



## Physio Independent Study

### A unique opportunity — but at what price?

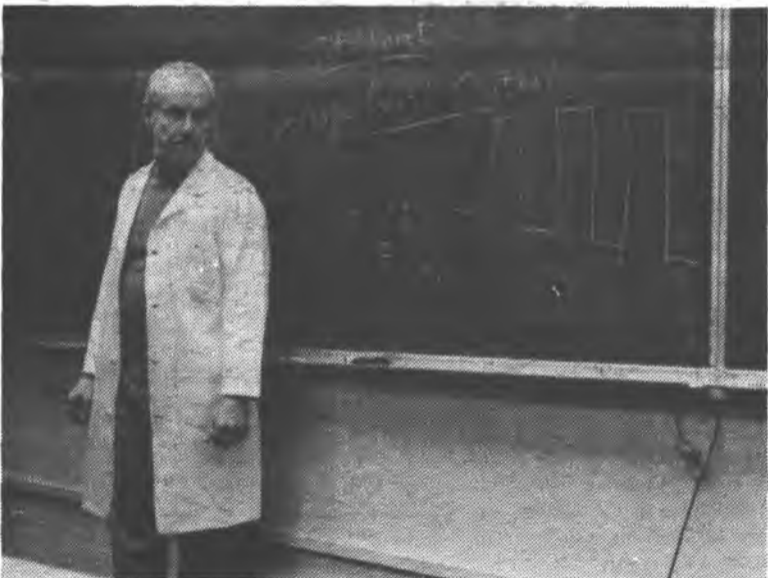
By PAUL Z. SIEGEL

In the Fall of 1977 the Physiology Department launched an Independent Study program. Because this program has been in existence only two years, Junior and Senior students know little of what it is all about. Even among the first and second-year classes, students not participating in the Independent Study class are poorly informed about why it is developed, how it is run, and where it is headed. Here, in question and answer format, is a discussion of some of the major points.

*Why did the Physiology Department decide to develop an Independent Study program?*

The Physiology Independent Scholar Program is the brainchild of Dr. Thomas M. Saba, Professor of Physiology and Department Chairman. During his first four years as chairman, Dr. Saba observed that freshman students displayed a wide range of backgrounds and capabilities. Lectures have traditionally been aimed at the middle of the class and, as a result, for approximately 5 to 10 percent of the class Physiology represented "neither a challenge nor a mechanism for stimulating their full scientific inquiry and potential."

Dr. Saba's aim in creating an Independent Study program was not simply to provide bright students with an opportunity for learning more physiology than the standard course required of them. He wanted to provide an opportunity for "highly motivated students" to take an active role in shaping their educational experience as well as foster the concepts of self-study and continuing education. In addition, he hoped to spark students' interests in academic medicine; an interest which most students might never pursue without "an early exposure to turn them on."



Dr. Robert Alexander, Professor of Physiology, at his common post.

*What about the program's mentor?*

In order to entrust the entire training in Physiology of a group of students to a single person, Dr. Saba needed a willing faculty member with sufficient breadth of knowledge and teaching capabilities to ensure that students wouldn't miss any of the fundamental concepts while studying others in depth. Dr. Robert Alexander, Professor at AMC for 23 years and former Department Chairman, was an ideal candidate.

Dr. Alexander, a firm believer in the spirit of independent study, has for years questioned the value of centering instruction around a lecture format. In an experiment he conducted some years back, Dr. Alexander demonstrated that students learned precious little from lectures. When the Physiology Department quizzed students at 2 p.m. on material presented in lecture the same morning they "rarely go a student who could remember the topic of the lecture, let alone the content." Dr. Alexander's conclusion is that "you can't learn by having everything digested and set down in front of you. You've got to learn to go to the texts and work things through yourself."

One of the major goals of a medical school education is to help students develop independent study skills which will enable them to effectively continue their education after graduation. Dr. Alexander is deeply concerned that the recent trend toward more handouts and other forms of "predigested pabulum" is blunting students' ability to seek out information without being led by the hand.

Dr. Alexander feels that lectures serve two functions. First of all they sensitize students to the important points. Secondly, by drawing a coherent picture the lecture demonstrates to the student that mastery of the material is not an impossible task. Some students are able to glean the important points from their readings without attending lectures. For them, lecture becomes a drag and a waste of time. With these observations in mind, Dr. Alexander is convinced that an Independent Study program, while not suited for the entire class, does fill a real educational need at AMC.

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Library users were greeted by this caveat at the start of the new year.

## Smoking banned in library

By RICHARD ADLER

One of the changes brought in with the new year is a new smoking policy in the Schaffer Library. A red and white sign at the entrance now informs library users that smoking is only permitted on the second floor.

This new stance was instituted after "requests from students and others," said Mrs. Poland, director of the library. Prohibiting smoking on the first floor was considered and adopted at a November meeting of the Library Committee. The committee, chaired by Dr. Porter, consists of faculty, students and library staff. Since the opening of the Schaffer building in 1972, smoking was prohibited on the third, fourth and fifth floors. The committee's decision to further curtail smoking areas went into effect in January due to time needed by Buildings and Grounds to make the necessary signs and ashtray covers.

Mrs. Poland said that as of Jan. 4 there had been a minimal number of complaints about the no-smoking policy. The complaints expressed, however, centered around the library's lack of comfortable chairs. Those which exist are located in a reading area at the back of the first floor and in the paging room on the second floor. Since the paging room is thought by some to be a rather poor place to read, library users who have been accustomed to sitting in the first floor area while smoking and reading now have no place to go. It is this group of library patrons who are most dissatisfied with the change.

Will the problem be corrected by installing more informal furniture in the library, especially on the second floor? No such expenditure is in the present budget, Mrs. Poland said. The original plans for the library intended there to be informal seating on the fifth floor, but budget constraints eliminated that when the structure was built. Even now, library funds are limited and the only planned expenditure for '79 that relates to furniture is for the recovering of the first floor seating.

Mrs. Poland did express an interest in installing comfortable seating someday and said it would be

a worthwhile purchase. "Perhaps the Student Council would choose to honor or memorialize a faculty member with a donation for this purpose," she said. A donation from the alumni or community might also provide funds for the purchase.

The Schaffer Library is planning to circulate a questionnaire in the near future as part of AMC's reaccreditation procedure. Mrs. Poland was hopeful that the questionnaire would generate some feedback about the new smoking policy, the need for comfortable seating and many other issues.

## Students sent on psychological journey

By JOSEPH SPATARO

As the audience held hands, they all chanted, "I will take care! I will take care! . . ." At first glance, you might imagine yourself intruding on the ceremonial rites of a religious cult, but, in reality, this chant was the conclusion of a three hour "lecture" delivered by Dr. Gordon Deckert on December 1st at Page Hall entitled "The Psychological Journey of a Medical Student."

The "journey", as Deckert calls it, was an attempt to illustrate those forces that act to influence medical students and their families as they go through the process of becoming physicians. By using "simulation exercises", Deckert was able to bring to life specific points in time during the metamorphosis of a physician such as the first day of medical school. More than just a simple monotone speech, the journey was an evening marked by contrasts. He could rant and rave to drive home a point, and yet in the next breath, be just as effective using only a whisper. For three hours, Deckert put on a one man show akin to that of Mark Twain or Will Rogers.

As in the plot of an old movie, his lecture began at the end, starting with the last simulation exercise

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## NHI debate highlights student AMA convention

By ARTHUR W. PERRY

An early winter blizzard kept attendance down, but the Student Business Section (SBS) of the American Medical Association did manage to convene for its interim meeting on Saturday morning, December 2nd, 1978, at the Palmer House Hotel in downtown Chicago.

