



MILWAUKEE ACADEMY OF MEDICINE



Volume XXI / May 2008

President's Comments

by Jerome Van Ruiswyk, M.D.
President 2008

Are Questions the Answer? Can Questions Fix Wobbly Three-Legged Stools?

In a recent article in *Healthcare Executive*, Maureen Bisognano, the COO of the Institute for Healthcare Improvement (IHI), an organization which is one of the nation's leading healthcare quality improvement catalysts, reported that leaders and boards of healthcare organizations felt that more than 90% of their performance problems were due to failed execution strategies rather than lack of will or ideas. In other words, the wobbly leg of their three-legged (s)tools for elevating the quality of care was failed or inadequate execution of planned improvements. Similarly, performance problems in the microcosms of physician practices and even care of individual patients are often due to failed or inadequate execution strategies.

At the practice level, we sometimes fail to develop and execute processes to support basic goals of healthcare like making sure all eligible patients are receiving recommended preventive care and that their chronic conditions are optimally controlled. In fact, focusing on execution of well-established evidence-based testing and interventions often has a greater public health impact than pursuit and rapid adoption of the latest innovation. For example, mathematical modeling by Woolf & Johnson [*Am Fam Med* 2005;3:545-52] shows that researchers would need to develop anti-atherosclerosis drugs three times as potent as today's statins to deliver the same benefits as getting all appropriate

patients to take statins properly. To have maximal impact on the health of our clinic populations we need to deploy methods like patient registries to improve control of chronic conditions and tools like electronic health records to ensure patient receipt of preventive care. In addition, any adopted methods and tools should support timely involvement and communication between healthcare team members and patients, and facilitate measurement, tracking and feedback of key clinical interventions and outcomes. This enabling infrastructure is necessary because shared responsibility between healthcare team members was identified by IHI research as a key prerequisite for enabling healthcare organizations to achieve important quality improvement goals.

At the individual patient level, we must also pay adequate attention to execution of each patient's treatments and care plans. Similar to the shared responsibility required for healthcare organizations or medical practices to achieve their quality improvement goals, successful attainment of individual patient's healthcare goals requires the active involvement of patients in goal setting, decision making, and execution of care plans. Particularly in outpatient settings, the patient executes the majority of the care plan. Therefore, many groups are developing patient education tools to foster patient involvement in their healthcare. For example, the Agency for Healthcare Research and Quality (AHRQ) recently launched an ad campaign called "Questions are the Answer" [www.ahrq.gov/questionsaretheanswer].

The "Questions are the Answer" campaign tells patients to "Ask questions. Understand your condition. Evaluate your

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2008 MEETING DATES

May 20

September 16

October 21

November 18



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 one month 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: Galen

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

480. Galen. Works. Latin. (OPERA.../ EX OCTAVA JUNTARUM EDITIONE.). GALENI LIBRORUM PRIMA CLASSIS NATURAM CORPORIS HUMANI...COMPLECTENS.. Venice: Juntae , 1609. Ed. By F. Paulinus.

Galen (129-c210 AD) was born in Pergamum, a beautiful and intellectual Hellenic city in Asia Minor near the Aegean Sea. His father, an accomplished architect, had helped to rebuild the Aesculapion shrine which, with its excellent medical care and top flight library, drew hoards of pilgrims and scholars. Many such centers had been built near mineral springs or in high places throughout Greece, but Pergamum's was the largest in the ancient world (1,2). The library in Pergamum contained more than 200,000 literary works; it preceded and was second only to Alexandria's library. A vision convinced his father that Galen would become a physician. With his father's encouragement he received the best education available in the ancient world. For the next twelve years, guided by noted teachers, he studied medicine and philosophy at Pergamum, Smyrna, Corinth, and Alexandria. Throughout his life he remained diligent and studious. At Alexandria he studied at the school of anatomy and became interested in comparative anatomy, eventually dissecting more than fifty species. He returned to Pergamum and for three years gained experience in human anatomy and surgery as physician to the gladiators of Pergamum. He wrote detailed treatises on wounds as well as muscle, tendon, and chest injuries. With war threatening in the region he left Pergamum and moved to Rome. There he quickly established a thriving practice and joined a cultural circle that included Severus, a former teacher of Marcus Aurelius. After several years he returned to his home city, but then was called back to Rome to become physician to the emperor Marcus Aurelius (121-180 AD) and later to emperors Commodus and Septimus Severus.

