees, the “hard ball stage”. Just google it. Then pour the syrup slowly into your gelatin while mixing at a low speed. Then add the vanilla and KEEP MIXING. You will mix for what seems like forever, 6-10 minutes. Once the fluff seems like it’s getting solid, quickly assemble your gobs. Just be careful to not get the hot sugar syrup on you…it burns!


Fall photography by Jeanann Suggs, M4, PhD candidate
On October 12th, we held our third M3/M4 book club meeting of the year to eat fried catfish and discuss Robert Klitzman’s When Doctors Become Patients. Dr. Maxie Gordon, UMC psychiatrist/internist, led the discussion, with additional input from Drs. Sharon Douglas and Helen Turner and a dozen M3s and M4s. In the book, Dr. Klitzman, a psychiatrist, chronicles the journeys of 50 medical professionals, mostly doctors, who had contracted serious illness. Several have since died from AIDS, cancer, and the like, but their testimonies, regarding difficulties and distresses faced by patients and how they could be better attended to, live on.

The book begins with a quote from a middle-aged oncologist with chest metastases which illustrates the extreme faith placed in the medical profession by patients and many physicians themselves: “We doctors wear magic white coats. We destroy disease all the time. How could it ever attack us?” As medical students, we quickly recognize how even our short white coats have the effect of making patients hang on our every word, and it is often difficult for us—mostly healthy, robust, young people—to empathize with those whose bodies may be breaking down or turning against them. We certainly don’t imagine that we will ever be in such a state.

Because of this, when doctors become ill, denial can be a huge obstacle to overcome. The problem is made worse when there is collusion between the sick doctor and his physician: Dr. Turner spoke of a few physician friends who weren’t diagnosed until their cancers had metastasized because their doctors were reluctant to dictate to a fellow physician and instead deferred to the sick doctor. Dr. Gordon reflected on a form of denial shared by all types of patients, namely, minimizing symptoms in the hope that, by doing so, they won’t be serious. In addition to denial, the doctors in the book faced estrangement from fellow doctors, who treated them as though they were dead; questions about self-disclosure and the problems with insurance and potential employers that could ensue; and major identity crises as they reluctantly entered the sick role.

The most valuable advice comes at the end, when Dr. Klitzman asks the physicians how they would treat patients differently with their new knowledge of what they go through. Two broad, overlapping areas for improvement are better communication and increased attention to the needs of the patient. A common complaint from patients is that doctors don’t have time to listen to them or to explain their illness. Time is limited, but simple things, such as sitting down to talk with the patient or writing the note in the patient’s room, can maximize what’s available. Taking the time to ensure the patient’s understanding of what is wrong, what is next in work-up or treatment, and what particular test results mean, was considered especially important. As Dr. Douglas suggested, think of what you or a loved one would need to know. These doctors also learned to pay more attention to “minor” symptoms and side effects of therapies that can “devastate your regular, day-to-day life,” and also to timely reporting of test results, since “a person waiting is a person suffering.”

If you are interested in joining the book club, please contact either Katie Maxwell or me. Our next selection will be Better: A Surgeon’s Notes on Performance, by Atul Gawande.

Jacob Graham, M4 jgraham@umc.edu
Now I can... stage a comeback

A TV talk show host suffers a stroke and is suddenly at a loss for words. Doctors diagnose aphasia, a disorder that can leave victims struggling to speak, read or write.

The scenario sounds like a scripted cliffhanger, but it was actually drama in real life for Raymond Wong, former co-host for WABC's “Good Morning Mississippi.”

After working with the aphasia experts at Methodist Rehabilitation Center, Raymond learned ways to cope with his communication problems. Now the Greenville businessman is back in the spotlight and inspiring other stroke survivors to persevere.

“I want to help other people who are trying to get back and let them know they can make a difference,” says the host of “Delta Dialogue.” “I say don't just dream about it, do it!”