

Presidents Message

John S. Spangler MD

The Internet seminar held on April 19 was well attended and had good rating by the people attending. We hope to continue with this training.

The symphony orchestra presented a concert April 20 and April 22 which was supported by doctors in the community. I hope more doctors would support the Honolulu symphony.

The Reorganization Task Force meeting with the House of Delegates will have met on May 3 to finish the agenda. Please become informed about the results of this special meeting so that at the next annual meeting the new bylaws may be decided.

The Doctors Ball held on March 29 was the first annual event to celebrate the National Doctors Day. I hope the Alliance will continue to support this event and we also support them by encouraging our significant others to join.

The annual national meeting of the AMA is the latter part of June. Please let our delegates know what actions we hope this House of Delegates will do.

Commentary

JABSOM Dean Retires

**by Satoru Izutsu, PhD
Associate Dean**



*Dr Christian L.
Gulbrandsen*

Christian L. Gulbrandsen, MD, Dean of the John A. Burns School of Medicine since 1988, retired on December 29, 1996. His tenure at the School began in 1971 when he was recruited from Harvard Medical School as Professor of Medicine (hematologist/oncologist) to help expand the medical school from a two-year to a four-year degree granting program.

Dean Gulbrandsen considered the people of Hawaii as the School's customers. To serve the community, he led the students, faculty and staff to innovate and achieve goals which many medical schools only dream about. His most notable accomplishment was in leading the faculty to adopt a curriculum, Problem-Based Learning, which empowered student to become critical-thinkers, problem-solvers and life long learners. The curriculum revised the method of teaching and allowed the students to conduct independent study.

It reduced lectures as a principal method of teaching and freed the students from memorizing information. In place of attending lectures in large halls, students met in small groups to identify their agenda for learning. Faculty were retrained to facilitate inquiry and to serve as resources when students formulated questions and sought assistance.

It is significant that students have maintained their standing at the national average in Sept I and Step 2 of the United States Medical Licensing Examination. In addition, graduates have been matched into prestigious residencies across country. Finally, in 1994, the Harvard School of Public Health identified the John A. Burns School of Medicine as one of eight medical schools leading reform of medical education across the country.

Dr Gulbrandsen's goals for the school pointed toward preparing its graduates to meet the challenges of the 21st century. He envisioned a School which would lead the country in tropical medicine, especially with their continued efforts to develop a malaria vaccine; hyper and hypobarism to explore health issues in the depths of the ocean and the height of the atmosphere; rehabilitation principles and techniques to be linked with tourism and sports; and the development of university based programs for the training of health workers in infant and child care, treatment of health problems faced by

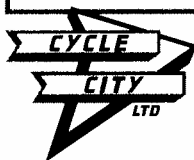
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university students and the development of programs suitable for the elderly.

He was open to ideas. He never judged others, they judged themselves. Whatever the task, he did it himself first and then convinced others by doing it with them. Once they got the hang of the task, he exited so that there would be a partnership among people to work together.

He believed in the goodness of people. Those who undertook a task to please the Dean became frustrated when they did not get the message that it was themselves that needed to be satisfied, not the Dean. Examples of this philosophy remains in the community in his

efforts to create Ke Ola O Hawaii, Papa O Lokahi and establish the community-based clinics. In the school, he initiated the development of the faculty practice plan, the e-mail system and telemedicine. Internationally, a 5-year Medical Officer Training Program (a unique medical school) was conceived in Micronesia between the years of 1986-1996. By December 1996, seventy one physicians, all Micronesians and American Samoans, will have graduated from the Program to serve the Pacific Basin. In addition, agreements of the exchange of medical students have been struck with significant international schools of medicine in Japan, Taiwan, Korea, Hong Kong, China, Thailand, and the Philippines.

His vision was to develop a community which would be a better place in which to live, not because there would be more physicians, but because there would be quality people in the health care professions who genuinely cared about others. He believed in the need for health care reform. As early as 1992, he articulated the historical issues, the current state of health care in the United States, and the required solutions to serve the community.

Dr Gulbrandsen's charismatic leadership will be missed. His legacy is that he has provided the tools for the John A. Burns School of Medicine to enter into the 21st century with confidence.

The Interim Dean



Dr Sherrel L. Hammar

On December 30, 1996, Dr Sherrel L. Hammar became interim Dean of JABSOM. Dr Hammar has been with UH since 1971, and brings with him an extensive background in administration and clinical medicine.

