Dr. Henry J. Kaplan will assume responsibilities as ophthalmologist-in-chief at Barnes Hospital and chairman of the ophthalmology department at Washington University School of Medicine April 1. He will succeed Dr. Bernard Becker, who has held the position since 1953. Dr. Becker will remain on staff but will devote his time to teaching and research.

Dr. Kaplan is currently professor and director of research in the ophthalmology department at Emory University in Atlanta, Georgia, where he also holds an associate professorship in microbiology. Dr. Kaplan also holds staff positions at the University of Georgia in Athens and at Yerkes Regional Primate Research Center in Atlanta. Prior to joining Emory’s faculty, Dr. Kaplan served on the faculty of the University of Texas Medical School in Dallas.

Dr. Kaplan, a native of New York City, received his bachelor of arts degree from Columbia University in New York and his doctor of medicine degree from Cornell University. He served an internship at Lakeside Hospital at The University Hospitals of Cleveland, surgical residency at Bellevue Hospital in New York and ophthalmology residency at the University of Iowa Hospitals and Clinics in Iowa City. Dr. Kaplan also served an NIH research fellowship in immunology at the University of Texas Medical School and a fellowship in retina-vitreous studies at the Medical College of Wisconsin.

He is a member of the academic journal review board for publications including American Journal of Ophthalmology, Archives of Ophthalmology, Current Eye Research and Investigative Ophthalmology and Visual Science. Dr. Kaplan has authored or co-authored more than 50 abstracts and nearly 60 articles for publications in the United States and Europe.

Dr. Kaplan is a member of numerous professional societies, including the American Medical Association, the American Association of Ophthalmology, the American Association of Immunology and American Association for Advancement of Science.

Dr. Kaplan and his wife, Adele, have three children.

Smithmier named VP for ancillary services

Kenneth L. Smithmier has been named vice-president for ancillary services at Barnes Hospital. In this position, which reports directly to the senior vice-president for patient care, Mr. Smithmier is responsible for the administration of laboratories, pharmacy, cardiac diagnostic laboratory, respiratory therapy, operating rooms, admitting and social work, as well as the coordination of patient care delivery for these areas.

Originally from St. Louis, Mr. Smithmier comes to Barnes from St. Joseph’s Mercy Hospital in Centerville, Iowa, where he served as president and chief executive officer. His major accomplishments at the 60-bed general acute care facility included the addition of specialty clinics in neurology, otolaryngology, cardiology, oncology, dermatology and gastroenterology, and the development of three rural satellite clinics as joint ventures with physicians. Prior to joining St. John’s Mercy, Mr. Smithmier held the position of administrative director of technical services at Mercy Hospital Medical Center in Des Moines, Iowa, where his duties included management of respiratory therapy, a sleep disorder clinic and all non-invasive testing services in the areas of pulmonology, cardiology, neurology, audiology and vascular medicine.

A graduate of St. Louis University, Mr. Smithmier received his bachelor of medical science degree in 1978. He received his master of hospital administration degree from the University of Minnesota, Minneapolis, in 1986. His professional organization affiliations include the American College of Healthcare Executives, the American Management Association and the American Hospital Association.

Mr. Smithmier and his wife, Terri, have three children.

Barnes raises questions about Blue Cross PPO

Barnes Hospital has elected not to participate in a preferred provider organization (PPO) recently created by Blue Cross/Blue Shield as a subscribed supplement to Medicare coverage. The plan, Preferred 65, has raised a number of serious questions from both Medicare recipients and hospitals approached to participate in the plan. The plan has no effect on actual Medicare coverage, the health insurance program for those over 65 and some disabled persons. And, although Barnes has declined to participate in Preferred 65, it will continue to participate in Blue Cross Alliance, the PPO for those under 65.

Of the 250,000 people in the St. Louis area that receive Medicare, a great number have supplemented their coverage with additional private insurance, including some 50,000 who have chosen one of three programs offered by Blue Cross/Blue Shield: Superior, Deluxe Plus and UltraCare. Medicare recipients who subscribed to Blue Cross’ Deluxe Plus were automatically enrolled in Preferred 65 January 1, when that program was changed. They received letters explaining the changes in coverage in early December 1987.

