Fight Back Against a Deadly Cancer

How Your Emotions Affect Your Heart’s Health

plus: Downtown Dining, HealthWatch & more ...
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It’s ALL in Your Heart!

BY MAUREEN HAGGERTY

From chronic fatigue syndrome to lupus erythematosus to premenstrual syndrome (PMS), women are used to having others describe many of their physical ailments as being “all in your head.” But, ironically, women often choose to ignore a life-threatening disease that kills five times the number of women who die each year from breast cancer. What is this mysterious killer? Heart disease.

On the surface, this might not seem significant, but think about it—each year 250,000 American women die from heart disease. In fact, it’s the leading cause of death and severe disability among women in this country, yet many mistakenly believe they’re immune. Why do we have the good sense to take our children in for check-ups or talk a friend into having that mammogram, but neglect our own health? The problem may lie in medicine’s traditional focus on men and their heart troubles. Women haven’t been educated to think that “it’s all in the heart.”

Men tend to develop heart problems seven or eight years earlier than women of the same age. Every 10 years, however, the rate of death from coronary heart disease multiplies three to five times for women. And, after menopause, a woman’s risk of heart disease, heart attack and stroke becomes comparable to that of her male contemporaries. Even then, a woman is more likely than a man to disregard chest pain or other serious symptoms and to put off seeking medical attention until her condition has become so advanced that symptoms of heart attack and heart disease, Dr. Pantano continues, “but they do it for different reasons. With a man, it’s usually a macho thing. A woman can’t believe that she could be having a heart attack.”

Although the risk factors that result in heart disease are the same for women as for men, some affect women differently. A woman’s balance of good and bad cholesterol shifts as she gets older, for example. And a woman who takes birth control pills further compounds the risk of heart attack that smoking represents for both sexes. Being inactive and overweight may pose greater danger for women, who are slightly less likely than men to exercise regularly and slightly more likely to weigh at least 20% more than their desirable body weight. But there is another factor that is unique to women that affects our susceptibility to heart disease—a stereotype “feminine” factor: emotions.

A unique study conducted by Lehigh Valley Hospital and Lehigh University between May 1991 and February 1992 suggests that heart disease in women is associated with suppressed anger and hostility, and higher than normal levels of depression, anxiety, obsessive/compulsive behavior, and physical symptoms of psychological conflict.

“We worked with women who complained of chest pain, shortness of breath and other cardiac symptoms and who have undergone cardiac catheterization to determine if these symptoms were being caused because fatty deposits were blocking blood flow to the heart,” explains Judith Pool, MEd, a licensed psychologist who was the study’s principal investigator.

“The women who had the most severe blockages habitually kept anger bottled up
inside. The woman with the smallest amount of blockage routinely expressed their anger, so we're making an informed assumption that suppressing anger is associated with blockages.

"It's a double whammy for women," Pool adds, "because society hasn't given us the permission to express anger that it has given men. So a lot of women try to be culturally appropriate by repressing anger and resentment. They look good, but they're dying inside."

James Reed, PhD, director of the hospital's Research Department, points out that women are also endangered by the misconception that only men get heart disease. Being unaware of the risk could itself be a risk factor. Two of five coronary events in women are fatal and more than six of ten sudden deaths in women occur in those with no known history of heart disease.

As Pennsylvania's second largest program for the treatment of the heart and blood vessels, Lehigh Valley Hospital's cardiovascular services are characterized by a commitment to maintaining and improving the health of our community. Prevention is seen as the key to reducing the frequency and severity of heart disease—and prevention begins with education.

"Risks factors for heart disease can be controlled," comments Dr. Pantano. "The first step is to help people recognize the risk factors in their lives and how to modify or eliminate them." For women, this means reviewing their individual needs with their primary care physician and developing a health plan for life that includes regular exercise, proper nutrition and stress management. Lehigh Valley Hospital also offers classes that provide education and support in these areas, as well as screenings for blood pressure, cholesterol and nutrition. (For more information, call (610) 402-CARE.)

Judith Pool, who is working with the hospital to evaluate various stress management techniques, is currently conducting a seminar in which participants learn to reconsider their responses to situations that have made them angry. At present, the program is limited to heart patients, but she hopes to broaden its reach in the future. "Managing anger is good stress management," she remarks. "If you never find a better way to cope, you'll get stuck in a chronic anger pattern that could actually make you sick. If everybody learned to manage stress well, maybe they'd never become heart patients."

Maureen Haggerty is a medical writer based in the Philadelphia area.

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**Chest Pain Emergency Service**

One of six heart attacks is painless. Even the most classic symptom of heart attack—chest pain—can be hard to recognize. "Very few people use the phrase chest pain to describe the sensation they're experiencing while having a heart attack," says James Pantano, MD, director of Lehigh Valley Hospital's Non-Invasive Cardiac Laboratory, Heart Station and Cardiac Rehabilitation Program. "They'll talk about pressure... squeezing... burning... crushing... expanding... feeling as if an elephant is standing on their chest. But they don't think they're having a heart attack because they're not in pain."