The SBS is composed of representatives from each of the U.S. Medical Schools. It allows students an avenue for direct input into the workings of organized medicine via their one representative, a voting member of the legislative body of the AMA, the House of Delegates. Any member of the SBS may submit a resolution to the student section. Its merits are debated and, following a vote, if approved, it is sent to AMA reference committees for possible modification before being introduced in the House.

The SBS meeting started with a workshop on the impaired physician. Dr. Kenneth Peters, Chief Medical Resident at the San Francisco General Hospital, spoke about the unique problems medical students and housestaff face. He commented that between 15 and 20 percent of us will be severely depressed while in our training. There are problems with counseling programs in medical schools because often the same people who council you also evaluate you for internships and residencies. This causes many people to avoid the counseling that they need and can lead to dangerous situations.

Dr. Peters spoke about the increase in cynicism one acquires in medical school. "Is the isolationism we experience in our training a purposeful socialization plot?" he asked. He also noted that sleep deprivation seen commonly amongst students and housestaff was highly correlated with a decreasing performance in job-related tasks as well as a cause of psychological impairment. "To avoid being molded the way others want you to be instead of how you want yourself to be, you must analyze yourself . . . before the psychological problems arise," he commented.

Dr. Peters then spoke about the 'well-being' program now in effect at the University of California — San Francisco Medical School. One part of the program includes a support group which offers an ongoing support system through regular scheduled group meetings which are held every three to four weeks. Among other functions, the group provides a forum for students to get to know one another beyond the work role and facilitate a network of mutual support amongst them. A handbook will be published by UCSF and will be available through the Nexus next July.

**National Health Insurance**

In the next segment of the meeting, the three main health insurance proposals which will be introduced in Congress during the

*continued on page six*

## Editorials

# A breath of fresh air

The first floor of the Schaffer Library has many functions. It's a place where people go to study, to read journals, to sleep, to socialize. The Reserve section of the library as well as one paging area are also found on this floor. Unfortunately, to the dismay of many smokers and non-smokers alike, the ventilation system leaves much to be desired. Cigarette smoke stagnates in certain sections of the library and although students, faculty, staff and administrators who do the smoking no doubt enjoy the habit it can get tough on those non-smokers who are forced to inhale tar and nicotine while studying.

This month the Library Committee banned smoking on the first floor. The *Nexus* applauds this move but at the same time recognizes the inconvenience many smokers must now face. Smoking was banned from most sections of the AMCH last spring and this latest breath of fresh air is also very heartening, pardoning the pun.

## Code of operations of The Albany Medical Nexus

The following statement of The Albany Medical Nexus publication policy is printed annually for the benefit of the entire AMC community; it should be referred to by all who wish to submit information for publication. In order to insure that articles will be considered for publication, it is imperative that instructions herein be explicitly followed. Please save this statement for future reference.

**General Information:** All information intended for publication must be submitted by noon on the day of a specified deadline for publication unless previous arrangements have been made with a member of the Editorial Board.

All material must be typed, double-spaced, and signed, and must bear the mailing address of the author. Completed articles should be presented to a member of the Editorial Board of the *Nexus*.

The Editorial Board may not consider for publication any release which does not meet the above specifications.

All stories not composed of strictly factual material or in which value judgements or commentary appear, especially where such material represents critical review of artistic presentations, will be identified by the author's byline.

Opinions expressed in the *Nexus* are not to be construed as the official views of the *Nexus*, the Albany Medical College, or of anyone but the author.

**Letters and Other Editorial Features:** The *Nexus* will provide space for airing of opinions in the Letters to the Editor and Opinion article columns. These columns are intended for use by the entire community.

Letters should be no longer than two typewritten pages in length and opinion articles should not exceed four pages. The 'General Information' section of this Code describes the typing procedures. Letters to the editor should be submitted as indicated above, or may be sent through campus or U.S. Mail addressed to the *Nexus*, Albany Medical College, Albany, NY 12208.

The *Nexus* is under no obligation to publish any materials  
*continued on page three*

## Opinions

# Nestle's makes the very best?

By MARY PATRICK DEARING

Early last November, the World Council of Churches and the Albany Catholic Diocese joined the growing nationwide boycott of Nestle Products. Since then, many colleges and universities have also joined this protest against the company's marketing procedures and distribution of infant formula to underdeveloped countries, where high degrees of illiteracy, poverty and unsanitary conditions may prevent proper use of the formula, and cause increased infant deaths.

Bottle-feeding is dangerous in Third World countries because most people cannot meet one or more of the four prerequisites for safe bottle feeding. These are:

- 1) Ability to sterilize bottles and nipples and to obtain non-contaminated water;
- 2) Ability to read and understand directions so that formula can be properly prepared;
- 3) Proper storage and refrigeration for mixed formula;
- 4) The family must have enough

new mothers to reject traditional breast-feeding, for what they are being told is better and more "modern" bottle-feeding. Moreover, Nestle's has been criticized for creating doubts about the goodness of breast-feeding. They have allegedly used unfair advertising and marketing procedures, such as giving free samples of the formula to new mothers. If the mothers use the samples, their own milk may dry up, and then they may fall prey to buying the formula. Also, Nestle's has used large mass media campaigns in countries where people are not educated enough to view sales appeals critically.

### Third World Countries

Third World governments are concerned about this new pattern of malnutrition and death affecting young infants whose mothers have turned from breast-feeding to bottle-feeding. But many can't do anything. Multinational corporations within a developing country's borders often have more control over the economy than the government of that country.

## "Nestle's has been criticized for creating doubts about the goodness of breast-feeding."

money to buy adequate amounts of formula.

If any of these prerequisites are lacking, the infant may be subject to intestinal disease with resultant diarrhea and dehydration, as well as malnutrition. In Third World countries, water is often unsafe for these young infants. People are so poor that if they use baby formula, it may require over half of the family's income. Mothers dilute the formula to make it last longer, and thereby unwittingly malnourish their babies. Mixed formula should be refrigerated, but most are too poor to have refrigerators. The result of these factors: sick, malnourished infants that are much more likely to die than their breast-fed counterparts.

### Nestle's Role

Nestle's is a worldwide company based in Switzerland. It is a leading producer-seller of artificial infant formulas in Latin America, the Far East and Africa. The Nestle Co. is allegedly waging a strong advertisement campaign to convince

But nevertheless, some governments have tried to protect their people. For example, Papua New Guinea has made illegal the promotion of infant formula. Another country, Jamaica, has denied company representatives access to patients in public hospitals, so that free samples of formula cannot be given out there.

### The Boycott

## Letters

### Disagree

#### To The Editor:

After reading the restaurant review in the December 4, 1978 edition of the *Nexus*, I felt I had to write this note. I have eaten at Lombardo's restaurant for twenty-five years and have always found it to have a most friendly atmosphere and excellent, well prepared food. Many dishes are made from scratch

The problems with bottle-feeding in Third World countries have been evident since the early 1970s. The Protein-Advisory Group of the United Nations, the World Health Organization (WHO) and the medical community have made many important statements and recommendations over the years. Other baby formula companies (such as Borden's and Abbott Laboratories) have responded by revising their codes of marketing ethics and practices. It seems Nestle's will not respond unless they are denied sufficient profits from this boycott. Many groups have already endorsed this nationwide boycott, including the American Medical Students Association (AMSA). The writer of this article urges you to also support this boycott by not purchasing the products listed below. No one can stop a multinational's practices individually, but together we may be able to contribute to the saving of many thousands of children. Write to Nestle's in White Plains, N.Y., and let them know you are boycotting them. If you would like to see Albany Medical College and the hospital formally boycott Nestle's, please approach your student council representatives and the administration with your ideas.

**Boycott these products:** Taster's Choice, Nescafe, Nestle's Quick, Nestea, Nestle's Crunch, Libby Products, McNeill and Libby Products, Souptime, De Caf, Nestle's Milk Flavorings, Stouffer Products, Cross and Blackwell Products, Maggi Products, Swiss Knight Cheese, Jarlsberg Cheese, Dear Park Mountain Spring Water.

