Don’t speak in Greek to me!
Samuel F. Bakhoum, APSA Public Relations Committee, Dartmouth Medical School

Last month, I had the chance to participate in a short educational seminar on how to communicate scientific research to laypersons and only then did I fully realize the depth of the scientific universe in which we spend most of our time. With the incredible pace at which biomedical discoveries are being made, the average doctoral thesis work is already light years away from the quotidian level of abstraction of the common citizen. To most scientists this may not present a significant challenge since they habitually communicate among themselves and with familiar granting agencies. For physician-scientists, on the other hand, being able to communicate on multiple levels and adequately relay scientific information to the layperson is a crucial skill. For instance, recruiting patients to clinical trials at times requires a rather sophisticated level of mediation between the laboratory and the clinic. Moreover, as physician-scientists brace to become the upcoming leaders in medical research and treatment, they ought to be able to efficiently communicate their work with the general public as well as politicians whose support is essential for continued research funding. For this precise reason and others, frequent attendance of conferences and meetings is an integral part of a physician-scientist’s training and APSA encourages all its members to attend many of the meetings that it offers. These range from the annual meeting in Chicago (which begins on Friday, April 24th this year) to regional meetings and other conferences to which APSA members are invited to attend. In this issue, we review a number of useful and important meetings that took place within the past year in order to keep you, our readers and APSA members, up-to-date and hopefully inspire you one day to attend one of these meetings if you have not done so yet.

From the President:
James Pauff, APSA President, The Ohio State University College of Medicine

It seems like the winter months are always that time of year when you find yourself locked into your work, pushing ahead, keeping a steady pace while you wait for the energy that comes in the spring. At least that often seems to be the case for me! I and the rest of the Executive Council hope that you all are having a safe and productive winter. As for all of us, we've been working on several projects here in the latter half of the 2008 - 2009 year.

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A GREAT Meeting
M. Kerry O'Banion, MD, PhD, Director of the University of Rochester MSTP, Chair-Elect, MD-PhD Section of the AAMC GREAT Group, and Member of APSA Board of Directors

M. D. / Ph. D. Program Directors and Administrators representing more than 80 programs attended the AAMC Group on Graduate Research, Education and Training (GREAT) Annual MD-PhD Section Meeting in Seattle, Washington. Held October 2-4, 2008, the meeting was part of a larger gathering that included the Postdoctorate Leaders Section and Full GREAT Group.

This year's meeting focused around the general theme of "Best Practices" for MD-PhD training. The first session was devoted to "Advising and Tracking of Trainees and Graduates" and featured results from a survey of programs about how student progress is tracked. Representatives from small, medium and large programs presented detailed information as part of a panel discussion, followed by highlights of specific tracking mechanisms at the program and national (AAMC) level. A major initiative representing a collaborative effort between the AAMC and MD-PhD Section is to compile data on current trainees and graduates to form a national database. The mechanism by which this will be achieved was presented and discussed. A second session entitled, "Thinking Out of the Box: Building and MD-PhD Program from Scratch", highlighted creative approaches from nine different programs at all stages in training. Examples included incorporating graduate curricula into medical school, clinical experiences into the graduate phase, and how to deal with transition periods. The opportunity to compare and contrast various approaches among programs is a major highlight of these meetings that inspires changes through sharing of best practices.

A third session devoted to Research Residency Training for MD-PhD Graduates was organized around a series of presentations from current Clinical Department Chairs and Residency Program Directors. Part of the discussion focused on the greater diversity of program types selected by MD-PhD graduates. The bottom line is that MD-PhD program graduates are highly sought after and can look forward to residency training in nearly any area of their choosing. The final MD-PhD Section specific session was organized by Program Administrators and included speakers discussing the critical roles that Administrators play by interacting with other administrative offices in the medical school as well as advising students through all years of medical and graduate training.

The MD-PhD Section joined the Postdoctoral Leaders and GREAT Group in three additional sessions focused on the Needs and Challenges of Data Collection, Translational and Clinical Research Training in CTSAs, and Forces Which Drive Science and Research Education at Academic Medical Centers. These last two sessions were particularly germane to MD-PhD programs with the first contrasting approaches to basic and translational research training and the second exploring the effects of internal and external factors, including curricular reform and restructuring of the USMLE. As you might anticipate, MD-PhD Directors and Administrators actively participated in these discussions.