After Hippocrates he was the most influential physician of antiquity. He wrote more than half of all the material from ancient Western medicine that has sur-



vived to the present day. His fame was partly due to his voluminous production comprising 2.6 million words, more than 400 treatises, in twenty-two volumes. The quality and uniqueness of his writings was more important than their volume. They covered the length and breadth of medicine from surgery to psychiatry. Throughout his career he gave public lectures and wrote publications about his work and discoveries. His willingness in this regard was unusual in the ancient world. More than any other ancient writer Galen wrote about himself, his interests, problems, and ambitions.

He believed that the science of medicine was based on reason and experience. His theories of nature and the structure of natural causality owed much to Aristotle and the Stoics. "Nature does nothing in vain" was an echo of Aristotle. Regard for morals and ethical principles, scorn of worldly goods, and holding only truth in esteem were principles he had in common with the Stoic emperor, Marcus Aurelius. He never married and spent most of his time with his interests in medicine, science, and philosophy. He thought nothing of studying or working all night, in marked contrast to the usual short working day of educated people. Although physician to the rich and powerful he routinely cared for slaves and more ordinary folk. He answered correspondence from physicians as far away as Spain and at times prescribed by mail. He assembled a large collection of publications and scrolls that dated back five centuries, but about one third was lost in a fire at the Temple of Peace in Rome.

Much of his work was quite practical, but he sought overarching explanations to unite the detail he observed. He departed somewhat from Hippocrates' humoral theory in noting that structural change leads to functional change. Galen believed that life depended upon the interconnection of three body systems: brain and nerves for sensation and thought, heart and arteries for life energy, and liver and veins for nutrition and growth. Galen recognized that something from the air, "pneuma", was necessary for life and that metabolism was a combusive process, "a fire without a flame" (3).

He did much work with vivisection of animals but not with humans. Human vivisection was forbidden during Galen's lifetime but had been carried out in

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Alexandria in prior centuries by Herophilus (335-280 BC) and others. The state at that time had supported the use of vivisection of criminals for medical research and punishment. Renaissance criticism of Galen involved his having generalized anatomical findings in various animal species to humans without verification. Nevertheless, Galen carried out valuable and fundamental experiments in physiology and comparative anatomy. His work was thorough and detailed. He defined the role of peripheral nerves and their relation to the spinal cord. He demonstrated the effect of severing nerves and the spinal cord selectively starting with the cauda equina and moving progressively upward to C1. Transverse section resulted in paralysis and sensory losses below the level of the cut. His results included identifying levels where injury involved breathing (4).

In a similar manner he demonstrated that urine comes from the kidneys and is not created in the bladder. In clamping the ureters he observed bilateral swelling proximal to the clamps. The swollen ureters were then cut to demonstrate the presence of urine within. With the bladder drained and distal ureters empty no urine issued forth from the urethra. Galen pondered why structures were situated the way they were and within their particular surroundings. He observed that nature would not have given such a large blood supply to such small organs as the kidneys were it not for the purpose of removing excess volume. He deduced from the difference in size between the renal arteries and veins that fluid was removed from the arterial blood by the kidneys. He wondered why the ureters were arranged the way they were:

“If you strip the outer membrane from the ureter and lay it open to the bladder you will find it of like substance to the bladder...You will see the nature of the passage which runs obliquely, having a covering in the inside part comparable to the lid of a dove-cote...The ureter is inserted obliquely...in order that nothing will pass back from the bladder to the kidney” (5).

