When I was asked to serve as interim chair of the Department of Medicine last summer, I felt honored and humbled. I saw my new position as an opportunity to influence, and hopefully improve, a world-class department, and to build on the strong and steady course set by my predecessor, Lee Goldman, MD.

The department is the largest of the 26 academic departments at the UCSF School of Medicine. Its 45 divisions – including two added in the past year, Experimental Medicine and Medical Genetics – provide services at five clinical sites. We have more than 500 full-time and 400 volunteer clinical faculty, as well as 194 residents and 210 fellows. Our physicians belong to some of this country’s most prestigious scientific organizations, and more than 60 are counted among America’s best doctors.

The department is committed to three equally valued and interrelated missions: delivering quality patient care; educating physicians in accordance with the highest professional standards; and generating knowledge from research that will alleviate human suffering through the prevention and treatment of disease. Several exciting initiatives are underway that support each of these missions.

Our patient care programs continue to be highly respected by our community, our peers and the media. For example, in its influential yearly ranking, U.S. News and World Report ranked the department second in the country among departments of medicine. In addition, several of our specialty programs were highly ranked, including: medical care of HIV/AIDS (first), endocrinology (fourth), geriatrics (ninth), primary care (10th), continued on page 4
Parkinson’s disease was long thought to be caused by environmental factors. But Robert Nussbaum, MD, chief of the Department of Medicine’s new Division of Medical Genetics, has shown that some rare forms of the disease are inherited, and he thinks those unusual inherited cases offer insights into how the disease more typically works. “They’re holes in the fence that we’re looking through to get a sense of the bigger picture,” says Nussbaum, who came to UCSF last year from the National Institutes of Health (NIH).

Nussbaum’s work on Parkinson’s began more than a decade ago, when he collaborated with researchers at Robert Wood Johnson Medical School to tease out the genetics behind a form of Parkinson’s that afflicted a large Italian family in New Jersey. Eventually, they identified the culprit: a genetic mutation that affects a protein commonly found in the brain, causing abnormalities often associated with the non-inherited, or sporadic, form of the disease.

Since then, studies of other families have uncovered at least six other genes responsible for rare, familial forms of Parkinson’s. The discoveries have revealed “a plethora of pathways that all now need to be studied in the sporadic forms of the disease to see whether they play a role, and whether they offer opportunities for intervening,” says Nussbaum.

Joan Scott comes from one of those families that have suffered more of Parkinson’s that its share of the disease. Normally, Parkinson’s affects no more than three in every 100 people over the age of 60. In Scott’s extended Irish-American family, her maternal grandfather, several of her aunts and uncles, and at least four of her 32 first cousins developed the disease.

The high numbers hit home a few years ago, when the whole clan gathered for one uncle’s funeral and all the talk was Parkinson’s. “It became quite clear this was not just happenstance,” says Scott, who is a genetic counselor at Johns Hopkins University. When family members said they were interested in learning what the problem was, Scott suggested they contact Nussbaum, whom she knew professionally. “He’s such a caring individual,” she says. “I knew my family would be in good hands.”

When the family assembled for a reunion in Illinois in the summer of 2005, Nussbaum went too. Setting up a tent at the picnic site, he took family histories, performed physical exams and drew blood for genetic studies. Later analysis identified the precise gene mutation responsible for the family’s unhappy legacy. Even though there are no therapeutic solutions to the family’s problem, having a better understanding of it is helpful, says Scott, who did not inherit the mutation. “I think for many in the family, finally having an answer provides a sense of relief.”

Nussbaum originally trained as an internist and geneticist, but while at the University of Pennsylvania he became interested in the newly emerging field of human disease mapping and gene discovery. In 1993, he moved to the NIH and began working in the National Human Genome Research Institute, investigating ways the new data about the human genome could be applied to medical care. Now that sequencing of the human genome has been completed, “It’s time to start translating some of the findings into useful medical care,” he says.

That, he says, will be the role of the new Division of Medical Genetics, which he envisions will work in close collaboration with many of the department’s other medical specialties. “I want to work with my many wonderful colleagues to introduce more genetic research and practice in the Department of Medicine.”
Most of us hope for a peaceful ending, spending our last days alert, free of pain, and surrounded by friends and family. Unfortunately, all too often, terminally ill patients face a different fate. Half of Americans die in hospitals, often after weeks in intensive care, receiving treatment they may not want or really need.

