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CONNECTIONS™

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Inside

BOSTON UNIVERSITY MEDICAL CENTER HOSPITAL

88 East Newton Street
Boston, Massachusetts

Spirited celebration honors Rev. King and Black Achievers

On a program both inspiring and sobering, BUMC's seventh annual Rev. Dr. Martin Luther King Jr./Black Achievers celebration rekindled many a spirit on Thursday, Jan. 13.

Addressing the theme "Keeping the Spirit Alive," speakers representing various races and generations delivered a strong message of peace and hope in the spirit of Rev. Dr. Martin Luther King Jr.

"'Dangers, toils and snares' describes where we are as a people," said keynote speaker Rev. Anthony Campbell, director of Community Outreach at Boston University School of Theology Administration, drawing the theme of his speech from lyrics of the hymn "Amazing Grace." "Those of you who are parents, and grandparents, and uncles and aunts, need to go home and take a hard look at that backwards-cap wearing, cigarette-smoking, down-in-the-butt pants-wearing kid and say, 'The fate you have picked for yourself is not the fate you need to have, because the dangers, toils and snares need not overwhelm.'"

Addressing the small crowd gathered in Keefer Auditorium, Campbell and other speakers issued the charge of nurturing Boston's youth to this year's seven BUMC Black Achievers.

The Black Achievers Program, sponsored by the Greater Boston YMCA, has been recognizing the accomplishments of outstanding minority employees from businesses and corporations throughout Greater Boston for 18 years. Under the program, Black Achievers agree to volunteer a minimum of 40 hours to a local youth program. The Medical Center has participated in the program for the last eight years.

Honored as Black Achievers for 1994 from the Hospital are Anna Farrow, RTT, RN, a senior staff respiratory therapist; Florence Hagins, a surgical practice coordinator in the Department of Surgery; Georgia Jones, a telephone console attendant in the Department of Telecommunications, and Bradley Turner, chief research technician in the Section of Gastroenterology.

Rev. Anthony Campbell speaks during the ceremony.

The Black Achievers selected from the Medical Campus were Cecilia Dawkins, PhD, deputy director of the Join Together Program at the School of Public Health; Ava Hurd, a secretary in the Department of Oral Diagnosis at the Goldman School of Graduate Dentistry, and Raia Warfield, community health coordinator for the Center for Educational Development in Health at the Medical Campus.

Like keynote speaker Campbell, Hospital applications analyst Thornton Shepherd, the program's master of ceremonies and a 1993 Black Achiever, spoke galvanizing words to the audience. "Today, the way we keep the spirit of Dr. King and his dream alive is by ... doing something, whether it be volunteering time ... working with an existing program, or developing your own program in order to make the world a better place for one person, two people, your whole town, your whole country and the whole world," he said.

"If you want to keep a dream alive, you plant it in a young person. It will grow with them and they will pass it on," he said. That, he added, is the goal of the Black Achievers program.

Campbell frequently laced his discourse with humor, but the weight of his points were never lost. He attacked schools of thought in the minority community without being insulting, and gave every member of the audience something to think about.

"If it were not for affirmative action, no persons of color—that is, those of us who were formerly colored, then got to be Negroes and then Afro-Americans and then black, and then African Americans, and myself, an Afro-Saxon—would be where we are today," Campbell said. Now, however, he said, "We are on the verge of having the dangers of language, the toils of history and the snares of memory undermine everything we stand for. If this trend continues, we will not have

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Taking quality management seriously: Murphy finds it really works

Kathleen Murphy, PhD, director of the Division of Laboratory and Radiology Services, had heeded the call for quality management long before "hospitality," "customer service," "customer satisfaction," and similarly related terms became buzz words around the Hospital.

In fact, she has been busily working to transform all aspects of Hospital laboratory services into customer focused centers, building on her success in smaller aspects of this endeavor over the past few years. Murphy says she hopes the entire Hospital staff uses quality management as a means of improving all services.

The idea of customer service is based on the concept known as Total Quality Management. TQM is an organizationwide approach to managing all available resources and components of an institution or corporation to

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Black Achievers

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enough black nominees to continue with the Black Achievers program."

Campbell referred to the danger of what he called the "linguistic apartheid" that is evident in the minority community today. "If you do not believe me, listen to how the teenagers speak," Campbell said. "My son speaks two languages: He speaks to adults in one language and to his generation in another. But I submit to you there is a whole underclass developing that does not speak any language except the language of the street." Campbell stressed the importance of listening to what music youth are hearing and watching the videos they see. "It's not the rhythm; it's the words," he said. "If you use words that are so violent, or, worse yet, so bereft of meaning, you will become violent and meaningless yourself."

The real danger in losing language is that the "intergenerational communication of history then becomes impossible," he said. He said that what his grandparents described as freedom (being able to walk off slavery plantations and into banks and insurance companies) has been replaced by what the young generation puts all of its pride into—"unlaced, dirty tennis shoes that cannot be repaired. ... Something is wrong."

