Imagine you had a state-of-the-art kitchen, a passion for cooking, and a number of friends you would love to have over. The only holdup to wonderful dinner parties is an unfortunate lack of stores nearby, requiring you to grow all of your own ingredients.

Such is the challenge for many doctors at UCSF, who have a record of superlative research and intriguing questions about their patients’ diseases. However, to secure grant funding, they usually have to provide preliminary data showing their hypotheses have merit.

“It’s a lot easier to make corn chowder if somebody provides you with the corn,” says John Imboden, MD, with a smile. “Rather than giving you a couple seeds and saying, ‘Find a field!’”

Imboden, who is chief of the division of rheumatology at San Francisco General Hospital (SFGH), wanted to make it easier to gather this data. So with Assistant Professor of Medicine Jonathan Graf, MD, he launched the Rheumatoid Arthritis (RA) Observational Cohort Study in November 2006.

With startup funds from the Department of Medicine, they have enrolled 350 patients with RA at SFGH and UCSF Medical Center, two of the department’s main patient care sites. They will soon begin enrolling patients at the Veterans Affairs Medical Center (VAMC). They are well on their way toward their goal of enrolling 500 patients by the end of 2008.

Enrolled patients give permission for their clinical data to be included in an anonymous database, which allows their records to be searched and compared with other patients without revealing their identity.
Edmund G. Brown, Sr. Distinguished Professorship in Geriatrics

California Attorney General Edmund G. “Jerry” Brown, Jr. joined Chancellor J. Michael Bishop, MD, and others this fall to congratulate Kenneth Covinsky, MD, MPH, on being named the Edmund G. Brown, Sr. Distinguished Professor in Geriatrics.

As the Baby Boomers age, the number of people age 65 and older is projected to grow twice as fast as the total population. According to the California Department of Aging, the number of people 85 and older is expected to grow even faster, likely tripling by the year 2040. The anticipated population shifts have been described as an “aging tsunami” by some gerontologists, and will have profound effects on all aspects of society, including health and health care.

The Division of Geriatrics was founded in 1997. Its division chief, C. Seth Landefeld, MD, has worked to build a pre-eminent academic program as California prepares for this unprecedented growth of its elder population. “Dr. Covinsky has made fundamental discoveries about the predictors of sustained health and well-being in older persons, and he has built a preeminent group of physicians and other scientists advancing this work,” says Landefeld.

The distinguished professorship was created by the California Legislature as part of the Geriatric Medical Education Training Act. The Legislature allocated $4 million to establish two chairs in geriatrics: one at UCSF, named for former Governor Edmund G. “Pat” Brown, Sr., and one at UC Irvine, named for former President and Governor Ronald Reagan.

“Governor Brown was a great friend of the University of California, and the university prospered during his governorship,” said Bishop at the October event. “We are proud that he was a native of San Francisco, and that in his first elective office, he served our city as District Attorney. We are thrilled that this chair will expedite our efforts at UCSF to develop programs that will improve the care of California’s elderly.”

Attorney General Brown, son of the former governor; Hilary Armstrong, one of the elder Brown’s granddaughters; and many other family members joined UCSF leaders in congratulating Covinsky.

“We are thrilled that this chair will expedite our efforts at UCSF to develop programs that will improve the care of California’s elderly.”
— Chancellor J. Michael Bishop, MD
Talmadge E. King, Jr., MD, talks about what he loves most about being a doctor. “You learn so much about someone in 30 minutes or an hour,” he says. “Just sitting in a room, talking to a family, helping a patient understand their disease, trying to find the right treatment for it, and consoling them in troubled times. It’s a privilege that’s unmatched.”

King, an international expert in lung disorders, was named the new chair of the Department of Medicine last fall. The oldest of five siblings, he spent his childhood in Darien, Georgia, a small coastal town near Savannah, which he describes as “a wonderful place to grow up.” His mother was a school teacher, and his father worked in law enforcement. He first thought seriously about medicine while attending Gustavus Adolphus College in St. Peter, MN. He graduated from Harvard Medical School, did his residency at Emory University in Atlanta, and completed a pulmonary fellowship at the University of Colorado, Denver.

King continues to do research in interstitial lung disease, his area of specialty, and is a frequent speaker at national and international conferences. In 2007 King was awarded the Trudeau Medal, which is the American Thoracic Society’s highest honor.

Before becoming chair of the department, King spent ten years as chief of medical services at San Francisco General Hospital, a job that he relished. “People came to work with hope and enthusiasm every day,” he says. “And it was really fun to be there. It’s unique in the sense that it is a public safety net hospital that sees its mission as caring for patients, as well as generating new knowledge about how to care for patients from underserved populations.”

