



MILWAUKEE ACADEMY OF MEDICINE



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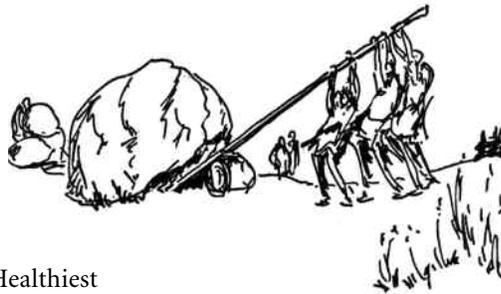
President's Comments

by Seth Foldy, M.D., M.P.H.
President 2009

Archimedes said "Give me a lever long enough and a place to stand and I will move the world." In the past year of working on Wisconsin's health improvement plan (Healthiest Wisconsin 2020) I have been contemplating which levers might be long enough to move Wisconsin's health to a higher level.

Overall, Wisconsin is a pretty healthy place, but over the years the state has been slipping in comparison with other states. In 1999 Wisconsin ranked fourth healthiest in the United Healthcare Foundation comparisons, but by 2008 we had dropped to 17th place. We rank very close to last place for many health issues, such as the disparity between white and black infant survival, and binge and heavy alcohol consumption.

So which levers can we use to advance Wisconsin's health most rapidly? As a young physician I used to think that medical care was the answer. Now I view high quality care as a critical need for individuals and society, for both our physical and moral/ethical health, but only a small part of the solution to creating a healthier state. Wisconsin resembles the US at large, which spends almost twice as much on medical care than any other nation, but whose life expectancy ranked 27th (just above Cuba's) in the same year.



Improvements in medical care were estimated to have added only five of the 30 year improvement in longevity over the past century. Today it takes over \$25,000 in medical spending to add one year of life for a newborn (and about \$150,000 for a person aged 65). In contrast, the introduction of sanitary engineering alone is calculated to have halved overall urban mortality – at the cost of \$500 per life year added (in today's dollars). In short, on its own, medical care is a pretty short lever—it takes a lot of force (\$\$) to move health outcomes very far.

That being said, it is certainly possible to get a lot more public health leverage out of our current spending on healthcare than we do today. In a 2003 study only 55% of American adults received all items from a list of recommended preventive and chronic disease care from their clinicians. For this to change, we'll need health care reform that establishes meaningful incentives for preventive care, that moves us toward electronic health information and quality management, and

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2009 MEETING DATES

September 15

Stephen Latham, JD, Ph.D., Deputy Director, Interdisciplinary Center for Bioethics, Yale University
Topic: Medical Futility

October 20

Distinguished Achievement Award
James Thomson, V.M.D., Ph.D.

Professor, Department of Anatomy, University of Wisconsin School of Medicine and Public Health, Jim Kress Endowed Chair, University of Wisconsin - Madison
Director of Regenerative Biology, Morgridge Institute for Research
Topic: Stem Cell Research: Implications for the Future of Medicine

November 17

Richard Weinshilboum, M.D.,
Professor of Cancer Genomics Research and Chair, Division of Clinical Pharmacology,
Professor of Molecular Pharmacology & Experimental Therapeutics and Medicine, Mayo Clinic
Topic: Pharmacogenomics

All meetings are held at the University Club at the times listed below, unless otherwise indicated on the program announcement. Members will receive specific information on the speaker and topic prior to each event. Cocktails at 6 p.m., Dinner at 6:30 p.m., Program at 7:30 p.m.

Contact the Milwaukee Academy of Medicine office for reservations:
amy@milwaukeeacademyofmedicine.org or 414/456-8249

As a reminder, please make your dinner reservations no later than 10 a.m. on the meeting date, if possible.

There is a charge for dinners reserved unless canceled by 10 a.m. on the meeting date.

Reservations can be made by phone or email.



From the Academy's Rare Book Collection: Thomas Willis

Review by H.D. Kerr, M.D.

Thomas Willis (1621-1675)

Thomas Willis gained lasting fame for his research in neuroanatomy and establishing linkages between many neurologic and psychiatric problems and the brain.