He proved that arteries carried blood, not air, normally and not just in a pathologic



state. He differentiated nerves, tendons, and ligaments as well as sensory from motor nerves. His dissections and evaluations were very detailed and included demonstrating the extent of the vagus nerve and its functions including the recurrent laryngeal nerve. He described the construction of the external auditory canal, inner structures, and the acoustic nerve noting that the hard canal

“...is bored with oblique coils like a labyrinth, being careful to weaken by the numerous deflections the direct force of cold air which could result from a straight passage, and to hold off the impact of all other hard bodies. Those larger than the passage would not harm the sense organ or touch it, those traveling quickly and violently in a straight line would first hit the coils...Those traveling softly would touch the covering softly and without violence” (6).

His fame and influence extended for 1500 years after his death and was well deserved. His works originally in Attic Greek were translated into Arabic and later into medieval Latin. His prescriptions, galenicals, were used for centuries. In the 16th century views of Galen (that he never sought) as an unimpeachable authority, diminished after Harvey and Vesalius, both admirers of his work, followed his examples and his admonitions to examine and prove the truth. The fact that his mistakes were

not corrected until the Renaissance or later is a sad commentary on those who followed him and ignored his example to test inconsistencies with experimentation. One of his translators noted that Galen insisted on “the endless pursuit of dissection, and the study of things seen and not of words spoken or written” (7). ∞

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1. Michael Grant. *A Guide to the Ancient World*. New York: Barnes & Noble Books, 1986, 484-486.
2. Viamonte M, Viamonte M. On the Aesculapion at Pergamum. *J Fla Med Assoc* 1987;74:345-348.
3. Petersen ES. Galen: The most maligned physician. *Proc Inst Med Chgo* 1981;34:12.
4. Visle GL. The spinal cord and its roots according to Galen. *Neurosurgery* 2004;54:1490-1496.
5. Eknoyan G. The origins of nephrology—Galen, founding father of experimental renal physiology. *Am J Nephrol* 1989;9:66-82.
6. Smith ES. Galen’s account of the cranial nerves and the autonomic nervous system. Part 2. *Clio Medica* 1971;6:173-194.
7. Rocca J. WLH Duckworth (1870-1956) and his translation of Galen’s anatomical procedures. *J of Med Biography* 2007;15:134-138.

The 1,257th Meeting

January 15, 2008

by Nick Owen, M.D.

The 122nd Annual Meeting of the Milwaukee Academy of Medicine which was also the 1,257th meeting was held at the University Club on January 15, 2008. The meeting was called to order by outgoing President Rita Hanson who introduced the slate of officers and council members for 2008 which was elected unanimously.

The next order of business was the presentation of the Humanitarian Award to Julie Parve, R.N., A.N.P. whose diverse activities were cited as “She epitomizes what is right about the medical community”.

The President’s Award was then presented to Rajiv Varma, M.D. for outstanding service to the Milwaukee Academy of Medicine

as well as to the Medical College and the community.

Each awardee gave an acceptance speech.

Dr. Hanson then turned the chair over to incoming President, Dr. Jerome Van Ruiswyk after briefly summarizing the accomplishments of her year in office. Dr. Van Ruiswyk praised her leadership, presented her an award and led the applause. He then gave an address which served as the theme for the coming year and also the introduction of the evening speaker, Lynne Kirk, M.D., M.A.C.P., Immediate Past President, American College of Physicians, Toni and Timothy Hartman Distinguished Teaching Professor in Medicine, Director, Office of Medical Education, University of Texas Southwestern who addressed the meeting on the topic, The Patient-Centered Medical Home.

The Patient Centered Medical Home is a joint project in progress of the American

College of Physicians in conjunction with a number of other organizations, mostly of primary care physicians, which seeks to improve patient care by providing a primary care physician (patient home) for every patient.

The expectation is that this will improve access, consolidate care and record-keeping, incorporate evidence-based care, emphasize preventive care, and thus potentially decrease health care costs.

Looking at this from a physician’s perspective, the project appears promising and meets many of the express criticisms of the current situation including many of those from the Institute of Medicine.

From the broader perspective of the economic criticism from both the community and academia, however, even if the patient centered medical home project does succeed in cutting costs, it would only eliminate a small piece of the pie. ∞

The 1,258th Meeting

February 19, 2008

by H. David Kerr, M.D.