Mary Patrick Dearing is a second-year student.



The Albany Medical Nexus is published monthly from September to June by the students of the Albany Medical College, 47 New Scotland Ave., Albany, New York 12208. The newspaper, a service to the students of the College, is also distributed to the faculty, alumni and administration of the College, as well as to the staff of the major affiliated hospitals. Present circulation is 2,500.

Editorial policy is determined by the Editorial Board, an autonomous unit, consisting of the Editor-in-Chief, the Associate Editor(s), the Managing Editor and the Business Manager.

All interested individuals are invited to submit letters and opinions for these pages. Criteria for publication include clarity, timeliness and relevance. Material must be typed and signed, and must bear the mailing address of the author. The views expressed in articles are not necessarily those of the *Nexus*. The Editorial Board reserves the right to edit all material. Notices, manuscripts and letters must be received by the 15th of each month.

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## The Albany Medical Nexus

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which at times is why the service is somewhat slow. It is a 70-year-old family-run restaurant and they pride themselves on moderate prices, quality food, and their immaculate kitchen. Their clientele consists of repeat customers. I could not understand the review stating anything except an "excellent Italian restaurant."

—Faith Baker  
Receptionist  
Albany Medical College  
P.S. The *Nexus* is a great student newspaper.

## Results

#### To The Editor:

Until recently one of the library's reserve copies of Lehninger's *Biochemistry* had been missing for three months. On Dec. 4, 1978 the book was returned anonymously, just after the appearance of that week's issue of the *Nexus*, which included the article on library "ripouts." There may not be any connection between that article and the return of the book, but, if there is, the *Nexus* deserves recognition for its positive influence.

—Marsha Kaiserman  
Instructor, Library Science

## Perryscope

# Confessions of a coat rack

By ARTHUR W. PERRY

How sublime — it's one of the year's most unexpected pleasures — to pick up the first copy of the Albany Medical Nexus this spring and initiate intense and somewhat exhausting intercourse with the world.

Ah, the ecstasy, to leaf through its gilded pages, catching up on the clandestine maneuvers pulled by the medical establishment over the last month.

Upon scrutinizing this newspaper, though, one could understandably become distressed. Only bland stories, the ones your mother would cut out of the *Times* for you, the ones that would put Paul Samuelson to sleep, are present. Where are the anarchistic, the revolutionary, the outright scandalous stories that we would expect to find in a student newspaper?

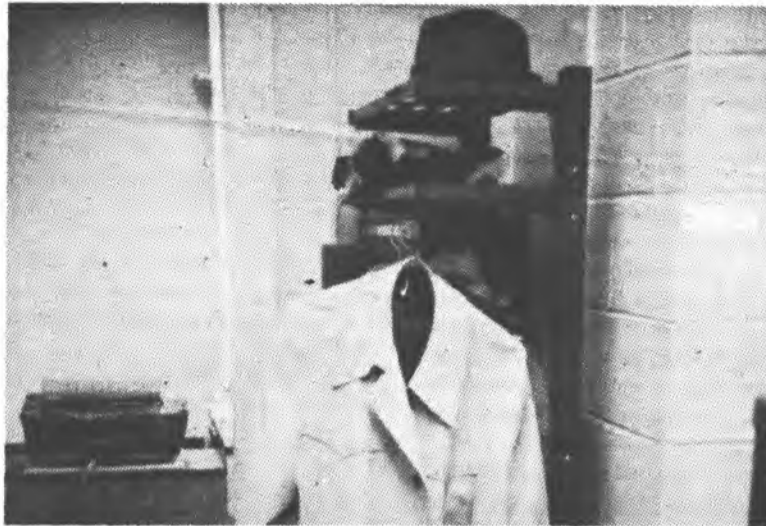
Nowhere!

You see, the other editors of this line organ have been coerced to withhold these stories.

I've spent a good part of the winter vacation disguised as a coat rack in President and Dean Stuart Bondurant's office and thus, have had the unique opportunity to see what goes on behind the scenes, beyond the scenes and through the sleeves.

As a public servant, a political activist, and an all-round nice guy, I feel it is my obligation to disclose the incredibly esoteric rudiments of the hardships I have endured these past few weeks.

From my vantage point, in the left front corner of the President's office, I learned the truth behind the recent tuition increase. Originally, it was designed to finance twelve tennis courts which would be built behind the Theobald Smith Building next spring. The availability of these courts would enable the College to offer tennis instruction in lieu of the disputed "Focal Problems in Medicine" course. This move, as later explained by Executive Associate Dean Robert L.



Friedlander, would "channel our student's time into areas more germane to their professional life... I know that over half the students who see me consider their serve to be a focal problem."

This project was quietly extinguished when James Kolb, a former second-year student and president of the medical activists group, HEME (Humanists Exacerbating Medical Emergencies), discovered the proposed project via a paid informant. He confronted the administration with his evidence and demanded to know why squash courts were not included in the plan. Following this episode, the tennis court idea was shelved but the tuition increase held. Although this reporter has not uncovered where the additional funds will be allocated, a post-card has been received from Mr. Kolb, now en route to Mindanao.

Still another overheard conversation revealed that several unnamed pharmacology graduate students were indicted by a Federal Grand Jury in early September for allegedly developing a synthetic hallucinogen and planning to market it in Pennsylvania. The new drug, 1, 3, dimethyl 4-N benzyl cocaine has "no therapeutic value, but has the same mind-altering

effects of cocaine" the indictment read.

"Obviously, there's been some hanky-panky here," President Bondurant was later heard to say. The students were working under a National Institutes of Health grant which was supposed to examine the chemical properties of the drug that enabled the star of the film, *Superman*, to fly.

"Food poisoning claimed the lives of eight Albany Medical College students last year," began a confidential report issued by the student health service. Five of the victims had eaten 'Cream of Yesterday's Lunch Soup' at the Medical Center Cafeteria before succumbing to its effects. "Hush, hush," was the word as College officials investigated this latest tragedy.

This is just a handful of the astounding events that occurred behind your backs while you were studying the Valsalva maneuver. Why wasn't there coverage in the *Nexus*? In the words of Mark Twain, "The political and social morals of the United States are not merely food for laughter, they are an entire banquet."

*Be with us next time, boys and girls, when Uncle Artie tells us how the Hudson River is so polluted, an atheist could walk across it!*

## Editorials

### Code of Operations

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received, but will do so as space permits. The Editorial Board reserves the right to refuse publication of any letter which it considers libelous, obscene, poorly written, or conflicting with this Code of Operations; to delete portions of letters which are felt to be unnecessary or irrelevant to the point in question; or to edit or delete sections of letters for reasons of space or clarity. Any significant changes will be called to the attention of the author prior to publication.

Student Council columns are provided as a service of the *Nexus*. They are meant to inform students of the proceedings at Student Council meetings as well as provide notification of upcoming events.

**Editorials:** The views of the *Nexus* are presented in the *Nexus* Editorial Column. Editorial opinions are not bound by any considerations other than those of truth and the dictates of respective consciences of the Editorial Board.

**Editorial Responsibility:** The Editorial Board accepts responsibility for the content of each issue. The decision to publish, edit, or change submitted material rests with appropriate members of the Editorial Board. Specifically, the Editorial Board reserves the right to edit material in order that it will conform with its stylistic norms.

Attempts will be made to avoid publishing unsubstantiated rumors or material felt to be detrimental to the best interests of AMC. In doing so, we recognize our responsibility to present, as completely as possible, reporting on significant trends and events at AMC. Decisions on the suitability of material for publication therefore shall be made at the discretion of the Editorial Board.