Through Preferred 65, Blue Cross has asked hospitals who wish to be listed as “preferred providers” to waive the established $540 Medicare deductible for inpatient care. Therefore, if a Medicare patient with this coverage chooses a “preferred” hospital, neither Blue Cross nor the Medicare subscriber pays a deductible to the hospital. If the Medicare patient with this coverage chooses a hospital which does not participate in the program, the Medicare patient is required to pay half of the $540 deductible, or an out-of-pocket expense of $270 to the hospital. Prior to this change in coverage, the Blue Cross supplemental policy covered the full deductible at all hospitals.

Barnes could stand to lose as much as $6 million annually by participating in a program such as Preferred 65, said Mark Weber, a Barnes vice-president. “If we waive the deductible for one insurance company, we would be expected to waive it for all, and no hospital could afford to do that.

“The financial loss of such a practice would definitely affect patients and their care. Barnes would have to attempt to shift costs to commercial insurance companies and, in recent years, the commercial insurers have been very resistant to passing along such subsidies to insurance subscribers.”

(continued on page 2)
Blue Cross PPO

(continued from page 1)

“Our ability to provide charity care would be limited, and support of our medical education programs would be weakened,” explained Mr. Weber.

Of 35 area hospitals, 22 have elected not to participate in the program, and several hospitals are questioning the legality of this type of inducements to use their services—a practice that is against the law. Writing off deductible payments could, conceivably, be viewed as an inducement. We are seeking a clear opinion on the legality of this program,” Mr. Weber added.

Questions about Medicare coverage or alternatives to Blue Cross/Blue Shield’s Preferred 65 should be directed to John Deane, Washington University Medical Alliance Corporation director, (314) 362-5569.

O’Keiff named director of Barnes Home Health

Helayne O’Keiff has been appointed director of Barnes Home Health, associated with Irene Walter Johnson Institute of Rehabilitation. Mrs. O’Keiff served as assistant director (clinical) of home health from June to December 1987.

Mrs. O’Keiff came to Barnes from Caremark, Home Health Care of America, Inc., St. Louis branch, where she served as nurse administrator and acting branch manager. Prior to Caremark, Mrs. O’Keiff held the position of independent home health care management consultant for Mason-Rachel, Inc. She also served as founding director of home care for St. Luke’s Episcopal Hospital and Texas Children’s Hospital in Houston.

Mrs. O’Keiff is a graduate of the St. Francis Hospital School of Nursing in Evanston, Illinois. She received her bachelor of science in nursing from Texas Women’s University in Houston and is currently enrolled in a master’s program in nursing service administration at St. Louis University.

As director of Barnes Home Health, Mrs. O’Keiff is responsible for the overall operation of the home care department, established in the fall of 1984. The organization provides a full range of home care services, including skilled nursing care, dietetic instruction, social work consultation and a complete range of rehabilitative services.

Home health services, ordered by a physician, enable recently hospitalized patients to receive additional therapeutic treatments in the comfort of a familiar and supportive home environment.

HCFA mortality figures: only a single ingredient

Although release of Medicare mortality figures by the Health Care Finance Administration on December 16 caused a flurry of interest in “quality of care,” Barnes spokesmen pointed out that much more goes into measuring quality health care.

Because Barnes’ own figures were below or at the lower end of the predicted range both overall and for the various diagnostic categories, the hospital was in a good position to help educate the media and public to a broader definition of quality. “The information provided by HCFA’s data is a welcome addition to the tools that help us measure quality, but quality goes beyond mere survival. The goal is a return to a productive and satisfying life as well as an extended life expectancy,” pointed out Marlene Hartmann, Barnes senior vice-president for patient care. She added, “Barnes has always been committed to this goal.”

Dr. William Owens, chairman of Barnes Medical Advisory Committee and a member of the Quality Assurance Committee, cautioned against comparing hospitals using only mortality statistics. He explained that a 5 percent mortality at a hospital that admits only less sick patients with simpler procedures is not equivalent to the same rate at a major referral center that sees more complex cases. “For example, uncomplicated single, double or triple bypass procedures are done at many hospitals, but quadruple or more bypass, heart valve surgery, arrhythmia operations and so forth are referred to the teaching centers. A greater volume and a more experienced team of surgeons, anesthesiologists, technicians and nurses, backed by research and support staffs, add up to better results for both complex and routine cases.”

Dr. Owens offered several tips for healthcare consumers:

1. Determine that your hospital has a bonafide quality assurance program and confirm that it is closely monitored by an active quality assurance committee.

2. Inquire as to how much experience your doctor has with the specific procedure you require. (Referral services may direct you to the newest and least experienced doctors.)