The 1258th Meeting of the Milwaukee Academy of Medicine was held at the Milwaukee Public Museum for the purpose of viewing the highly publicized exhibit of “whole-body plastinated cadavers” called “Body Worlds”. After a dinner “outdoors” in The Streets of Old Milwaukee exhibit area, an excellent introduction was given by Paul Brodwin, Ph.D., Associate Professor of Medical Anthropology at the University of Wisconsin—Milwaukee and Adjunct Associate Professor of Bioethics at the Medical College of Wisconsin. He urged us to consider several questions that included Gunther von Hagens’ intentions in creating this exhibit, his choice of places in which to display it, what he wanted us to learn, and what museum goers are likely to see.

The exhibit consisted of numerous cadavers with skin removed but with eyes wide open, in various poses. Plastination,

developed and patented by von Hagens, a clinical anatomist at the University of Heidelberg, gives muscle a deep orange hue and creates a distinct contrast with other structures. The winged man with hat, the longitudinally expanded body, the wound

man, the rearing horse with rider each presented apocalyptic visions. Interspersed were smaller displays of pathologic interest such as a pelvis and hip bone preparation with a total hip prosthesis. They were excellent preparations for study by students of medicine. According to his writings and statements von Hagens wants to enable the public to participate in the “democratization of medical knowledge”, in “anatomy as experience”, and in contemplation of the body without mourning or disgust.

Risqué use of cadavers is not new. Renaissance anatomists and their artists depicted the dead with eyes open holding their skin aside to reveal their inner structures. Von Hagens’ career as an anatomical impresario resembles that of Frederik Ruysch (1638-1731) a Dutch anatomist who was especially noted for his innovative anatomical preparations. Two of his works are in the Academy library (1,2). In flamboyant style he conducted dissections of cadavers in public by candlelight with music and refreshments. In 1696 he displayed variously dissected cadavers, injected with a



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secret preparation, “which appear still to be alive but have been dead for about two years”. Several houses in Amsterdam were rented to contain them (3). He charged a fee. Among his many visitors was Peter, Tsar of Russia, who later bought the collection and transported it back to St. Petersburg. Along with original discoveries in human anatomy Ruysch created dioramas comprised of fetal skeletons peering out from amongst bushes and plants.

This commercial display was not particularly respectful of its cast, nor was a con-

vincing case made that it belongs outside the disciplined confines of a university anatomy department. “Body Worlds” has been highly successful financially and is evaluated in the entertainment industry along with Cirque de Soleil and IMAX. An article in the April 24 Journal Sentinel estimated that the financially strapped Public Museum will make more than \$2 million dollars from this exhibit. Should society permit exhibits of dead human beings modeling various anatomical systems for a curious public? Was this a celebration of

creation or a mockery? The evening was very well attended and thought provoking.

References:

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2. Ruysch, Frederik. Thesaurus Animalium Primus. Amstelodami, Apud Janssonio—Waesbergios, 1725.
3. Ole Daniel Enersen. Frederik Ruysch. <http://www.whonamedit.com/doctor.cfm/1142.html>. ∞

The 1,259th Meeting

March 18, 2008

by H. David Kerr, M.D.

The 1259th Meeting of the Milwaukee Academy of Medicine was held at the University Club on Tuesday March 18, 2008 and presided over by President Jerome Van Ruiswyk. He presented one new member for voting and noted that seven applications for membership had been received. The audience was urged to contact more candi-

dates for membership. Dr. Ralph Schapira introduced the evening’s speaker, Mark Nagurka, Ph.D, Associate Professor of Mechanical & Biomedical Engineering at Marquette University. His topic was “The Interface of Engineering and Clinical Medicine.” In a smooth and wide-ranging survey of the subject he presented fascinating and detailed examples of engineering problems and improvements in medicine. Many nuances of design were described and illustrated with clear examples. In micro-manipulations performed by robots, problems of tremor, drift, jerk, and overshoot

must be considered in the parameters of software design. Vibration cancellations must be built into the device and its controls. He explored practical details of nanotechnology design, testing, and usage. In a similar manner he linked the details of practical design with the overall goals in construction of rehabilitation devices, prosthetics, artificial organs, sensing technologies, robots, implants, and medical imaging equipment. Dr. Nagurka presented a fascinating talk and generated enthusiastic questions. Many commented on this very fine presentation appreciated by all. ∞

The 1,260th Meeting

April 22, 2008

by Nick Owen, M.D.