The Editorial Board reserves the right to give any position within the newspaper to any story without regard to prior requests for placement or any pressure brought about by any group, and will be bound only by its judgement of the relative values of the various topics available and their relevance to the College as a whole.

**Notices:** Notices pertaining to the activities of any organization recognized or sponsored by the Albany Medical College Student Council or AMC will be presented in a campus notices column. Notices should be typed, double-spaced, and should be no longer than 35 words. Notices must be submitted by noon of the day of a specified deadline for publication. The Editorial Board reserves the right to edit notices that do not comply with the above standards. Non-campus organization shall not be guaranteed space in the Campus Notices column, but space may be provided following consideration of each announcement on an individual basis.

**Advertising:** Advertising is handled by the Business Manager. Area businesses may arrange advertising by writing to him at the aforementioned address. Information on advertising policy, rates, and services is available in the Advertising Rate Schedule available from the Business Manager.

**Errata:** Factual errors will be corrected or retracted in subsequent issues. To report such errors, inform the Editor-in-Chief either by mail, telephone or in person.

**Access:** This Code of Operations is subject to practical application; comments on it and its contents are welcome. The public is also encouraged to inform the *Nexus* of newsworthy events.

*This Code of Operations is a companion to the constitution of the Albany Medical Nexus and the treatise, "The Nexus Speaks Out," a compilation of editorials which have appeared in the Nexus. These documents are available for public inspection at any time. This Code of Operations is largely based on a similar one created by the staff of the Innominate, the student newspaper of the College of Medicine and Dentistry of New Jersey — New Jersey Medical School.*

## Opinions

# On priorities and medical education

By NANNETTE HOFFMAN

Having attended Albany Medical College for one and a half years, I have been given ample opportunity to observe my fellow 127 classmates in various academic settings. This enlightening experience has led me to believe that too many medical students at this institution have their priorities in the wrong order with respect to medical education. They have demoted learning medicine to make a passing or excellent performance on exams their main, if not number one, concern in school.

This reversal of priorities manifests itself in many ways. Look at the student who attends lecture regularly and then suddenly disappears from ME 300/500 three days before the upcoming set of exams. Are the lectures directly preceding exams less worthwhile than any others? Probably not. The

person who cuts lecture to gain a few hours extra studying subordinates learning for good grades.

Another example of this subordination is the student who is wrong but right. The question he gets wrong on the test is generally ambiguous, unfair, trivial and such an obvious affront to his intelligence that he's off in a mad dash to Dr. So and So's office to argue the crucial two points that will make or break a residency at John Hopkins. For some of my classmates, it seems learning is overshadowed by Gaussian curves. This may be an exaggeration but the student who tends to be preoccupied with numbers, letters, as well as himself, frequents Albany Medical College.

As an aside I want to comment about trivial questions on exams. First, students should realize that if the faculty insist on asking for

obscure facts that verge on the border of uselessness or if the faculty can't write English to make themselves understood on an exam, then the fault lies with the faculty and not the student. Second, if students accept this premise that instructors who design tests are fallible, then they should be able to assess how well an exam tested the subject matter. Finally, from this reasonable assessment and from their grade, students should gauge what they have learned in a course for their own self evaluation instead of whining over poorly worded two point questions. Students need to recognize that exams don't supersede knowledge. Unfortunately, some at Albany Med have yet to realize this.

When I wrote that medical students here have their priorities out of order with respect to medical

education, I neglected to mention that some AMC students have their priorities out of order with respect to each other. Too many medical students too often think of themselves first instead of one another.

For instance, there is nothing more irritating than to hear the thirty point physiology problem that you blew discussed loudly and in nauseating detail by two nearby classmates just as you are handing in your exam.

Lack of consideration for others is also exemplified by those students who constantly talk throughout an entire lecture. This shows bad manners and rudeness. Furthermore, it's distracting to others.

Another example of thoughtlessness is the person who can't find 15 minutes to complete a course evaluation form. An even worse offense is committed by the

student who crumples the form in front of your face as I saw one individual do with alacrity. The purpose of course evaluations is to improve the course for succeeding classes. The evaluation committees expend their time and effort to achieve this goal. It takes a minimum amount of time to help the committee to better the quality of education for future students. But apparently completing an evaluation form is too demanding for some students even if it may benefit others.

Finally, no student should be able to interfere with the rights of another to obtain an education at Albany Medical College.

In conclusion some medical students at AMC need to think twice about their education and about their attitudes toward each other.

# A unique opportunity —?

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*How are students selected?*

Students are chosen on the basis of their performance on the first Physiology exam. Last year the 26 highest scorers were offered places in the Independent Study class. Fourteen accepted. This year, in response to criticism that this selection procedure was somewhat arbitrary and restrictive, Dr. Saba extended invitations to the top 40 scorers. He and Dr. Alexander were hoping for a class of twenty. However, 27 students opted for Independent Study and none were turned away.

*What does the Independent Study course entail?*

Independent Study students have the same laboratory and virtually the same exam responsibilities as the rest of the class. Conference sessions are held during regularly scheduled lecture hours. This is in contrast to last year when the Independent Study group met outside of lecture hours. Dr. Alexander enacted this change to discourage insecure students from attending regular lectures in addition to the Independent Study sessions — a practice viewed by some as being unfair to the rest of the class as well as an obvious perversion of the independent study nature of the program.

Some of the lectures presented in the regular course deal with topics which are either poorly presented in the texts or which are advancing so rapidly that even the most recent texts are outdated (e.g. the blood coagulation scheme). Independent Study students do attend these lectures which amount to about one-third of those scheduled for the standard course.

*How does the educational experience of the Independent Study*

(AMA News Service) Hahnemann Medical College and Hospital in Philadelphia reported a \$5.6 million operating loss for its last fiscal year.

The institution was touched by scandal earlier this year in connection with construction grants, obtained with the assistance of U.S. Rep. Daniel J. Flood (D, Pa.). Flood and Wharton Shober, former president of Hahnemann, have been indicted as a result of their involvement in the grant.

The loss resulted from a write-down of unpaid bills, according to a hospital report given to the Hospitals Authority of Philadelphia. Most of the unpaid bills had been carried over a period of years, Kenneth J. Kniesner, Hahnemann vice president said.

The report was released to dispell rumor of impending bankruptcy, Kniesner added. It showed that total assets exceeded liabilities by \$66.5 million.

*students differ from that of students taking the regular course?*

The answer to this question lies in the educational philosophy which the Independent Study mentor brings to the program. Dr. Alexander was raised by a family of educators where, he says, he was exposed to the Socratic method as early as the age of three. A firm believer in this method as a teaching mechanism, Dr. Alexander is well known for responding to a student's question with one of his own and for his insistence that students rack their brains before he will divulge an answer — painful as this may be.

Dr. Alexander further believes that "education must be a two-way street" and insists that his students participate actively. In keeping with this philosophy Dr. Alexander challenges his students, both in and out of class, with complex problems.

Take, for example, the homework problem assigned for the temperature regulation section — an 80 kilogram deep-sea diver with a body temperature of 37 degrees Celsius works under 46 atmospheres of pressure. If he burns 2,500 calories per minute, has a ventilatory rate of 30 liters per minute and is breathing 99.5 percent helium and 0.5 percent oxygen, what will his body temperature be after one hour?

Give up?

A problem this difficult obviously cannot be solved by looking up an equation in Guyton and plugging in a couple of variables, and if assigned to the entire class would probably give rise to widespread panic. But to the "highly motivated student" such a difficult problem might stimulate an assault on advanced texts or original literature and make for an exciting educational experience.

