

THE REST OF YOUR LIFE

Physician Writers Share Their Zeal for Storytelling

Dr. Robert H. Bartlett was so mad that he had to find a way to channel his anger—he chose written words.

It was the late 1970s and Dr. Bartlett was on the surgery faculty at the University of California, Irvine. He also directed the university's burn center. A lawyer asked him to review the case of a local man charged with child abuse for allegedly burning a child.

"When I reviewed the case, I was sure the man was innocent based on how things looked, but the man had already been convicted, as he was in prison," said Dr. Bartlett, who is now professor emeritus of surgery in the division of trauma burn/critical care at the University of Michigan, Ann Arbor. "This was a retrial on appeal. I testified, saying it was clear to me that this was an accident. But the jurors didn't believe me, and they sent him back to prison."

Furious, Dr. Bartlett wrote a few editorials for local newspapers noting that no physician with an expertise in burns had ever evaluated the victim. No one had ever taken a medical history. The charges against the man were "all based on as-

sumptions that were incorrect," he said. "So in the editorials I wrote [that] before you accuse somebody of child abuse, you better make sure there's a basis for it medically. Because once someone's accused, it's one of those crimes that runs wild, and it's very hard to prove innocence."

He continued to write, but in a fictional form, based on this case and other burn injury cases that he had seen that showed signs of child abuse. The effort culminated in his first novel, "The Salem Syndrome: A Novel of Medicine and Law" (Livonia, Mich.: First Page Publications, 2005). The manuscript collected dust for more than 25 years before being published.

"I had an agent in New York and [had] come close to getting it published at that time, but it never was," he said. However, "about a year ago I met another small publisher... who read the book [and] thought it was good. So we published."

Dr. Bartlett said that most of the book was written on airplanes or in hotel rooms during his travels for work. "I really didn't have time to [write] when I was in town and running my practice," he said, adding that the majority of the story was dictat-

ed. "I have great secretaries. All of my grants and scientific papers are dictated, so I got into the habit of dictating full paragraphs or full pages at a time."

He said that the hardest part was writing the first sentence each time he sat down to devote time to the book. A metaphor he came across likens writing to driving from Detroit to Chicago at night. "You know where you're going, you know pretty much what the route is, but you can only see as far as your headlights shine," he said.

A 'Thinking Man's James Bond'

If medicine and law inspired Dr. Bartlett, medicine and politics inspired neurologist David B. Rosenfield, author of three books about protagonist Dick Swept, a neurologist whom he calls the "thinking man's James Bond."

In his first book, "Dick Swept, M.D.: Tomorrow the World" (Philadelphia: Xlibris, 2003), Dr. Swept is recruited by the Central Intelligence Agency to block ex-KGB agents from producing a drug intended to alter the minds of world leaders and media types. (A screenplay version of the book won awards at the Houston International Film Festival and the Austin Film Festival.)

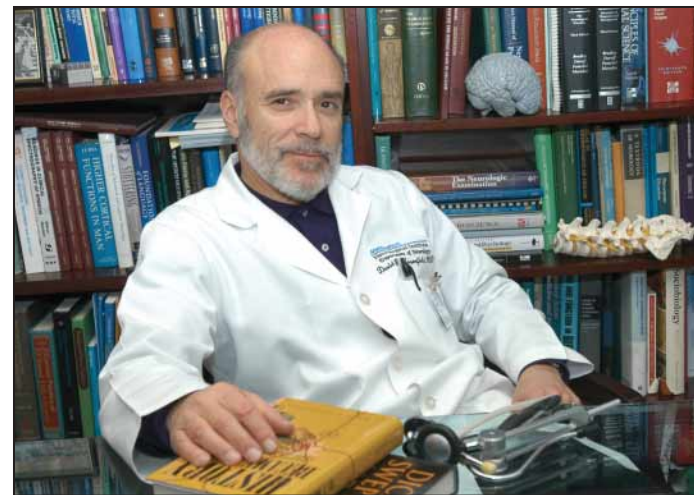
In his second book, "History Became a Lie: Another Dick Swept M.D. Medical-Espionage Thriller" (Xlibris, 2005), the CIA again summons Dr. Swept for help in retrieving Iraqi weapons of mass destruction that are thought to be in the hands of Chechen terrorists.

In his third book, "Blood of Beethoven," due out this summer, a group of terrorist musicians intend to obtain Beethoven's DNA and clone him.

The characters in his three-book series are "a bunch of people in my life whom I have made up, and I really like them, even the bad guys," said Dr. Rosenfield, a neurologist at the Methodist Hospital Neurological Institute in Houston. "It's a nifty thing to work your way through the world in it. It certainly teaches me a lot about the stuff I have to research and write about. I got on the Internet and figured out how to drive from Baghdad to Grozny. How many guys do that?"

