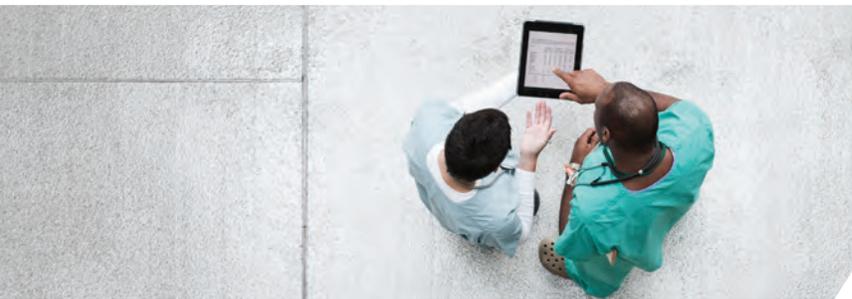


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Ebola vaccine and corporate responsibility

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THE HEAD OF THE WORLD Health Organization (WHO) once again denounced the large pharmaceutical corporations for not having created an Ebola vaccine. As she noted, they put profit over everything. No surprise there, as this is, alas, how capitalism works. Corporations are apparently people to Mitt Romney, money-making, amoral people, and few are dedicated to the public good. Not to say that some, perhaps many companies, don't have the public good as their mission, but the mission of most corporations is to maximize the return for the shareholders. It is not to help poor or sick people. It is not to improve quality of life. It is not to clean the environment.

I believe that the resource-rich west has been remiss in almost every way in their dealings with the poor countries. These countries only exist when there's a problem or some group has a politically important base in the U.S. Ebola was not a western problem until Americans contracted it. Western aid to the poor, which may sound like a lot in terms of dollars, is miniscule and often is used to reward the lender anyway by forcing the borrower to buy American products, thereby rewarding American interest groups under the guise of helping the poor.

However, unlike the WHO, I do not believe the pharmaceutical corporations are obliged to create vaccines or therapies for the common good. It would be nice if they did, but this is not their mission. I do not say this lightly. I just don't think that pharmaceutical



companies are different than other corporations. Even doctors turn away poor patients. Are large contractors obligated to build housing for poor people? Do we expect Toyota to give cars to poor people because they can't find a job unless they have a car? Should a private corporation be obliged to help the poor? Should manufacturers of

sewage treatment plants be forced to create plants in an impoverished area with sewage problems, which would probably be medically much more cost effective than developing vaccines anyway?

In the 19th century, when fire companies were first begun, they were private. People paid a local fire company to provide their service. If you paid and had a fire you were protected. If you didn't belong then your house burned down. Fire companies became public when it became clear that each house was better protected when everyone else's was too.

Yet, drug companies have developed vaccines. Companies that develop vaccines have gotten waivers against lawsuits that may occur if adequate safety testing did not reveal evidence of rare side effects. In addition, the government has subsidized pharmaceutical research and development for vaccines.

Most Americans, and probably the vast majority of the world's population, believe that the development of vaccines for poor regions and treatment for diseases of poor areas is a responsibility of wealthy governments, whether the problem is within their country or not. They should also fund the research independently or in collaboration with

pharmaceutical companies. Aside from the obvious good of enhancing health, epidemics, even in poor areas, may destabilize large regions of the world and lead to chaos and terrorism, posing a threat to national defense. Even the possibility of Ebola's spreading to the U.S. caused terror in our country, leading to a large outlay of money for training, treatment and disease assessment, and quarantine. In the Ebola case, the outlay for a response, while very large, may not equal the investment required for a vaccine, but, on the other hand, it certainly will have been seen as a wise investment if not doing it leads to an epidemic in the U.S. There is no reason the wealthy world cannot come together to develop vaccines or better treatments for the major killers in the world: malaria, TB, cholera, and some minor ones as well, like Ebola. Until the Ebola scare, U.S. government investment in vaccines actually dropped over the last few years.

The reader should be aware that I have received money for consultations from pharmaceutical corporations and hedge funds as well as research funds from drug companies. I used to give promotional talks, but no longer, due to hospital bylaws. ❖

Author

Joseph H. Friedman, MD, is Editor-in-chief of the *Rhode Island Medical Journal*, Professor and the Chief of the Division of Movement Disorders, Department of Neurology at the Alpert Medical School of Brown University, chief of Butler Hospital's Movement Disorders Program and first recipient of the Stanley Aronson Chair in Neurodegenerative Disorders.