A Vision of Excellence

King says his vision for the Department of Medicine is to sustain excellence in its three primary missions: patient care, education and research.

“Providing quality patient care is probably the biggest challenge we face,” he says. “With declining reimbursement, expanding paperwork, and the increasing complexity of medicine, clinicians in academic medicine often feel under-supported and undervalued. One of my major goals is to improve the environment of care in the Department. We need to establish genuine teamwork and team ownership of practice performance.

“In the past much of the structure of care in academic medicine centered on the doctor’s needs. We need to center things around what the patient needs. Changing that culture and environment will be a challenge. But that’s one of the things we hope to do.”

The department educates medical students, residents and fellows. King is looking at ways to support innovations in teaching, which set UCSF apart but are often labor-intensive. “It’s an important and largely unfunded mandate, so the challenge is finding the funds to support the educational mission,” he says.

“The other challenge is to continue to recruit the best and the brightest residents that we can,” he says. “Our residents are really outstanding and dynamic. They’re absolutely magnificent multitaskers. They have lots of new ideas. And they rejuvenate the place every year.”

King is also committed to keeping the department at the forefront of research. “UCSF has evolved to be a major public research institution, and has added tremendous value to society,” he says. “Recruitment and retention of physician-scientists is a major problem across the country. One of our major efforts to relieve this situation will be through the Institute for Molecular Medicine. It is one way that we are trying to work together across departments to recruit young physician-scientists who can be given the right resources and opportunities to generate new knowledge.

“Our biggest constraint is space,” King says. “Even with the development of Mission Bay, the Department of Medicine continues to suffer from a lack of space for its expanding and successful research operations. Once this next round of construction is completed, the next building should be an advanced medicine research building for the clinical departments with the Department of Medicine as the anchor tenant. It’s really necessary to keep UCSF going forward.”

“Our residents are really outstanding and dynamic. They’re absolutely magnificent multitaskers. They have lots of new ideas. And they rejuvenate the place every year.” – Dr. Talmadge King
What is Arthritis?

Arthritis literally means joint inflammation, but it is often used to identify a group of more than 100 rheumatic diseases that may cause pain, stiffness and swelling in the joints and in areas close to the joints. Some common types of arthritis are:

**OSTEOARTHRITIS** – which occurs when the cartilage that cushions the ends of the bones wears away.

**RHEUMATOID ARTHRITIS** – an inflammatory disease that causes pain, swelling, stiffness, and loss of function in the joints.

**LUPUS** – a chronic inflammatory disease that can affect various parts of the body, especially the skin, joints, blood and kidneys.

**FIBROMYALGIA** – characterized by widespread pain in the muscles, ligaments and tendons, as well as fatigue and multiple tender points.

**GOUT** – occurs when needle-like crystals of uric acid build up in connective tissue, in the joint space between two bones, or in both.

According to the Centers for Disease Control and Prevention, arthritis is the most common cause of disability in the United States. About one in five adults report doctor-diagnosed arthritis.
Maestro of Rheumatology

Ephraim P. Engleman, MD

Working with Rosalind Russell

In the mid-1970s, Engleman led the National Commission on Arthritis, a Congressionally mandated task force convened to address the woeful lack of arthritis research and education. One of the commission’s members was actress Rosalind Russell, known for her performances in *His Girl Friday* and *Auntie Mame*. Russell had developed rheumatoid arthritis, and was one of the first people to give a public face to the disease and lobby Washington for more resources.

“We had public hearings throughout the country, and when it was generally known she was on our commission, it was standing room only,” says Engleman. “She was a very brave, articulate lady, though by this time she had to use a wheelchair frequently.”

Among other achievements, the Commission’s work resulted in the creation of the National Institute of Arthritis and Musculoskeletal and Skin Diseases, now part of the National Institutes of Health, and special research centers for arthritis.

After Russell’s death in 1976, Congress established the Rosalind Russell Medical Research Center for Arthritis, and selected UCSF to house it. Engleman was named as its founding director, a role he continues to this day. Over the years, the Center has raised more than $50 million for arthritis research at UCSF, helping it become one of the top two arthritis research centers in the country and train more than 120 research fellows.

As president of the International League Against Rheumatism, Engleman led a movement to recognize the importance of rheumatic diseases in China, resulting in the founding of the Chinese Rheumatism Association. He also served as president and co-founder of the Association of Clinical Faculty, an organization founded in the early 1970s to improve relations between full-time faculty and community physicians who teach at UCSF.

“I think Eph has a global, national and local influence in the field of rheumatology, and many people view him as one of the fathers of the subspecialty,” says Arthur Weiss, MD, PhD, chief of the division of rheumatology and Ephraim P. Engleman Distinguished Professor. “A lot of the funding that has come to the Center has come through Eph’s personal connections. He has a lot of loyalty from his patients, and his love of music puts him in touch with a lot of people in a unique way. The happiest I ever see him is when he’s hammering it up in front of an audience.”