The 1994 Black Achievers are, from left, Georgia Jones, Florence Hagins, Bradley Turner, Ava Hurd and Cecilia Dawkins. Not pictured are Anna Farrow and Raia Warfield.

Concerning the "snares of memory," Campbell said, "Memory is what you do with history." Many of our youth, he said, don't expect to live to be 20, because they don't know anybody else who lived to be 20, and those whom they do know that are 20 are "in jail learning to be 20 while they do 20.

"There is something about life that requires discipline. And what discipline implies is what life is. And without it you are dead."

Hospital President J. Scott Abercrombie Jr., MD, also spoke to the theme of discipline during the program saying, "This [Black Achievers] program says to recipients, 'Congratulations, you have been so exemplary in your activities that we have now singled you out to go back and do even more work in the community.' The children of Boston need you. They need a role model such as you." ■

'I am judged by the size of my character, not the color of my skin'

The essays presented by three students from the Phillis Wheatley Middle School in Roxbury at this year's BUMC program honoring Rev. Dr. Martin Luther King Jr./Black Achievers provided one of the highlights of the event.

As part of the Hospital's ongoing partnership with the middle school, all students (grades 6, 7 and 8) were asked to write compositions about what "Keeping the Spirit Alive," and King's legacy, meant to them. The three best essays were presented at the program by the authors, Melanie Adams, Richard Boston and Carla Lampkin, all age 13.

"I have been trying to avoid the types of activities that Dr. King would not like me to do," read Adams. "I choose to be with the most positive people I know. ... My dream is to go on to college and from there go to law school. While I am making my dream come true, I will think of how Dr. Martin Luther King helped me get to where I am. I will always try to show other people that they can have their own dreams too, and how they can make their dreams come true. Thus, we will always be honoring the memory of Dr. King and the magnificent dreams he had for us all," she concluded.

"Dr. King was a powerful man, not in money, but in love," said Boston, quoting from his essay. "He was a great man at everything he did. ... He helped pave the road for young black people today. We sit in the same classes as white students, and are considered equal."

Lampkin read, "The words of Dr. King have affected my life tremendously. I am judged by the size of my character, not the color of my skin. All men are created equal."

After reading their essays, all students were presented with a certificate and two tickets each to Walt Disney's "Aladdin on Ice" (skating show), compliments of the Hospital.

"We need to continue to build self-esteem, not jails, for our children," said Michael Anderson, principal of the Phillis Wheatley Middle School, during the program. "We need to work diligently to ensure the future, which is our children, as these Black Achievers have done, and will continue to do. ... Who will answer to the generation of tomorrow if we fail today? We cannot allow ourselves to fail our children." ■

Vitamin D expert calls for national program to monitor milk fortification process

Michael Holick, PhD, MD, the Hospital's chief of endocrinology, diabetes and metabolism, and a national authority on vitamin D metabolism, has called for an international monitoring program to ensure that the proper amounts of vitamin D are included in milk.

In a letter to the editor recently published in The *New England Journal of Medicine*, Holick and his colleagues cite a series of studies conducted by researchers here and elsewhere that found significant, widespread over- or under-fortification of milk in samples from dairies across the country.

Under-fortification of milk with vitamin D can increase the risk of rickets and osteomalacia, two diseases of the bone, while over-fortification can cause vitamin D intoxication. Holick said that in spite of the publicity generated by early reports of vitamin D over- or under-fortification, followup studies have found no improvement in the fortification process. Currently, individual milk processors must monitor their own vitamin D fortification by sending one or two samples per year to an outside laboratory for analysis. ■

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Hospitality services division hosts international visitors

The Atrium C/D conference room was the site of a recent international summit of sorts, as the Division of Hospitality Services hosted a "quality" tour for visitors from six different countries. For three days last month, 21 executives from Sodexho USA's (formerly Seiler's) operations in Germany, Belgium, Brussels, France, Luxembourg and Malaysia, toured the Hospital to view the quality of BUMCH's hospitality services, including housekeeping, food and nutrition services, security, plant operations and other patient comfort services.

Hospitality services here is managed in partnership with Sodexho USA, and thus is part of Sodexho's international network.

Several hospitality division leaders made presentations regarding customer service, quality improvement, multiple service management, service integration and re-engineering, for their 21 international guests. Those who presented were: Ed Browne, facilities services manager; Elisabeth Geltz, guest services manager; Kevin Tuohey, property and security services manager; Doug Baker, food and nutrition services manager, and Tucson Dunn, director of operations.

"Boston University Medical Center is becoming recognized as an international showcase account for Sodexho," says Dunn. "Our international branches are taking their cues from us on how to run a successful division." ■

Tucson Dunn, director of operations, conducts a presentation on service integration to visitors from Europe on Wednesday, Jan. 12.

Employees can learn to lose weight on their lunch hour

Now it is easier to watch your weight at work, thanks to the Hospital's Weight Loss Workshop. This program, designed specifically to accommodate Boston University Medical Center employees, consists of small group workshops that meet every Thursday from 12 to 1 p.m.