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Dissent as a Prelude to Advancement

STANLEY M. ARONSON, MD

[Editor's Note: For the next few months, RIMJ will be presenting commentaries by the late Stanley M. Aronson, MD, the Journal's former editor emeritus. We appreciate Gale Aronson's offering them to us for publication.]



THOSE ADMITTED TO THE inner precincts of Academia will readily acknowledge that their exalted status carries weighty responsibilities. These new burdens inevitably include a sense of *noblesse oblige*, attendance at torture sessions called committee meetings and, of course, carrying the weight of the academic robes on days of solemn purpose.

The daily calendar of the typical faculty member is peppered with committee assignments. These involuntary assemblages are conducted in large rooms, typically bereft of windows, with portraits of their bearded predecessors on the walls, a long rectangular table often covered with green fabric, and with a fresh pad of paper, a disposable pen and the day's agenda at each participant's seat.

What is the ultimate purpose of these gatherings? Veterans of committee servitude will sigh and declare that such a discussion is pointless. But if pressed, they may mention a few customary chores undertaken by committees: to provide reluctant approval for unpleasant actions already established by the administration; to debate the merit of

abhorrent practices that have little bearing upon the primary mission of the college; and if refreshing ideas should, by happenstance, appear on the agenda, to see them quietly strangled by means of delays, remote contingencies, wearisome debate and the proposal of meaningless appendices.

Faculty have consistently viewed committee assignments as something akin to coal mining or required attendance in a catechism class. As scholars faithful to the demands of independent reasoning, they are aware that the word, committee, originally defined the person fully committed to a higher authority. Passive agreement and unanimity in voting is abhorrent to the typical scholar whose academic advancement is based upon his independent thinking. They remember that 'it stands to reason' provides its user with the advantage of having invoked reason while simultaneously refusing to listen to it. Yet when gathered into a conclave, these faculty are expected to surrender their idiosyncratic ways, ignore one of their fundamental precepts that skepticism is the chastity of their intellect; and then lapse into a lower state of consciousness as they relinquish their alertness and capacity to reason.

And so, in self-defense, universities have now assembled a roster of alter-

native names to give the impression these gatherings are not mere timeworn committees but assemblages with prestigious missions.

Some institutions now refer to periodic faculty gatherings as boards, conclaves, councils, consistories, congresses, retreats, missions or even panels. The word conclave, they will recall, derives from the Latin literally meaning 'he who has the key'; and over the centuries has defined secret gatherings

of sinister intent. Consistory, historically, has provided the name of a church gathering whose purpose is to 'stand firm', and in practice 'to block any new scriptural interpretation.' And a consortium stems from the Latin meaning partner, comrade or consort; in practice, it defines a gathering solely of males.

There are still other names of serious purpose that might be employed; but again, many have a tainted past. A cabal, for example, descends from the Hebrew word meaning 'doctrine received', but in practice defines a secret group intent on intrigue.

In desperation, university administrations may seek more exalted titles such as synod, from the Greek meaning 'a gathering', but historically a name reserved for infrequent gatherings of

Faculty have consistently viewed committee assignments as something akin to coal mining or required attendance in a catechism class.

dedicated ecclesiastics. Or they may glance momentarily at the word synagogue coined by the Hellenic translators of the Old Testament and meaning an assembly, with no sectarian hint, but would refrain from using it because of its currently narrow interpretation.

Many of the nouns used to define scheduled meetings do not come freshly born; rather, they carry baggage of implicit subtexts well beyond their etymological roots. Some suggest a theological mission, others hint that only males shall attend, and still other names speak darkly of subversive conspiracy. Some have used that grand word symposium for their periodic gatherings, a title which by custom is confined to more open assemblies and incidentally, from the Greek, literally meaning 'a get together for a drink.'

In their relentless search for a pleasingly non-toxic name for their faculty working groups, university authorities have quickly discarded such vernacular titles as pow-wow, huddle, liaison, and even tryst. And so, after a fruitless search, they have returned to their original appellation: committee, in the hopes that these future gatherings will fulfill its intent.

Universities, in sadness, have concluded that no grand idea ever arrives from the committee of passive souls. Conformity, they conclude, is the death knell of a group asked to seek iconoclastic ideas. And the birth of innovative visions may best be encouraged in an atmosphere of skepticism, rebellion, disenchantment with current rules and a will to find a better way of doing things. ❖

Author

Stanley M. Aronson, MD, was Editor emeritus of the *Rhode Island Medical Journal* and dean emeritus of the Warren Alpert Medical School of Brown University.