Lehigh Valley Hospital's Chest Pain Emergency Service was established in response to that uncertainty. Open 24 hours a day at the Emergency Room at Cedar Crest & I-78, the Chest Pain Emergency Service is staffed by doctors and nurses trained to diagnose and treat all types of chest pain. The Chest Pain Emergency Service's full range of diagnostic tests, medical management and prompt treatment give patients the best chance for a complete recovery.

"The Chest Pain Emergency Service enables us to treat patients even more promptly than before," says Dr. Pantano, "but its greatest benefit is that it has made people more aware of the symptoms of a heart attack and the need to get help."

"People have begun to realize that if there's a Chest Pain Emergency Service, chest pain must be important. And that even if it turns out to be nothing to worry about, they won't look foolish for having come to see us."

Chest pain is often the first, most critical warning that a heart attack is about to occur. If pressure, fullness, squeezing or pain in or around your chest lasts more than a few minutes; your chest pain is accompanied by lightheadedness, fainting, sweating, nausea or shortness of breath; or pain spreads to your neck, shoulders or arms, you need immediate medical attention. Call 911 or your local emergency service at once.

For more information about Lehigh Valley Hospital's Chest Pain Emergency Service, call (610) 402-CARE.
Lee Butz:

"I play tennis because I love it, not to stay in shape. I stay in shape to play tennis. I think there's a difference."

At 60, Lee Butz neither looks nor feels his age. "When somebody asks me how old I am," he laughs, "I have to think for a moment." The busy executive is President of Alvin H. Butz, Inc., a multimillion dollar construction company based in Allentown, Pennsylvania. Blessed with extraordinary business acumen, physical health and a happy personal life, Butz seems to have no problems. Not so, he says. "I think of my job as virtually nothing but dealing with problems. Our business has enormous built-in stresses. One of the reasons we get a job is because I tell the client that we always finish a project on time." That promise puts great pressure on Butz and his staff—and adds to the grueling pace he sets for himself every day.

"People who know me well," he says, "tend to remark that no matter how difficult things might be, I never outwardly show the effects of stress." Considering that Butz is also active in many community and philanthropic endeavors, we wondered, just how does he manage stress and maintain a healthy lifestyle?

Butz says he does it by continued exercise and through the love and support of his family. Everyone in his family does their best to accommodate each other's schedules and needs. "Most families share love and affection," he notes, "I think it's more than that. I think there's a respect and esprit de corps in our family. People are always there for each other." It was a lesson learned from childhood. "My father," he says, "was a classic workaholic. Yet he never missed a ball game when I played."

Baseball was a pivotal influence on the young Lee's life. In high school, at Lehigh University, and later, during his Army service, Butz played baseball. This led to a 10 year stint on a semi-pro team. He says, "I played baseball until I was in my mid-30s." During the baseball years, especially as a pitcher, he learned to deal with stress in ways that did not affect his performance. He did so by concentrating on the task at hand instead of the external conditions caused by stress.

But coping with stress requires more than mental conditioning. It requires physical conditioning as well. Although Butz no longer actively participates in baseball, he believes in keeping mentally and physically fit by taking part in some kind of athletic endeavor and striving to become good at it. For now, it's improving his tennis game rather than pitching a baseball. Tennis appealed to Butz after he found machine workouts unsatisfying. Like baseball, it was a sport that could be incorporated into his lifestyle. "I need something to make me do it," he says. For Butz, that something is, "If I don't get out and practice my ground strokes, my tennis is going to suffer. Tennis is excellent for keeping me in shape. I think the benefits are obvious."

He also stays fit by not letting a few pounds become many. "I don't engage in fad diets. But I do think constantly about what I eat, because it affects my ability to play a good game of tennis. It's harder to lose weight as you get older, so, if I find myself taking on a few pounds, I simply cut back on the high-caloric fatty foods. All I need is to cut the intake a little and the pounds drop off quickly." He feels there is also probably a genetic factor in his good health. "My mother is 91. And although she's dealing with some difficult arthritis problems, she is nevertheless incredibly alert mentally. Her major complaint when I go to see her is that the Mets aren't doing well!"

Since turning his baseball cap in, Butz has been playing tennis almost every day in the summer and two to three times a week in the winter. Most of his opponents are in their 20s or 30s—the approximate age Butz feels himself to be. Occasionally, he uses walking to relieve work pressures when he can't get a tennis game into his schedule. But, he says, "I don't walk a certain number of miles a day or play tennis a certain amount of time. I play tennis because I love it, not to stay in shape. I stay in shape to play tennis. I think there's a difference."
Affinity—Working Together for Better Health
by Bruce Grant

The secrets to controlling costs are the speed with which treatment occurs and tight communication,” says Richard Anderson, manager of human resources for Brown Printing, Inc., in East Greenville, PA.

PUTTING THE WORK BACK IN WORKERS’ COMP

In the four years that Brown Printing has been an Affinity customer, they have seen their workers’ comp costs shrink from $900,000 to just over $100,000 a year—despite increasing their workforce from 600 to 800 employees. Total indemnity expenses have been reduced, along with medical costs—thanks, in part, to Affinity.