3. Check credentials of medical and hospital staff. Are doctors board-certified in the appropriate specialty? Are specially trained nurses available? Is a qualified doctor on the floor day and night? Does patient education supplement medical care? Are other support services in place, including social workers, therapists, etc.?—

4. Don’t hesitate to get second opinions.

5. Remember that choice of doctor and hospital is yours; don’t delegate this authority to someone else.

Both Dr. Owens and Ms. Hartmann pointed to the advantages of the nation’s premier teaching hospitals, such as Barnes, in having the resources to provide superior care of so-called routine problems because of the breadth and depth of expertise in complex problems.

“Refreshed” nurse returns to Barnes

Her seven-year-old son is convinced that she’s a doctor, but Debbie Manchester doesn’t mind—his confusion is understandable. Debbie, who recently returned to Barnes in her trained profession as a registered nurse, wears a stethoscope as part of her uniform.

Mrs. Manchester, along with eight other women, completed Barnes’ first Registered Nurse Refresher course offered through the department of education and training in November. The eight-week program focuses on the knowledge and skills needed by professional nurses who want to return to an acute care setting.

The course syllabus features a one-week hospital orientation followed by seven weeks of lectures and clinical nursing on nursing divisions. The lecture topics, reinforced in clinical study by an experienced R.N. preceptor, include basic physical assessments, pharmacology update, resuscitation management and crisis intervention. Two individual option days allow the students to observe other areas of nursing.

“I never could have imagined the changes in nursing over the past few years,” says Mrs. Manchester. And, according to Sheila Benz and Bird Beisser, coordinators of the course, many of Mrs. Manchester’s fellow students feel similarly. “Today’s technological advances require nurses to develop a higher level of skill across a broad spectrum in order to deliver quality care to patients,” says Mrs. Benz. “These women learn about everything from generic drugs and hanging blood products to specialized nursing services and chemotherapy.”

“I thoroughly enjoyed the course,” says Mrs. Manchester. “When I enrolled, I felt very unsure of what I remembered, but everything seems to fall in place when someone triggers what’s stored in your mind. And, by regaining confidence in my skills, I found that the new theories and technologies weren’t quite as complicated.”

A 1971 graduate of the Barnes Hospital School of Nursing, Mrs. Manchester worked for the hospital as a staff nurse on the dermatology and R.N. Debbie Manchester works as a staff nurse on 7500.
"Returning to Barnes makes me feel like I have everything," she says, adding that her part-time day job at the Girl Scout organization leaves her no time to get tired. "I work the 9 p.m. to 7 a.m. shift and get home in time to see my children off on the school bus. It works out great! I’ve found that I have time in my life for my husband, my children and their schoolings and nursing."

Because of the success of the R.N. Refresher course, it will be offered again in the fall of 1988. For more information, contact the Barnes department of education and training at (314) 362-5254.

Survey results reflect high patient satisfaction

Nursing service led the way in creating a 98 percent overall patient satisfaction rate in a recent survey of Barnes Hospital former patients. The survey, conducted by SRI Gallup Hospital Market Research, polled 300 former patients about hospital services ranging from nursing and housekeeping to security and billing.

The survey was designed to identify factors that influence overall satisfaction with the goal of enhancing hospital services. Participants, selected randomly but representing Barnes' patient mix in age, sex and medical service, responded to 63 statements covering patient contact areas. The lowest rating on a 4.0 scale was 3.2.

Because hospital services are used sporadically and infrequently, most patients don't have preconceived expectations and often find a hospital experience difficult to verbalize, according to Gallup. For that reason, hospital survey respondents tend to rate high, and Gallup researchers used the raw data to create an even more stringent scale of comparison. On that scale, 41 of 63 items were rated either good or excellent.

Items were classified as either relational, reflecting interpersonal factors, or operational, representing procedures and mechanics. According to survey results, Barnes excelled in relational aspects while scoring high marks in operations as well.

"We were pleased to learn from Gallup that Barnes' nursing ratings were some of the highest they have seen in the nation," says Flo Saeger, Barnes consumer relations specialist. "This is particularly important since survey results indicate that nursing is more closely related to overall patient satisfaction than any other factor."

While the survey results indicated positive overall results, adds Ms. Saeger, more extensive interpretation also identified a few areas important to patients that need to be addressed throughout the hospital: listening to questions and concerns, being helpful in giving directions, working together as a team, respecting patient privacy and expressing courtesy over the phone.

"We have been very pleased with the survey results," said Ms. Saeger. "But at Barnes, where excellence is the standard, any response less than ‘excellent’ is incentive to respond."

