

MEDICAL



M. Spencer Green / The Associated Press

Dr. Alexis Dunne talks with patient Michael McCoy at Northwestern Memorial Hospital in Chicago where she plans to be a primary care doctor. Only 2 percent of nearly 1,200 fourth-

year medical students said they plan to work in primary care internal medicine, according to a new survey. That's down from 9 percent in a similar survey in 1990.

WEST NILE from 4

Birds — primarily crows, blue jays and raptors — are prime reservoirs of West Nile virus, so dead birds may be a sign that West Nile is circulating between birds and mosquitoes in a certain area, according to Boss.

"If you find a dead bird, don't handle the body with your bare hands, says Boss. "Contact your local health department for instructions on reporting and disposing of the body." To report a dead bird in Floyd County, call the Floyd County Health Department's environmental health office at 706-295-6316. Boss emphasizes that humans can't catch West Nile from a dead bird. "The only way to get it is from the bite of an infected mosquito that just bit an infected bird."

"Although dead-bird surveillance provides good evidence of West Nile virus transmission and helps us determine when there's an increase in human risk," says Cecil Blair, environmental health manager at the Floyd County Health Department, "it's important for people to understand that birds aren't the problem, mosquitoes are the problem. Birds sometimes fly great distances daily, so it's difficult to say there's a risk of West Nile based on one dead bird. And birds die from many other causes besides West Nile."

Emphasizing that West Nile is permanently established in the U.S. and represents "the new normal," Blair reiterates the preventive mantra, "source reduction and personal protection," and stresses that people must take precautions to protect themselves and their loved ones to reduce the risk of becoming infected.

"Even though it's near the end of West Nile season, people should still be thinking about source reduction — eliminating standing pools of water in which mosquitoes lay their eggs and breed," Blair says. Blair explains that the Southern house mosquito never travels more than a half mile from its breeding place,

- Throw away or bring indoors anything that can collect water, such as old tires, cans, buckets, uncovered jars and toys. Drill drainage holes in tires used as swings. Drain and scrub birdbaths, pet dishes and kiddie pools at least once a week. Refill them with clean water.
- Empty water from saucers under potted plants and trash baskets.
- Clean gutters, flat roofs and air conditioner drains frequently.
- When watering lawns or gardens, avoid leaving puddles behind. Drain or fill stagnant water pools, puddles and drainage ditches around the house.
- Eliminate water-holding trees stumps and fill holes in trees.
- Keep fish, such as goldfish, in ponds and water gardens to eat mosquito larvae.
- Keep window and door screens tight-fitting and in good repair.
- Consider using lights that do not attract insects. Incandescent lights attract mosquitoes; fluorescent lights neither attract nor repel them."
- Store boats so they will not collect water and turn over wheelbarrows.

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PREVENTION TIPS

- Maintain pools and hot tubs with proper chemicals and filtration. If you use covers on a pool, hot tub or boat, remove any water trapped on the covers after each rain.
- Repair leaky pipes and outside faucets so water does not collect.
- Keep grass and weeds moves, especially on banks next to water, to reduce resting places for adult mosquitoes.
- Avoid spending time outdoors when mosquitoes are active. If you must be outdoors, apply insect repellent. Do not use a DEET-based repellent on infants. DEET is only safe for adults and older children when used according to the manufacturers' instructions.
- If you go outdoors when mosquitoes are active, cover up by wearing shoes, socks, lightweight long-sleeved shirts and long pants.
- Mosquitoes are repelled by high winds, so electric fans may provide some relief at outdoor events. Vitamin B and ultrasonic devices have not been proven effective in preventing mosquito bites.

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Source: Northwest Georgia Public Health

so "draining sources of standing water around where you live, work or play reduces the number of places mosquitoes can lay their eggs and breed and, ultimately, the number of mosquitoes in that area."

Even though it's after Labor Day, schools have started back, summer's coming to a close and people may be spending less time outdoors. Blair also recommends applying insect repellent containing DEET to exposed skin when you go outdoors. "Even a short time being outdoors can be long enough to get a mosquito bite, Blair says. "Clothing can help reduce mosquito bites, so, when possible, wear long-sleeves, long pants and socks when outdoors. Mosquitoes may bite through thin clothing, so spraying clothes with repellent containing DEET will give extra protection, but

don't spray it on the skin under your clothing."

"Be aware of peak mosquito hours. The hours from dusk to dawn are peak mosquito biting times for many species of mosquitoes. Take extra care to use repellent and protective clothing during evening and early morning — or consider avoiding outdoor activities during these times."

The risk of West Nile infection is relatively small, according to Boss. "The chance that any one person is going to become ill from a mosquito bite remains low. Even where the virus is at large, only about 1 percent of mosquitoes carry it. If one of them bites you, the odds are still in your favor." The risk of severe illness and death is highest for people over the age of 50 and those whose immune system is compromised, according to Boss.