Dr. Rosenfield had wanted to be a poet for as long as he could remember. During his freshman year of college at Brandeis University, he entered 86 poetry contests but never earned recognition.

Years later, finding time to write the books and juggle personal and professional obligations was an ongoing challenge, but it got easier with each book. The first book took 18 years to write. The second took 2 years and the third took less than a year, he said.



When he's in his office writing, Houston neurologist David B. Rosenfield tells his secretary to 'pretend I'm in Dallas.'

"What I had to do was have protected time where I could not be interrupted," said Dr. Rosenfield, who is also a professor of neurology at Cornell University, New York. "The best place for that is first class on a plane, because you cannot be interrupted. I learned the hard way that I could not dictate [the book]. That was a disaster."

To write effectively, "I have to have 4-6 hours and be alone. I will block out a day. I will get someone to cover for me that day. Then I will go to the office and no one's allowed in. The door is shut. I put on jeans and a T-shirt and my secretary understands 'I am not here. Pretend I'm in Dallas.'"

When asked how much of Dr. Swept's life is based on his own, he replied: "If he ever was, he isn't now."

He went on to explain that during a recent family trip, he was convinced that the airline had lost their luggage on a return flight home. Once he arrived at the airport's baggage carousel, his wife said to him: "Let's just go home. They'll find the luggage and send it."

Dr. Rosenfield refused. He wanted to stay until the luggage surfaced.

"What would Swept do?" his wife asked.

He thought about this. Then Dr. Rosenfield realized he'd been standing at the wrong baggage carousel the entire time.

"Swept would never be at the wrong carousel," he said.

The Speaking Heart

Other physician writers take a more personal approach to their work. Dr. Mimi Guarneri drew from a combination of scientific research, her own experiences, and stories about her patients to create "The Heart Speaks: A Cardiologist Reveals the Secret Language of Healing" (New York: Simon & Schuster, 2006).

She describes the book as a personal journal that explores the emotional, spiritual, and mental aspects of the heart. "I want people to look at the heart as more than a physical pump," said Dr. Guarneri, a cardiologist who is the founder and medical director of the Scripps Center for Integrative Medicine in La Jolla, Calif. "When we think about heart disease, we have to look beyond cholesterol... at whether or not someone is depressed or hostile or isolated—all of these other things that go

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Celebration

Malpractice Concerns Eat 10% of Premium Dollars

BY JOYCE FRIEDEN

Associate Editor, Practice Trends

WASHINGTON — The costs of malpractice insurance and defensive medicine account for about 10 cents of every dollar spent on health care premiums, several speakers said at a press briefing sponsored by America's Health Insurance Plans.

Medical liability and defensive medicine represented the "lion's share" of cost increases in the physician and outpatient areas, Michael Thompson, principal at the New York office of PricewaterhouseCoopers, said at the briefing.

Litigation and defensive medicine also accounted for about a third of the costs associated with poor-quality health care, said Mr. Thompson, noting that the cost of poor-quality care was spread throughout the health care system.

According to AHIP President Karen Iagnagni, efforts must be made to reduce the amount of poor-quality care being given. "We have a system where 45% of what's being done is not best practice," she said. "No public or private entity could operate at that rate."

Overall, the rate of increase in health care premiums was 8.8% in 2004-2005,

Continued from previous page

into how well someone does, not only for the heart but for health in general."

She credits her patients for teaching her that good care for the heart goes well beyond medicine and biomechanics. "I have evolved because of my patients," she said. "I never came out of cardiology training thinking about the heart as an emotional organ. I never really thought about broken heart syndrome until I started talking to patients and they told me about the death of their child, or their arrhythmia began when X amount of stressful things happened. That's where the book came from. The hope for the book is that when you read someone else's story, you'll look at your own life through a different lens. From there, you can start to make change."

Dr. Guarneri, who majored in English literature as an undergraduate at New York University, New York, started collecting patient stories on her personal computer. "It was in spurts, because there would be a moving story from the day, but not every day," she said. "I would go home, think about those things, and then I would write what happened. I would also write my reaction to it: what kind of effect was this having on me personally as a physician."

Dr. Guarneri advises aspiring physician writers to keep a journal. "Start to put your thoughts down, even if it's a little bit every day," she said. "Take what your passion is and write from there. Don't write for anyone else but you. I wrote this [book] for me. I never intended to publish it. I was amazed how Simon & Schuster bought this book in less than a week, because it never occurred to me that a physician had not done anything like this before." ■

By Doug Brunk, San Diego Bureau

down significantly from 13.7% in 2001-2002, noted Jack Rodgers, managing director at PricewaterhouseCoopers. One factor contributing to the slowdown was a decrease in the rate of cost increases for prescription drugs, according to Mr. Thompson. "It's now trending in line with overall premiums," he said.