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Barnes’ Lifeline offers direct emergency help

Lifeline, a personal emergency response system, is now available from Barnes Hospital through its physician referral program. The system allows for emergency medical assistance 24 hours a day for elderly, handicapped or physically ill persons who live alone.

Lifeline is a subscribed service that does not require a doctor’s order. With the system, installed by Barnes registered nurses, the subscriber receives a personal help button to be worn on a chain around the neck or on a wristband and a home communicator. Pressed in an emergency situation, the button transmits a radio signal to the home communicator box from up to 200 feet away. The home communicator then sends an electronic message to Barnes over the subscriber’s phone line. Barnes medical professionals then call the subscriber to determine appropriate action.

Unique to the St. Louis area, Barnes’ system is equipped with a convenience mode that allows the subscriber to answer incoming calls, including response calls from the hospital, without lifting the handset. If within 50 feet of the telephone, the subscriber just presses the personal help button when the phone rings, and the home communicator acts as a speaker box. So, if the person cannot reach the phone, this feature allows for communication between the caller and the subscriber.

If there is no response at all from the home, Barnes will contact a "responder," specified by the subscriber. A responder is a neighbor, friend or family member with access to the subscriber’s home, who may be contacted to check in on the patient quickly. They live within close proximity of the subscriber.

Barnes continues to monitor the speaker box until a responder arrives at the home to reset the system. Barnes staff calls the home to assess the situation. If no respondents can be located, Barnes sends an ambulance and/or the police and fire departments.

Barnes’ is the only Lifeline system in the area that also features Lifeline’s Lifetrac, a software package that allows for easy access to subscriber information, reports and statistics profiles. The Lifeline system has several built-in safety features, including a continuous charge, 20-hour back-up battery for use during power failures, regular equipment test calls and automatic telephone line monitoring. Lifeline timers are set for 24 hours. If the subscriber does not reset the system within that time, the emergency response procedure will be initiated, and Barnes R.N.s will phone the subscriber. Each time the telephone is used, the timer is automatically reset. The unit may be turned off, if the subscriber plans to be away from home for an extended period.

"Lifeline provides a real sense of independence and security for the elderly or physically disabled who live alone. And, it relieves a lot of worries for family members, concerned about the safety a relative. Many family members give Lifeline as a gift," says registered nurse Kimberly Cherry, Barnes’ physician referral manager and Lifeline coordinator.

Costs for the Lifeline system, which has been in service at Barnes since early January, include an initial $25 installation fee and a $25 a month rental charge. In some cases, insurance companies will cover these costs; however, all cases are examined individually.

For more information about Lifeline or to subscribe, call (314) 362-2220.

"Cans for Life" raises $2,840 for burn unit

"Cans for Life," the community-wide aluminum can recycling program sponsored by Container Recovery Corporation last fall, raised almost $3,000 to benefit the Barnes Hospital burn unit.

The program, which accepted both individual and corporate sponsorship of employee can collection networks, ran from the first week of October through the first week of December and collected a total of 7,100 pounds of aluminum or 170,400 cans.

Participating corporate sponsors included Anheuser-Busch, McDonnell Douglas, Chrysler and Barnes. And, according to Sara Schmer, burn unit social worker and co-coordinator of the program, a Boy Scout troop from Lemay, Missouri, contributed over 300 pounds. "The response was terrific," she said. "We plan to establish ‘Cans for Life’ as an annual event."

"Cans for Life" filled two needs: It helped promote the recycling effort, and, at the same time, its proceeds will help the burn unit through its patient care, prevention, staff education and research funds."
Nursing Exchange

When Kathryn Kater, an R.N. at Barnes Hospital, joined a professional nursing exchange tour of Russia, she was not prepared for the surprises that awaited her.

She traveled in a group of 28 U.S. nurses to visit Moscow and Leningrad to learn about Russian healthcare and to tell nursing colleagues in the Soviet Union about the profession in America. Mrs. Kater presented a research paper in Moscow.

Her exposure to Russian medicine turned personal on day three in Moscow. She began to feel a tightness in her chest while sitting in a restaurant and stepped outside for a breath of the Russian winter air, which seemed to help.

The next morning a similar episode sent her looking for the hotel doctor. "Classic jet lag" was the diagnosis, but Mrs. Kater knew her difficulty in breathing was more serious. She insisted on a course of treatment.