He was born on his parents' farm at Great Bedwyn, Wiltshire, England and went to Oxford to study theology in 1638. He soon found it too rigid and switched to medicine. As a servitor student Willis earned tuition money by working in a kitchen preparing herbal remedies for the wife of the college's canon, a midwife and healer. He graduated in 1642 and attained his medical degree in 1646. He lived much of his life in very turbulent times. The Civil War (1642-1649) disrupted his studies and, being a staunch Royalist, he spent two years in a Royalist regiment. He managed to continue his education and subsequent medical practice even after the execution of Charles I. When the Roundheads seized Oxford many Royalists lost their academic positions. Willis, however, made many friends. He married Mary Fell, daughter of the dean of Christ Church. For a short time William Harvey (1578-1657), Warden of Merton College, was his neighbor on Merton Street. One of his earliest friends was Gilbert Sheldon (1598-1677) who was his patient and patron and on restoration of Charles II became Archbishop of Canterbury.

His interest in detailed study of confusing problems prompted his clear and detailed report of "the Oxford epidemic" (camp fever) which beset the Royalist army in 1642 (1). His was the first description of typhus. The Civil War interrupted and shortened his medical training and made it quite unconventional. Many believe that brevity and disorganization spared him from the

The Academy library contains three works of Thomas Willis:

Dr Willis's Practice of Physick,
Being the Whole Works of That
Renowned and Famous Physician.
London, Printed for T. Dring,
C. Harper, and J. Leigh, 1684.
Translated by Samuel Pordage.

Pharmaceutice Rationalis, Sive,
Diatriba De Medicamentorum
Operationibus in Humano Corpore.
Authore Tho. Willis. Oxoniae:
E Theatro Sheldoniano, 1674.

Thomae Willis... Opera Omnia,
Nitidius Quam Unquam Hactenus
Edita, Plurimum Emendata, Indice
Rerum Copiosissimo, Ac Distinctione
Characterum Exornata. Studio,
& Opera Gerardi Blasii..Venetiis:
Sumptibus Ruinetti & Storti, 1708.

stereotypic and grueling training of the time (usually 14 years) and freed him to engage his intellect in the many problems and questions posed by medicine of the day. As he tells us, his methods of learning involved deep study of practical problems leading to generalizations if warranted.

"After I had not found in Books what might a mind desirous of Truth, I resolved with myself to reach into living and breathing examples; and therefore, sitting oftentimes by the Sick, I was wont to search out their cases, to weigh all the symptoms, and to put them, with exact Diaries of the Diseases, into writing; then diligently to meditate on these; and then began to adapt general Notions from particular events." (2)

Major in his history of the stomach tube describes an inventive physician (3). Willis's patient was starving due to his inability to pass food or water from his esophagus to his stomach. He

adapted a curved whalebone by fixing a "button of a sponge to the end of it". The patient then filled his esophagus with food and drink, and the instrument was then used as a sound to open the obstructed area and permit the contents to drain into the stomach. His patient learned the procedure and continued to use this tool daily for sixteen years.

In his early years of practice, Willis labored in various areas in order to pay his bills, one being work at local town markets as a uroscopist (or "piss prophet"). Urine of bedridden ill persons was brought to market by family members then examined, disease surmised, and appropriate prescription sent home with them. Willis continued urine observations at home and noted that flies were drawn to some samples but not others. These

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sweet tasting samples led to his description of diabetes mellitus.

His practice thrived especially following the widely told reviving of Anne Green. Sentenced to be hanged for infanticide of her 5 month old fetus, she was pronounced dead after hanging half an hour and brought to the residence of William Petty to be dissected by Willis and Petty. When her coffin was opened croaking respirations were heard. Quick action with considerable and varied stimulation revived her. She returned to normal after about one month of convalescence. Authorities pronounced her innocent due to the intervention of Divine Providence. She went on to marry and bear three more children (4).