*What has been the reaction of the general student body to the Independent Study program?*

East Spring the Physiology Course Committee asked the Freshman class for their opinion regarding the Independent Study program. The responses were overwhelmingly negative. Some students objected to the Physiology Department's apparent desire to take teaching resources away from the majority of the class and direct them toward the strongest students. More specifically, some expressed displeasure that Dr. Alexander, well known for his expertise and lecturing acumen in Renal Physiology, did not teach this section. In essence, some students felt that the quality of their education was being sacrificed for the benefit of those at the top of the class.

These criticisms are completely unjustified, according to Dr. Saba. First of all, he emphasizes that Dr. Alexander's participation has in no way affected his contribution to the regular lecture course. While relinquishing the renal section, he

picked up the cardiovascular segment — an important area and one in which his expertise and lecturing skills are unquestioned. Dr. Saba made this switch so that junior faculty could gain some experience in teaching renal physiology.

To make room for his expanded teaching responsibilities, Dr. Alexander has curtailed his research efforts. He chose to make this sacrifice because he feels the Independent Study program has great potential to enrich the quality of education offered at AMC.

Dr. Saba feels that establishment of the Independent Study program actually has worked toward improving the educational experience of the remainder of the class. He reasons this way: the lecture and conference format provide only a limited amount of time for student participation, most of which is dominated by the stronger students (who tend to be more inquisitive). The Independent Study class serves, first of all, to decompress the lecture halls and conference sessions and furthermore, to separate out the more aggressive students. Both of these factors free up faculty time to the benefit of the rest of the class.

*What is the future of the Independent Study program?*

Dr. Saba hopes eventually to broaden the program. He has observed that students who excel in Physiology tend to do so in other courses as well, and feels they would flourish maximally in a multidisciplinary independent study program. Presently, Independent Study students commonly find themselves with a single free hour sandwiched within a morning otherwise packed with lectures. Larger blocks of free time would allow students to get settled in the library and concentrate on a problem for an entire morning or afternoon.

Dr. Saba also has hopes of offering Independent Study to more students and thereby not restrict classes to only a small group at the top of the class. He is presently seeking outside funding which would be necessary for such expansion.

### Final Comment

One aspect of the Independent Study program which must be emphasized is that it is, at present, an *experimental* program. Drs. Saba and Alexander's goal in these early years is to demonstrate that a group of highly motivated and skilled students can, by following a program "geared to a more library and literature education coupled with close faculty-student interaction" can achieve a more successful mastery of the subject matter and "realize the value of independent study in continuing education."

Due to the experimental nature of the program its designers did not want to include any students who, for lack of a structured lecture presentation, might run the risk of flunking either the Physiology course or the National Boards. This was the reason for restricting admission to students who did well on the first exam. Statistics compiled over several years have demonstrated that success on the first exam is a fairly accurate indicator of a student who, in Dr. Alexander's words "is going to get the story" almost regardless of how the material is presented.

The results from last year's Independent Study class showed that its students performed at about the same level as did high scorers on the first exam in past years. If, through development over the next few years, Independent Study students show an improved mastery of the material Dr. Saba feels he will have a good chance of obtaining outside funding and will then be able to open the program to more students.

The formula for selecting students once Independent Study has emerged from its experimental stage will be a critical determinant of how well the program is serving the students' needs. Use of somewhat expedient and arbitrary selection measures in the program's incipient stages is understandable. However, if the Physiology Department continues to accommodate only the brightest students and, worse yet,

adopts as permanent policy the practice of inviting students solely on the basis of first-exam performance they will be doing many students a disservice.

There are at least two good reasons for this. First of all, students near the top of the class are not alone in their ability to develop independent study skills. It is likely that many students in the middle strata would flourish in an independent study program. Secondly, students need time to adjust to the medical school environment, some more than others. A bright student, perfectly suited to an independent study program might easily botch an exam or two. Some mechanism should be provided to allow students to join the group at a later stage.

There is another good argument for opening the Independent Study program to as many students as possible. Additional Independent Study sections would enable the Physiology Department to offer small-group instruction to a major segment of the class. Such a development would signal a revival of the one-on-one student-faculty relationship and a laudable reversal of the seemingly inexorable trend toward depersonalization of medical school education. To restrict such an attractive opportunity to a select few would constitute a most destructive and demoralizing elitism and serve only to exacerbate any competitiveness which already exists among students.

## Student Council Spotlight

By LISA CYRAN  
AAMC REPORTS

Nancy Downs, AMC 111, a member of the Organization of Student Representatives of the American Association of Medical Colleges, talked about the AAMC meeting she attended. At the meeting, it was pointed out that more people are needed in the fields of medical research and academic medicine. Also, programs on women and medicine were presented at the meeting and several resolutions were passed by the OSR. These resolutions encourage the Council of Deans or the AAMC to focus on issues felt to be of major importance by the students in the OSR, and cover a wide range of concerns such as stress in medical school and residency programs, federal loans for tuition payment, curriculum evaluation and objectives and other topics. These resolutions, news of the AAMC, and decisions of the Executive Board of the AAMC, are posted by Nancy on the bulletin board near the Bookstore.

### Social Committee

The Social Committee presented initial plans for a Bahamas Party to be sponsored jointly by the AMC Student Council and the Albany Law School Student Bar

Association. The band party will have a lottery (entered by buying tickets to the party) and the winner will receive a free trip for two to the Bahamas for a weekend. The Student Council approved the social committees plans for such a party pending joint approval and participation by the SBA.

### Curriculum Evaluation

Irene Faust reported that much progress has taken place in making reports of past course evaluation committees and the Department Chairman's response to them available to students, so that they can see tangible results from the course evaluation process. Past and incoming reports will be made public to everyone except for sections contained in the report regarding specific faculty members. These sections are available only to the Dean and the Department chairman.

### Medical Education Fellowship

A committee has been formed to work on the issue of establishment of a medical education fellowship for this upcoming summer. The committee hopes to choose a course and to interview student applicants for the job. It is hoped that this can be done early this year as many students start to line up jobs for the summer early. Ed Amyot, Mary Pat Dearing, Jeff Brown and Sr. Janet Garguilo are members of this committee.

### Booksale

The Book sale committee informed the Council that \$40 profit was made in the last booksale.

Several students have expressed interest in establishing a Nutrition class possibly to be offered in the first year. The Student Council members expressed support for their interest in investigating this.

Lisa Cyran, AMC II, is the secretary of the Student Council.

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Dizzy, Tired  
Not inspired  
Writing silly poems.

Mixed-up mind  
Can't unwind  
Climbing through its catacombs

—James C. Strazzeri

**Psychological journey**

*continued from page 1*

where Deckert encounters an old medical student, Sam, who has been in practice for a couple of years. Sam asks, after telling Deckert all of his problems stemming from the practice of medicine, "Dr. Deckert, am I always a physician?" The answer, which Deckert withheld until the very end of the lecture, provided food for thought in light of the new year and its upcoming stresses which face us all.

"Yes, I am always a physician, but not only a physician. Just like I am

always a husband, but not only a husband. There are some who try to keep it separate, and by keeping it separate, they never become whole. And then there's those that become only physicians, but in so doing, never become a person or for that matter a good physician."

For all those who missed the lecture and want to see it, a videotaped version of the lecture is now available in the audio-visual center at the library.

*Joseph Spataro is a second-year student.*

**Extracerebral activity**

By DAVID JAY DICKOFF

As medical students we are uniquely aware of the care and attention that is required by our bodies both as a means of preventing future discomfort and to feel our best at each moment. We are also, less happily, aware that our schedules are tightly packed with classes, laboratories, and other academic considerations with little enough time left over to eat, shower, and sleep.

Many peers find time to relax and exercise in running, but the Albany winter proves less than conducive for some to don sneakers and shorts. Others are involved with the Law School's intramural basketball league or the Thursday evening Volleyball club organized by first-year student Debbie Tristram. Swimmers can find their strokes at either the Y.M.C.A. or the Albany Jewish Community Center, but here, poverty precludes this pleasure. There is also the problem that although many of us recognize our needs, we lack the impetus, on our own, to seek their fulfillment.