CONFERENCE from 2

Hook's involvement with her patients begins shortly after diagnosis and continues through active treatment. She also assists the patient and family in transitioning beyond treatment. Hook takes the treatment plan the team has developed and makes it patient-friendly. She then communicates it to the patient, always being mindful of the need to work with each person at his or her own pace, giving the patient the amount of information he or she wants and can handle. "Once I see the treatment plan," Hook said, "I can tell my patients, 'This is where you are now, and this is what we need to do to determine whether you go here or there.' Knowing what's coming next can be very powerful for a patient."

A familiar face

Another benefit of the conference is that when a patient and their oncologist meet, they are not strangers. The oncologist is al-

ready familiar with the patient's diagnosis as well as any other issues he or she, as the physician, may need to be aware of that might affect treatment. "There are subtle things that each member of the health care team comes to know about each patient, such as any problems the patient may have with healing, medication, family or psychosocial issues that may affect the outcome," Dr. Brock said. "We can communicate these much better during conference than we can by making notes on a patient's chart."

Harbin Clinic is the only private clinic that has an affiliation with the National Cancer Institute (NCI) Community Cancer Centers Program pilot study. For patients of this area, the affiliation will give access to programs associated with the NCI that they would have normally had to travel to centers such as M.D. Anderson Cancer Center to receive. Because of this unique level of access, the quality of the staff, the breast cancer conference, and a state-of-the-art electronic medical records system, outcomes for patients at Harbin Clinic rival any major medical center in the country.

Primary care less popular

By Carla K. Johnson
Associated Press Writer

CHICAGO — Only 2 percent of graduating medical students say they plan to work in primary care internal medicine, raising worries about a looming shortage of the first-stop doctors who used to be the backbone of the American medical system.

The results of a new survey suggest more medical students, many of them saddled with debt, are opting for more lucrative specialties.

The survey of nearly 1,200 fourth-year students found just 2 percent planned to work in primary care internal medicine. In a similar survey in 1990, the figure was 9 percent.

Paperwork, the demands of the chronically sick and the need to bring work home are among the factors pushing young doctors away from careers in primary care, the survey found.

"I didn't want to fight the insurance companies," said Dr. Jason Shipman, 36, a radiology resident at Vanderbilt University Medical Center in Nashville, Tenn., who is carrying \$150,000 in student debt.

Primary care doctors he met as a student had to "speed to see enough patients to make a reasonable living," Shipman said.

Dr. Karen Hauer of the University of California, San Francisco, the study's lead author, said it's hard work taking care of the chronically ill, the elderly and people with complex diseases — "especially when you're doing it with time pressures and inadequate resources."

The salary gap may be another reason. More pay in a particular specialty tends to mean more U.S. medical school graduates fill residencies in those fields at teaching hospitals, Dr. Mark Ebell of the University of Georgia found in a separate study.

Family medicine had the lowest average salary last year, \$186,000, and the lowest share of residency slots filled by U.S. students, 42 percent. Orthopedic surgery paid \$436,000, and 94 percent of residency slots were filled by U.S. students.

Meanwhile, medical school is getting more expensive. The average graduate last year had \$140,000 in student debt, up nearly 8 percent from the previous year, according to the Association of American Medical Colleges.

Another likely factor: Medicare's fee schedule pays less for office visits than for simple procedures, according to the American College of Physicians, which reported in 2006 that the nation's primary care system is "at grave risk of collapse."

Lower salaries in primary care did not deter Dr. Alexis Dunne of Chicago, who is 31 and carrying \$250,000 in student debt.

Last year, a parade of specialists couldn't

solve the mystery of her mother's weight loss, fevers and severe anemia. Finally, an internist diagnosed a rare kidney infection. The kidney was removed, and Dunne's mother has felt fine since.

Watching her mother go through the health crisis affirmed her decision to go into primary care. She also enjoys being "the point person" for her patients.

"You become so close to them you're almost like a family friend," said Dunne, who completed her residency at Chicago's Northwestern Memorial Hospital in July.

She also found inspiration from the doctors she met during training: "They were the ones who would sit at a patient's bedside and spend more time with them rather than running off to surgery."

A separate study in the Journal of the American Medical Association suggests graduates from international medical schools are filling the primary care gap.

About 2,600 fewer U.S. doctors were training in primary care specialties — including pediatrics, family medicine and internal medicine — in 2007 compared with 2002. In the same span, the number of foreign graduates pursuing those careers rose by nearly 3,300.

"Primary care is holding steady but only because of international medical school graduates," said Edward Salsberg of the Association of American Medical Colleges, a co-author of the study. "And holding steady in numbers is probably not sufficient when the population is growing and aging."

And as American students lose interest, teaching hospitals will probably become less interested in offering primary care programs, said Dr. David Goodman, associate director of the Center for Health Policy Research at Dartmouth Medical School.

In a JAMA editorial, Goodman called on Congress to create a permanent regulatory commission to encourage training for needed specialties. U.S. teaching hospitals now receive \$10 billion a year from the government to train doctors "with virtually no accountability," he said.

The coordinated care provided by primary care doctors can keep costs down by preventing harmful drug interactions, unneeded medical procedures and fragmented specialty care, Goodman said.

The Web-based survey was done at 11 medical schools with demographics and training choices similar to all U.S. medical students.

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