The Weight Loss Workshop is conducted by a registered Hospital dietitian who teaches participants to lose weight and keep it off by eating healthy, everyday foods—there are no special food products required with this program.

The weekly meetings take place on the sixth floor of the Doctors Office Building (DOB-607) in the Evans Nutrition Group clinic. The cost of the workshop is $15 per meeting, or $50 a month. A payroll deduction plan is available. For more information, contact Terry Ford, RN, at x8-5980 (638-5980). ■

TQM works

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achieve continuous customer satisfaction. The philosophy of TQM is not a new one, as it has been used in Japan for years, Murphy says. Many corporations and institutions, including some BUMC Hospital departments, have just recently begun to implement the concept of TQM, but Murphy embraced it wholeheartedly almost four years ago and has been working its magic in the labs ever since.

Kathleen Murphy, PhD, second from left, talks customer service with client services representative David Correian, left, Peter Manning, lab outreach program coordinator and Susan Southerland, operations analyst.

"I hope someday soon the Hospital as a whole will embrace the TQM philosophy—it really does work," she said. "We have used it [in lab services] to improve our service dramatically."

The premise of TQM is that the customer comes first, Murphy explains. "This approach really says that the customer is the one who decides what quality is. When an organization measures quality, it really measures what is important to the customer," she says.

Because a customer's needs are ever-changing, Murphy notes, quality is continuously redefined and improved under TQM. And in order to ensure immediate improvements in service, employees are empowered to develop solutions on their own and to change what needs to be changed without checking with a supervisor. "By using TQM, we eliminate the middleman, so to speak," Murphy says.

While TQM is most effective when implemented as a companywide policy, Murphy has beaten the odds by making TQM work within her own department, composed of some 100 employees. "There are several managers here like me who think that TQM is the way to go, and they are trying to make it work in their own areas," Murphy says.

Under the TQM approach, turnaround time for patient results and times for patient processing in the phlebotomy stations, for instance, have improved by over 90 percent using TQM techniques, Murphy says. "This is exciting for me because the lab staff has worked hard on improving service," she says.

Her success at implementing TQM in the Division of Laboratory Services has attracted outside attention. She was quoted as an expert on the subject in a recent issue of *Advance for Laboratory Administrators*, a quarterly professional magazine.

Murphy has launched two pilot programs involving work teams within her department. The laboratory management team, which includes medical directors, defines and prioritizes objectives for each staff team, and each staff team then goes about devising ways to achieve the objectives themselves. "This gives employees a wonderful feeling of being connected to their jobs," Murphy says. "The staff gets to decide what is important and what needs to be done."

Murphy says the laboratory teams have proven their competence. In fact, the team of department managers has proven it can function smoothly in her absence, she said. "I was out for weeks at a time last year [for medical reasons], and many people [outside the department] didn't even notice I was gone. That just proves to me that the department managers can run things without a hitch in my absence," she said.

In recognition of the management team's stellar performance, the Hospital has permitted the administrative restructuring of the lab to allow the management team to operate the department as they see fit, under the overall guidance and direction of the laboratory's clinical chief, Charles Arkin, MD, and Murphy.

"I hope more Hospital directors will take a serious look at TQM, and try some aspect of the philosophy within their departments," Murphy says. She pointed to the Transport Services multidisciplinary problem-solving task force and the customer service initiatives taking place in the Division of Facilities Management and Hospitality Services as examples of efforts that should continue to spread to all Hospital divisions. ■

Using your telephone to its fullest potential

This is the second article in an ongoing series that provides tips on how to use the Medical Center's telephone and voice mail systems, installed last September, more effectively. The Department of Telecommunications encourages employees to clip and save these articles for future reference.

Helpful hints for voice mail users

☎ How to access your voice mail when calling from outside the Medical Center:

- Call the voice mail system phone number (638-6565).
- Listen to the system's introductory greeting.
- Press the pound key (#) at any time during the system greeting to indicate you have a mailbox on the system.
- Enter your five-digit mailbox number (same as your extension) and then your password. You should now be at the main menu.

☎ How to advance to the end of a voice mail message:

- When you begin listening to a particular message, press 3-3 in rapid succession. You will then reach the end of that message and be able to erase, save, or reply to it.
- This feature is also useful if the message is erroneous (for example, if it is a busy signal, someone else's greeting, or if it contains beeping sounds, etc.).

☎ How to change your personal password for your voice mailbox:

- From the main menu in your mailbox profile, select PERSONAL OPTIONS (4), then ADMINISTRATIVE OPTIONS (2), then PASSWORDS (1), and finally PERSONAL PASSWORD (5).
- Remember that you need to change your PERSONAL password and not the other options of GUEST, HOME or SECRETARY passwords.