Dr Hammar developed an interest in drama in high school but chose to pursue a career in medicine. At the College of Idaho (now the Albertson College of Idaho), he was active in theater productions and majored in Biology. A special interest in ornithology led to summers on biological field expeditions to the primitive areas of Idaho, Montana, Wyoming, Utah and Mexico. He received his MD degree from the University of Washington School of Medicine (UW), interned at the Minneapolis General Hospital and returned to UW to complete his pediatric residency and a two-year fellowship in Growth and Development with an emphasis on Adolescent Medicine. In 1962, Dr Hammar accepted a faculty position at UW and became the first director of the Adolescent Medicine Program. At the time, adolescent

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medicine was a relatively new field and the UW clinic was one of only five clinical training programs.

Dr Hammar also served as assistant and acting director of the UW Child Development and Mental Health Retardation Center, a University Affiliated Facility, from 1964-1965 and 1970-1971. In 1967 he took a sabbatical leave to study techniques of growth assessment in children and adolescents under James Tanner at the Institute of Child Health in London.

In 1971, Dr Hammar joined the JABSOM faculty and was appointed the Director of Ambulatory Services and Chief of Adolescent Medicine at Kauaikeolani Children's Hospital. He became the Program Director of the Pediatric Residency Program in 1972 and was appointed the Chairman of the Department of Pediatrics at JABSOM in 1973. Dr Hammar is active with the American Academy of Pediatrics, American Board of Pediatrics (ABP) and with the ABP sub-board of Adolescent Medicine.

When asked about the future, Dr Hammar replied "I am totally committed to the success of the School of Medicine. JABSOM, like many, has experienced severe financial crises and has had to cope with many changes. These stresses have forced us to critically review our mission and our goals. Our collaboration and close working relationship with the community hospitals and local health care resources has become exceedingly important and has allowed us to survive. This commitment to the School has been very gratifying and we much continue to develop honest, open, non-competitive collaboration and joint ventures with our community partners. Immediate efforts will be to stabilize the School and to assist the faculty with handling the inevitable changes that are occurring in health care and medical education. Shortly, a search committee for a permanent Dean will be established. In the interim, I am very proud to be part of the transition and optimistic about the future."

Editor's Note:

Chris Gulbrandsen has also been a vital member of the Board of Directors of the Hawaii Medical Library. Many thanks, Chris for your years of support.

I know Sherrel Hammar has the same dedication to our Medical School and our library. Our community is blessed to have men like Chris and Sherrel.

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Medical School Hotline

Implications of Genetic Research for Medical Practice and Education

by **Elizabeth K. Tam, MD**
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How to prepare our physicians and physician trainees for the 21st century? In the 20th century, we witnessed the successes of antibiotics and vaccines and the hope of high technology. The disappearance since World War II of infectious scourges such as smallpox and polio led to the expectation that such remarkable cures and disease eradication would continue. Instead, the diseases that have replaced those epidemics—cancer, heart disease, rheumatologic conditions, diabetes, and psychiatric disorders—have proven much more intractable. There have been undeniable advances in their diagnosis, palliation, and, in the case of some cancers, even cure. By and large, however, the perception is that sophisticated, often expensive procedures have not definitively eradicated or prevented the major scourges of modern society.³

Many of these chronic diseases result from complex interactions between genetic makeup, aging, and the environment, a concept emerging from parallel but reverberating lines of research in epidemiology and molecular and cell biology. These findings raise the hope of a more rational approach to medical care and perhaps even primary prevention of disease. Diet, pollutants, aeroallergens, ultraviolet radiation, infectious agents, and other environmental influences are only part of the puzzle; their effects are critically shaped by genetically determined host responses in susceptible individuals. It will be imperative that the physician of the 21st century understand the genetic determinants of disease as well as he/she understands Koch's postulates for infectious disease or physiological mechanisms of organ dysfunction. This vision will direct innovations and curricular emphases in medical education. The advances in genetic and epidemiological research are occurring so rapidly that it is difficult to select what to present in an already packed curriculum. However, a few signal developments can be highlighted to help physicians and trainees understand the fundamental research and its implications for medical care.

The most common afflictions of modern society appear to be complex traits. That is to say, they have a familial tendency that is not attributable to environmental factors alone, that their inheritance pattern does not follow the classic Mendelian patterns characteristic of single-gene diseases (e.g. recessive, dominant, x-linked), and that the trait or disease is most likely governed by several genes which may be modulated by environmental influences, or which may be inherited differently in different families or ethnic groups. Hypertension, atherosclerosis, type II diabetes, and allergic asthma, for instance, share a polygenic and highly variable nature which can confound efforts to elucidate specific genetic elements.

Because of their polygenic nature, the genetic determinants of complex traits are sought using a different approach. The classic

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