Within 24 hours after an Affinity physician examines an injured worker, the employer is updated. Then the worker goes immediately into a prescribed treatment or rehabilitation program, and the employer gets frequent reports about how the worker is doing. Meanwhile, Affinity case managers coordinate all aspects of the employee’s medical and vocational program and serve as intermediaries between the employer and its insurer throughout the resolution of the claim. The bottom line is employees who get better—and back to work—faster.

“We used to lose four to five work days a month,” Anderson says. “Now, with Affinity’s work hardening programs and job site analyses, we go for months at a time without a loss.”

WORKING TOGETHER

Jane Evans, director of human resources for Paris Accessories, Inc., in Walnutport, PA, echoes Anderson’s experience, emphasizing that Affinity has helped her company save not only money but jobs.

“We approached them initially because we wanted our own physician panel for dealing with compensation claims,” she says, “but Affinity now works with us to provide rehabilitation to injured workers so they can return to work.”

Many injuries, for example, can be accommodated with no lost work time simply by reassigning workers to different or lighter duties while they recover, sparing employers the added cost of training new workers.

Further protection comes from Affinity’s “work hardening” program, which uses jobspecific exercises to help prevent reinjury by strengthening the muscle groups at risk.

Evans is a believer. “All of our workers who accept temporary assignment to lighter work,” she says, “have eventually been able to return to their regular jobs. And they stay there.” Anderson agrees, pointing to Brown Printing’s return rate of 95%.

“If you are looking to reduce costs when providing medical care for injured workers,” Evans comments, “I would certainly recommend Affinity to other companies.”

Anderson concurs: “Affinity has the medical skills, they care, they’re down to earth, and they have integrity. And since we’re a profit-sharing company, every worker benefits when profits are higher.”

Bruce Grant is a Philadelphia-based health care writer.
Downtown Dining at "The Bay Leaf"

by Jane Ziegler, MS, RD and Judi Thieme

We all like to dine out and it’s easy to see why. You sit down at a restaurant table and “poof!”—instant gratification of your most fervent culinary desire with no preparation, cooking or clean-up. Faced with the pressures of everyday life, many of us are eating out with greater frequency. The Eat Smart column is designed to assist you, the busy consumer, with making appropriate food selections when you choose to dine out. As your nutritional guide, we will help you navigate the tricky shoals of salad bars, dessert carts, and all the entrees in-between.

Recently, a lunchtime meeting took us to The Bay Leaf at 935 Hamilton Mall in downtown Allentown. The menu at The Bay Leaf features New American and Asian cooking. These cuisines are commonly thought of as “healthier” due to their emphasis on fresh, native vegetables, fruits, herbs and light sauces. New American cuisine frequently features free-range and organic meats. In Asian cooking, vegetarian dishes, seafood and poultry dominate. However, despite the emphasis on freshness, the cuisines do have their pitfalls—a little coconut milk here or peanut oil there can begin to add on the fat and calories.

As our eyes scanned the menu, we found ourselves faced with the usual dining-out dilemma—just what is a healthy menu choice? Like most menus, one did not display any distinguishing symbols next to the menu items to let us know which were a safe bet for healthy eating. Limiting dietary fat, calories and cholesterol has become a big issue in deciding what one chooses to eat. It was going to take some careful decision-making on our part to pick a path through a menu packed with entrees served with cream sauces.

We enlisted the aid of our waiter and asked a lot of questions: “Can the chef serve the sauce on the side or prepare the same item in a ‘lighter fashion’? What type of cooking method will be used? Will the entree be sauteed in butter, margarine or oil? What kind of oil?” (Canola oil is our preferred choice). With his help, we chose to stay away from the surely delicious Seafood Bisque as an appetizer and steered a course for the “Petite Side Salad.”

Cheese and salad dressings are the downfall of many a would-be healthy eater, but the fat laden damage they inflict can be minimized. To decrease fat, we asked to have the vinaigrette dressing served on the side, and, once the salad arrived, we made a mental note to ask them to hold the cheese the next time it was ordered. The salad was freshly prepared and robust with mixed greens, carrots, mushrooms, tomatoes, celery, radishes and cucumbers—an excellent source of fiber, beta-carotene, and vitamins.

Our main course selections soon arrived. We had passed over “Thai Fried Rice” and the selections with cream sauces due to their high fat content. We had also avoided some of the spicier entrees—even though we could have requested that they be toned down a bit. Instead, we both headed straight for the “Chicken Moroccan.”

Rick’s Cafe in Casablanca couldn’t have served up a better dish. The “Chicken Moroccan” was served sizzling hot and was only mildly spicy. The chicken breast was tender and succulent, and basted with a very light honey glaze, swimming with slices of fresh pineapple, grapes, bananas and strawberries. This was complemented by a rich, whole grain rice dish, textured with shredded carrots. Low in fat, this not only added color to the presentation, but further increased our intake of fiber, beta-carotene and nutrients. Entree portions were sizeable; one chicken breast, with its side dish, would have satisfied most lunchtime appetites. With reluctance, we opted out of dessert.