“He leads by example,” says Paula Gambs, board chair of the Rosalind Russell Center. “He has a twinkle in his eye, and a joie de vivre that’s extraordinary at any age, let alone when you’re well into your 90s.”

The Show Goes On

Among his many honors, last year Engleman received the Gold Medal from Columbia University College of Physicians and Surgeons. He is also a recipient of the Presidential Gold Medal from the American College of Rheumatology and UCSF’s Medal of Honor, the institution’s highest honor.

For 60 years, Engleman has also been a member of the Family Club, a prestigious social club. Engleman writes musical biographies of composers like George Gershwin and Jerome Kern; these are performed in the club’s outdoor theater, whose Engleman Stage was recently named in his honor.

“I used to recommend retirement to my patients many years ago,” Engleman says with a laugh. “More recently, I think it’s terrible. I think it’s very important to keep active.”
Medical residency at UCSF is a distinguished tradition, producing leaders such as Julie Gerberding, MD, MPH, director of the Centers for Disease Control and Prevention. Residents learn from outstanding faculty who are engaged in excellent patient care and state-of-the-art research. They also gain an unparalleled breadth of experience from training at three sites: UCSF Medical Center-Mount Zion, which offers some of the top specialty care in the country; San Francisco General Hospital, one of the top county hospitals; and the Veterans Affairs Medical Center, one of the top VA hospitals.

To help connect current residents with alumni of this outstanding program, UCSF recently created the Medical Residents’ Alumni Network (MRAN). “We went out and spoke with a diverse group of thought leaders who had been in the residency program in the past,” says Harry Hollander, MD, director of the internal medicine residency program. “Everyone who was approached enthusiastically embraced the idea [of an alumni network] and volunteered to be part of the advisory board.” That board includes Gerberding; Steven Harr, MD, director of biotechnology research at Morgan Stanley; J. Gregory Fitz, MD, professor and chair of internal medicine at UT Southwestern; and a number of other prominent alumni.

About 80 alumni and current residents attended MRAN’s inaugural event in October, which was held at the Mission Bay campus and included time to network, in addition to a lively panel discussion about advances in medicine in the academic, industrial and public policy sectors.

“I was most impressed by the contrasting perspectives of how the panelists felt the residency prepared them, and lessons learned in each of their lines of work,” says Jeffrey Gotts, MD, a second-year resident. “For residents, it was really useful to see those three perspectives all at once.”

Bert O’Neil, MD, completed his UCSF residency in 1997, and is now an associate professor of medicine at the University of North Carolina, Chapel Hill. “I would have loved something like this when I was a resident,” he says. “I thought the meeting was very informative and enjoyable. It was great to see people I hadn’t seen in seven years or so. I met a couple of the current residents, and I think stressing interaction between the current residents and former residents more would be a great addition to the meeting.”

“We would like to create the broadest possible network that would link current residents in potentially beneficial mentoring and networking relationships with past graduates of the program,” says Hollander. “Also, quite honestly, since we are a public institution, we are always looking for resources. We are hoping to establish an endowment, to have unrestricted dollars to use for educational innovations and career development activities for residents.

“We’d like to make this a robust network that benefits residents while they are here, and which helps people feel as though they are a part of this great tradition, which we think the medicine residency is,” says Hollander. For more information or to make a gift, contact Olivia Herbert at 415/476-9878 or oherbert@support.ucsf.edu.

Above: alumni and current residents network during the MRAN inaugural event in October, following presentations and a panel discussion with (bottom photo, from left) Steven Harr, MD; Talmadge King, MD; Harry Hollander, MD; J. Gregory Fitz. MD; and Eliseo Pérez-Stable, MD.

2008-09 Chief Residents – Chief residents are graduates of a medical residency program who are chosen to stay on for an additional year to help teach and supervise residents. Chief residents for 2008-09 are:

UCSF Medical Center
Alejandra Casillas, MD
Charlie Everett, MD
San Francisco General Hospital
Elizabeth Davis, MD
Prasanna Jagannathan, MD
VA Medical Center
Rebecca Cogswell, MD
Sreekanth Vemulapalli, MD
Ambulatory chief resident
Laura Tarter, MD
A recent $2.5 million gift from Gordon and Betty Moore will endow a genetic counselor position in the Gastrointestinal Cancer Prevention Program in the Division of Gastroenterology.

“It was something that was important, and seemed very difficult to fund as well,” says Gordon Moore, co-founder of Intel Corporation. “So it was just something that we wanted to do.”

