

WillowBrook Prosthetics & Orthotics



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Blood Pressure

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products. Chemically modified hemoglobin has a short half-life, only 12 to 24 hours, which may be enough to keep someone alive while being transported to an emergency room. But once there, the patient would need regular red cells.

AuBuchon, who was the medical officer of blood services at the American Red Cross's national headquarters prior to coming to DHMC in 1990, says he has "the utmost respect for the Red Crossers we deal with." Yet something in the system isn't working as well as it used to, he believes.

"The long-term implication I can see is the decentralization of the blood supply," AuBuchon predicts. "That's not necessarily good. In my opinion—this was an opinion I had formed when I worked for the Red Cross, and I still believe it—donor recruitment works best when there is a single recruiting organization within one community. So donors don't get confused, they get a single message. Donors want to donate because they are helping patients. They don't want to

get caught in the cross-fire of two organizations that are competing for their allegiance. So we have been very careful about how we have begun recruiting by trying to make the message a very individualized one, and trying to focus on those people the Red Cross . . . is not fully utilizing as donors. As we go further down this pathway, we will see even more competition for donors."

What does AuBuchon see for the future? "The Holy Grail is for a pathogen-inactivated universal red-cell unit," he says. "Pathogen reduction is a couple of years away, and toxicity concerns are still significant." He doesn't expect to see artificial blood or hemoglobin solutions being widely used any time soon—they don't work long enough and the cost is huge, he says.

"For the time being, there's only one place to get oxygen-carrying capacity, and that's from the arm of a human donor," AuBuchon says—as he holds his right arm high and presses a gauze pad to the inside of his elbow against a spot where there was a needle just a few minutes before. ■

Worthy of Note

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ications, and the quality of an institution's child-life programs.

Peter Silberfarb, M.D., a professor of psychiatry and of medicine, was appointed a Distinguished Life Fellow by the American Psychiatric Association.

Constance Brinkerhoff, Ph.D., the Nathan Smith Professor of Medicine and of Bio-



chemistry and the associate dean for science education, was recently selected by her undergraduate alma mater as a recipient of the Smith College Medal. The medal is presented to Smith alumnae who "exemplify in their lives and work the true purpose of a liberal arts education."

Peter Williamson, M.D., a professor of medicine and the medical director of the DHMC Epilepsy Program, received the 2002 J. Kiffin Penry Award for Excellence in Epilepsy Care from the American Epilepsy Society.

Kathleen Allden, M.D., an assistant professor of psychiatry, received the Martin Luther King Jr. Social Justice Award from Dartmouth



College. The award honors members of the Dartmouth community who have contributed significantly to peace, civil rights, public health, or social justice. Allden serves as medical director of the International Survivors Center in Boston, which aids refugees, asylum-seekers, and victims of torture; she has developed mental health training programs for the International Rescue Committee; and she was the U.S. delegate to a United Nations international conference on refugee resettlement.

Candice Monson, Ph.D., an assistant professor of psychiatry, received a Clinical Research Career Development Award for her work in clinical trials of mental health treatments.

Lisa Adams, M.D., an instructor of community and family medicine, was awarded the 2002 Doctors of the World USA Volunteer Award for her service as a volunteer physician with the organization.

Steven Atkins, Psy.D., a clinical associate in psychiatry, was the recipient of a Parents' Choice Award for *Teaching Your Children*

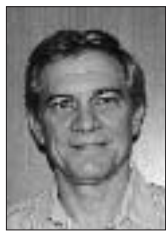
Good Manners, a book that he coauthored.

John Morse, Ed.D., a clinical associate and instructor of psychiatry, received the 2002 Thomas Carroll Award from the Northeast Chapter of the Association for the Education and Rehabilitation of the Blind and Visually Impaired.

Edward Bresnick, Ph.D., an adjunct professor of biochemistry, was the recipient of a 2003 Award in Excellence from the Pharmaceutical Research and Manufacturers of America (PhRMA) Foundation, presented at the Society of Toxicology annual meeting.

Rutilio Fratti, Ph.D., a research associate in biochemistry, received a Helen Hay Whitney Fellowship, one of 21 research fellowships awarded annually nationwide for post-doctoral training in the biomedical sciences.