Desserts are plentiful at The Bay Leaf, but order at your own risk. The damage wrought by a calorie-laden selection like “Carrot Cake” or “Chocolate Pot Au Creme” can be minimized by selecting one dessert to be shared by two (or more!). Our healthiest recommendation would be the fresh fruit in season.

We closed out our lunchtime experience with two steaming cups of decaffeinated coffee, laced with cinnamon. As we savored the pleasant surroundings, and the memory of our Moroccan meal, all that was missing was a tinkly piano playing “As Time Goes By.”

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**Eat Smart Chart**

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Jane Ziegler, MS, RD serves as director, Clinical Nutrition Services, Lehigh Valley Hospital; and Judi Thieme as Nutrition Program Coordinator, Health Promotion and Disease Prevention Department, Lehigh Valley Hospital.
But almost immediately, he developed health problems. His symptoms included a problem with urination, sometimes using the bathroom repeatedly throughout the day and night. In November, he went to see Richard Lieberman, MD, chief of urology at Lehigh Valley Hospital and now co-director of genito-urinary oncology at the hospital’s new John and Dorothy Morgan Cancer.

Performing a physical exam, Dr. Lieberman found an enlargement of Showalter’s prostate, the walnut-sized gland at the base of the bladder which manufactures and secretes a seminal fluid to nourish sperm. The prostate surrounds a section of the urethra, a passageway through which urine flows, and the enlargement on Showalter’s gland was constricting this passage. Special blood tests produced worrisome results, and Dr. Lieberman sent a biopsy to the lab.

When the findings came in, Showalter knew that the extended life of leisure he’d anticipated was seriously at risk—he had prostate cancer.

A HIGH-PROFILE DISEASE

Although the diagnosis shocked Showalter, it was not a big surprise for his doctors. The latest statistics show that prostate cancer is the number one cancer in the Lehigh Valley. It accounts for more than 27 percent of cancers in the region, about twice the percentage of any other type of malignancy. (Though the statistics seem astonishing at first, they make sense, report cancer center physicians, in light of the new, highly accurate screening methods that detect the cancer early on.)

Nationally, prostate cancer has risen in incidence by 4 percent a year since the 1980s. In 1993, 165,000 American men were diagnosed with the disease, and close to 40,000 died from it. At the end of the year, a virtual roll call of celebrities died due to prostate cancer, including musician Frank Zappa, 52, and actors Bill Bixby, 59, and Don Ameche, 85. This January, the indomitable Kojak himself, the actor Telly Savalas, also succumbed.

Others have been more fortunate. Hall-of-Fame baseball player Stan Musial and National Football League Hall-of-Famer Len Dawson were successfully treated for the disease. Just this May, General H. Norman Schwarzkopf, the megahero of the 1991 Gulf War, had surgery to remove prostate cancer, and his surgeons are now “optimistic for his full recovery.”

EARLY DETECTION VITAL

The key for Dawson, General Schwarzkopf, and almost all survivors of prostate cancer is discovering and treating it in its earliest stages, before it has significantly grown or metastasized (spread to other body areas). Difficult, incomplete, or even painful urination may serve as an early clue, but more frequently there are no obvious symptoms until the disease is far progressed. Christian Showalter was lucky that his symptoms brought him to Dr. Lieberman when they did, because malignant cells already covered 20 percent of his prostate. And if the cancer had been found later, he recalls, it “soon
might have broken through the gland wall and begun spreading."

Showalter benefited from the cancer center’s state-of-the-art screening technology. Dr. Lieberman began with two tests considered the “gold standard” in diagnosis today: the traditional digital rectal examination (DRE), in which the physician inserts a lubricated, gloved finger into the rectum and probes the prostate for enlargements or hardened textures; and the PSA exam, a new blood test measuring “prostate-specific antigen,” a protein that is often present at heightened levels in patients with prostate disease.

Normally, PSA is just “a workaday, blue collar enzyme that liquefies seminal fluid,” according to Edward Mullin, MD, associate chief of urology at Lehigh Valley Hospital and co-director of genito-urology oncology at the John and Dorothy Morgan Cancer Center. But when certain abnormalities irritate the prostate gland, he says, the antigen gets into the blood stream at detectable levels. High PSA figures (greater than four) may indicate cancers too small or new to be felt by the digital exam, and the higher the PSA, the more likely there is cancer.

Experts say the test has revolutionized diagnosis because it can sound an alert to prostate cancer so early, usually when it is completely curable. “Today, physicians recommend an annual rectal exam to all patients over 40 and, in addition, the PSA for everyone over 50,” says Dr. Lieberman. “If the PSA is elevated, or if I find a lump or hard area on the prostate, I suggest a biopsy.”

That was the case with Showalter, who had an elevated PSA. The high-tech biopsy performed on him and other prostate patients at Lehigh Valley Hospital is a relatively painless outpatient technique assisted by “transrectal ultrasonography”: an ultrasound probe that helps in detecting the presence, location, and seriousness of potential cancers.