The 1,260th meeting of the Milwaukee Academy of Medicine was convened at the University Club by President Jerome Van Ruiswyk M.D. conjointly with the Annual Meeting of the Wisconsin Beta Chapter of AOA on Tuesday, April 22, 2008. After briefly summarizing the history and role of the Milwaukee Academy of Medicine for our guests, Jerry addressed the Academy’s business of the evening. The names of 7 proposed members were read and voted into membership in the Academy: Deborah Bletzinger M.D., Carlyle Chan M.D., John Meurer M.D., Linda Meurer M.D., Mary Beth Phelan M.D., Peter Plantes M.D., Dennis Sobczak M.D. The names of John Fish M.D., and Anthony Norelli M.D. were read anticipating their election at the next meeting.

The 1,261st meeting was announced; the speaker will be the incoming Dean and Vice President of the Medical College of Wisconsin, Jonathan Ravdin, M.D., and the meeting will start 45 minutes later than usual.

Jerry then turned the podium over to Jim Sebastian M.D. who in turn introduced his co-counselor of AOA, Ed Duthie M.D. and Lesley Mack, AOA Executive Director. Jim then introduced Jill M. Arganbright and Maria A. Delgado, Co-Presidents of AOA Class of 2008 who alternated introducing Jill M. Bader, M.D./Resident in Obstetrics/ Gynecology Program, Prem A. Kandiah, M.D./Resident in Internal Medicine/ Neurology Program and Julian H. Lombard, Ph.D./Professor of Physiology who were inducted into AOA, and finished by honoring Jim Sebastian for his services.

Jim and Ed then took over the podium introducing alphabetically the 25 senior AOA inductees, each with their undergraduate schools and degrees and a brief personal anecdote.

Jim finished by introducing the 8 junior members of the AOA Class of 2009 and then turned the podium over to Ed, who introduced Michael Keelan, M.D., Professor of Medicine, Division of Cardiovascular Medicine, Medical College of Wisconsin, the evening speaker. Mike is a long time faculty member and a long time member of AOA as well as being a faculty counselor to AOA and a much-honored teacher. He chose as his topic “Life Begins at 90”.

To summarize his presentation in brief, after showing data which demonstrated that Americans are living longer and that cardiac patients are living longer, Mike personalized the issue showing that his patients are also individually living longer than prior-like groups and made the analogy that as in playing tennis (a favorite pastime) one needs to deal with the abilities of one’s opponent / patient, not his or her chronological age. He encouraged the audience to do likewise with their patients. ∞

When Giants Walked the Halls of Academia

by J.M. Cerletty, M.D.

Where have all the giants of academia gone? Where are the William Oslers, the Harvey Cushings, the Fuller Albrights? They are still here!

There have always been living legends in medical education, and they will be there as long as students, interns and residents lust for their leadership and guidance in the pursuit of the art and science of medicine. Some of these giants are of international acclaim; others are known only in our own local areas. My hero is only five and a half feet tall, but he is truly a giant among clinicians and teachers.

Jack Klieger is an octogenarian physician who is still active at St. Joseph's Hospital in Milwaukee, where he practices and teaches Obstetrics. Dr. Klieger has won innumerable awards for his teaching skills. He has trained countless medical students and residents in the art of assisting mothers at the time of parturition. Age has not dimmed his intellectual skills in the least, but it has made him more tolerant of the foibles of his apprentices. His soft, kindly demeanor masks the inner tiger whose unending search for excellence made a rotation with him as a student in the past, a time of terror and an unwanted revelation of one's inadequacies. To survive "Black Jack" was the goal, but the reality was the attainment of the realization that excellence is possible in medicine. In another milieu, Jack Klieger might have been Vince Lombardi or George Patton.