With regard to activities of the MD-PhD Section, the Communications Committee has been hard at work developing a web resource that highlights MD-PhD training, careers and the application process. Targeted primarily at undergraduates interested in MD-PhD training and Advisors for the Health Professions, the resource will be available in the next few months through AAMC's Student Doctors web portal. This work is complemented by participation by committee members and Section representatives at national gatherings of students and Health Advisors. The other major activity relates to data collection as described above.

To summarize, the 117 participants came together to learn about how MD-PhD programs accomplish the goal of training future generations of physician scientists, and to take new ideas back to the programs they represent.
After hosting the first APSA regional meeting in the nation in 2006, Texas hosted the 2nd APSA Texas Regional Meeting in Houston in November 2008. Despite delays from Hurricane Ike, perseverance paid off and the meeting was a success.

The meeting was hosted by the APSA chapter at the University of Texas Medical School at Houston (UT-Houston). Suzanne Chan (member of the 2006 TX Meeting's Organizing Committee) and Chirag Patel (APSA Member at Large (MD/PhD, DO/PhD)) co-chaired the meeting, which was held in the Fayez Sarofim Building of the University of Texas Health Science Center at Houston's Brown Foundation Institute of Molecular Medicine (IMM). Thanks to the generosity of Thomas Caskey, MD (IMM Director), we were able to use the amazing facilities for a second year. Participants included students from MD/PhD, MD, PhD, and undergraduate programs, representing 11 medical schools and universities from around the state of Texas: UT-Houston, University of Texas Medical Branch (UTMB), University of Texas-San Antonio, Baylor College of Medicine, Texas A&M University and College of Medicine, Rice University, University of Houston, Houston Baptist University, UT-Dallas, and Prairie View A&M. We even had an ambitious high school student from Bellaire High School in attendance.

Prior to the meeting, a focus group with a cross-section of attendees was conducted to ascertain the "pulse" of student perspectives on the current state of physician-scientist training. A similar APSA focus group was conducted at the APSA New York Regional Meeting later in November.

The President of the University of Texas MD Anderson Cancer Center, John Mendelsohn, MD, kicked off the afternoon as the first keynote speaker. For an hour, he recounted the experiences of his

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renowned career: how he discovered research as a medical student and his progression as he integrated basic science research into his medical career. He outlined his scientific journey working in the early days of signal transduction to the development of cetuximab, the monoclonal antibody against the epidermal growth factor receptor (EGFR), a FDA-approved therapy now regularly used in the treatment of a variety of cancers. After his talk, he entertained questions from the audience, talking openly about everything from his opinion of obtaining a PhD to do translational research to drug development, and even marriage.

Before breaking off into the small group sessions, June Yowtak (Chair, 2009 APSA Annual Meeting Committee) spoke about the upcoming APSA Annual Meeting and gave the attendees an overview of APSA as a national organization. The cornerstone of successful APSA meetings is the ability for participants to engage with mentors and each other in small group formats. The Texas Meeting featured 2 sessions of 3 small groups, each geared towards (1) undergraduates and students in the (2) medical school or (3) graduate school part of their training. For example, Chirag Patel and Titilope Ishola (UTMB) led an undergraduate session that discussed the differences between each training pathway (MD vs. PhD vs. MD/PhD) and fielded questions about the application process. Mike Ozawa (UT-Houston) and Shelly Wilson (UTMB) facilitated a lively discussion about the transition from medical school to graduate school, covering questions about funding and choosing mentors and committee members. The residency panel featured recent MD/PhD graduates currently on staff at MD Anderson, UT-Houston, UTMB, Baylor, and Methodist Hospital. The panelists gave great advice on the last couple years of training and how to prepare to return to medical school, choose a specialty and navigate the application and ERAS process for residency. The sessions were led by senior students, who were able to answer questions about what the junior students could expect from the upcoming phases of their training. While they discussed the way things would ideally play out, ultimately, each panelist had forged his/her own path and participants found the discussions about potential obstacles and how the senior students overcame these challenges most helpful.

Lisa Armitige, MD, PhD (Assistant Professor of Medicine and Pediatrics, UT-Houston Medical School) helped close out the day with an energetic second keynote speech. As a young physician-scientist, she still remembers well the trials and tribulations of the MD/PhD training path and she spoke frankly of the ups and downs of her own career. Being a young faculty member, she gave some of the more senior students a glimpse of what was to come after graduation and residency. Her enthusiasm about research and medicine was infectious and reminded many of the current students why we were excited to engage in this combined pathway and inspired many of the undergraduates to consider the same.