Sometimes, as in Showalter’s case, extra PSAs and biopsies are done for diagnostic certainty. If cancer is found, says Dr. Mullin, a bone scan using injection of a radioactive tracer element into the blood stream is often performed to see if the cancer cells have spread to the skeletal system. Depending on the situation, lymph nodes may be removed and evaluated for metastasis as well.

**DIFFICULT CHOICES**

Once the diagnosis was established, Showalter faced a difficult decision concerning treatment. Generally, patients under 70 years old who are otherwise healthy and whose cancer has not metastasized must choose between two key treatments: radiation therapy or radical prostatectomy—complete surgical removal of the prostate gland along with the seminal vesicles and capsule. Neither alternative is totally risk-free. Both can lead to a variety of serious side effects, including incontinence and impotence.

“When patients come to us, they often ask us to suggest the right choice,” says Dr. Mullin. “It’s really a personal choice. For the past decade we have been telling patients there’s no significant survival difference in surgery and radiation therapy for up to ten years after treatment. After that, the numbers favor surgery, but that’s probably because it has generally been the treatment of choice for those with the best prognosis to begin with.”

After weighing the options, Showalter chose surgery. “I just wanted it out,” he explains. “I didn’t want to worry about the cancer in the future.” The choice proved right for him. In the end, the cancer was gone, and his health was back.

Other patients opt for radiation. According to Victor Risch, MD, chairman of radiation oncology at Lehigh Valley Hospital, one recent patient, a 57 year old man from New Jersey, did not want to undergo major surgery or, at that point in his life, take leave from his demanding job. “After listening to both surgeon and radiation oncologist describe side effects and risks,” says Dr. Risch, “this patient decided that radiation was more attractive. Instead of taking weeks off work, undergoing general anesthesia and getting cut, all he had to do was come in every day for seven and one-half weeks and lie on a table. Each session took literally minutes, and all that was required was an adjustment in the scheduling of his day. His only restriction was diet since radiation may loosen bowel movements, a diet low in fiber is advised. This patient is now doing well, and radiation proved the right choice for him.”

Unfortunately, some patients don’t have his options. If the cancer has spread far beyond the prostate, or if the person is too old or frail to withstand surgery or... (continued on page 10)
In Touch

We Get the LASTWORD

death patient record for all procedures performed at the hospital.”

The program has proved to be invaluable, allowing physicians throughout
Lehigh Valley Health Network to have access to patient information anywhere—at
the hospital, at home, or at the office—quickly and efficiently. What’s more,
LASTWORD provides information that helps doctors to make the best healthcare
decisions possible for their patients. Yehia Mishriki, MD, director of Ambulatory
Care at Lehigh Valley Hospital, finds that 90 percent of his computer usage revolves
around LASTWORD.

“One example,” he comments, “is when I receive an abnormal laboratory result. Is
there cause for concern? Should additional tests be ordered? Before the computer was
available, it might take as long as an hour to get this information, by calling the clinic
or asking someone to pull out a chart. Now I can get patient backgrounds, medical
histories, and related information almost immediately.

Paperwork is reduced, and I can see, for example, whether the patient had a
history of similar test results, and what action was taken in the past.
I would respond differently if the patient had a
history of similar abnormal test results than I
would if the current abnormal result was the
first.”

Plans are under way to bring even more
information directly to physicians. For
example, specialized databases, like
MEDLINE, have long been available
through Lehigh Valley Hospital’s medical
library. However, access required a visit to
the library. Now MEDLINE, and other
databases like it, will soon be available from
any computer linked to the hospital’s
system. Doctors can look up drug con-
traindications; research a disease; or review
the latest medical journals with ease,
gaining new understanding and enhancing
the quality of care delivered.

On-line databases and customized
programs like LASTWORD are invaluable
resources, improving access, efficiency and
knowledge, but, they do even more. They
take doctors away from paperwork,
enabling them to spend more time with
their patients—and truly, that’s the “last
word” on the practice of good medicine.

funnybone

This is Madam Zola. She’s here to determine if
managed care is, indeed, here to stay.
he root word for physician is *pneusin*—the Greek word meaning “to bring forth, to make grow,” and physicians have long aided the “growth” of medicine by passing on the mysteries of their profession from one generation to the next. Medical students have sat at the feet of their professional elders, seeking to gain the wisdom of body and soul, since the time of Hippocrates. Over centuries, preparation for doctoring evolved into a complicated course of study—rivaling only the knighthood or the priesthood for rigor and thoroughness—and why not? After all, entrusting one’s body, one’s mortality, to another human being can be a complicated endeavor.

With the rise of popular culture in the 20th century, young doctors seemed ever more beholden to their wise elders. The early Metro-Goldwyn-Mayer serial, *Dr. Kildare*, portrayed a dutiful young intern who had a few things to learn from crafty, old Lionel Barrymore, his medical mentor. The later incarnation of *Dr. Kildare* on television, along with shows like *General Hospital* and *Ben Casey, M.D.*, always seemed to showcase young, hotheaded interns who needed to have their well-intentioned but avant-garde medical ways curbed by their elders. Ben Casey might have been onto a cure for that little girl in Ward 5B, but, in the end, he still needed Dr. Zorba.