Pulmonary problems that do not respond to home bedrest in Russia require a minimum hospitalization of six weeks, the hotel doctor said. Medication consists of herbs, taken orally and breathed in a hospital pulmonary ward where an apparatus of pipes and potpourri pots of boiling, oxygenated liquid herbs emit healing vapors.

With only a few days of the tour left, Mrs. Kater decided to wait until she returned to the United States for treatment. She was then hospitalized at Barnes with a diagnosis of asthma, a side effect of a heart medication she was taking.

Back at work at Barnes as a clinical nurse specialist in neurology and cardiothoracic surgery, Mrs. Kater remains astonished at the disparity between American and Soviet healthcare. In Russia she found a clinic exercise room equipped with a hoola hoop; eighth-grade students who enter nursing school and are practicing by age 15; and a reluctance to prescribe antibiotics, despite an infant mortality rate of 26 per 1,000 live births, mostly from infection. The U.S. rate, according to the December 9 issue of Newsweek, is 11.2 per 1,000.

Mrs. Kater found the state of Russian nursing "to be clearly at a lower skill and knowledge level" than in the United States. Professional nursing education beyond a three-year degree does not exist, nor do any professional organizations.

The route for nurses to advance is through medical school. And, nurses provide the largest pool of Russian doctors. Three examinations are required to enter medical school, but honor nursing graduates need take just one. Nursing is an exclusively female occupation in Russia and the advancement of nurses into medical school helps explain why three-fourths of Russian doctors are women.

Nursing training begins at either the eighth or 11th grades with a three- or two-year degree program respectively. Nursing graduates are assigned to a hospital for three years with a starting salary of 127 rubles per month, the equivalent of 198 U.S. dollars. The maximum monthly salary is 210 rubles, or $346.50.

Russian nurses are called "medical sisters" and report to a doctor, not a head nurse, and are clearly subordinate, she explained. In addition to care, the nurses are responsible for housekeeping and clerical duties. Staffing in the patient wards is inadequate by U.S. standards. Five nurses care for 60 patients during day shifts and two nurses are assigned per 60 patients at night.

Families are encouraged to visit patients and help with nursing care. Mrs. Kater said families are often the only source of variety in hospital diet as menus are changed only once a week.

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In some Russian clinics, Mrs. Kater found larger staffs with some nurses assigned a single task. In a neurology clinic, “massage” nurses did nothing but give massages to patients. “I met one injection nurse. She had a hat with large, white wings and she was holding a big glass syringe, much like nurses did in the U.S. in the olden days.”

Efforts are under way to upgrade requirements to become a nurse. Mrs. Kater said a minimum of an 11th grade education, rather than the eighth grade, is sought, but is opposed by many nurses already in the profession.

All healthcare in the Soviet Union is free and is administered by the Ministry of Health. Mrs. Kater said treatment for illness or injury in the socialized system is provided at four levels. First aid centers make up the lowest level, staffed by one midwife and one “feldsher,” a professional level between a nurse and a doctor. A district clinic or hospital is the second level and has 35 to 40 beds, one doctor, one feldsher and one dentist.

At the third level are hospitals equal in size to Barnes with 800 to 1,000 beds each and outpatient clinics. Mrs. Kater found medical equipment lacking. In addition to a hoola hoop for physical rehabilitation, Mrs. Kater’s hosts proudly showed her a single EKG machine and a polished, but decades-old x-ray machine in one hospital.

Specialized care is offered at “Republic” hospitals, with one located in each of the Soviet Union’s 15 republics. Major surgery is performed at the republic hospitals, including coronary artery bypass. Cardiovascular disease is the major cause of death, much like in the U.S., followed by cancer, especially cancer of the stomach.

Mrs. Kater found that a major effort toward preventive medicine is offered at regional “polyclinics.” There is a clinic for every 50,000 persons and a doctor for every 2,000 persons, a much higher ratio of doctors than in some areas of the United States.

The city of Leningrad has 70 policlincs. One that Mrs. Kater visited was a pediatric clinic staffed with 41 doctors and 70 medical sisters. Medical social workers are also part of the policlinic team. Mrs. Kater met one whose job is to protect children from alcoholic or abusive parents.

“ar the one thing I really admired was that working mothers are guaranteed a minimum of two weeks child sick leave, in addition to regular vacation and personal sick leave,” said Mrs. Kater.

Mrs. Kater said Americans probably would like the fact that Russian doctors make house calls. In fact, each policlinic doctor is required to spend a minimum of two hours a day making calls. Doctors also must visit the home of a new baby at least 13 times during the first year.