Willis belonged to the Experimental Philosophical Club of Oxford (or "the Invisible College") first organized in the early 1640s with the purpose of fostering "experiments"(5). Of varied backgrounds the members were interested in the properties of air and flame, life, gunpowder, mechanics, astronomy, and the seat of the soul. They met weekly and shared ideas, assisted and referred to one another. Notable members were the physician, inventor and pioneer statistician William Petty (1623-1687), the chemist Robert Boyle (1627-1691), the experimentalist Robert Hooke (1635-1763), the astronomer and mathematician Seth Ward (1617-1689), the philosopher and physician John Locke (1632-1704), and Christopher Wren (1632-1723). Oxford was a thriving intellectual community despite the brutal Civil War and the dreary periods of Commonwealth and Protectorate that followed. Not all were Royalists. William Petty became surgeon-general of Cromwell's army in Ireland.

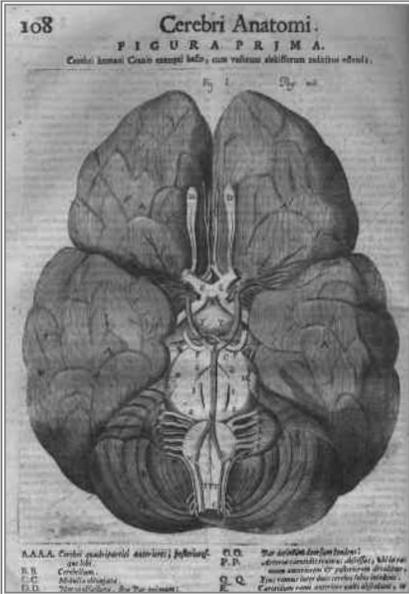
The "Invisible College" led Willis naturally toward more research, writing scholarly books, and the Oxford faculty where he was appointed Sedlian Professor of Natural Philosophy. His practice always linked his inquiring mind to research and discussions with colleagues and students. He published seven books and was a popular teacher. The lecture notes made by Robert Boyle and John Locke survived and are important sources of the methods and details of medical teaching of the day.

His most famous work was Cerebri Anatomie where the anatomy of the brain was described, named and illustrated. It far surpassed previous texts and atlases in clarity and accuracy. Included was a detailed description of the Circle of Willis and a discussion of its utility (6). Willis had noted the "circle" at the base of the brain during his post-mortem of a man who died of cancer and demonstrated its functions by injecting ink into the vessels and tracing the course of the ink (4). He readily acknowledged the contributions of his co-

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V E N E T I I S; M D C C V I I I
 Sumpibus Ruinetti, & Storti.
CUM SUPERIORUM FACULTATE.



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From the Academy's Rare Book Collection

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workers. Richard Lower (1631-1691) was a master anatomist and dissector as well as being Willis' student. Later he accomplished the first successful blood transfusion through silver tubing from one dog to another (4). Christopher Wren, first an astronomer and later an architect (St Paul's Cathedral in London), made the illustrations with those of the Circle of Willis being especially clear and striking.

Willis followed his patients closely and did many detailed post mortem examinations at their deaths. He investigated many people with neurologic and psychiatric problems and literally invented "neurology" as a specific subject area. His observations and correlations advanced little by little knowledge of the brain's role in a myriad of disorders formerly not associated with anatomic abnormalities. He promoted the utility of comparative neuroanatomy and was the first to describe myasthenia gravis.

Most of his life was spent in Oxford except for his final nine years in London. He was one of the founders of the Royal Society of London and one of the few physicians buried at Westminster Abbey. He died on St Martin's Day and his admiring grandson began the now centuries old custom of his annual remembrance at a rural English church with speeches and firings of cannonades (7).

The Experimental Philosophical Club of Oxford and the Royal Society were antecedents of our own Academy where the opportunity was given to loosen the tongue, reflect, debate, and discuss the ideas and problems of the day. Equally important was the opportunity to seek assistance or advice regarding research or clinical ideas however unusual. Willis and his colleagues met in small groups where often much more



was accomplished, socially and technically, than could be in a large lecture hall, workplace, or more official settings.