Helpful hints for telephone users

☎ How to program your "abbreviated dialing" personal list: (Abbreviated dialing is a speed dialing function that is programmed into each phone and allows users to store up to five phone numbers. It is separate from the speed dial buttons found on phone models 8110 and 8102. However, the abbreviated dialing system can be used in addition to speed dial on these two particular phone models.)

1. Write down the list of numbers you wish to program.
2. Number them 1 through 5.
3. Lift the handset, then press the PROGRAM button (this button is only on multi-line phone models 7410, 7444 and 7406—it is not the same PROGRAM button that appears on phone models 8110 and 8102), or dial the abbreviated dial program code (*0).
4. When you hear the dial tone, dial 1 to alert your phone's system that you are going to program an abbreviated dialing list. You should then hear the dial tone again.
5. After hearing the dial tone for the second time, press 1 again. This 1 represents the first item on your list of five personal list numbers.
6. You should then hear another dial tone, after which you should dial the telephone number or extension you wish to program (including 9 for outside calls).
7. Press the # button and hear the confirmation tone.
8. Repeat step five, but dial 2, which represents the second item on your personal list. Continue through the appropriate steps until all five numbers from your personal list have been programmed.

☎ How to place a call using your "abbreviated dial" personal list:

- Dial #7, which is the abbreviated dial list code for your phone.
- Dial the item number from your personal list (either 1, 2, 3, 4, or 5). It is a good idea to keep your personal list handy until you remember which item numbers correspond with what phone numbers or extensions.

If you have questions about any of the information provided above, or if you do not have a user guide for your telephone or voice mail system and would like one, please call the Department of Telecommunications at x8-6890 (638-6890).

You Said It

What do you like best, or least, about the Medical Center's new phone system?

Crystal Deas, administrative assistant, Evans Medical Group: "First of all, the phones look nice. I also like the caller ID, so you know who is calling you and what their number is. And I really like the new hold music we just got."

Madhu Chandra, systems administrator, arthritis and internal medicine: "The best thing is the menu system for our voice mail. I like being able to get my messages anytime from anywhere. The only thing I don't like is that sometimes I have to call several numbers to reach a 'live' person. It seems harder to reach people now."

Kathy McCluskey, left, administrative assistant, **Patrice McKenny, MD**, staff cardiologist, and **Jane Foley**, administrative assistant, all of the cardiology department: "I love the new phones! There is nothing I don't like about them," says Foley. "I have had no problems—the new system works very well for me," says McKenny. "I wish we could make the phones ring longer before a call bounces over to voice mail. Many times, the phone stops ringing before I have a chance to answer it," says McCluskey. *(Editor's note: Telephone users can make the phone ring longer before the voice mail system answers. Call the telecommunications department at x8-6890, or mail a memorandum to H-4000.)*

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Having trouble falling asleep?
New approaches show promise for an age-old problem

When they turn out their lights tonight, nearly 40 million Americans will have trouble falling and staying asleep. The result? A large part of our population is unable to satisfy a primal physiological need.

"The bottom line is that we are a sleep-deprived society. Consequently, our work and our general contentedness suffer," says Sanford Auerbach, MD, director of the Hospital's Sleep Disorders Center. Auerbach and a comprehensive team of sleep disorders specialists routinely diagnose and treat a wide range of sleep-related problems, including complex disturbances that can best be handled only in an academic medical center setting.

Auerbach estimates that between 15 to 20 percent of Americans are victims of significant, long-standing sleep disorders that disrupt the quality of their lives, and he notes that most people have suffered milder, shorter-term afflictions at some point.

"I would venture to say that just about everyone has had difficulty sleeping at some point in his or her lifetime and it doesn't take long for this affliction to take a toll," says Peter Mosbach, PhD, a clinical psychologist in the Hospital's Department of Neurology, who works with the Sleep Disorders Center.

"If you're tired during the day, then your ability to work and to engage in social activity can be severely diminished. In essence, your whole lifestyle can be affected."

Not surprisingly, sleep disturbances and complaints about fatigue are amongst the most common medical problems that physicians hear from their patients. Auerbach estimates that as many as one in three Americans will suffer from a serious sleep-related problem at some time. "That ranks sleep disorders among all the other important diseases," he notes.

Patients with sleep disorders may have specific insomnia-related complaints (trouble falling and staying asleep), complaints related to abnormal sleep behavior (nightmares, severe snoring or sleepwalking), or complaints related to impaired daytime function (sleepiness, memory and concentration problems, impotence or even cardiopulmonary problems). To avoid such repercussions, the average adult needs seven to eight hours of sleep. Some people, however, may feel rested with only five to six hours, while others may require nine to 10 hours. Contrary to popular myth, Auerbach says, older people do not require less sleep than younger people. "Our sleep patterns can and do change as we get older, but the amount of sleep we need in a 24-hour period remains fairly constant from young adulthood to old age," he notes.