Today, when it comes to understanding the intricacies of practicing medicine, interns and residents still need their elders, but nowadays, education at a teaching hospital is a far cry from the schooling portrayed on popular medical television shows of the ’60s and ’70s.

There is greater give and take between medical students and their mentors, and residents often help to focus education at a teaching hospital—helping to keep physicians apprised of new developments in research and technology; bringing new subjects to light in hospital continuing education programs. Lehigh Valley Hospital is a good example of the many advances that have taken place—and continue to take place.

Each year 85 residents and over 300 undergraduate medical students are enrolled in Lehigh Valley Hospital’s teaching program. Residents are more than students—they are licensed physicians who are members of the hospital’s housestaff, taking part in extensive clinical training programs that last up to five years.

At Lehigh Valley Hospital, education is used as a tool to help improve the quality of patient care. A full complement of residents enable the hospital to offer more services and a higher level of care to its patients. According to James Balsdetti, MD, chief of obstetrics at the hospital, the infusion of these talented and capable physicians means that “there are many more individuals with medical knowledge supervising each patient. The patient gets more attention, moral support and opportunities to ask questions than would otherwise be available.”

The teaching environment also provides opportunities for discovery and the exchange of knowledge. Newcomers learn from more established physicians and vice versa. Surgical resident, Clark Gerhart, MD, comments: “The emphasis on learning keeps patient care on the cutting edge of the medical profession. For example, laparoscopy is a relatively new, non-invasive surgical technique. It’s developing so rapidly that every week there seems to be something new. Residents sometimes have exposure to new techniques that every attending physician may not have encountered yet and can...” (continued on page 10)
Many other studies bear out the excellence in care that teaching hospitals provide. For example, in 1991 Health Services Research reported that a significantly lower cesarean birth rate in teaching hospitals was observed in women of all age groups, in Medicaid and non-Medicaid women, and for most all categories of delivery complications. This is certainly the case at Lehigh Valley Hospital. The Department of Obstetrics and Gynecology recently conducted its own study (soon-to-be published in the American Journal of Obstetrics and Gynecology) that showed that the hospital’s cesarean birth rates were 8% lower when physicians provided in-house attending coverage to their patients. Lower cesarean birth rates mean lower healthcare costs and less complications for patients in recovery.

The hospital’s residents play a key role in helping physicians to provide this level of care. “Our residents keep attending physicians on top of things. By doing all the things they do, they help physicians to devote even more time to the care of their patients,” comments Stephen Klasko, MD, director of Lehigh Valley Hospital’s Obstetrics and Gynecology residency program.

At Lehigh Valley Hospital, residents, medical students and teachers all work together to provide a network of patient care and services.

Dr. Klasko sums it up: “Teaching hospitals have many benefits. First, in the teaching environment, the attending physician is constantly being challenged by the students; secondly, with the residents on hand, the hospital can provide better service and more staffing to its patients; and thirdly, the availability of subspecialties that span the entire spectrum of medical care provides students, physicians and patients with more choices, enhancing the quality of care for all.”

radiation, hormone therapy is used basically to stall the disease, buying some extra time. “Testosterone stimulates growth of prostate cancer,” Dr. Mullin explains, “so we turn off testosterone in a number of ways.” Such treatments can forestall disease progression anywhere from 18 months to nine years or more. “I have one patient who had surgery to remove the prostate in 1978; developed a recurrence in 1988; and, with hormone therapy, his disease is still held at bay; a total of 16 years,” Dr. Lieberman notes.

When these therapies cannot help, experimental treatments may be tried. Recently affiliated with the world-renowned oncology center at Johns Hopkins Medical Center, the John and Dorothy Morgan Cancer Center has access to clinical trials with experimental drugs. For those too sick for surgery or conventional radiation, alternative techniques and hormonal therapy hold out some additional hope.

THE JOHN AND DOROTHY MORGAN CANCER CENTER

No matter what the treatment, follow-up for prostate cancer at Lehigh Valley Hospital can now be done through the new John and Dorothy Morgan Cancer Center, opened this

FREE SCREENINGS
National Prostate Cancer Screening and Awareness Week, held annually during September, will be observed Sept. 18-24 this year at Lehigh Valley Hospital. Free screenings, including a digital rectal exam and the prostate-specific antigen (PSA) blood test, will be offered to the public on Saturday, Sept. 17, from 1 to 4:30 pm, and Monday, Sept. 19, from 6 to 8:30 pm, at the John and Dorothy Morgan Cancer Center. Appointments are recommended but not required. Complete privacy and confidentiality assured. For more information or to make an appointment call Cancer Answers at (610) 402-9300.
year as a revolutionary model for comprehensive treatment for cancers of all types. For prostate patients receiving radiation therapy, contact with the cancer center starts almost immediately. For those who require surgery, contact begins in the hospital. Either way, the multidisciplinary cancer center team, including social workers, psychologists and oncology nurses, offers an abundance of information and emotional support to the patient and his family.