But, Americans who are accustomed to prescriptions for wonder antibiotics probably would, like Mrs. Kater, turn down herbs and prescriptions for wonder antibiotics probably would, like Mrs. Kater, turn down herbs and antibiotics, despite an infant mortality rate of 26 per 1,000 live births, mostly from infection. The U.S. rate, according to the December 9 issue of Newsweek, is 11.2 per 1,000.

Two sobering facts were also made most clear to Mrs. Kater. In Russia, doctors do not need patient permission to administer treatment, and malpractice suits, according to Mrs. Kater’s Russian colleagues, “are unheard of.”
As a national leader in patient care and medical research, Barnes serves as an information resource center. In 1987, more than 1,300 queries from broadcast and print media representatives were made to the public relations department requesting that Barnes medical and professional staff explain current health care concerns and discoveries. Highlights of the media’s coverage of Barnes during the last month include the following:

**Approval of the drug t-PA**
Tissue plasminogen activator (t-PA) was approved for a story carried by the major wire service. Barnes Hospital was interviewed by the national media spotlight. The drug was first tested at this country at Barnes Hospital in 1983. Dr. Burton E. Sobel, chief of cardiology at Barnes and Washington University School of Medicine who led the clinical trials here, was interviewed by the *St. Louis Post-Dispatch* for a story carried by the major wire services. The drug can dissolve blood clots that block the flow of blood to the hearts of heart attack victims.

A study in Helsinki of the cholesterol-lowering drug, Gemfibrozil, published in the November 12 edition of the *New England Journal of Medicine* found no serious complications. Dr. Gustav Schonfeld was interviewed by KTVI-TV while Dr. Anne C. Goldberg discussed the study for KMOX Radio. Both blood lipids specialists were optimistic about the role of drugs in the control of cholesterol, but added that drugs are not a substitute for diet.

A series on KPLR-TV November 16-18 on lasers in medicine included interviews with Dr. George M. Bohigian, ophthalmologist, who cautioned that lasers should have proven value and not be used for the sake of high technology. Dr. Stanley E. Thawley, otolaryngologist, said that lasers have proven successful for removal of nodules from the throat. Without lasers, which cut and cauterize blood vessels simultaneously, bleeding would be difficult to control, he explained.

Dr. Cheryl D. Clark, dermatologist, in the St. Louis *South Side Journal* November 13 edition that medical science cannot fully explain the mechanism of hair to gray. The process is obviously related to aging, but other factors such as stress are unproven, she said.

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Dr. Allan S. Jaffe, cardiologist, explained heart risk factors to reporter Tom O’Neal for a story on KSDK-TV November 17. Dr. Jaffe said the combination of two risk factors, such as a family history of heart disease combined with smoking, may triple rather than double the chance of disease. While we cannot choose our parents, Dr. Jaffe said, everyone can exercise, watch their diets and not smoke.

Married cancer patients have a higher survival rate than do single cancer patients, according to a New Mexico study published in the December 3 *Journal of the American Medical Association*. Oncologists Dr. Jay M. Marion, Dr. Charles B. Anderson, and Dr. Gary A. Ratlin, on KTVI-TV, speculated that psychological support given by a spouse may be the elusive factor in higher survival.

The winter’s first major snowfall on December 14 included a warning on KMOV-TV by Dr. Benico Barzilai, cardiologist, about shoveling the drive. The activity is similar to weight lifting in causing a marked rise in blood pressure, he said. The stress to the heart caused by the combination of an elevated blood pressure and blood vessels that are restricted by the cold temperatures is ideal to precipitate a heart attack. For anyone at risk, he advised smaller scoops or hiring the teenager next door.

**March conference on hazardous waste set**
Barnes Hospital will sponsor a one-day conference on “Hazardous and Infectious Waste Issues for Health Care Workers” on Thursday, March 17. Registration fee, which includes lunch and parking, is $35. The program is free to Barnes Hospital employees.

The conference is designed toward housekeeping professionals, plant engineering safety, laboratory, central service, pharmacy, respiratory therapy and other hospital employees who must deal with hazardous materials. Speakers will address the need for a waste management system, implementation of a quality hazard communications program, employee safety issues, community right to know and community notification requirements.