The evening ended with a mentorship dinner featuring physician-scientists from around the Texas Medical Center. Students took advantage this opportunity to interact with faculty and residents on a more personal level over Greek food catered by the popular Houston restaurant, Niko Niko's.

We would like to thank our sponsors for their generous support: University of Texas Health Science Center, Memorial Hermann Hospital, Scott & White Hospital/Texas A&M, MD Anderson Cancer Center and the UT-Houston Student Intercouncil (SIC). We'd also like to thank all the faculty, residents and students that helped to make this day a success, especially Javier Figueroa, Roxanna Irani, Audrey Nath, Amy Reid, David Rushworth, Richard Wu, Maren Yngve, and June Yowtak.
During the AMA-MSS Interim Meeting last November, AMA and APSA teamed up for a seminar in grant writing entitled Grants 101. APSA members Chirag Patel (University of Texas-Houston; APSA Member at Large (MD/PhD, DO/PhD)) and Rick Price (Ohio State; Co-Chair of the AMA-MSS Committee on Scientific Issues) coordinated the seminar at the Orlando Meeting. This seminar follows in a tradition of collaboration between APSA and the AMA-MSS CSI that was begun two years earlier. Rick and Chirag presented to an audience of approximately 40 eager AMA medical student members, regarding the concept of research and how to write a grant. For the seminar, Chirag and Rick each gave a quick presentation for the first half and then were joined by Aaron Kithcart (Ohio State; Medical student Councilor, AMA Council on Scientific Affairs and Public Health (CSAPH)) and Dr. Westley Reeves (University of Florida; ASCI member) to round out a panel of grant experts to field questions from the audience.

Rick kicked off the seminar with a fifteen minute powerpoint presentation that provided an overview of medical school research. He outlined how to get started with research, whether it be for just a summer project, or longer. He proceeded to describe the various available grants and their individual requirements. He wrapped up his talk by sharing advice on how to pick a mentor.

Chirag focused his fifteen minute talk on the anatomy of a grant. Using the AMA Foundation's Medical Student Research Grant as a case example, he dissected through the different sections of the grant application to review areas susceptible to common pitfalls. In addition, Chirag reviewed a typical timeline that should be anticipated when writing a grant application.

After the presentations, Aaron and Dr. Reeves joined Chirag and Rick for a Q & A panel. Aaron, a member of both APSA and AMA (and a past national officer in both), offered his perspective as a student member of the AMA CSAPH. The highlight of the seminar was Dr. Reeves' participation on the panel. He is an ASCI member and currently Professor of Medicine and Chief of the Department of Rheumatology and Clinical Immunology at the University of Florida. As a member of the NIH Immunology Study Section, Dr. Reeves provided an excellent perspective on writing successful grants. To kick off the panel portion of the seminar, Dr. Reeves shared his insight regarding what he thought was integral to writing a successful grant. Also, he provided pearls of wisdom for the students that only a scientist of his stature and broad experience can offer. During the Q & A session the students asked many insightful questions about how to pursue and fund research.

The session was well-received with students asking many questions. So many questions, in fact, that the seminar spilled over into the hallway because the next session was starting in the room. The students left the seminar with a better understanding of how to write a grant as well as a handout identifying many funding opportunities. The presentations are available on the AMA-MSS website for anybody that was unable to attend the seminar:

- Anatomy of a Scientific Research Grant Application: https://healthdiscussion.centraldesktop.com/home/viewfile?guid=1439138311F522492BCF8BE47BEE356264AD1B3A&id=3104384
- Research Opportunities for Medical Students: https://healthdiscussion.centraldesktop.com/home/viewfile?guid=1439138265F61D5E4A8F64941E124F57D61C5ED&id=3104383
From the president (cont.)

Springtime for the APSA means the Annual Meeting, our core event that brings physician scientist trainees from all over the country together, and brings them alongside new and established physician scientists in attendance at the Joint Meeting of the American Society for Clinical Investigation (ASCI) and Association of American Physicians (AAP). Throughout the winter months here, our AM committee has been working every day to make this 5th annual meeting the best yet. This has been no small task, considering the economic situation that has quite a few financial strings drawn tight, and the multitude of new and old events that we are bringing to this year's meeting. Perhaps the most obvious of these is our first ever APSA Dinner, which will be a 'first-come, first-served' event to celebrate the tremendous progress that our organization has made in the past five years. Following this on Saturday night, we have been working with the Joint Meeting planning committee to bring back the dessert reception that was so popular with our attendees at the meeting in 2007 - a wonderful time to mingle with the great mentors that are the members and leadership of the ASCI and AAP. Our speakers and panelists are top-notch, our registration fees remain quite low compared to other conferences, and we all hope that you will attend the meeting to take advantage of the hard work that our committees have put in to make it the best possible. Just go to our website and click to register!