To make sure patients receive the best care, teams of cancer center doctors from many disciplines review cases together. The focus on care and recovery continues even when the patient goes home. After patients like Showalter leave the hospital, they regularly visit the cancer center for information and support. By emphasizing early detection, and by following patients year in and year out, the John and Dorothy Morgan Cancer Center has begun to apply a new standard of thoroughness and ease for comprehensive cancer care. These professionals understand better than ever that the disease must be caught early; and that when relapses occur, they too must be detected and dealt with at once. “With this sort of scrutiny,” notes Lori Barrell, RN, the oncology nurse educator in charge of patient education at the cancer center, “problems are more readily identified.”

**NEW LEASE ON LIFE**

Christian Showalter is a case in point. Thanks to prompt detection and surgical removal of his prostate cancer, he has indeed moved on to the next phase of his life. “I have a PSA test every six months. My last PSA test was essentially zero, so I have little need to worry,” he says. “I’m very pleased. I’m a fairly active person and I feel terrific.”

In fact, Showalter feels spiritually enriched by his battle against prostate cancer. Once driven by professional ambition, he now regularly participates in an informal survivors group, and once a week, works as a volunteer at Lehigh Valley Hospital, doing everything from discharging patients to delivering food trays and specimens. “I never did these kinds of things before,” he admits. “The whole experience of surviving this disease, feeling that everything is fine with me again, and being able to help others has been transformative for me. I have a completely different outlook on life.”

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Mark Teich, former Executive Editor of Health magazine, regularly writes stories on health and medicine for national publication. Pamela Weinstein is Editor at Large of OMNI magazine. Both are based in New York.

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**Cancer Answers**

**HelpLine Tackles The Tough Ones**

You’ve been urinating frequently for weeks and wonder whether prostate cancer might be the cause.

You’ve been diagnosed with prostate cancer and your physician has given you a choice: radical surgery or radiation.

You and your family would like additional information before making a decision.

Now the answers to these questions and others are at your fingertips thanks to Cancer Answers, Lehigh Valley Hospital’s new information helpline. Created as a service of the hospital’s John and Dorothy Morgan Cancer Center, the helpline provides qualitative, authoritative answers to virtually all questions about cancer, explains Jill Korn, RN, one of the oncology nurses on call at Cancer Answers. Open to people from the greater Lehigh Valley area, the line can be accessed from Monday to Friday, 8 am to 5 pm at (610) 402-9300.

To answer questions on topics from estrogen’s role in breast cancer to the side effects of chemotherapy, Korn has access to the latest information available from a network of sources, including the National Cancer Institute’s Physician Data Query system. She taps into 10,000 screens of cancer information stored on her computer as well as the extensive collection of books and journals in the cancer center’s library.

She also consults with the hospital’s expert team of oncologists, urologists, radiologists and numerous other specialists to make sure her interpretation and delivery is completely correct. When you need straight answers to tough questions, the helpline is there for you.

**CALL**

**(610) 402-9300**

**Health Style** 11
“From Words To Deeds: Contributing to Our Community’s Health”
by Elliot J. Sussman, MD • President and Chief Executive Officer, Lehigh Valley Hospital

Elliot J. Sussman, MD


These words and phrases have been buzzing in the ears and leaping off the lips of healthcare providers with greater frequency. But what do they mean to you, the community we serve?

Through the pages of HealthStyle, Lehigh Valley Hospital’s new quarterly magazine, we hope to bring these and other words to life, keep you informed of our efforts to meet your changing healthcare needs and offer information and education to help you maintain a healthy lifestyle.

To do so, we must begin to share our expertise and knowledge in new ways, keeping in touch with you at your home or office in addition to those times when you may be receiving medical care. Maintaining your health requires us to focus on prevention and education. That’s why we created HealthStyle.

During my first months at Lehigh Valley Hospital, I have worked with our professional staff and a dedicated Board of Trustees to identify the goals we need to pursue in order to maintain the health of the community we serve. We have embarked on an ambitious agenda of change that requires us to have a far more comprehensive focus on community healthcare, from prevention and primary care, to early detection, diagnosis, treatment and rehabilitation.

We have taken steps to redesign our system of healthcare delivery to lower costs and improve outcomes. We have discussed how to bring together all that we provide (integration of systems), so that the hospital and its wide range of inpatient and outpatient services (Lehigh Valley Health Network) can work as one efficient unit.

Some of the Lehigh Valley Health Network programs, services and initiatives that are integral to the changes taking place include:

- The John and Dorothy Morgan Cancer Center - affiliated with Johns Hopkins Oncology Center. The cancer center allows us to offer the latest in patient-centered ambulatory care, all under one roof, and is exemplary of our move towards ambulatory care (hospital without beds). We estimate that by the year 2000, 90 percent of all cancer patients treated at Lehigh Valley Hospital will be treated as outpatients.

- Our community health education classes - dedicated to wellness and featuring courses ranging from safety programs for children to weight management for adults.

- Community partnerships - including the Perinatal Partnership for At-Risk Infants and Mothers, Burn Prevention Foundation, the AIDS Coalition and ALERT—Partnership for a Drug-free Valley, and the Partnership for Community Health in the Lehigh Valley.