I spent a month in my senior year of medical school on an obstetrics rotation at Dr. Klieger's hospital. My student partner during

that month was the redoubtable Walter Hogan. If you have been blessed in life, you had a medical school classmate like Hogan. He was (and still is) bright and enthusiastic, and endowed with a sense of humor that could wipe a frown off the face of an undertaker at a distance of fifty yards. Hogan is more than a person; he was then and remains a most unique experience. As you might imagine, we were a taciturn, strait-laced pair whose only experience with obstetrics had been as participants, with some help from our mothers. Solemn and staid were the usual adjectives applied to us.

On day one of my rotation, I was told to join Dr. Klieger in the delivery room. I scrubbed and scrubbed, hoping that the pregnant lady in stirrups would precipitate her baby through the birth canal before I could enter the room. I knew I would be subject to rapid fire questions about the position of the occiput, the blood supply of the labia, the indications for a pudendal block, and the significance of a transverse lie. I was the lamb about to be devoured by the voracious wolf of obstetrics. "If you haven't scrubbed off all of the bacteria yet, you at least have drowned them!" hissed Black Jack. "Get in here!" I accepted the towel from the nurse, and entered the delivery room with the confidence of a man about to have a circumcision without an anesthetic. I then attempted to put my surgical gown on backwards, which did not escape the attention of the man. After putting my fingers literally through my gloves, Klieger had had enough. "Get out of my delivery room" he intoned. I had lost round one, but this was a fifteen round match.

So went the month. Dr. Klieger drove me to read more about obstetrics than I ever cared to learn. Despite this, he had no difficulty in exposing more of my ignorance. He showed no favorites. If I bled, Hogan hemorrhaged. If Hogan was skewered, I was harpooned. It was our intellectual Spanish Inquisition, and we were on the rack, being stretched to reveal our every flaw. Interested spectators throughout this process were the delivery room nurses. They enjoyed our banter during our Klieger-less interludes, and I'm convinced that they reveled in our repeated lessons of humility. They could barely contain themselves when they came to tell us that Dr. Klieger wanted us in the delivery room.

On that eventful night, there was a surprising lull in the seemingly endless flow of deliveries in this obviously Catholic hospital. Walt and I were sent to the adjacent call rooms to rest and almost immediately entered a deep level of coma. I don't know whether we slept for minutes or for hours, but I will never forget the nurses' voices in that pitch-dark room, shouting in semi-panic that a woman was having a precipitous delivery and Dr. Klieger wanted us in the delivery room immediately. Years later, even after training and practicing as an endocrinologist, I cannot understand how such a volume of catecholamines could have been released that quickly. My heart rate catapulted to the 200s, every body sphincter tightened to near obliteration, and an overwhelming sense of impending doom flooded my consciousness. There was a universal contraction of my musculature, and I ordered my body to action. I could easily have propelled myself from the bed to the delivery room 500

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Movie Review

Reviewed by Matthew Lee, M.D.

Something The Lord Made (2004)

Emerson said "All history is biography". As we see the story of people's lives, we understand the history better. This is true of the significant achievement of the Blalock-Taussig shunt. Many know the details of the development of this life saving procedure for young children with Tetralogy of Fallot (blue-babies). The collaboration between Dr. Helen Taussig, a pediatrician, and Dr. Alfred Blalock in the mid-1940s is a wonderful story of serendipity and providence all on its own. However, when we peel back the historical layers and look at the complete story, another narrative emerges.