In one of his sermons, "The Jerusalem Sinner Saved or Good News for the Vilest of Men", John Bunyan (1628-1688) made a blunt challenge to physicians of that time (8):

"Let them fetch one to life that was dead, let them recover one to his wits that was mad, let them make one that was blind to see, or let them give ripe wits to a fool."

Willis eagerly followed just such a challenge. He used his wits and his talents to grapple with tasks thought impossible, and he accomplished much. ∞

References

1. Aronson SM. Thomas Willis and the Oxford Epidemic. *Medicine & Health, Rhode Island*. 2007;90(7):203.
2. Symonds C, Feindel W. Birthplace of Thomas Willis. *BMJ* 1969;3:648-649.
3. Major RH. History of the stomach tube. *Ann Hist Med* 1934;6:500-509.
4. Molnar Z. Thomas Willis (1621-1675), the founder of clinical neuroscience. *Nature Reviews Neuroscience* 2004;5:329-335.
5. O'Connor JPB. Thomas Willis and the background to *Cerebri Anatomie* *J Roy Soc Med* 2003;96:139-143.
6. Kenney CA. A historical review of the illustrations of the Circle of Willis from antiquity to 1664. *J Biocommunication* 1998;25:26-31.
7. Feindel WH. "Fenny Poppers": A quaint celebration for Dr. Thomas Willis. *Can Med Assoc J* 1969;101:448-449.
8. Williams AN, Alton HM, Sunderland R. A case of pituitary adenoma: Thomas Willis revisited. *Eur J Paediatric Neuro* 2003;7:183-185.

Book Reviews

by Nick Owen, M.D.

Globalism

For anyone interested in expanding their view of the decline of quality of life and opportunity in our portion of the United States, the researches of Richard Longworth, a reporter of the old school, into the assets and liabilities of the midwest, published as *Caught in the Middle: America's Heartland in the Age of Globalism*, will fill out your own observations. From the now rusting factories and vanishing family farms of the twentieth century to the electronics, biomedical, and transportation and communications industries of today – how they got where they are and what might be done to enhance and geographically focus them in the midwest is clearly laid out.

Our local deficits in education and start-up funds which will hold us back are also spelled out. ∞

Better

In “Better”, Atul Gawande has given us guidance for improving healthcare delivery in a clearly written and eminently readable series of stories of people who are doing it better.

My reading suggested two problems: A) compliance – whether more carefully following established guidelines or being sure that the guidelines that we are following are the most up to date and B) the need for continually challenging the best established guidelines to be sure that there isn't something better.

An enjoyable read as well as a kick in the tail. ∞

The 1,265th Meeting January 20, 2009

Guest Speaker: Kim R. Pemble, MS
Executive Director
Wisconsin Health
Information Exchange

**Topic: How Wisconsin Health
Information Exchange Is Changing
Medical Practice in Milwaukee**

by Nick Owen, M.D.

On January 20, the day that Barack Obama was inaugurated as the 44th President of the United States, the Milwaukee Academy of Medicine held its 123rd Annual Meeting, the 1,265th meeting of the Academy, at the University Club.

Jerome Van Ruiswyk, M.D., the outgoing President, called the meeting to order by introducing the nominated officers, council members, and trustees for 2009. Officers: Seth Foldy, President, Matthew Lee, President Elect, Daryl Melzer, Treasurer, Kurt Pfeifer, Secretary. Council: Don Beaver, Alonzo Walker, Kavita Munday, Jerome Van Ruiswyk, Immediate Past President. Committees: Finance, Daryl Melzer; Fund Development, Carol Pohl; History, Rita Hanson, Ray Zastrow; Membership, Edwin Montgomery; Newsletter Editors, Nicholas Owen and H. David Kerr; Program, Helmut Ammon; Bioethics, Arthur Derse; Board of Trustees: Elaine Drobny, Erwin Huston, James Hartwig, Geoffrey Lamb, Ralph Schapira, George Walcott, Mary Wolverson, Walt J. Wojcik. This slate was duly elected by acclamation.