The effects of bright light

Both the need for sleep and its timing are controlled by the body's circadian rhythms, which constitute the human "biological clock." These rhythms regulate the timing of such physiological, behavioral and endocrine functions as sleeping, waking, eating and moving, as well as body temperature. The "clock" is located in two areas deep within the core of the brain, comprising 8,000 nerve cells in each location. While scientists continue to seek a full understanding of how the clock works, they do know that light has a powerful effect on setting it and that exposure to bright light can shift the clock either backward or forward.

Phototherapy, or exposure to bright light, has been effective as a treatment to help night-shift workers fall asleep during the daylight hours. It also has helped to maintain normal sleep patterns amongst the elderly, whose biological clocks naturally shift with age. "What typically happens is that older people will go to bed earlier and awaken earlier, and then they will nap during the day," says Auerbach.

Unlocking the mystery of sleep

Sleep disturbances may be caused by one or more factors, ranging from stress, depression or an underlying medical condition, such as obstructive sleep apnea, a condition that results in a temporary cessation of airflow during sleep. However, because most sufferers are typically affected by a combination of these factors, detecting and treating sleep abnormalities can be an extensive process.

"For a long time, the assumption was that if a person had trouble falling asleep at night, he was simply depressed or anxious," says Auerbach. "It takes considerable time and patience on the part of the clinician to tease apart the issues involved in each individual case."

Recognizing the problem

As is the case in many situations, identifying the problem, in this case a sleep disorder, signifies the first step toward recovery. Crucial to diagnosing the syndrome, says Auerbach, is recognizing that certain behaviors—such as needing an hour to fall asleep, or waking up four or five times during the night—are not normal.

"Some people don't necessarily think of themselves as having sleep disorders. They take certain things for granted; for instance, they assume that it takes everyone an hour to fall asleep or they assume that it's normal to wake up four or five times during the night.

"The key is to diagnose and treat each problem individually," says Auerbach. ■

Some tips for ensuring a good night's sleep:

- Establish a regular sleep and wake-up time.
- Consolidate your sleep. Avoid napping, especially if you have trouble falling asleep.
- Beware of caffeine and alcohol. Although alcohol may help you to fall asleep, it can disrupt the sleep cycle once it is under way.
- Establish an exercise program in the morning. Exercising in the evening, though it can be relaxing, may lead to difficulty in falling asleep.
- Determine how much sleep you need. The amount varies among individuals, but it is important that you allow for enough sleep and avoid sleeping more than necessary.
- Make your environment conducive to sleep: Avoid stimulation, such as loud music or high-drama television programs, maintain comfort and optimize relaxation.
- Avoid heavy meals before bedtime.
- Go to bed when you're ready to fall asleep. If you're not sleepy, get out of bed.
- Learn some relaxation techniques, such as listening to relaxing music or thinking about a pleasant event or experience. Choose a method you find suitable and stick with it.

If these methods prove unsuccessful, then:

- Discuss the issue with your primary care physician.
- Consider a referral to BUMCH's Sleep Disorders Center.

Barry speaks out on women and aging

As America continues to age, the health care community and the federal government will be faced with the daunting challenge of caring for an elderly population that is expected to reach 70.5 million by the year 2050. For the most part, this population will be composed of elderly women, who, by age 65, can expect to live another 18.6 years—four more years than men.

In the following interview, BUMCH geriatrics chief Patricia Barry, MD, shares her views on a variety of topics affecting women and aging.

Question: It has been well-documented that although women live longer than men, they do not necessarily live better because they are prone to chronic debilitating diseases. What is being done to address this phenomenon?

Barry: In geriatric medicine, a great deal of emphasis is being placed on trying to maximize function and minimize disability due to chronic disease in older people, particularly older women. Some of the ways in which we can achieve this goal entail optimizing the physical health of the elderly, preventing disability, and providing them with the services they need to remain independent in their homes, including rehabilitation.


Patricia Barry

The Home Medical Service at Boston University Medical Center works primarily with a disabled homebound elderly population that is more than 70-percent female, trying to maintain that population's functional ability and independence.

Question: Many women today aged 65 and older are "home alone"—that is, they are three-and-a-half times more likely to be widowed than men, and are more likely to end their lives in a nursing home. What are some preventive measures that women can take early in life to enable them to live healthier later?

Barry: We could try to help men to live longer, and I'm not being facetious. Actively working to help men live longer would help women because it would give many of them companionship and support in old age.

In terms of what women can do to age better, the obvious answer is that they can take better care of themselves when they are young. Maintaining an active lifestyle, not smoking, eating well, drinking only in moderation, and undertaking good preventive medicine, including screening for hypertension and breast and other cancers, can better prepare women for their golden years. Staying fit mentally is also important, as is staying involved with family and community.

There is no question that successful aging does require some effort. But it generally pays off, and those who make a concerted effort early on in life are the ones who tend to remain healthier as they age.

Question: What are some of the special medical problems facing older women?

Barry: The leading cause of death in older women right now is actually cardiovascular disease. Though we have been led to believe that heart disease strikes only middle-age men, it is an equally important disease of older, post-menopausal women.