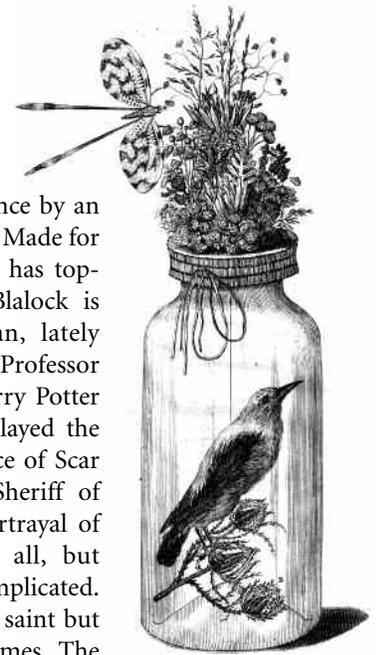
"Something the Lord Made" (HBO 2004) is the story of Vivien Thomas, an African American lab

assistant to Dr. Blalock. The film depicts the hardships that limited the opportunities for a black man in the South of the 1930's and 40's. From Nashville to Baltimore, Thomas follows Blalock as his star rises in the surgical world. We are given insight about the clash of Thomas' two worlds. In one world he has an almost collegial relationship with Blalock as they work hand in hand oblivious to race concerns. But in the other world, we see his wounds of racism received from Blalock and others. That Thomas holds this reality in a delicate balance shows the depth of his character.

Vivien Thomas is played by Mos Def (16 Blocks, The Italian Job). In convincing fashion he portrays Thomas from the beginning of his relationship with Blalock in the 30's until his retirement in the 70's. He was nominated for a Golden Globe

Award for Best Performance by an Actor in a Motion Picture Made for TV. The rest of the cast has top-name actors as well. Blalock is played by Alan Rickman, lately known for his role as Professor Severus Snape in the Harry Potter series. He has usually played the darker character (the voice of Scar in Lion King and the Sheriff of Nottingham), but his portrayal of Blalock is not dark at all, but instead appropriately complicated. He comes across not as a saint but more as a product of his times. The cast is rounded out by Kyra Sedgwick (The Closer) as Mary Blalock and Mary Stuart Masterson as Dr. Helen Taussig.

This is a beautifully done film that helps us to remember that there are many whose work to move medicine forward has been pushed to the background. Let us not forget. ∞



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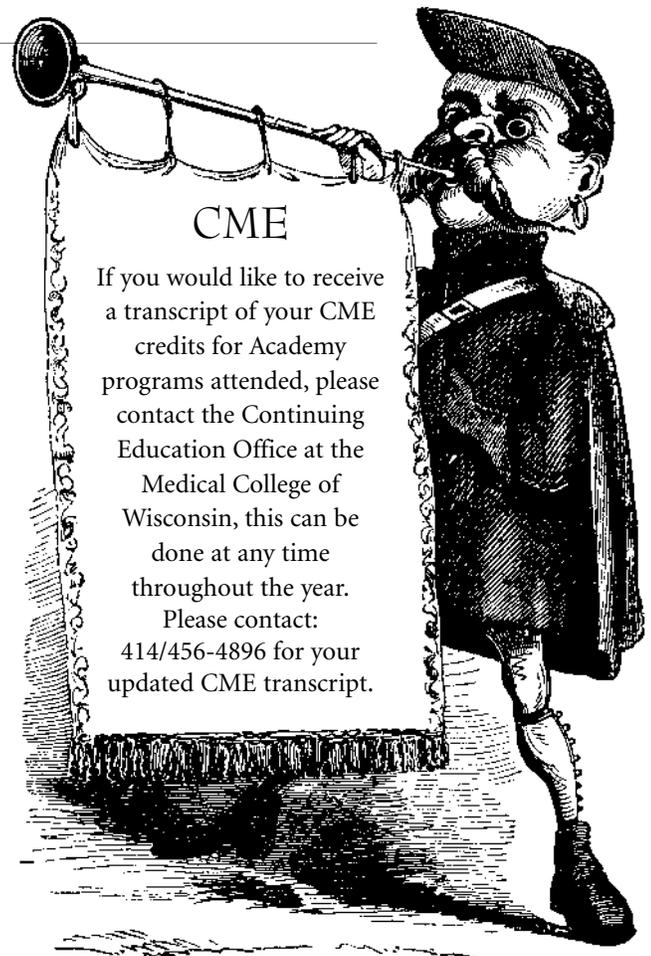
feet distant in one gigantic leap. But nothing happened! I couldn't move! I was paralyzed! Then reality stepped in. During our deep sleep, the nurses had taped us into our beds! Bands of adhesive tape girdled our foreheads, our chests, our arms and our legs to the beds. The interlude was probably only seconds in duration, but it seemed longer to Walt and me until we realized that we had been the dupes in the world's greatest prank.