Matt Lee, the President-elect for 2010, took the podium to present the Humanitarian Award to St. Ben's Clinic, commending the staff and volunteers for their compassionate, ongoing care for this population. Bill Solberg, Michael Johnstone, M.D., and Carol Sejda represented the clinic group accepting the award; Bill Solberg briefly outlined their operation.

David Kerr, co-chair of the Academy's Newsletter, received the President's Award for service to the Academy. In accepting the award, Dr. Kerr emphasized the value of the Academy's book collection and what we can do to learn from these books. He also renewed the committee's request of the membership to submit items for publication.

Dr. Van Ruiswyk re-assumed the Chair to make his departing remarks and turned the meeting



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CME Reminder

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To receive a copy of your CME transcript for Academy programs, please contact the Medical College of Wisconsin's automated request phone line at: 414/456-4896.

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over to the new President, Dr. Seth Foldy, who thanked his predecessor for a job well done and then shared his plan for the 2009 year. He identified areas where the Academy adds value to its members and to its community and helps us to be better leaders as physicians. They include: 1) strengthening social networks across generations, medical specialties, and healthcare systems, 2) supporting life-long education, quality of healthcare, and the quality of medical life, 3) supporting medical professionalism, ethics, and the study of history, 4) engaging emerging health policy issues, 5) building respectful

bridges between medicine and the rest of the community, 6) recognizing achievement in our profession and in our community (the full text of Dr. Foldy's remarks can be obtained from the Academy office).

Dr. Foldy then introduced Kim R. Pemble, M.S., Executive Director, WI Health Information Exchange (WHIE), the evening's speaker who discussed the topic "How Wisconsin Health Information Exchange is changing Medical Practice in Milwaukee". The role of WHIE can be summarized briefly as bringing real-time patient information from dozens of hospitals, clinics, and pay-

ers to improve emergency patient care and public health surveillance in Milwaukee. The mechanism of WHIE operation includes: 1) the collection of existing demographic and diagnostic information from community emergency rooms, clinics, and third-party payers, 2) organization of the data collected and 3) making it available on "call" to each new provider of care at the time of delivery to enhance their interaction with that patient.

The range of information, its utilization, and potential drawbacks and enhancement promoted a lively presentation and discussion. ∞

The 1,266th Meeting February 17, 2009

Guest Speaker: Douglas B. Evans, M.D.

Donald C. Ausman Family Foundation Professor of Surgery and Chairman of the Department of Surgery, Medical College of Wisconsin

Topic: Surgical Management of Multiple Endocrine Neoplasia Syndromes (MEN)

by Elaine Drobny, M.D.

Milwaukee Academy of Medicine member Dr. Stuart Wilson introduced the speaker for the evening, Dr. Douglas Evans, who is the new chair of surgery at MCW. Dr. Evans just recently arrived here after spending the last 20 yrs of his career at MD Anderson in Houston, TX.

Dr. Evans presented a succinct, fascinating update on the current research into MEN syndromes, and included his own experience caring for 211 pts with MEN 2.

MEN 2 is now known to be linked to a single base substitution in the

RET oncogene. Those patients with medullary thyroid carcinoma (MTC) need testing and genetic counseling. The particular codon involved also predicts aggressiveness of the tumor.

Dr. Evans sat on the American Thyroid Association committee which has established guidelines for the diagnosis and treatment of MTC. They are to be published in the very near future. The guidelines are based on the type of RET mutation. For instance, before taking a patient with MTC to surgery, it is important to screen for MEN 2B so as not to miss an associated asymptomatic pheochromocytoma.

Interestingly, spontaneous mutations that lead to MEN 2B (associated with neuromas) have been reported, albeit rarely. Dr. Evans advocates early detection of MEN 2 in children by being cognizant of neuromas (they tend to get overlooked as they may be confused with other dermatologic lesions such as birth marks, etc) and infants exhibiting the inability to make tears.

In MEN 2A, pheochromocytomas can be asymptomatic. About half of patients with MEN 2A develop pheochromocytomas. They are benign, and also have a low recurrence rate. However, if they are associated with extra adrenal mani-

festations, like paragangliomas, as many as 2/3 can be malignant.