To many others, the primary requirement for survival in medical school is not physical exercise so much as mental relaxation.

A weekly program of events at the Capital District Psychiatric Center organized by Hayat Abuza takes steps in the direction of eliminating this dichotomy. A yoga class suitable for the absolute neophyte meets on Monday and Wednesday from 5 to 6 p.m. in the CDPC movement room. I have never attempted yoga before this year, yet I find that one hour spent in relaxation after a full day of classes allows me to proceed to an evening of studying with a clear and rested mind. In recent years many prominent psychiatrists and psychologists have incorporated these ageless practices of the east into their regular therapeutic regimen aiding their clients in relaxation and the relief of tensions. There is also an introductory class in meditation that will meet from 6 to 7 p.m. on Wednesdays in the movement room.

Again this year, a totally enjoyable class in beginning dance is being offered by Deborah Hayek. The class, which meets on Mondays from 5 to 6 p.m. in the CDPC gymnasium features both ballet and modern technique. No experience — only interest is required for participation in any of these activities.

I hope that everyone has a healthy and happy 1979, and that all resolve to find time to relax, enjoy, and most importantly, to take care of themselves in this new year.

**View from the floor**

**TAGGED!**

By NANETTE SANTORO

Why did this have to happen now? Why not last week, when I might have expected it?

Millie was surrounded by the CCU team — shirtsleeves up. The dominant figure on the scene, however, was the EKG machine. It ran the whole show. "Fib again . . . shock her . . . we have a rhythm . . . any pulses yet? Listen to her heart for a few seconds . . . any pulses?"

I two days ago I had walked her to the bathroom and back. She never thought she'd make it but she had.

"GET . . . HELP!" she gasped, obstinately sitting on the toilet seat. "GET . . . HELP!" It took her 30 seconds to say it. The conversation of congestive heart failure.

I noticed some greenish stains on the pillow, then on her long, gray hair. Had she aspirated? Lungs like hers needed no new challenge. Millie, you were going home tomorrow.

"Why the hell can't you feel a pulse? . . . she's going about fifty . . . get the stethoscope on it . . . another amp of bicarb, come on . . . it's deteriorating . . . shock her again . . ."

She told me she was going to die here. Maybe she was faking all the recent cheerfulness. Maybe that walk was just to humor me. She had looked so ruddy and glowing afterwards. She said "YOU'RE . . . SO . . . SWEET!" in that breathless way of hers, each word was priceless . . .

I hey had found her like this — not breathing, blue around the mouth, then I got a phone call . . .

"Mrs. R is dead — or — dying . . . you'll have to sign the certificate and call her doctor . . ."

I hey're giving up! I'll pound on her all night if it'll do any good. How can this be happening? No warning at all . . .

I hey disconnect all the electrodes. Then they put a tag around your toe. It's an easier transition than you'd like to believe, from person to cadaver. If I'm unlucky enough to die in a hospital, I'm going to write in my will — NO TAG or no money . . .

Phone call time . . . no, not just now, I might cry too hard. I turned to the resident who ran the code. Maybe he could help me understand this. He showed me some lab values and offered me theories, more than I could comprehend . . . Great things, lab values. They permit you to sit back and observe, in serial fashion and with utmost precision, nature's inexorable course.

Down, down, down. A slight satisfaction comes at the time of autopsy. You can stop guessing and worrying about all the things you did wrong. Millie had a few good reasons to be dead. They were called lungs and heart. Both were lethally infarcted. A small, unimportant fear passed. I hadn't killed her.

Maybe she had known, then. There's so many terrible ways to die. I like to think that she floated away — not in sleep, but not in pain.



*Photo by Cynthia Ferrucci*

First year student David Dickoll practices a spinal twist.

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## NHI debate highlights

continued from page 1

first session of the 96th Congress were debated. Mr. B. Harrison spoke for the snowed out Max Fine, who is the Executive Director of the Committee for National Health Insurance. Harrison, who is not so fondly called, "The Father of PSRO" by many physicians, for his role in starting that organization, first explained that he does not personally favor Senator Edward Kennedy's proposal.

He then outlined the Kennedy proposal, which has also been endorsed by organized labor. The plan, based on the idea that too much money is being spent on health care costs, features mandatory fee schedules for physicians and negotiated hospital budgets. Kennedy feels that since other countries such as Canada spend less on health than the United States, cost containment is a realistic goal in this country.

He envisions government control on the health industry as a method for controlling costs. Kennedy's plan is a reaction to President Carter's set of principles for National Health Insurance which he called "too mild." The senator had previously abandoned his total government insurance plan when he realized it would not be enacted by Congress. The new plan would cost \$14 billion each year initially and would be financed by employees, employers and general revenues (translation = taxes). It would provide coverage for everyone including the self-employed and would cover preventive medicine and catastrophic illnesses. The plan would be run by a bipartisan federal Public Authority with members appointed by the President. At least half of these people would be consumer representatives.

Next up was Wayne Bradley, the AMA's Director of Public Affairs. Bradley spoke for the AMA's NHI plan and opened with the remark that 80 percent of the population has health insurance in the U.S. Most of the others are covered by Medicaid and Medicare, bringing the total up to 90 percent of the American people with some sort of coverage. The AMA assessed what else was needed and decided that preventive medicine and mental illness benefits should be included in health insurance.

"In every Congress since 1970, the AMA has offered a health insurance pact with wide bipartisan sponsorship — one-third Republican and two-thirds Democrat supported — no other bill ever had such wide support," he said. "Kennedy's bills have had no Republican support." The AMA's plan would provide a health insurance for most people and would not discriminate between physical and mental illnesses. There would be no ceiling on costs and the patient would have a choice of his doctor, dentist, and insurance company. There would be no new taxes and no federal administration. Sixty-five percent of the costs would be paid for by employers. The plan would include total payment by the government for the indigent and would provide insurance to supplement Medicare coverage."

The differences between the AMA versus the Kennedy proposals are many. The AMA provides private health insurance to all regardless of the income while Kennedy wants federally controlled public and private plans. The AMA would minimize public manipulations while Kennedy would restructure health delivery and lead to centralized control. Bradley stated

that Kennedy claims that "every industrialized nation other than the U.S. and South Africa has a NHI." "That's just *not true*," said Bradley, "there are 2000 different plans in Japan while France and Germany have guilds with private insurance. Only England and Sweden have total federal plans. All other countries have at least some private health sector."

Anne Prostress of the Rush Hospital in Chicago spoke next for U.S. Representative Dellums of California, whose aide was snowed out. Ms. Prostress began by saying "Twenty percent of the population have no access to health care of any kind. They can't afford it or don't live where care is easily available

removes financial power from the insurance companies and places it within the National Health Service."

At this point Mr. Bradley responded by saying, "Low income people see MD's *more often than* affluent people. I'm not claiming that they are getting all the care that they need, but the gaps are closing and are certainly being addressed voluntarily." He then said that each political faction seems to take statistics and bend them to fit their needs. One study he had seen showed that there were 20 million uninsured people in the U.S. while another claimed 12 million. "Three of four without insurance are the near poor, one of ten are uninsurable, and one in four choose to take their chances

**"Ms. Prostress grabbed hold of the microphone and denounced what Mr. Bradley had said. The audience hissed."**

(rural or inner cities). 45% lack any coverage for office/home visits — they only are covered for hospital charges. Seventy-nine percent lack any nursing home care coverage and over 90 percent lack dental coverage . . . health care is a right . . . not a privilege. If this is true, and I claim it is, then it can't be a business," Ms. Prostress said amidst scattered whispers.

She then went on to outline Congressman Dellum's proposal. "This plan would declare health care as a public service — financed by progressive taxes and corporate taxes. It must be in the federal budget and it must correct the uncontrolled profit-making of pharmaceutical companies."