UCSF donor Alan Kates is helping to rewrite that final chapter. The Bay Area theater financier has underwritten an endowed chair in palliative care, the specialty devoted to providing physical, emotional and spiritual solace to those nearing the end of their lives. The chair will be held by Steven Pantilat, MD, who founded UCSF Medical Center’s Palliative Care Service, one of the first in the nation.

Kates said he became interested in palliative care through a close friend, John Burnard, who volunteered to take care of terminally ill patients for years and who often talked to Kates about the challenges of helping patients die in comfort and dignity. Kates had supported cancer and AIDS research at UCSF in the past, but wanted to make a more substantial donation.

When former Department of Medicine Chair Lee Goldman, MD, mentioned the Palliative Care Service, Kates decided that this was the program he wanted to support. His gift established the Alan M. Kates and John M. Burnard Endowed Chair in Palliative Care. A planned bequest by Burnard will provide additional support.

“What I like about palliative care is that it tries to look at patients in a holistic way, and doesn’t just address their illness,” says Kates. “It looks at all their needs.”

At about the same time that Kates endowed the chair, his mother passed away. Coincidentally, though she hadn’t known about her son’s interest in palliative care, she too had requested that donations be made to the local hospital’s palliative care service. “Maybe you inherit certain interests or predispositions,” says Kates, who heads Pacific Concessions, a company that funds theater construction and concessions.

A New Endowed Chair in Palliative Care

“What I like about palliative care is that it tries to look at patients in a holistic way, and doesn’t just address their illness.”

John Burnard, Steven Pantilat, MD, Alan Kates
When Helen Hendrix’s doctor recently told her that she needs open heart surgery to resolve her pulmonary hypertension, the 76-year-old Bay Area grandmother wanted a second opinion. Her doctor knew just who she wanted it from: UCSF cardiologist Kanu Chatterjee, MB.

His expert opinion had saved her from open heart surgery once before, in the 1980s when she was having problems with microstenosis, a narrowing of the small, deep arteries. Unlike the other two other doctors she had seen, Chatterjee thought that her shortness of breath and palpitations could be resolved through medication, rather than surgery. He was right. “He’s the greatest,” says Hendrix. “He’s gentle; he’s kind; he understands. He listens to me. And he’s more knowledgeable than anyone else I’ve seen.”

Hendrix is not alone in her praise. It’s shared by Chatterjee’s colleagues, who recently named him and six other members of the Department of Medicine as master clinicians. The newly created designation recognizes and honors a facet of UCSF faculty members’ work that is often overlooked – direct patient care. There are established awards for researchers who make scientific breakthroughs, and honors for top-notch teachers. But there was no formal way to recognize outstanding clinicians: the doctors that other doctors look to for their skills and expertise; the people other doctors go to when they need care; the doctors who provide patient-centered care.

“For so long, we had assumed if you are an excellent researcher or teacher, you are, of course, also an excellent physician,” says internist Joshua Adler, MD. “That’s simply not the case. There’s something really special about the best doctors. This was a way to specifically recognize those people.”

“We all know who they are,” adds William Grossman, MD, who worked with former cancer care (10th), rheumatology (10th), respiratory disorders (10th), kidney disease (11th) and digestive disorders (12th). Although U.S. News and World Report does not yet rank hospitalist programs, our program at UCSF is generally acknowledged to be the nation’s leader. Our residency program has a national reputation for excellence with a long history of producing leaders in academic medicine, public health and clinical practice. Sustaining this tradition of top-notch training is a challenge in the face of rapidly expanding medical knowledge. Our residency program is exploring ways to redesign the training program to ensure that we continue to improve on this tradition of excellence. For example, we have added opportunities for our residents to enter areas of distinction during their second and third years, wherein they gain additional experience and mentoring in a number of areas, such as international health, medical education, health equities, and epidemiology and biostatistics. Over the last decade, the department has ranked at or near the top among all...
Department Chair Lee Goldman, MD, to develop the Council of Master Clinicians. The pair saw establishment of the council as a way to elevate the stature of clinical work and emphasize it as a core value at UCSF.