The musculoskeletal diseases, in general, are the leading cause of functional disability in older women. Osteoporosis is also a significant problem in older women. Though older men also can develop this condition, it is primarily associated with women, who, because they have smaller bone mass, are more at risk particularly after menopause. ■

RESEARCH NEWS IN BRIEF

A PRE-SUMMER WARNING

Recent melanoma study leads skin cancer experts to re-emphasize safe sun strategy

In a commentary published in the Jan. 19 issue of the *Journal of the National Cancer Institute*, Hospital skin oncologist Howard Koh, MD, FACP, urges care providers to recommend an overall "safe sun" strategy to prevent skin cancer.

The commentary accompanies a study that found that treating mice with sunscreen prevents sunburn but does not prevent them from developing melanoma, a potentially fatal form of skin cancer. Koh and Robert Lew, PhD, an adjunct associate professor of dermatology at School of Medicine, co-authors of the commentary, say that while the study calls into question the role that sunscreens play in melanoma prevention in animals, the extent to which the findings can be applied to humans is unclear. Until the connection between sunlight and human melanoma is better understood, Koh and Lew recommend the following precautionary measures: high-risk persons should use a sunscreen of SPF 15; wear hats, protective clothing, and sunglasses that screen out UV rays; stay in the shade; protect infants and children; minimize sun exposure during the peak sunlight hours (10 a.m. to 2 p.m.), and avoid tanning parlors. Those at highest risk of melanoma are fair-skinned, burn easily, have a family history of the disease and many or atypical moles.

"Everyone agrees that sunlight is associated with melanoma, but that's where the agreement ends," says Koh. What remains in question is the extent of the role, and the types of exposure to, ultraviolet rays that are involved in melanoma." He says that while epidemiological studies have consistently shown a link between cumulative sun exposure and non-melanoma skin cancers, this is not true of melanoma. Melanoma, he explains, may be more linked to harsh, intermittent sun exposures, although the mouse study suggests that even more subtle sun exposures may be causative. Also, melanoma can develop on parts of the body that are not normally exposed to UV radiation. Moreover, most experts agree that sunscreens play an important role in prevention of non-melanoma skin cancers. For this reason, Koh urges people to be vigilant about using sunscreen as part of their safe sun strategy.

"Sunscreens not only protect against other types of skin cancer; they also help prevent sunburn," he says. "And although we do not yet have the data to show it, we hope that following an overall sun protection strategy will also prevent melanoma." ■

Nursing administrative offices now centrally located

All of the Department of Nursing administrative services offices previously located on the third floor of the Collamore building (C-3) have been relocated to C-4.

The nursing staffing office, supervisors' offices, float pool locker room and the nursing department mail room, have all moved from C-3 to C-4. The nursing recruitment office previously moved from C-2 to C-4.

Along with the nursing vice president's office, directors offices, and the nursing library, already located on C-4, all administrative offices are now centrally located, says Anita King, assistant nursing director.

The clinical instructor offices and one instructional classroom previously located on C-4 have moved two floors up to C-6. ■

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PEOPLE

There were 13 winners from the Hospital's holiday raffle, held in conjunction with December's holiday party. Names for various prizes were chosen at random from the most recent computer list of BUMCH employees. The prizes and the winners are as follows:

19-inch Magnavox color television:

Hilda Bruce, an administrative secretary in the neurosurgery department

Boston Celtics basketball game tickets:

Daniel Hassel, RN, a staff nurse
Doria Perry, an inpatient collector

Entertainment discount coupon books:

Janice Williams, a general cleaner in the hospitality services department
Cora Rogers, a general cleaner in the hospitality services department

Ski card discount coupon book:

Winnie Monsegue, RN, a staff nurse

Jacob Wirth restaurant gift certificate:

Gloria Bowen-Daise, RN, a senior nurse manager

Boston Museum of Science passes:

Susan Gilmore, RN, a staff nurse
Luis Diaz, MD, a resident physician
Elizabeth Quigley, RN, a per diem staff nurse
Anita King, RN, the assistant nursing director

Legal Seafood restaurant gift certificates:

Kim Costello, RN, a staff nurse
Joyce Gray, an administrative secretary in the food and nutrition services department

Marcos Ramos, MD, assistant chief of the Department of Rehabilitation Medicine, was recently appointed as a member of the Board of Directors of the American Back Society, a national organization of medical professionals whose primary areas of concern are the surgical and non-surgical approaches to lumbar conditions.

Dan Wilson, the employee relations manager, and the rest of the staff of the human resources department, extend a special "thank you" to all employees who made the Hospital's Holiday Toy Drive a success. The gifts provided by employees were the only ones received by many of the more than 150 children targeted by the drive, sponsored by the Massachusetts Volunteer Network/Mass Foundation for Children, Wilson says. "From what I've heard, the kids were all very happy with their personal gifts. We, and they, appreciate our employees' thoughtfulness," Wilson says.