Part of the reason for that decrease is employers' increasing use of three-tiered or four-tiered drug programs, in which patients pay a larger share for brand-name

drugs, especially if there are generic equivalents. In 2000, only 27% of patients were in drug plans with three or more tiers; in 2004, the figure was 68%, he said.

In addition, cost trends were helped by a drop in the number of state mandates that are being added each year, from 80 in 2000 to less than 40 in 2004, Mr. Thompson said.

Outpatient costs rose significantly last year, Mr. Rodgers said. "Those are the services that are really growing rapidly." The

increase in outpatient services accounted for more than a third of the 8.8% increase in premiums, he noted.

Despite these problems, Mr. Thompson said in an interview that he did not expect premium increases to go higher next year. "We're looking at the same number or maybe a little lower," he predicted. Part of the stabilization will likely be due to consumers having to pay more for their health care costs and becoming more aware of prices as a result, he added. ■

EMERGING CONCEPTS IN ROSACEA MANAGEMENT

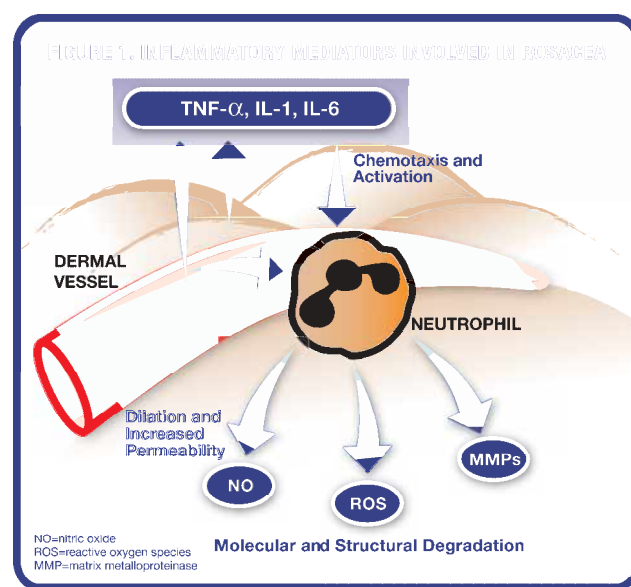
ADVERTORIAL

CAN ORAL THERAPY FOR ROSACEA BE OPTIMIZED FOR ANTI-INFLAMMATORY EFFECT?

Certain oral antibiotics appear to diminish the inflammatory manifestations of rosacea.^{1,2} This effect is most likely due to the intrinsic and surprisingly robust anti-inflammatory properties of these agents.^{1,2} By contrast, the antimicrobial actions with which these drugs are more commonly associated may contribute to bacterial resistance and other use-limiting adverse effects.

ROSACEA IS A CHRONIC INFLAMMATORY DISORDER

While a definitive pathophysiologic mechanism for rosacea has not been established, many theories point to chronic inflammation as the common pathogenic factor.³ The view that rosacea is an inflammatory, rather than an infectious, disorder is supported by histopathologic findings that include follicular and perivascular leukocytic infiltrates^{1,2} and an absence of pathologic microflora.³ This hypothesis is further reinforced by research demonstrating that the antibiotics effective against rosacea suppress a variety of inflammatory mediators thought to play a primary role in rosacea pathogenesis⁴ (Figure 1).



ANTIMICROBIAL ACTIVITY LIMITS THE USE OF ORAL THERAPY

Despite the demonstrated clinical benefit of antibiotics in the treatment of rosacea, many dermatologists are apprehensive about prescribing prolonged courses of oral agents. Of particular concern are the potential for promoting the spread of antimicrobial resistance, alterations of normal microflora that permit the growth of opportunistic organisms (e.g., *Candida albicans*), and various class-based side effects. These drawbacks have largely restricted the use of systemic antibiotics to the periodic treatment of flares, even though the chronic inflammation associated with rosacea calls for the type of effective, long-term anti-inflammatory therapy at which these agents might potentially excel.

ISOLATION OF ANTI-INFLAMMATORY ACTION MAY BE POSSIBLE

It may be possible to modify the pharmacokinetics of systemic antibiotics in a way that isolates their anti-inflammatory properties from their antimicrobial properties. By maintaining plasma concentrations within a defined therapeutic window—high enough for anti-inflammatory effect, yet low enough to avoid antibacterial activity—one might be able to achieve inflammatory, but not microbial, suppression. A novel oral therapy with these characteristics could more precisely target the underlying pathophysiology of rosacea. Theoretically, such an agent could replicate the anti-inflammatory properties of established antibiotics, yet:

- Eliminate the selective pressure that encourages antimicrobial-resistant bacterial strains to emerge
- Leave normal populations of bacterial microflora intact
- Minimize other adverse effects often associated with the administration of oral antibiotics

An agent designed to deliver the beneficial anti-inflammatory actions of systemic antibiotics without the detrimental antimicrobial effects could be a valuable tool for long-term rosacea management.

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