She went on, "Congressman Dellum's plan would establish a U.S. National Health Service which would cover every phase of health care. Financial aid to medical students would be included in this plan as well as health manpower, affirmative action and women in medicine, and the regulation of residency programs. The National Health Service would be broken up and operate on the local level with elections held to choose its local administrators. Two-thirds would be consumers and one-third would be providers of health care." By now the audience was visibly disturbed. She continued, "this proposal would allow health workers to organize and emphasizes preventive care. It also

and go without insurance. The near poor would be reached by the AMA bill so that leaves a small group without insurance . . . and most of those choose not to have it!" he said. By now Mr. Bradley was quite furious (as was the audience) with Ms. Prostress and exclaimed, "She says 'health care is a right' — what does that mean? It's U.S. policy that everyone should have access to education and health care, but what does it mean 'it is a right'. Who ever decided that anyway? And how many billions would her policy cost? And another thing, in Britain, health competes with every other item in the national budget. This has caused capital improvement to fall behind. Many hospitals are 100 years old there without major improvements. Now more administrators than medical care workers are in the British system!"

Time was out, the debate was over, and the audience of medical students and interested AMA delegates crowded the room and cheered for their man Bradley. As the participants filed off of the platform and a break began, Ms. Prostress grabbed hold of the microphone and denounced what Mr. Bradley had said. The audience hissed.

### Business Meeting

The Business meeting of the SBS was held in the afternoon. After a series of uneventful reports from various committees, the students

discussed the various proposals they had written and then voted on them. The major considerations of the SBS are discussed here.

**SBS Reorganization:** As of the 1979 annual meeting, the SBS will have a new internal structure. Each school will be entitled to no more than one vote at SBS meetings, although more students may attend and voice their opinions. The officers of the organization will be composed of three selected by the American Medical Students Association (AMSA) and four elected from the floor at the SBS meeting. The four elected officers will represent different regions of the U.S. — the East, North Central, South Central, and the West. Albany is in the East Region. These changes were approved with quite a lot of opposition.

**Medical Student Position of the Council of Scientific Affairs:** This merely places a medical student on this council and was approved. Medical students already serve on the Council on Medical Education, the Council on Legislation, the Council on Medical Services, the Council on Long Range Planning and Development, and the Council on Constitution and Bylaws.

**National Health Service Corps Scholarship Program:** This proposal, which called for AMA's introduction of a bill which would expand this scholarship program, was approved.

**National Health Insurance:** This resolution was similar to that already in AMA's policy and was approved.

**The Promotion of Exercise within Medicine and Society:** This resolution recognized the value of exercise in maintaining good health and called for medical students to receive instruction on the

prescription of exercise among other things. Approved.

**End to World Hunger:** This resolution was a later version of one supporting the Hunger Project. It instructed "the AMA to support the ideal that starvation on the planet be eliminated by 1997." Considered ridiculous by some and 'spinning our wheels' by others, it was defeated in a close vote.

**National Board Examination:** This resolution pointed out that 89 medical schools now require their students to take the National Boards while 50 schools require passage of the exam for graduation. This use of the exam violates the National Board of Medical Examiners' official policy and the resolution, which passed, called for the AMA to look into the misuse and propose guidelines for insuring its appropriate use.

**Child Care Support:** This directed the AMA to support the establishment of adequate child care for working parents and medical students. Passed.

**Financial Aid for Medical Students:** Condemned the current antisubsidy sentiment toward medical student loans. Passed.

A number of other resolutions were considered by the students. Anyone wishing more information about any of the issues discussed at the AMA meeting should write AMC Box 198 with their requests. The AMA meeting proved to be a stimulating experience which I spent a great deal of time thinking about as I spent a week at O'Hare Airport waiting for my flight that night.

Arthur W. Perry is AMC's representative to the AMA. His trip was funded solely by the AMC Alumni Association.

## Palpating for Thrills

Beginning with the February issue, **Palpating for Thrills**, a page devoted exclusively to humor, satire, poems, and other 'lighter side' material will appear. Submit any material to Box 198 by Feb. 1st.

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(AMA News Service) Stanford Medical School said it was eliminated its separate minority program in what it described as a move to conform to the guidelines of the U.S. Supreme Court's Bakke Decision.

Action of the Palo Alto, Calif., institution's faculty senate dissolved a Minority Admissions Committee, which since 1968 has processed applications from minority students who have been filling about 20 percent of the school's 86 first-year places.

The faculty senate also reaffirmed its commitment to minority admissions but didn't say how it would attempt to accomplish that goal.

"If you want to get out of medicine the fullest enjoyment, be students all your lives." David Riesman

# World Is Out at CDPC

By **GEORGE JANG**

Several years ago, when he was here at AMC to address the Human Sexuality class, former New York City Health Commissioner Howard Brown asked the college administration if they would knowingly admit a homosexual to this medical school. The answer was an unequivocal "no". A lot has happened since then — gay civil rights ordinances have been approved and repealed, the military is slowly reconsidering its policy of automatically discharging homosexuals, California proposal that would have made it nearly impossible for gay teachers to find employment was defeated, the Florida Citrus Commission decided not to renew its advertising contract with Anita Bryant, and San Francisco official Harvey Milk, an

outspoken gay rights advocate, was assassinated by a political dissident. If one is inclined to look for trends, a case may be made for a gradual liberalization of attitudes towards homosexuals in America. But the truth is: there have also been many setbacks and resistance to change. The reasons for this opposition can only be speculated upon — fear, envy, hatred, lack of knowledge, misconceptions, insecurity with one's own sexuality, etc.

Just as body temperature and blood pressure are gross measurements that give little information regarding intracellular mechanisms, events on the national level, results of local elections and public opinion polls are, at best, gross indications of how individuals interact. To achieve an adequate understanding of human behavior,

one must examine the individual. While countless studies on homosexual behavior have used interviews with gay men and lesbians, the tendency is to reduce the gathered information into statistics, tables, graphs and supportable statements. In the attempt to be scientific, a holistic concept of personality becomes a fragmented one and valuable intangibles are discarded: idiosyncracies, presence, eloquence, warmth, character, dreams, aspirations, emotions, feelings — the complexities of human experience we cherish so much in ourselves and in those we love. This information comes across poorly in non-fictional, technical prose. A superior medium would be film.

San Francisco's Mariposa Film Group has created **WORD IS OUT: STORIES OF SOME OF OUR LIVES**. The film consists mainly of interspersed segments from interviews with twenty-six gay men and lesbians. It is divided into three parts: the first part deals with the early years of childhood and adolescence, the second part recounts the period of discovery of sexual identity, love-relationships and

confession, personal history, socio-cultural background, political beliefs and lifestyle. But with the richness in diversity, there also emerges a sense of intimacy. This intimacy facilitates the sharing of some very intense experiences.

Although the element of outrage is strong and infuses the film with an impassioned urgency, the appeal, especially to non-gay audiences, will probably lie elsewhere. This is, after all, a film about love. One after another, these men and women recall the first arousals of love for another person. David Gillon, speaking through orthodontic braces, confesses, "In high school I thought I was just one of those people who could never love anybody. WHEN I fell in love with Henry, it meant I had 'incredibly deep emotions — it meant I was human.'" The vulnerability shows as the face softens and the eyes betray a frantic search for adequate expression of feelings. Paradoxically, this very vulnerability, which accompanies the willingness to love, becomes a source of strength. These people have all taken the same gamble: they have invested their trust, fantasies

and emotions with another person and they have won.

I have often heard the chauvinistic comment that gay people seem to be more creative and alive than their straight counterparts. If it is true, I propose that some of the energy for this creativity and vivacity is fueled by anger. Anger at society, family, self. Anger channeled and unchanneled. In **WORD IS OUT**, the Mariposa Film Group has channeled the collective anger of a significant and much abused minority segment of our society into something very gentle, incisive and beautiful.