After we were cut loose, life on this rotation seemed different. Dr. Klieger became a kinder, more gentle man, probably because his two minions had learned a good deal more about obstetrics. I'm sure several nurses still regale their colleagues and newer generations of students with this story. I've often wondered whether Black Jack put them up to this caper.

Several days after our taping adventure, I was in the delivery room, positioned at the mother's perineum, wait-

ing for Dr. Klieger to gown, when the baby got tired of the delay and almost leapt into my open arms. Mom was aware that I had delivered her beautiful child. The following day, on maternity rounds, she gushed that it must be very gratifying for a physician to bring a new life into the world. "Can you still remember the first child you delivered?" she asked. "Yes, I can," I replied, "It seems like only yesterday." Black Jack smiled. By the way, both Hogan and I received a grade of A in this course.

It has been three decades since I worked under Jack Klieger's tutelage. About a year ago, I sent him a note, thanking him for his inspiration and guidance. He replied that student education remains the highlight of his day, but assured me that he continues to be as intimidating, bellicose, argumentative and cantankerous as ever. He insisted that he had not mellowed one iota. ∞



CME

If you would like to receive a transcript of your CME credits for Academy programs attended, please contact the Continuing Education Office at the Medical College of Wisconsin, this can be done at any time throughout the year.

Please contact:
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President's Comments

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options." While the conversations prompted by these questions can stimulate patient involvement in developing their care plan, they are not sufficient to ensure successful execution of the care plan. To support patients' execution of these care plans we must go beyond simply developing shared goals and help them find internal motivations that will spur them to achieve those goals. Good outcomes require an informed and motivated patient. The successful football coach Lou Holtz's advice to his players also applies to our patient's pursuit of their goals: "Ability is what you're capable of doing. Motivation determines what you do. Attitude determines how well you do it." For our patients to achieve their maximal health outcomes, we

need to enhance their self-care abilities, motivate them to execute the care plan, and instill them with the attitude that their actions are major determinants of whether they achieve their goals.

So, do the questions suggested by the AHRQ's "Questions are the Answer" initiative really fix the wobbly execution leg of the three-legged quality improvement stool of will, ideas, and execution? While, their basic questions support shared decision making, the wobbly leg of executing care plans also requires us to investigate and support patient's motivations and attitudes toward improving their health. Therefore, patient shared-decision making questions are only part of the fix for wobbly three-legged stools. ∞



Excellence in Teaching Award

Each year the Academy sponsors the Excellence in Teaching Award. This award is presented annually by the Milwaukee Academy of Medicine to a community physician in private practice who distinguishes himself/herself through exemplary teaching and serves as a role model. The awardee is selected by the Medical College of Wisconsin graduating seniors. The recipient of the 2008 Excellence in teaching Award is Dr. Christopher Fox, a surgeon in private practice in Waukesha. He will be receiving his award at the MCW commencement dinner at the Italian Community Center.

Reminders:

Academy Office E-Mail

The current email address for Academy correspondence is: amy@milwaukeeacademyofmedicine.org. Please be sure to add this email address to your address book so all correspondence makes it through email screening filters.

Electronic Program Announcements in 2008

If you have not already done so, please submit your email address to the Academy office so that program announcements can be emailed to you. Your help is appreciated in this cost saving effort.

Newsletter Distribution

Printed copies of the newsletter will be mailed to you *unless* you contact the Academy office to request an electronic version, in which case the newsletter will be emailed to you. The newsletter comes out three times per year: January, May and September.



Email Reminder

If you have not already done so, please email your current email address to the Academy office, amy@milwaukeeacademyofmedicine.org