(www.physicianscientists.org)

Speaking of the website, the new look has gotten rave reviews, and we remain open to critical analysis and suggestions for ways in which we can improve your experience with it. We are also working on several new functionalities for our members, making the site increasingly interactive and, as always, as up-to-date as we can be on the world of physician scientist trainees. Our website also reflects many current activities by the Executive Council, such as our ongoing collaborations with other organizations such as the American Medical Women's Association (AMWA), and it continues to serve as a database for physician scientist trainees and those considering such careers.

Our membership, made up of those trainees and those about to enter training, is the reason that we do what we do. Our advocacy efforts carried out by our Policy committee, the development by our Membership committee of Interest Groups to connect like-minded trainees, this newsletter produced by our Public Relations committee, the budgeting that our Finance committee conducts, all the way through to our Annual Meeting in the spring are all done with the idea of catering to our members. If you have not yet formally joined the APSA as a dues-paying member, please visit our website and join at the appropriate level. All of our membership dues are presently going to projects as quickly as we receive them, and hopefully your input at our annual meeting will give us even more ideas and directions as we continue to build the APSA into a financially viable entity that serves the physician scientist trainee.

Best,

James M. Pauff, Ph.D.

Submit your research now to be one of the first to be considered for the inaugural issue of Science Translational Medicine!

The American Association for the Advancement of Science, publisher of the prestigious global journal, Science, is launching the new journal, Science Translational Medicine, to be published online weekly beginning the fourth quarter of 2009. This new publication will focus on the conversion of basic biomedical research into practical applications, and the reverse, thus bridging the research-to-application gap. The editors of Science Translational Medicine are accepting manuscripts for review in the following areas: cancer, cardiovascular disease, metabolism/diabetes/obesity, neuroscience/neurology/psychiatry, immunology/vaccines, infectious diseases, policy, behavior, bioengineering, physics, chemical genomics/drug discovery, imaging, applied physical sciences, medical nanotechnology, drug delivery, biomarkers, gene therapy/regenerative medicine, toxicology and pharmacokinetics, data mining, cell culture, animal and human studies, medical informatics, and other interdisciplinary approaches to medicine.

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For more information, contact Editor Katrina Kelner and Chief Scientific Adviser Elias Zerhouni at scitranslmededitors@aaas.org
As you already read in the Fall 2008 edition of Phi-Psi dedicated to women in medicine and science, APSA has eagerly joined the cluster of medical groups working to foster equal opportunities for female physician-scientists and trainees. After realizing the significant disparity between the numbers of women entering medical school and those attaining high-ranking medical positions (such as department chairs or deans), APSA has been dedicated to helping delineate the means by which we are losing women in the ranks of medical hierarchy. As was mentioned in the letter from APSA President Jim Pauff, one of APSA’s goals is to forge relationships with other organizations also dedicated to this cause. More specifically, APSA has formed a collaboration with the American Medical Women’s Association (AMWA, www.amwa-doc.org), the purpose of this agreement being to strengthen the joint cause and to develop shared resources that will enable female physician-scientists and trainees to achieve their professional goals.

As a member of APSA’s Women Physician-Scientist Initiative (under the Policy Committee), I have been involved with this APSA-AMWA collaboration. In addition, I am a member of AMWA and on their student executive council at my home institution; thus, I am in a unique position to work on this joint venture. As part of the collaboration, I, along with Jennifer Kwan (another member of the initiative), was invited to speak on behalf of APSA at the medical student AMWA Region 6 Symposium on January 17, 2009. While this AMWA region includes medical schools in the midwest, the symposium was held in Chicago, and the schools with large representation included Pritzker School of Medicine of the University of Chicago, Feinberg School of Medicine of Northwestern University, and University of Illinois at Chicago College of Medicine. Approximately 40 medical students attended, and there were a variety of lecturers and discussion points (from the importance of mentors to how to manage a family during our rigorous training), a research poster session (judged by Jennifer and myself), and even a one-hour performance about the life of Elizabeth Blackwell, the first American woman doctor.