Robert Drake, M.D., Ph.D., the Andrew Thomson Professor of Psychiatry, as well as a



professor of community and family medicine and the director of the New Hampshire-Dartmouth Psychiatric Research Center, recently received the Carl A. Taube Award from the American Public Health Association in recognition of his distinguished contributions to the field of mental health services research.

Elizabeth Bassett, a fourth-year medical student, was selected as the DMS 2002-03 Rolf C. Syvertsen Fellow, while five other fourth-year students—**Amy Madden**, **Katherine O'Donnell**, **Jennifer Plant**, **Blair Seidler**, and **Adrienne Williams**—were chosen as Syvertsen Scholars. The awards are made annually in honor of former DMS Dean Rolf C. Syvertsen and recognize both academic excellence and community service.

Ethan Kohn, a graduate student in pharmacology and toxicology, recently received a Scholar in Training Award to attend the national meeting of the American Association of Cancer Research.

Aleksandar Stojanovic, a graduate student in pharmacology and toxicology, has received a PhRMA Foundation Predoctoral Fellowship in Pharmacology and Toxicology.

Marie Bakitas, A.R.N.P., a nurse practitioner in palliative care, was recently honored with two awards—the national Certified Hospice and Palliative Nurse of the Year Award and the Clinical Nurse Research Award of the Department of Defense. ■

End-of-life care at Dartmouth-Hitchcock

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Dartmouth Medical School also offers several electives, such as “The Healer’s Art” and “Literature in Medicine,” that deal with death and dying and other aspects of the emotional side of medicine. And under the auspices of a Schweitzer Fellowship, Kristen Thornton, a DMS ’05, is organizing a hospice experience for medical students.

In addition, Fanciullo and the palliative-care team are continually educating students, residents, and other health-care providers through daily interactions as well as through formal presentations. Anesthesia residents do a rotation in palliative care and some internal medicine residents choose palliative care as an elective.

A variety of research initiatives are under way, too. Dartmouth’s Center for Psycho-oncology Research conducts studies and offers counseling to cancer patients. Critical-care specialist Thomas Prendergast, M.D., received a faculty scholars award in 1999 from the Project on Death in America to develop a curriculum on end-of-life care in an intensive care unit (ICU). His research on the withdrawal of life support in an ICU was recently published in the *Journal of the American Medical Association*.

And in February of 2003, internist Elliott Fisher, M.D., M.P.H., reported in the *Annals of Internal Medicine* that regions that provide more aggressive (and therefore expensive) end-of-life care do not achieve any better patient outcomes than do regions that spend less (see page 3 in this issue for more about this study).

On the clinical front, DHMC has an interdisciplinary palliative-care team that includes physicians and nurses who are board-certified in palliative medicine; a pain management specialist; a hospice/home-health liaison; a social worker/case manager; a psychiatrist; a psychologist; and a pastoral caregiver. Among services they provide are:

- Advanced, multidisciplinary treatment options for pain and symptom management, addressing patients’ spiritual, social, and emotional needs.
- A 24-hour on-call service for providers caring for patients facing end-of-life issues.
- An inpatient consultation service that can respond quickly to the needs of acutely ill patients, helping to alleviate pain and other uncontrolled symptoms and assisting patients and family members in making complex decisions.
- An outpatient palliative-care clinic.
- Hospice home care.
- Family education to help patients’ relatives cope emotionally and to assist them in the medical treatment of their loved ones.
- Bereavement services to help survivors deal with pain and loss. ■

Exhuming Bonaparte

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tesse de Montholon’s coquettish behavior, several members of the Longwood establishment believe she made herself available to the emperor. In fact, it is not improbable that he was the father of the two daughters she bore on St. Helena (they were named Napoleone and Joséphine). It is also probable that her husband knew and thoroughly approved of the service she performed; Napoleon’s death was clearly not a crime of passion.

Forshufvud argued that Napoleon’s death was most likely a political assassination—carried out with meticulous control, over a

long period of time, in full view of innocent physicians in order to allay suspicion. If it was politically inspired, the crime must have been planned in Paris, not London, for the Bourbon monarchy had much more to lose than the English government had the emperor escaped and been restored to power.

Most likely the story is not yet finished. No medical case and no criminal case can be considered closed for all time. Whether one accepts or rejects the hypothesis that Napoleon was poisoned, the record of his last illness remains a puzzle to challenge present-day imagination and ingenuity. ■