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Boston University
University Hospital Undergoing Changes

There are several changes taking place at the Hospital. I would like to take this opportunity to give you information about them.

Opening of New Evans Building - The New Evans Building opened October 18. The basement, 2nd, 3rd, 4th and 5th floors will be occupied first by various Evans Research Sections. The 1st floor and the patient floors, 7th and 8th, are scheduled for occupancy at a later date. I anticipate the patient units will move around the middle of November. A final moving date will be announced later.

Closing Robinson 4 - Earlier this month the surgical patients on Robby 4 were moved to the 2nd floor of the Extended Care Unit. This floor will be used for acute surgical patients on a permanent basis (45 beds). Robby 4 will be used for patient service functions such as histology lab, inhalation therapy, central supply, solutions room, etc., as soon as appropriate renovations can be made to house these activities.

Oncology remodelling Robby-Collamore 5 - The contract to remodel the R-C5 for a 30-bed Oncology Unit has been signed with Walsh Brothers. The floor was closed for remodelling as of Oct. 18th. The 5-bed Coronary Care Unit and Central Service Department will continue to function on this floor until the New Evans Unit is opened in November and the Robinson four area can be prepared for central supply. It is expected that the remodelling of the Oncology Unit will be completed in approximately six months.

Department of Clinical Cardiology - Several months ago the Trustees approved the formation of the new Department of Clinical Cardiology and appointed Dr. Thomas J. Ryan as the Chief of Service. The department will include the new 8-bed Coronary Care Unit on the 8th floor of the

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DR. MANOHARAN - TEACHER & ARTIST

A citizen of the world, Dr. Arthur Manoharan has been giving a new look to the teaching approach of the Department of Community Medicine at the Boston University Medical School. The 43-year-old native of India brings a global perspective to his medical views.

Dr. Manoharan says the Medical Center is in an ideal location to see first hand such everyday problems as drug addiction, lead poisoning, race relations, alcoholism, sanitation, to name but a few.

He directly relates these to worldwide health problems such as overpopulation, pollution, nutrition, health manpower and control of communicable diseases.

"My special field is supposed to be occupational medicine," said Dr. Manoharan, an accomplished artist, "but I am against dividing up the subject into many areas. I prefer to be a generalist. I'm able to be more effective this way.

"Problems in real life don't exist separately. One of the first things I try to teach is how the community exists and how its problems evolve. For this, I like to take the students outside the Medical Center.

"The Boston University Medical Center is ideally located for studying health problems in the inner city. We believe that a vast array of health problems cannot be solved by treating individuals.

"It is a pity that medical students, who study so much about individual organ systems and pathology, are taught very little about the social aspects of disease and the need for community-oriented programs."

Dr. Manoharan, whose wife also is a physician, received his formal training at Madras University in his native land. Later he received degrees from London University, the Royal College of Surgeons and Physicians in London and Columbia University.

His career has taken him to Singapore, Malaysia, Ceylon, Hawaii, Korea, Nepal and Afghanistan for such institutions as the World Health Organization and the International Labor Organization.

He was the leader of an inter-regional cholera team of WHO when he worked in Nepal and Afghanistan.

Dr. Manoharan speaks with experience when he says, "All health problems have to be tackled on an international level to be effective." He has been at the Medical Center since 1970.

He is very interested in art and painting and has acquired some renown in his field on several continents. Yet he has been painting for only five years in what he describes as the "post-impressionist" style.

"I like Vincent Van Gogh very much," he said, "and I paint in the Western style but all my colors are Oriental."

He has a studio in an abandoned brewery in Boston and already has done several portraits on commission though he prefers to paint for personal enjoyment.

After staging a successful one-man show an art critic in Hawaii said of his work, "With vigorous use of color and paint substance, Manoharan manages a penetrating description of his subjects, at the same time revealing the expressive forces that make up the painter. His attack on the paintings' surfaces, often ferocious and chromatically virulent, belies his calm and jovial exterior."
United Fund

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In these troubled times your United Fund and its member agencies assume an immensely important role in the day-to-day life of the community. During the past year more than 1.3 million people have received direct services from one or more of the MBUF agencies.

This year the united fund’s goal is $15,200,000. Your help is needed, so give generously—once and for all.
Dr. Ephraim Friedman, the youngest dean of a major medical school in the nation, last week told alumni of the BU School of Medicine a major change in curriculum is being considered. He also said that medical schools must begin looking more to the private sector for funding instead of the government.

The 41-year-old dean reported that Boston University is investigating a "major change" in its curriculum. "I feel that the move to shorten medical education is a laudable one," he said. "One of the unfortunate results of today's overly long medical education is the narrowness of the perspective of many physicians. As they become more proficient in their specialties, it would appear that they tend to become less qualified to cope with the complexities of the world in which they practice their profession.

"Medical education should be significantly broadened and liberalized by integrating the pre-medical and medical phases. BU is in an unusual position to respond to this challenge because of its ten years of experience with the six-year program. The six-year program and the proposed changes are based on the premise that a broad liberal arts background is essential for professionals in the health field."

"Today's students--especially the outstanding ones--are entering college with more high school preparation in the humanities, sciences and social sciences. As a result, the premedical science courses can be streamlined and redundancies and irrelevancies can be minimized.