A popular criticism of the Human Sexuality course in the past has been that it was all "grunts and groans" with very little feeling. It is hoped that this film will help remedy that, by presenting sexuality without presenting genital contact, thereby clarifying the difference between the two (written tongue-in-cheek), by exploring the far-reaching implications of sexual or affectional preference, and by placing sexuality in one of its popular contexts — i.e., in meaningful interpersonal relationships.

The Capital Area Coalition for Human Rights and AMC Dept. of Obstetrics — Gynecology are co-sponsoring two showings on Monday, January 22, 1979 at CDPC, main auditorium. The first showing, at 6 p.m., is free and limited to participants of the Human Sexuality course and to all medical students. The second showing, at 8:30 p.m., is open to the public. The charge will be \$2.50 general admission, \$1.50 with student or senior citizen ID.

## Birth method symposium

By **KATHIE HERMAYER**

A "Forum on Birthing Alternates," co-sponsored by AMSA and AMWA, will be held on January 24, 1979 from 7 to 9 p.m. in the large auditorium in the CDPC.

The schedule of activities will include an introduction by Dr. Alan Miller, followed by a panel discussion which will be moderated by Molly Backup who is a Physician's Assistant from CHP (Community Health Planning in Latham). The panelists will include the following:

Kathleen Matthews — viewpoint: "Effecting changes in the System" — family nurse practitioner and midwife in rural Vermont.

Raymond Haling, M.D. — viewpoint: "An Obstetrician looks at home birth" — obstetrics practitioner.

Gale Wilson Dillaway — viewpoint: "Teaching home birthing" — homebirth teachers.

G.J. Barker-Benfield, Ph.D. — viewpoint: "History of Obstetrics and current alternatives" — Department of History, SUNY at Albany, author of *The Horror of the Half Known Life*.

Following the panelists presentations of their viewpoints, there will be a question and answer period opened up to the audience. Also Anne Rose, a resource person on the LeManze method of prepared childbirth will be present to answer any questions. There will be a coffee and donut reception after the symposium in the CDPC lobby.

All medical, nursing, allied health students, faculty members and community members are invited to attend. Admission is free.

**"In teaching the medical student the primary requisite is to keep him awake."**  
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# A cellist at AMC

By ANNE E. SIERK

The amazing Phil Shapiro! His feats are useful at family gatherings — when one of his first year AMC classmates is asked by Uncle George, "So, how's medical school?" they can quickly sidestep the issue and say "Did you know one of my classmates plays cello in the Albany Symphony?" He adds life to lectures with unexpected slides and drinks for lecturers, and in his spare time he goes flying. Does it seem improbable that one person does all this? Could his seat in the string section perhaps be a ploy to increase ticket sales to the medical center population?

Phil has worked hard on his cello studies and his past accomplishments show that he is well deserving of his seat in the orchestra. He has spent thirteen years studying music, exclusively on the cello. In high school he participated in several orchestras and was principal and soloist at Great Neck North High School. Although also a member of the RPI orchestra in his two years at RPI, Phil felt that he had neglected his cello playing while there because these were the first years he did not take lessons. As a solution to his desire to play more, he decided to try joining the Albany Symphony.

The actual process of getting into an orchestra is much more involved than just approaching the music director. After his initial letter in early 1978 to the manager, Phil did not have an audition with the conductor, Julius Hegyi, until June. Openings in the orchestra for the coming season were few, and several people auditioned for the only cello slot. When he was rejected on

August 24 he convinced himself that his recent hobby of flying would keep him busy enough, in addition to the anticipated work load of the first year in medical school. In mid-September, however, Phil was offered a position in the orchestra because of a veteran cellist's illness. Since there was only one day before the first rehearsal, Phil decided to give it a try.

The decision process for joining the symphony has been a tortuous journey for Phil, and he still runs into rough stretches. He sought advice from family and friends, AMC faculty on the prospective work load, and other medical musicians such as Dr. Ingrid Porter, a SUNYA physician who is also a member of the symphony. Although some of these counselors were discouraging, Phil decided that it was best for him to do what he really wanted rather than regret not having tried.

TIME — the quantity that seems so lacking to a medical student . . . Where does Phil find his time for studies and practicing the cello? He spends up to two hours per day practicing both for his own benefit and to prepare concert music. His practice at home is in addition to the five rehearsals to prepare each concert, which come about once every three weeks. Ever since that first unexpected rehearsal open to the public when he unavoidably found himself sight-reading the music, he has made an effort to be well prepared ahead of time.

Phil found the mixture of studying and practicing not to be an easy one from the very first. He said he was already behind in his work when he

joined the symphony. The problem was compounded by concert rehearsals being before both his first and second set of exams in the fall. Phil found the shortage of time to be an advantage to him by forcing an increased efficiency in his studying. He said, "When you stop to think about it, everybody in the class, despite the heavy work load, spends a good deal of the day doing things other than studying. I thought I'd take some of that time to participate in something I really love — making music!" The juggling of time and interests has not stabilized however; in December Phil came to a crisis over whether he could afford to continue in the orchestra. Phil's first commitment is to his medical studies but his love for music helped him decide to try to stay in the orchestra for as long as he can.

Phil's status as a biomed student makes him one of the younger members of AMC's freshman class, but he doesn't think he is the youngest in the symphony. There are at least two high school students in the group. His fellow musicians have diverse backgrounds; there are Julliard graduates and public school music teachers in the orchestra. Yes, Phil gets paid for performing, but at \$26 per concert or rehearsal, none of the musicians depend on it for their sole support. As an added dimension to being a symphony member, Phil found it necessary to join the musician's union.

The next concert that our medical musician will be performing with the Albany Symphony is on January 20th. The concert will be of a pops nature. For someone seeking music of a more classical bent, the

symphony will be performing works of Villa-Lobos, Tchaikovsky, and Robert Schumann on February 23rd and 24th.



Phil Shapiro

## Next

# Albany Medical Nexus

## deadline -

# January 29th

## We are not alone

By ARTHUR W. PERRY

As tuition increases steadily at AMC, many of us wish we had gone to that state medical school we had been considering. But, since misery loves company, consider the plight of the students at the New Jersey Medical School, many of whom did turn-down more prestigious schools for a break in tuition.

At New Jersey Med the tuition of \$4,000 is low when compared to all private U.S. medical schools but is in the top five among state-run medical schools. Now, the Department of Higher Education of the Garden State has proposed a \$1,000 increase for next year and has made it clear that this is only one of a series of increases aimed at having students pay 30 percent of the cost of their education. Thus, tuition will reach \$6,600 in New Jersey by 1980-81.

Needless to say, New Jersey students are up in arms. Their school will claim two dubious distinctions when this increase materializes. They will possess the highest tuition and will be paying the highest fraction of educational costs of any medical school in the United States.

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But before you start feeling sorry for the New Jersey Meds, consider their student council budget which was recently unveiled. It includes \$780 for their Rugby Club, \$1,620 for AMWA, \$2,025 for their monthly newspaper, \$1,150 for their student state medical society and \$2,100 for the Student National Medical Association! Amazing, isn't it?

## AMC Calender

— **Thursday, January 18,** 5 to 6 p.m. on the fifth floor of Schaffer Library. "Impressions from a visit to China." Guest lecturer Alan Kraft, M.D. The History of Medicine Society.

— **Wednesday, January 24,** 7 p.m. in the CDPC large auditorium. "Forum on Birthing Alternatives." Sponsored by AMWA, AMSA, Office of Student Affairs.

— **Thursday, February 8,** 7:30 p.m. in the CDPC large auditorium. AMC Chamber Players Winter Concert.

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