The entire UCSF faculty nominated candidates, and the final seven were chosen by a selection committee that included the Department of Medicine chair, two vice chairs and three faculty members from other departments. Nominations are currently being accepted for this year’s class.

What makes someone an outstanding clinician? Adler admits it’s not always easy to pin down those qualities. Depth of knowledge and diagnostic skills are part of the mix. So too are devotion to patients and the ability to communicate with them about their condition. Great clinicians are passionate about the practice of medicine, and readily share what they know with colleagues and students. In addition, they are masters at what Adler calls “the art of medicine,” an elusive blend of intuition and expertise. “Dr. Chatterjee exemplifies all those features,” he says.

Other members of the inaugural class of master clinicians include:
• Nephrologist Glenn Chertow, MD, admired by peers for his clinical acumen and extensive research, which “allows him to bring cutting-edge therapeutics to the bedside,” as one of the physicians nominating him put it.
• Hematologist/oncologist Patricia Cornett, MD, who, despite being the “go-to” person for every difficult oncology case at the San Francisco Veterans Affairs Medical Center, “never seems rushed, fatigued or unhappy,” according to a faculty member who nominated her.
• Rheumatologist Ken Fye, MD, whose reputation extends far beyond UCSF – he’s frequently asked to write clinical chapters and reviews for national publications – and who is known by his peers as a “doctor’s doctor.”
• Infectious diseases specialist Richard Jacobs, MD, an expert on surgical infections and a tireless advocate of the safe and effective use of antibiotics in the entire institution.
The shelves are empty and the desk mostly bare in the office of Talmadge E. King Jr., MD, at 505 Parnassus Ave. It’s not that King hasn’t had time to move in since he was appointed interim chair of the department last year. But he doesn’t want to get too comfortable in the post. “I’m not making it home,” he says emphatically.

Still, neither is he simply marking time until a permanent chairman comes onboard. “We are one of the highest ranking departments of medicine in the country,” says King. “These are difficult times and medicine is a complex business; we cannot afford to lose momentum.”

To that end, King is committed to being an “active and engaged leader,” working to improve upon the accomplishments of his predecessor, Lee Goldman, MD. Following an 11-year term as head of the department, Goldman left UCSF last July to become dean of the medical school at Columbia University.

The department saw dramatic growth during Goldman’s tenure. The size of the faculty grew from 325 to more than 500, and its operating budget doubled. Funding from the National Institutes of Health (NIH) increased substantially. In the last three years, the department received more NIH dollars than any other in

A New Division for Bench-to-Bedside Research

The Department of Medicine has established a new division, Experimental Medicine, which is devoted to understanding the interactions that occur between the human immune system and chronic infectious diseases such as HIV/AIDS. Research in this division is aimed, ultimately, at the design and development of lifesaving therapies and vaccines for these infectious diseases.

Such “translational research” is a direct extension of the type of work that has been carried out in the AIDS arena at UCSF, notes Division Chief Joseph (Mike) McCune, MD, PhD. When the epidemic hit San Francisco in the early ‘80s, bench scientists, clinical scientists, patients and activists began working together.

These multidisciplinary collaborations not only sped understanding of the ways in which HIV can cause disease, but also focused on and facilitated the development of better approaches to the treatment and prevention of AIDS.

That approach — spurred in large measure by AIDS activists and patients — in turn galvanized people like Phil Gerrard to cooperate with researchers. A 70-year-old Bay Area resident and longtime HIV survivor, Gerrard has taken part in four studies. He likes the idea that his participation might help scientists better understand the mechanisms of HIV, which in turn might one day help him. “I am hopeful that by participating in the studies, there has also been value to me as a patient,” he says.

Experimental Medicine will continue to rely on both laboratory and clinical investigations to explore how the human immune system is battered by and responds to chronic infectious diseases including not only HIV, but also others that often co-infect those with HIV, such as tuberculosis, malaria and hepatitis C. “It will be work that I hope eventually would inform the development of effective vaccines and therapies that can be used around the world,” says McCune, who was previously at the Gladstone Institute of Virology and Immunology.