The dean announced that four separate task forces are studying shortening the medical curriculum via integration with the pre-medical courses of study. He stressed, however, that whatever changes are accepted, "we cannot afford to compromise our clinical training."

"The proposed program represents a significant change in medical education and may have repercussions which will affect other professional schools."

As for crucial funding Dr. Friedman said alternate sources must be sought.

"Unless we cultivate alternate sources of funding, particularly from the private sector, I am concerned that the federal dangling of new monies will cause us to be engaged in activities for which we are ill-prepared and will find us making long-term commitments in piecemeal, rather than reasoned fashion."
* Dr. Alan S. Cohen, head of the Arthritis and Connective Tissue Section, University Hospital, delivered an address on "Research and Clinical Aspects of Amyloid Disease" at the Hospital of the University of Pennsylvania Medical School recently. On October 8 and 9 Dr. Cohen was Visiting Professor pro tem at Walter Reed Army Hospital.

* Dr. Herbert Schilder, assistant dean, Continuing Education, SGD, delivered an essay at the American Dental Association meeting in Atlantic City recently on "Methods for Filling Root Canals." He also participated in the Endodontic Board Examinations as a director of the American Board of Endodontics.

* The Class of 1972, BUSM, is publishing a yearbook and is asking for financial assistance in the form of $10 contributions. Donors will receive a copy of the yearbook in May and will also be acknowledged as a patron on a special page within the book. Checks should be made payable to BUSM Yearbook Staff and sent to Greg Cheung, BUSM IV, Box 179, 70 E. Concord St., Boston, Mass. 02118.

* Boston University's hockey team, the defending champion of the National Collegiate Athletic Association, will play the U.S. Olympic Hockey Team at Boston Garden on Monday, November 22. Proceeds will be used to benefit the U.S. Olympic Fund. Tickets will be on sale at the Boston Garden and at BUMC, Doctors Building, Suite 203.

* Dr. Ephraim Friedman, dean of BU Medical School, is now a member of both the Corporation and the Board of Trustees for the Tri-State Medical Program.

* Bruce Carp of Brookline has been appointed to the position of cost analyst in the Business Office at BU Medical Center. Carp will provide special assistance in conducting the BUMC cost allocation study recently announced by Dr. Lewis H. Rohrbaugh, Director of the Center.

* The main kitchen is being remodelled to provide for a central tray service makeup area for inpatients. Each patient floor kitchen will eventually be remodelled to include a radar-range to quickly heat food so that it can be served warm.

* The offices of the Department of Pathology have been temporarily located on the third floor of the Extended Care Unit, and the Histology Laboratory has been moved to Robinson 4 until the completion of the Health Services Building, slated for December, 1972.

* The offices and laboratory facilities on the 5th and 6th floor of the old Evans Building have been reassigned to the Division of Surgery until the Health Services Building is finished. The total laboratory clinical service including chemistry, bacteriology, hematology and the blood bank will be housed on those two floors.

* James C. Crowley, Jr. has been named to the newly-created position of Administrative Services Manager for BUMC. This position has been established as the result of ongoing studies conducted at the Center to improve the efficiency of its activities. Initially, Crowley will direct the mail, messenger, duplicating and property services in the Schools of Medicine and Graduate Dentistry and University Hospital. Other service functions may also be assigned at a later time.

**PARKING NOTICE**

Construction of the BU-Commonwealth Mental Health Center on the site that has been lying vacant on Albany and West Newton streets will begin shortly. Cars parked there after construction begins will be towed away.

Ample parking for BUMC employees is available in lot "C" or at the Doctors Building. Red stickers for lot "C" are available in the Plant Department Office. Parking at the DOB can be done either on a monthly basis by making arrangement with the building manager, or on a daily cash basis, the charges being posted at the facility.
New Evans Building, a modern Cardiac Catheterization Laboratory, Graphic Methods and EKG services, and the Departmental offices which are now located on the 8th floor of the present Evans Building. Other members of the Cardiology Service are: Dr. John F. Keefe, Dr. Mahmoud Kowsari and Dr. Christos Theophilis.

Communications—Boston radio stations and newspapers carried an article on October 7 "Freeze Perils Boston Hospital" with various quotes from this article. Unfortunately I was quoted as reacting to President Nixon's speech on continued wage & price controls saying "this could put us out of business." The newspaper article contained several other errors of fact. I would like to state that I did not make any speech or talk to any representatives of the press or other news media. I did prepare a statement as requested by the BUMC Office of Communications on October 4 in relation to the continued effect of a freeze on the future operations of the Hospital.

I did state that we face difficult financial operating problems if the freeze was to continue. In this regard we are no different from other hospitals, private industry and business in general. Since our costs have risen 15 per cent each year for the past five years we are faced with public criticism for high health costs. Somehow we must find a way to provide high quality health care, improve our facilities and do so within a level of cost that the public understands and will support. Until we know the exact detail of future controls on hospitals, it is difficult to estimate how much we must reduce our projected operating programs and costs for the coming year. The published report is an example of unfortunate news reporting. To correct this in the press now would be impossible; however, I do want each of you to know that I did not make any such statement or authorize anyone to make such a statement on my behalf. (By Nelson Evans)