Joannie Jaxtimer, director of marketing, communications and public relations, thanks all the physicians who participated in the taping of "Health Matters," a 30-minute, consumer-oriented health and medical news series being broadcast on various Sundays on WBZ-TV channel 4 under the sponsorship of BUMCH and other local hospitals. All shows through July have been taped, and Jaxtimer said all of the physicians performed admirably. The physicians featured are: **Joseph Loscalzo, MD, PhD,** chief of cardiology; **Helen Hollingsworth, MD,** director of Asthma and Allergy Services; **Thomas DeLaney, MD,** chief of radiation oncology; **Alice Jacobs, MD,** director of cardiac catheterization; **Marianne Prout, MD, MPH,** co-director of the Breast Health Center; **Richard Shemin, MD,** chief of cardiothoracic surgery; **Thomas Ryan, MD,** former chief of cardiology; **Thomas LaMont, MD,** chief of gastrointestinal medicine; **Janice Knoefel, MD,** an assistant professor of neurology at the School of Medicine; and **Howard Koh, MD, FACP,** and **Gary Rodgers, MD,** co-directors of the BUMCH Skin Oncology Program.

Do you know an employee, physician or department that deserves recognition for something special and/or unique done within, or outside of, the Hospital? Would you like to say thanks to a deserving staff member(s)? Let ***Connections*** *know, and your suggestions will be added to the PEOPLE section. See page 8 for phone number and mailing address.*

Overall health shown to be an important predictor of impotence

In the largest and most significant epidemiological study of impotence since the Kinsey report, released 46 years ago, researchers from Boston University School of Medicine have found that overall health is a much larger predictor of impotence than was previously thought.

In the study, published in the January issue of the *Journal of Urology*, researchers analyzed data from 1,290 men in the Massachusetts Male Aging Study, and found impotence of varying degrees in 52 percent of the men between the ages of 40 and 70.

Men who had heart disease, hypertension, or diabetes, were one-half to four times more likely to be completely impotent in later life than men without these diseases, and the problem was amplified in men who smoked.

In the patients treated for heart disease, the probability of complete impotence was 56 percent for current smokers, as compared to 21 percent for non-smokers.

The researchers also reported the novel finding that low levels of HDL (high density lipoprotein), the so-called "good" cholesterol, are associated with an increased likelihood of complete impotence. In men aged 56 to 70 years old in the study, the probability of complete impotence increased from near zero to 16 percent as HDL cholesterol decreased.

"The implication of this finding is that HDL levels, which are elevated by exercise, could be targeted as a way of lessening the likelihood of impotence," says Irwin Goldstein, MD, a researcher in the study and a Hospital urologist. "In fact, the overall finding of the study is that, although no inroads have been made in decreasing the incidence of impotence, men who pay attention to their physical health can potentially reduce their chances of developing the condition," he says. "The study also underscores the importance of preventing and treating vascular disease."

The report also identified ulcers, arthritis and allergies as physical predictors of impotence, a finding that Goldstein says he thinks may be explained by the anxiety these ailments can cause.

Certain psychological factors—depression, low levels of personality dominance, and anger directed inward or outward—were also strongly associated with impotence.

Earlier studies on impotence focused on hospitalized patients. This study, the first to focus on non-institutionalized, community based men, showed that impotence increases with age. There was a 5- to 15- percent increase in the incidence of complete impotence in men between the ages of 40 and 70.

The current study, Goldstein says, should provide a "tremendous wealth of information for both patient and clinician. In many instances, it is possible to prevent this costly and burdensome problem."

Earlier work by Goldstein has highlighted the mechanism by which vascular disease can cause impotence. An important study he published last year found that damaged blood vessels cannot provide penile tissue with enough oxygen to produce nitric oxide, which is essential to producing an erection.

Until the 1970s, impotence was treated as a largely psychological condition. It is now recognized as generally being physiologically based. There are a number of forms of treatment currently available, with the penile implant being the principal form of surgical therapy. ■

CONNECTIONS
BOSTON UNIVERSITY MEDICAL CENTER HOSPITAL
FEBRUARY 1994

Coming up...

February marks the celebration of American Heart Month. Valentine's Day is observed on Feb. 14 and President's Day is observed on Feb. 21.

Events to look forward to this month are:

Feb. 8 - The Public Health Forum topic for this week is **"Health Care Reform and Its Impact on the Seriously Ill and Disabled: The Case of the SSI-Medicaid Program,"** as discussed by Robert Master, MD, professor and chairperson of the School of Medicine's Health Services department. Sponsored by the School of Public Health, the forum will be held from 4 to 5 p.m. in the School of Medicine (L-112), and the public is welcome to attend.

Feb. 18 - **"Hannah's Heirs: The Quest for the Genetic Origins of Alzheimer's Disease"** is the topic of this month's seminar on interdisciplinary perspectives in biotechnology. Daniel Pollen, MD, of the University of Massachusetts Medical Center, will be the speaker. The seminar will be held at Boston University School of Law, Barrister's Hall, 765 Commonwealth Ave., from 9 to 11 a.m. The public is invited to attend. For more information, call Marilyn at x8-4626 (638-4626).