Our talk entitled, "Yes She Can: Physician-scientist is a woman's career, too!" first and foremost was to spread the name and purpose of APSA. Surprising to me, most of the symposium attendees were not aware of APSA, but fortunately, they were excited to learn more about it. We enlightened them about the partnership between APSA and AMWA, and showed some of the discouraging statistics of the leaky pipeline of women in academic medicine. We informed them of our efforts in the APSA Women Physician-Scientist Initiative, including the survey and panel discussed in our Fall 2008 Phi-Psi article. We encouraged them to get involved in research by describing our excitement in our own work. We also tried to dispel some of the prevailing fears particular to women considering a physician-scientist career, including time constraints and the lack of role models. We provided information about a number of research programs geared at medical students, including those of the Howard Hughes Medical Institute, the Doris Duke Foundation, and the National Institutes of Health. Importantly, we wanted to convince them that if they are passionate about research, they should follow that inclination, and APSA is here to help along that discovery process. Lastly, we advertised the 5th Annual APSA meeting, encouraging them to attend for the opportunity to hear from world-renowned researchers and to network with other students but especially to hear from our panel entitled, "Life in the Fast-lane: Insights from the journeys of women physician-scientists." These women will share details from their careers, from trials and tribulations to accomplishments, and give advice pertinent to us trainees.

I felt privileged to present to this small but engaging audience, and I learned some new things from the symposium as well. Though still fledgling, the APSA-AMWA collaboration is off to a good start, and I am proud that APSA is doing its part to empower women physician-scientists. I hope that you, too, will be able to attend the 5th annual meeting in April to experience all that it has to offer.
Advocating for Increased Retention of Women Physician-Scientists in Academia: Tearing Down the Glass Ceiling Once and For All

Misty C. Richards, AMWA 2008-2009 Student President-Elect

Now that we have broken through the glass ceiling, where does this leave women physician-scientists pursuing careers in academia? Once we step over the jagged edges, will we see wide-open spaces and the sunrise to a new day? If this were a Disney movie, we would see all this and more, including a prince named "Promotion" who would recognize our value and keep us in the system.

Unfortunately, this is not an animated movie with deep-seated words of wisdom, but a reality for women pursuing careers in academic medicine. Female graduates of the MD/PhD programs in America are not being retained in academia, despite a dramatic increase in the number of women accepted into such programs. According to a survey of roughly 2,000 MD/PhD graduates from 2000 to 2006, nearly 40% of current enrollees in MD/PhD programs are women (Andriole et al., 2008). This is indeed promising news, as it demonstrates the rapid movement towards parity within these elite programs. However, this same report also found that women are less likely to graduate from MD/PhD programs. Furthermore, among those female MD/PhD graduates who do complete the program, results demonstrate that they are less likely than men to pursue substantial career involvement in research. The golden question remains: Why?

According to a Nature Medicine paper published in 2002, this problem may stem from many sources. Women have to take into consideration the time, energy, and relative immobility that childbearing and family life may bring. In addition to this, there are also concerns about the lack of physician-scientist role models to help guide female MD/PhD candidates through what once was thought to be "no man's land" (and, ironically enough, certainly not an "all woman's land."). The finding that a lower proportion of female MD/PhD graduates compared to male graduates designate research as a primary professional goal suggests that there is a major dichotomy in career intentions between the sexes. Having identified a few of the potential problems leading up to decreased graduation rates of female MD/PhD candidates, what can we do about it?

Before coming up with a solution, it is first necessary to clearly understand the complexity of the problem from beginning to end. Now that we have a relatively firm grasp of why or "where all the young girls have gone" (title of the Nature Medicine paper cited above), what about the pioneering women who not only graduated, but single-handedly kicked down the glass ceiling themselves? Where have all these women gone? Or, better yet, where are they going? In a recent report published by the Association of American Medical Colleges (AAMC, Analysis in Brief, November 2008), authors described some key differences in U.S medical school faculty job satisfaction by gender. After administering a comprehensive survey to fulltime faculty at 10 medical schools, significant differences were found between the sexes concerning issues of promotion, pay, and overall compensation. Specifically concerning promotions, when respondents were asked if female and male faculty members at their medical school had an equal opportunity to be promoted in rank, 66% of the men agreed, while a startling 39% of women agreed. Furthermore, when asked if the criteria for promotion at their medical school were consistently applied to faculty across comparable positions, 38% of the male respondent agreed, while only 26% of women agreed. This demonstrates a very clear problem: women in academia are unsatisfied with the opportunity and overall criteria used to determine aspects of promotion.