His involvement in translational research goes beyond the new division. He is also leading the new UCSF Clinical and Translational Science Institute, a $100 million, National Institutes of Health-funded, interdisciplinary effort aimed at facilitating the process by which better therapies can be moved from bench to bedside. Indeed, that approach has long characterized McCune’s own research: Working in collaboration with other basic scientists and clinicians, he has focused on defining the pathogenic mechanisms of HIV and other viruses in the hopes of developing better ways to treat and prevent HIV.

Experimental Medicine, which started with McCune’s lab, is housed in Building 3 at San Francisco General Hospital. He sees the division growing over the next three to four years to...
eventually include seven to eight labs and as many as eight faculty members. Two have already joined him: Douglas Nixon, MD, PhD, UCSF professor of medicine and associate director of the new division; and Cheryl Stoddart, PhD, assistant professor of medicine.

McCune hopes that Experimental Medicine will foster not only new research findings, but also new researchers: “One of our major goals is to establish a training environment that fosters patient-oriented research here and abroad.”

The Division of Infectious Diseases’ new chief is Joanne Engler, MD, PhD, professor of medicine and of microbiology and immunology. Engel does research on the interactions between bacterial pathogens and their host cells, with a focus on two common bugs, Chlamydia trachomatis, the leading cause of venereal disease in the United States, and Pseudomonas aeruginosa, which can produce opportunistic infections in any part of the body in which the defenses are compromised.

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country – $166 million in 2005. Goldman helped create the nation’s first hospitalist program and launched new divisions in geriatrics and genetics. Both clinical care and teaching expanded.

King wants to keep growing the department’s commitment to high-caliber research, quality patient care and excellent teaching – all of which depend on a continued ability to retain and recruit faculty. “We have a strong and reliable leadership team, and we have done a good job of recruiting superb faculty members,” he says, pointing to the establishment of the department’s two newest divisions, Experimental Medicine and Medical Genetics. “But we can’t afford to rest on our laurels.”

As was Goldman before him, King is interested in developing new programs. “We’re building a program in medical informatics,” a field devoted to extracting the nuggets of medically useful information from the volumes of data that are now routinely collected, “which will harmonize with our medical center’s increasingly robust information systems.” Another new initiative is a major redesign of the residency program to improve the learning experience of house officers.

The 59-year-old Georgia native’s own career began at Harvard Medical School. He did his residency training at Emory University and then a fellowship in pulmonary medicine at the University of Colorado Health Sciences Center in Denver. King held a professorship in medicine at the University of Colorado and served as a senior faculty member at the National Jewish Medical and Research Center. He moved to UCSF in 1997, when he was appointed vice chair of the Department of Medicine and chief of medical services at San Francisco General Hospital.

King is a member of the Institute of Medicine of the National Academies, and is a past president of the American Thoracic Society. King has won numerous awards and has been listed on several national “best doctors” lists. His research interest is the pathogenesis, diagnosis and management of inflammatory and immunologic lung injury. His bibliography comprises more than 200 publications and nine books, including the recently published Medical Management of Vulnerable and Under-served Patients.

A national search for a new department chair is currently underway. “Hopefully by fall,” he says, “there will be someone in place.” But for now, “I’m awed by the quality of the department and doing what I can to make it even better.”

DEPARTMENT APPOINTS NEW DIVISION HEADS

After extensive national searches, the Department of Medicine has appointed four new division heads. David Gardner, MD, has been appointed chief of the Division of Endocrinology, Metabolism and Osteoporosis. Gardner’s research is focused on exploring the genetic and molecular mechanisms involved in the heart enlargement that often results from diabetes and other conditions.

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For further information about giving, please contact Ms. Helen Dannelly, director of development, at 415/502-6293 or via email: hdannelly@support.ucsf.edu.

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Endowment of these historic honors – a 500-year-old academic tradition that began with the creation of the Lady Margaret chairs in divinity at Oxford and Cambridge – brings prestige not only to the Department of Medicine, but also to the faculty members upon whom they are bestowed. Equally important, they provide the financial support to attract the best and brightest of medicine’s future generation.

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