- A wide range of outpatient services - this includes Affinity, for physical medicine and rehabilitation; The Guidance Program, for short-term, outpatient mental health services; and Outpatient Pediatrics, ambulatory care tailored to the special needs of children.

- New services - such as our Department of Family Practice and a family medicine residency program to advance the delivery of primary care; and a soon-to-be-opened Department of Community Health and Health Studies, committed to research and the discovery of answers to providing better healthcare to our community.

In addition to directing our attention to doing whatever is necessary to maintain the health of our community, we’ve also identified a need for increased opportunities for education and research within our institution. To this end we established an affiliation with Pennsylvania State University’s College of Medicine at the Milton S. Hershey Medical Center, effective July 1, 1994. We must have a vibrant educational environment or we will fall behind in our mission of maintaining and enhancing the health of our community. We also recognize the importance of research to the success of our endeavors.

In addition to our clinical and community health research efforts, we also participate in national clinical research trials.

These are just a few of the ways in which we are confronting the challenge of community wellness. With this and subsequent issues of HealthStyle, we will share other information about our progress and how we can work together to create better health for all.

I began by listing some of the words that have come to be associated with efforts to redesign our healthcare delivery system to improve our community’s health. I hope they are clearer now. I would like to close with the two words we have joined to form the title of this magazine. When taken together they imply a movement toward a better way of life called ... HealthStyle.
Lehigh Valley Hospital is the first hospital in a national study of 13 major medical centers in the United States and Canada to participate in a research study to test the effectiveness of a promising investigational drug for preventing early relapsing and remitting multiple sclerosis (MS) common in 70 percent of the people with MS.

Kovatech Industries has renewed its contract with Spectrum Administrators for services that allow the Nesquehoning firm to fund its employee health plan.

Spectrum Apothecary is operating under a new name—Health Spectrum Pharmacy Services—at a new location in the atrium of the John and Dorothy Morgan Cancer Center.

Lehigh Valley Home Care has opened two satellites—one on the campus of the Tipton Lutheran Home, Tipton, Pennsylvania; and the other in Stroudsburg, Pennsylvania (Home Care of the Poconos).

Larry N. Merkle, MD chief of the division of endocrinology/metabolism, has been inducted as a fellow of the American College of Endocrinology.

Barry A. Ruht, MD, orthopedic surgeon, has been elected a fellow of the American Academy of Orthopaedic Surgeons.

Thomas D. Meade, MD, orthopedic surgeon, has been certified as a team physician by the American College of Sports Medicine.

George A. Arangio, MD, orthopedic surgeon, has been reappointed visiting research scientist in the Institute for Biomedical Engineering and Mathematical Biology.

During a Gala Celebration for nursing personnel, Friends of Nursing presented $29,000 in awards to 48 registered and licensed practical nurses, unit clerks, nursing assistants and mental health technicians, and an additional $5,000 in scholarships to registered nurses pursuing baccalaureate or graduate nursing degrees.

Richard Townsend is the recipient of the prestigious Joe E. Smith Award for Clinical Excellence presented by the Pennsylvania Society of Hospital Pharmacists. He is the second consecutive Lehigh Valley Hospital pharmacist to merit this honor. Staff pharmacist Howard Cook was last year’s award recipient.

Grace Reinert and Betty Curtis were recognized for 30 and 25 years of volunteer service, respectively, at Lehigh Valley Hospital’s annual volunteer recognition dinner. In 1993, volunteers provided more than 131,000 hours of service to the hospital.

Nearly 450 physicians from the Lehigh Valley Hospital Medical Staff have signed participating physician agreements with the Physician Hospital Organization (PHO). John Jaffe, MD, urologist, and Jack Lenzhart, MD, family practitioner, are serving as co-medical directors of the PHO while Gregory G. Kile has been appointed as its Executive Director. Under the name of Valley Preferred, the PHO will market healthcare services to area employers—primarily those that are self-funded.
Word of mouth is still the best way to find a physician.

Call (610) 402-CARE

When looking for a doctor, you've probably turned to others. Now you can still gain the information you need, plus a whole lot more, by calling Lehigh Valley Hospital's FREE Physician Referral Service at (610) 402-CARE (610-402-2273), Monday through Friday, from 8:30 am to 4:30 pm.

The Physician Referral Service is a community service which was developed to link individuals with private physicians who have staff privileges at Lehigh Valley Hospital and are accepting new patients. When you call the service, qualified representatives are ready to speak with you about your specific referral needs.

Choosing a doctor is more than just getting a name and address, and our representatives are on hand to provide you with the individual attention and information you need. In fact, when you're ready to make an appointment, your referral representative can place a conference call to the doctor's office to help with scheduling or, if you wish, you may call the doctor at your convenience. Select your care with care—call Lehigh Valley Hospital's Physician Referral Service.

For Patient Information Call (610) 402-8001

CANCER ANSWERS
Call (610) 402-9300

PO Box 689
Allentown, PA 18105-1556

LEHIGH VALLEY HOSPITAL

If you have received an extra copy of this publication, please share it with a colleague or friend. And, if the mailing information (above) is incorrect, please notify us by calling (610) 402-CARE (402-2273).