Moreover, in the same cohort, a striking difference was found between salary satisfaction of colleagues in the same department, with 42% of men being satisfied and only 30% of women being satisfied. Similarly, when the authors asked individuals to compare their salaries to colleagues in other departments, 30% of men felt satisfied, while only 20% of women reported satisfaction. Again, this demonstrates a crystal clear message that women faculty members feel unsatisfied with aspects of pay and compensation compared to their male counterparts. Where is the parity in promotions, pay and compensation? Granted, one can argue that this may all be a figment of a very finely tuned imagination. Countering this argument exists a study conducted in 2008, evaluating the gender differences in research grant applications and funding outcomes for medical school faculty (Waisbren et al., 2008). Though the study does not focus on individual medical school pay and compensation...
disparity. For all these reasons, women are finding that what they once considered a gaping hole in the glass ceiling of academia may only be a slight crack. What can we do about it?

Rather than construct a simple formulaic solution to "fix" the problem and conceal the crack, perhaps we should consider advocating for gender equality by literally tearing down the entire ceiling. No more cracks, no more holes, no more ceiling. If female and male MD/PhD candidates, MD/PhD graduates, and physician-scientist researchers can get together to unite some of the biggest and brightest minds in the world, I have faith a few approaches will take form. Perhaps department chairs will promote increased transparency in applying institutional policies to ensure that faculty completely understand the criteria by which decisions are made. Perhaps resource distribution will become more equitable at these same institutions. Perhaps great efforts will be gathered to actively work towards establishing an inclusive work environment, rather than facilitating a marginalizing, isolating one. Practically speaking, perhaps institutions will be more sensitive when it comes to issues of childbearing and daycare, with the understanding that this process is not an act of defiance, but a miracle of nature. Finally, perhaps mentoring opportunities for women pursuing academic medicine will be improved across the board, from the stage of physician-scientist training to the stage of securing faculty positions. These are just a few of the potential ways we can intervene to positively impact the education and application of female MD/PhD individuals in our nation. Let's see what we can do together, clearing a space for Prince (or Princess) Promotion, of course.

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Several of the other chapters touch on the all-too-common problem of misdiagnoses. Groopman points out that it happens to all physicians at one time or another, but it is important to see why the mistake was made in the first place. He suggests that often it is because we generalize patients and conditions too much. For example, while most young, healthy men are not at risk for a heart attack, some still have them. In addition, while a baby may look like its presenting all signs of SCID, they may have something completely different. Groopman's belief is that lack of investigation into the medical issue as well as inadequate communication with the patient and their family members could prove to be disastrous in even the most mundane check-up.

Another controversial topic that Dr. Groopman mentions is the effect that pharmaceutical companies have on doctors. While a short visit with a marketing representative may at first glance seem harmless, Groopman points out that doctors feel as if they have an obligation to use the product being offered to them. Whether it is because of our humanistic sentiment that when something is given to us (e.g. free lunch from a drug company) we feel we must reciprocate back, or if it's simply peer pressure from the company or other physicians, we must resist the temptation to do only what is in the best interest of the patient. Groopman cites the overuse of testosterone replacement therapy and spinal fusion as treatments that have been pushed mainly for financial gain and not because they were the best option. He also highlights the effect of television advertisements on health care providers and patients alike, and what we must do to avoid putting faith into these medications based on propaganda alone.

Critics (especially other physicians) may say that this book almost discloses too much to patients. It admits that within the medical community there exists health care providers that are less than honest, are manipulated by monetary gains, may make wrong diagnosis due to negligence, and are just plain jerks! With the large amount of mistrust that the American society already has for physicians, why would we want to perpetuate these beliefs?
While the obvious reason that Dr. Groopman wrote this tell-all may be for patient empowerment, I believe another very important purpose for it is to have the medical community hold a mirror up to itself. Even before graduating from medical school, we have probably noticed some of our peers who are guilty of these problems already. Perhaps we ourselves are also sinners in this respect. Does that mean that the majority of physicians are corrupt? Or does it just suggest that we sometimes forget to take a step back and remember what it’s like to be the patient?

With every few bad physicians that Groopman mentions, there is always at least one redeeming physician in each chapter. Someone who doesn't necessarily follow what the rest of their colleagues do. Someone who takes to heart what the patient says and doesn't base their diagnosis and treatment solely on laboratory tests. Someone who lives out their Hippocratic Oath daily. And, perhaps most importantly, Someone who shows us that despite the issues that plague medicine, we as human beings can still be successful physicians.