Barnes opens bladder control center
Barnes Hospital inaugurated a Bladder Control Center opened at Barnes in conjunction with the urology patient care offices on the second floor of the Wohl Hospital building. Pat Hanick, a clinical nurse specialist in urology, will be in charge of the center, which will provide a wide range of educational, diagnostic and treatment alternatives. Visits, which are individualized, cost $20. Free parking is provided in the Washington University School of Medicine garage (formerly Wayco) at Euclid and Audubon.

The center accepts both self-referrals and referrals from doctors. Appointments, which can be scheduled for Tuesday or Thursday mornings, may be made through urology at 362-8200.

**Emergency staff offers winter health reminders**
“Extremes in temperature may have dire effects on the young, old and physically ill,” cautions registered nurse Joe Burke, administrative director of emergency services. “It is important to be aware of the temperature and, more specifically the wind chill factor, and dress accordingly.”

Aggravations of pre-existing medical conditions and frostbite are two of the most commonly treated cold-weather conditions in emergency, according to Mr. Burke. “As the temperatures decrease, they affect the body by increasing stress on the cardiovascular system, which then increases the possibilities for further physical problems,” he says. This is especially true of those with pre-existing heart or lung conditions, he adds.

The incidences of frostbite treated in emergency usually occur in the young and those who work outdoors, says Mr. Burke. “Young people tend to think of themselves as invincible, but may easily become victims of frostbite without the proper precautions.”

“Layers of clothing insulate the body, and hats or caps should be worn to reduce the substantial amount of body heat lost from the head. Those who work outdoors should consider insulated underwear, thick pants and double socks. Gloves are always important, and remember, it’s easier to take off layers than to put on layers when you’re already out in the weather,” says Mr. Burke.

**Hospital notes**
Dr. Charles B. Anderson, general surgeon-in-chief, has been elected to the board of governors of the American College of Surgeons as a governor-at-large from Missouri. Governors serve as the direct communications link between chapters or surgical specialty societies and the fellows and officers, regents and staff of the ACS. Dr. Anderson will serve a three-year term.

Dr. Saul Boyarsky, urologic surgeon and doctor of law, spoke on “Compensation: The British and American Legal Systems Dealing with Medical Law and Medical Malpractice” at the combined meeting of the South Central Section of the American Urological Association and the British Urological Association in London, England, in October. Dr. Boyarsky and Gail Spector Lewis, registered nurse, also presented “A Nurse Contribute to the Urological Management of Secondary Impotence?” at the meeting.

Dr. John C. Morris, neurologist, presented medicine grand rounds, “Parkinson’s Disease and Dementia,” and Dr. Eugene Rubin, psychiatrist, presented psychiatry grand rounds, “Behavioral Manifestations of Alzheimer’s Disease,” at “Geriatric Mental Illness” interview at the Primary Care Physician, a seminar held in November at the University of Nebraska Medical Center.

Penny Neale, SHARE president, attended the second annual Conference of the National Coalition for Cancer Survivorship in Albuquerque, New Mexico, in November and will serve on the organizational task force for the coming year.

Dr. Carlos A. Perez, radiologist, presented “Principles and Practice of Local Hyperthermia,” “Difficulties in Assessing Therapeutic Results of Clinical Hyperthermia in an RTOG Trial” and “Carcinoma of the Vagina: Long-Term Results with Definitive Radiation” at the meeting of the American Society for Therapeutic Radiology and Oncology, October 18 through 23 in Boston, Massachusetts.

Andrea Bull, assistant director of the department of education and training, has been named a recipient of the 1987 Coronet/MTI Film and Video Peak Performer of the Year Award. The award recognizes individuals who consistently command a high level of achievement from themselves and others. Ms. Bull was nominated by her colleagues in education and training.

The Heart Transplant Association has announced its new board of officers: Nick Belfiglio, chairman; Dave Moore, president; Stanley Berlin, vice-president, and Dr. Robert Mick, secretary/treasurer (re-elect). HTA, a Barnes support group for heart transplant candidates, recipients and families, was founded in 1986.

Shirley Moore, Barnes Hospital School of Nursing instructor, has reviewed “The Nurse’s Liability for Malpractice” by E. Bernzweig and “How to Write and Publish Articles in Nursing” by Donna Richards. Her reviews will appear in the Winter 1988 issue of the American Association of Operating Room Nurses.
Dr. J. Regan Thomas, otolaryngologist specializing in cosmetic surgery, was presented the prestigious Honor Award at the 91st annual meeting of the American Academy of Otolaryngology—Head and Neck Surgery held in September. The award recognizes those who have contributed service to the academy without remuneration.