Based on our current knowledge of the genetics of MEN 1, it is theoretically possible to eliminate the gene using genetic counseling and IVF. There is a family who has actually offered funding for free IVF to affected families. No one in the last 2 years has yet taken them up on their offer...

Dr. Evans also described his long standing association with Dr. Martin Walz, a European colleague who developed retroperitoneoscopic adrenalectomy. He and his associates were able to travel to Dr. Walz's hospital, scrub in, and learn the procedure directly from the master. This is simply the ancient, apprentice method of study which has served the profession for generations. Unfortunately, in the US today, due to politics, liability issues, and hospital administration, he found it almost impossible to invite Dr. Walz here to help them perfect the technique. He admonished all of us to try to advocate the return to this type of training.

We in the Academy, and those of us in the Milwaukee endocrine community, look forward to working with Dr. Evans. We wish him a warm welcome. ∞

The 1,267th Meeting March 17, 2009

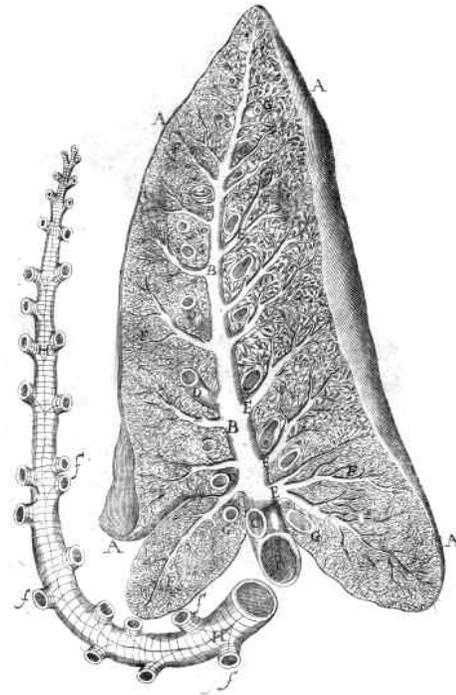
Guest Speaker:
Krishnan Unni, M.D.
Pathologist, Elmbrook Hospital

**Topic: The History of
Surgical Pathology**

by Vladimir Osipov, M.D.

It was a really pleasant night in Milwaukee, considering the fact that it was almost 60°F with light wind coming from the land towards the lake. Not too bad for middle of March. I was really looking forward to coming to University Club that night. My Mentor from

Mayo Clinic, Dr. Krishnan Unni was about to give a lecture on the history of surgical pathology. I knew that he would enjoy that night as well since the history of pathology is one of the areas of his expertise. I learned a lot from him about bone tumors during my fellowship days at the Mayo Clinic. Another thing I learned was a kind of attitude the surgical pathologist should have in order to have a successful career. It was good to hear one more time the famous phrase coined by one of the prominent surgical pathologists of the past. "Seldom wrong, never in doubt". I am convinced that attitude is everything in any specialty. This phrase, admired by Dr. Unni, upholds a great attitude and helped me to become the pathologist I am today. ∞



The 1,268th Meeting April 21, 2009

**Guest Speaker: Major General C.
Bruce Green, M.D., M.P.H.**
Deputy Surgeon General,
United States Air Force

**Topic: Military Trauma
Management and International
Engagement Today**

by Matthew Lee, M.D.

The 1,268th meeting of the Milwaukee Academy of Medicine was held at the University Club on Tuesday April 21st, 2009. It was presided over by President-Elect Matthew Lee in President Seth Foldy's absence. This was our yearly meeting held jointly with the Annual Meeting of the Wisconsin *beta* Chapter of AOA. The meeting began promptly at 7:45pm with a welcome to all guests and awardees. The names of 5 new members were read and voted into membership

into the Academy: Douglas Evans MD, Dobie Giles MD, Sam Hwang MD, N. Reddy MD, and Kaup Shetty MD. The names of Tod Poremski MD and Anita Thakur MD were read to be voted on at our next meeting.