Feb. 22 - The Department of Social Work Grand Rounds topic is **"Counter-transference in Working with Substance Abusing Patients: A Tangled Web of Personal, Professional, and Societal Determinants,"** discussed by Maryann Amodeo, PhD, LICSW, director of the Boston University Alcohol and Drug Institute. The lecture will be held from 3:30 to 4:30 p.m. in the Atrium C/D Conference Room, and refreshments will be served.

Feb. 25 - The Cancer Prevention and Control Grand Rounds topic is **"What Is Quality of Life for Cancer Patients?"** It will be discussed by Jane Weeks, MD, an assistant professor of medicine at the Dana Farber Cancer Institute. The presentation will take place between noon and 1 p.m. in the Atrium C/D Conference Room. Lunch will be provided.

Looking ahead...

March 15 - The Public Health Forum topic for this week is **"The Epidemiology of AIDS in Selected African Countries,"** which will be discussed by Sergut Wolde Yohannes, MPH. The forum will be held from 4 to 5 p.m. in the School of Medicine (L-112). The public is welcome to attend.

March 20 - Watch for Thomas DeLaney, MD, chief of radiation oncology, at 2:30 p.m. on WBZ-TV channel 4. DeLaney will be an expert guest on **"Health Matters,"** a health and medical news series sponsored by BUMCH. He will be discussing "Cancer: Easing the Pain."

March 25 - The Cancer Prevention and Control Grand Rounds topic is **"Hormones and Cancer: Implications for Cancer Prevention,"** as presented by Theodore Colton, MD, professor and chairperson of epidemiology and biostatistics at the School of Public Health, and Lynn Rosenger, MD, an SPH professor. The presentation will take place between noon and 1 p.m. in the Atrium C/D Conference Room, and lunch will be provided.

March 29 - The Social Work Grand Rounds topic for this month is **"Shame as a Dynamic in Group Psychotherapy."** It will be discussed by J. Scott Rutan, PhD, director of the Center for Group Therapy at Mass. General Hospital. The lecture will be held from 3:30 to 4:30 p.m. in the Atrium C/D Conference Room. Refreshments will be served.

Fill your prescription at Boston Pharmacy

The Boston Pharmacy, the outpatient pharmacy for BUMCH located on the first floor of the Doctors Office Building, now fills prescriptions from virtually every major health care plan in Massachusetts.

Through recent negotiations with health plans such as Pilgrim Health Care and Harvard Community Health Plan, Boston Pharmacy is now able to meet the prescription needs of the majority of BUMCH outpatients.

Many people do not know that Boston Pharmacy is one of the largest acceptors of third-party plan prescriptions in the state, says pharmacy director John Bertolami. "Filling a prescription here is much easier than finding the closest CVS," he says. In fact, Boston Pharmacy and CVS are part of the same Harvard Community Health Plan and Pilgrim Health Plan network, says Bertolami, so prescription drug prices through these networks are the same at both stores.

The Boston Pharmacy will also fill prescriptions under the following health care plans:

- All Massachusetts Blue Cross plans
- Pilgrim Health Care
- Harvard Community Health Plan (network only)
- Medex
- Neighborhood Health Plan
- US Health Care and US Health Care Injectable Plan
- Mass Health
- Tufts Health Plan
- Met Life
- PCS
- PAID
- Negotiations with Bay State Health Care plan are currently under way, Bertolami says.

The Boston Pharmacy is open from 7:30 a.m. until 6 p.m., Monday through Friday. BUMC employees and students receive preferred prices on prescription drugs, and a 10-percent discount on all store items except food and drink. For more information, call the pharmacy at x8-8130 (638-8130). ■

CLASSIFIED

For rent: A four-bedroom ski condominium in Sugarbush, Vt. On the mountain, with a deck and great views. Weekend or weekly rental. Call 738-8296.

Impotents Anonymous: A support group for impotent men and their partners discusses, in confidence, this treatable disorder with the local IA chapter medical advisor and Hospital urologist Irwin Goldstein, MD. The group meets at the Hospital on the second Thursday of every month at alternate locations. IA is a national support group that provides its members with facts and information about impotence. For more information, call x8-8485 (638-8485).

Need help with departmental mailings? The Huntington's Disease Society of Massachusetts, based at the Hospital, has volunteers with Huntington's disease who are happy to do mailings for departments at the Medical Center, free of charge. These volunteers especially like labelling and stuffing envelopes. For more information, contact May Long, executive director, at x8-8333 (638-8333).

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The deadline for *Connections* is at noon on the first Friday of each month. Story and photo suggestions should be addressed to Kathryn Jones, in care of the Office of Publication Services, Robinson 7, or call x8-8494 (638-8494). The Office of Publication Services is part of the Department of Marketing/Public Affairs, Boston University Medical Center, Joannie Jaxtimer, director. Volume 7, Number 2.