Dr. Marvin E. Levin, internist specializing in diabetes treatment, has been appointed to the board of directors of the Prescription Footwear Association Research Foundation.

Debra Krupa, registered nurse, has been elected president of the Emergency Nurses Association for 1989.

Community calendar

Wednesday, January 27
Facial cosmetic surgery will be the topic of this month’s free “Ask the Doctor” program at 7 p.m. at Barnes Hospital in the East Pavilion Auditorium. Dr. J. Regan Thomas, Barnes otolaryngologist specializing in facial cosmetic surgery, will conduct the informal program that includes information on surgical procedures to alter facial features such as the nose, chin, eyelids and ears. Following a slide presentation and lecture, Dr. Thomas will be available to answer questions. Registration is required, call (314) 362-5290.

Wednesday, January 27
“Diabetic Complications,” the fourth in a free series of monthly lectures on diabetes presented by Barnes healthcare professionals, will be presented at 7 p.m. at the Maryland Heights City Hall, 212 Millwell Drive. Dr. John Daniels, diabetes specialist, will conduct the seminar. For more information, call (314) 362-1390.

Dr. John D. Vavra dies
Dr. John D. Vavra, physician and assistant dean of the Washington University School of Medicine, died December 4. He was 60.

Dr. Vavra, a native of Boulder, Colorado, was a graduate of the University of Colorado. He received his medical degree from the Washington University School of Medicine in 1954 and joined its faculty and the Barnes staff at that time. Dr. Vavra served as chief of the school’s medical service at the old City Hospital from time. Dr. Vavra served as chief of the school’s medical service at the old City Hospital from time. Dr. Vavra served as chief of the school’s medical service at the old City Hospital from time. Dr. Vavra served as chief of the school’s medical service at the old City Hospital from time. Dr. Vavra served as chief of the school’s medical service at the old City Hospital from time.

Gifts to Barnes Hospital Funds
Listed below are the names of persons (honorees in boldface) who have made contributions during November, 1987, to the funds at Barnes Hospital. Because Barnes is a private hospital and does not receive public funds, it relies on the gifts of individuals to continue providing quality patient care and to support research aimed at improving the lives of patients. Donations to the hospital may be made through the Barnes Hospital Auxiliary or the Development Office.

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NCi Nurse for Care Given to  
Jane Williams

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Dr. E. C. Taylor  
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Mary Ann Sedlack

IN MEMORY OF:  
Dr. A.J. Regan Thomas  
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Mr. Steve Lekstrom  
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Dr. J. Ogura  
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Dr. J. Ogura  
Mr. & Mrs. A. Gross

IN MEMORY OF:  
Dr. J. Ogura  
Mr. & Mrs. A. Gross

IN MEMORY OF:  
Dr. J. Ogura  
Mr. & Mrs. A. Gross

IN MEMORY OF:  
Dr. J. Ogura  
Mr. & Mrs. A. Gross
Breast self-exam course offered by SHARE

If you’re a woman, five minutes a month may save your life, says SHARE in its Five-Minute Lifeline course. SHARE (Support Has A Reinforcing Effect), a breast cancer support group affiliated with Barnes Hospital, offers the educational program on breast self-examination to local groups including schools, corporations, women’s clubs and churches. Established in 1985, Five-Minute Lifeline reaches more than 2,500 women each year.

The hour-long course, which may be adapted for teenage girls, is taught by trained volunteers, all of whom have had breast cancer. According to Barnes social worker and SHARE coordinator Karen Greening, these volunteer instructors, who can relate personal experiences with breast cancer, serve as an effective teaching tool. “There has always been a desire among our volunteers to reach out to other women. Their stories personalize the program, and the participants are very receptive to their presentations,” she says.

In the course, instructors focus on education about the disease and methods of early detection. Participants view a film by the American Cancer Society and a slide presentation through which they learn the signs, symptoms and treatments of breast cancer and methods for breast self-examination.

The teen program features a specially developed film that stresses practicing self-exams as a health habit. “In their teen years, girls establish several health and beauty habits that are carried on throughout their lives. We want to promote self-exams as one of those habits,” says Audrey Lenharth, volunteer coordinator for Five-Minute Lifeline.

The program concludes with a breast examination practice session with hand-held, teaching breast forms. All participants receive a Five-Minute Lifeline information packet that includes material on breast cancer and self-examination.

For more information on Five-Minute Lifeline or to schedule a presentation, call SHARE at (314) 362-5585.