The topic and speaker were announced for the 1,269th meeting. Dr. G. Richard Olds, Professor and Chairman of the Department of Medicine at the Medical College of Wisconsin, will discuss the topic "The Changing Face of Rabies: Beware of Cats and Bats."

The meeting was then turned over to Jim Sebastian MD and Ed Duthie MD, co-counselors of the AOA chapter. They introduced the co-presidents of AOA Class of 2009, Deana Choi and Deepa Pawar. They inducted two faculty into AOA, Beth Krippendorf, Ph.D. and Theodore MacKinney, M.D. Three residents were inducted into AOA by vote of the Chapter to honor their embodiment of the principles of AOA. They were Jason Gonzaga, M.D., Joshua Morrison, M.D. and Mark Sytsma, M.D..

Drs. Sebastian and Duthie then introduced alphabetically the 34 senior AOA inductees, each with their undergraduate schools and degrees and a brief personal anecdote. Lesley Mack, Executive Director of AOA assisted with the awards. The presentations finished by introducing the 8 new junior members of the AOA Class of 2010.

Dr. Duthie then introduced the speaker for the Event, Major General C. Bruce Green, MD, MPH, Deputy Surgeon General, U.S. Air Force. Dr. Green is an alumnus of MCW, Class of 1978. He was honored as the Chapter's alumni inductee into AOA.

Dr. Green's remarks were centered on current management of battle-field trauma. He mainly focused on the changing strategy from delivering care at the forward areas of combat to rapid removal from the combat theater. He talked about lessons learned over his career that led him to his current position of leadership. His message to the students was "do the job that is in front of you, you never know when you will value those experiences." ∞



President's Comments

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that assures everyone has access to necessary services. Without these, the public won't receive the best value for their health care investment—as individuals or as populations.

One might argue that there is little opportunity to replicate the big public health advances of the 20th century now that infectious diseases have given way to chronic illnesses of the heart, brain, lung and kidneys as the leading causes of death. Clearly the challenge is different. But let's take a closer look. To a cardiologist, the leading cause of death in the US is heart disease. But a substantial portion of cardiovascular mortality is caused by tobacco, which also contributes to stroke, cancer, lung disease, infant mortality, deaths from fires, and so on. Viewed this way, the tobacco-attributable risk for death from all these conditions makes tobacco, not heart disease, the leading cause of death. Attacking one underlying problem, smoking, impacts many different causes of death, disability and injury. Similarly, dietary excess and exercise deficiency themselves lead to obesity, heart disease, spine and joint problems, and helped raise diabetes incidence 25% over the past 20 years.

Viewed as individual decisions, addressed by individual interventions in the doctor's office, tobacco use, diet and exercise often seem like difficult and frustrating problems to solve. That's when it's time to look upstream. Fortunately, the initiation of smoking behavior by teens (when most people become addicted) is highly dependent on the price of cigarettes. Thus manipulating price through public policy like Governor Doyle's proposal to tax tobacco to reduce youth smoking

(and to support healthcare for poor people) and to establish a norm for smoke-free indoor places to work and play are very long levers for health, impacting millions of people and dozens of diseases relatively easily.

The multiple contributors to overweight and obesity are also amenable through policy and population-based interventions. Recently-adopted practices of adding high-density fructose sweeteners or saturated fats to foods, offering astoundingly large portions, and driving to school and the corner store, temporally correspond to America's increasing girth. Regulation, taxation, health marketing to change social norms, and exercise-friendly community design and transportation systems are all levers to tackle an obesity epidemic that looks intractable from the exam room.

Another way to build a longer lever is to align the actions of many different sectors by using reinforcing approaches to accomplish a common end. An example has been our success with child immunization, with hospitals, physicians, school systems, public health departments, WIC and Healthy Start programs, vaccine manufacturers, insurance companies, mass media and others all contributing to ensuring high childhood vaccination levels.

The Healthiest Wisconsin 2020 planning process will be searching for the "longest levers" in each of 23 different facets of population health. While medicine will not always be the only solution, medical practice, and more importantly, medical leadership (supporting healthy policies, evidence-based programs, and collaborative efforts) will always be a critical part of the solution. ~

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