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Growing Up and Aging with Progressive Hearing Loss

ANNA ALBRECHT PARISI, RN, MSN

[Editor's Note: This commentary was submitted to RIMJ by Dr. Alfred Parisi (Professor Emeritus of Medicine, Brown University), husband of the late Anna Albrecht Parisi, who passed away in 2011 after a lengthy illness. He recently came across this recollection and thought it would be of interest to RIMJ readers. Anna was supervisor of the cardiac rehabilitation program at The Miriam Hospital and also worked as a research project nurse at the Miriam Hospital Centers for Behavioral and Preventive Medicine.]

One wonders what life would be like if I could hear everything that was said and selectively omit what I don't want to hear. Individuals with normal hearing take for granted the many challenges that face those of us who have hearing loss. Hearing loss is a chronic disability that has no cure. The treatment includes many visits to a hearing professional to get fitted for the latest hearing aids that do little when compared to normal hearing.

Don't get me wrong – there are some advantages to hearing loss. Rarely do I wake up at night because of thunder and lightning. But I sometimes wonder if I would hear the house alarm. I now have to worry about hearing the alarm clock in the morning. When I stay at a hotel, I have to set two alarms because I rarely hear the wake-up call. Add to that the ringing that never stops in your ears (tinnitus) and you sometimes feel like you will go crazy.

In grade school I was not yet aware that I had a hearing loss. Because my first and last name starts with an 'A' I was always assigned a front-row seat. That was quite lucky in hindsight because it allowed me to hear well. The hearing tests we had at school were conducted in a group. You would be exposed to different sounds and raise your hand when you heard them. It didn't take me long to figure out that if I wanted to pass the test, I had to raise my hand when everyone else did. You

see, I didn't want to be different than my peers. Back then, I never understood why I couldn't hear what they did.

I should have figured this out because my father couldn't hear and my mother always spoke loudly. My father didn't want a hearing aid, so everyone in the family had to pipe up. I was always amazed when I visited other homes and people talked so softly. I wondered if this was normal. As a child sometimes the obvious just isn't so obvious.

In high school, I remained in the front row during most of my classes. I didn't feel that my hearing loss was having a negative effect on my school work because I wasn't that motivated in high school and was more engaged in the social aspects. I managed to graduate as an average student. When I entered college, I am not sure why I chose nursing, except that it was not uncommon for women to choose nursing in the 1970s.

Early in my training I had an instructor that learned of my hearing loss and she strongly encouraged me to change professions; she said this would be a huge handicap and that I would ultimately have to leave the profession. Being somewhat stubborn, I decided to ignore her suggestion. I graduated magna cum laude.

For many years I worked as a nurse in a variety of positions. I obtained a special stethoscope that amplified sound and always made sure that I put myself in the best position to hear.

At that time I was still able to get by without a hearing aid. I am sure I missed some things but didn't feel that I was endangering my patients. Initially I worked in the intensive care unit; I found that to be the most challenging. As time went on I thought I needed to do more with my career and headed to graduate school. I was still able to get by adequately without hearing aids. Eventually I accepted a position in cardiac rehabilitation and

found this to be quite challenging for many years.

My hearing loss gradually increased over the years. For a short time I worked as a clinical instructor of nursing and this was probably the most challenging position I have had, compounded by the fact that I was now wearing a hearing aid. I was in constant fear that one of my students would say something quickly and run off to do something that would harm the patient. If you have ever taught nursing students on a busy unit, you know how hectic it can be when multiple people are talking to you at the same time. It was largely because of my hearing that I left teaching for a position that didn't require hearing processing skills.

One can argue that very successful people have coped with hearing loss, so what is the big deal? Bill Clinton comes to mind. I remember when he got his hearing aids. I thought they must be the best if he purchased them and I tried them for myself. I always wondered how he did so well and I was still struggling.

I have been told numerous times that my hearing loss is particularly difficult to fit. I have a reverse-sloped condition and most hearing aids are designed for high-frequency hearing loss. As you age, you are more likely to develop high-frequency loss due to exposure to loud sounds and the natural aging process.

Why am I writing this story? I guess I've been trying to put into words what it's like to have experienced a lifetime of hearing loss. As I write this, I still hope for a better hearing aid in the future. I still worry about not being able to hear as I get older and how that will impact the quality of my life. I still wonder who will help me put my batteries in the hearing aid when my fingers are arthritic. Lastly, but more than anything, I wonder who will take the time to talk to me because I can't hear. ❖