One in ten gastrointestinal cancers are familial, and individuals with a genetic mutation are at an elevated risk for developing cancer. Most physicians are unaware of this risk, and the standard prevention measures are inadequate – for example, having a colonoscopy once a decade starting at age 50.

“The Moores’ gift will directly translate into saving more lives in high-risk families,” says Jonathan Terdiman, MD, associate professor of clinical medicine and director of the Gastrointestinal Cancer Prevention Program. “It will also allow us to educate more families and physicians about measuring elevated risk for cancer, and how to mitigate that risk.”

Pinpointing Genetic Risk

Patients are often referred to the program by their doctors because they have had cancer, or have a family history of cancer. They meet with a genetic counselor, who is a board-certified, master’s level health care professional. Together they compile a patient’s family medical history, charting which relatives developed what kinds of cancer, and at what ages.

The counselor usually spends another three to four hours conducting genetic “detective work,” such as requesting medical records, tumor samples and death certificates of relatives who have had cancer.

Because the human genome is incredibly complex, genetic testing is much more effective when providers know the specific gene mutation which caused cancer in other relatives. This may involve asking family members who have had cancer to undergo genetic testing – where a sample of cells from the inside of the cheek, blood, hair, skin, amniotic fluid (the fluid that surrounds a fetus during pregnancy), or other tissue is collected to look for specific changes in chromosomes, DNA or proteins, depending on the suspected disorder. If their tests indicate a genetic mutation, the patient can then also be tested for that particular mutation.

For those who test negative for a gene mutation, it is a tremendous relief. Those who test positive work with their genetic counselor to develop a tailored plan for prevention and early detection of cancer. The counselor also provides emotional support in dealing with a positive test result, which often has implications for other relatives in the extended family. The counselor drafts a “Dear Family” letter that the patient can share with relatives, which details the test results, invites them to consider genetic counseling themselves, and lists customized guidelines for cancer screening and prevention.

“The Gastrointestinal Cancer Prevention Program is the only program in the western United States to provide genetic counseling services focused on gastrointestinal cancer prevention. Because there is often considerable overlap of risk for different types of cancer, the Program is fully integrated with the other groups at the Cancer Risk Program. “The program is thriving, and this gift will allow the program to grow,” says Terdiman.

Measuring Risk, Saving Lives:
Gordon and Betty Moore Endow Genetic Counselorship

“The Moores’ gift will directly translate into saving more lives in high-risk families.”

– Dr. Jonathan Terdiman, pictured above (center) with Gordon and Betty Moore

How You Can Support the UCSF Department of Medicine

Many people who have been cared for by a UCSF Department of Medicine physician choose to express their gratitude by supporting our life-enhancing work. Thousands of other individuals also make tax-deductible gifts to help sustain medical advances at UCSF. You can support the UCSF Department of Medicine with gifts of cash, appreciated securities, real estate, life insurance or other valuable assets. You may enjoy important financial benefits during your lifetime by establishing a life income trust, naming the Department of Medicine (or one of its divisions) as the ultimate beneficiary. Also, bequests are a critical source of funds to help meet the department’s future needs.

For further information about giving, please contact Helen Dannelly, Director of Development, Department of Medicine, at 415/502-6293 or via email: hdannelly@support.ucsf.edu.
Recognizing Clinical Excellence

In 2006, the Department of Medicine established the Council of Master Clinicians to recognize outstanding physicians with exceptional knowledge, superior teaching and communication skills, and an ability to provide compassionate, appropriate, effective and quality patient care.

Though diverse in personality and style, the master clinicians share certain core qualities: excitement in solving complex problems; a love of caring for patients; an ability to teach others, whether it be residents or the patients themselves; and great joy in the practice of medicine.

Each year, the department inducts a cohort of new members. The 2007-08 Master Clinicians are profiled here.

Practicing the State of the Art

John Cello, MD, is an internationally recognized expert in gastroenterology, as well as the premier attending physician of residents and fellows at San Francisco General Hospital (SFGH) in the latest gastroenterological procedures. In addition, he has developed a large referral practice, which means he sees a wide range of patients.

“I'm perfectly comfortable seeing someone who happens to be an indigent patient who has Medi-Cal, as I am seeing someone who is a multibillionaire,” says Cello. “They have the same anatomy. Everybody gets the best level of care I can provide. That's always been my philosophy in training students and residents.”

“The depth of his clinical knowledge and his willingness to share that knowledge is supported by the fact that 30 years of UCSF-trained gastroenterologists identify Dr. Cello as their main clinical role model,” says Hal Yee, Jr., MD, PhD, chief of gastroenterology and hepatology at SFGH. In May, an educational symposium and dinner will be held in his honor to celebrate his leadership in teaching and patient care.

Cello says that patients are almost always anxious when they come to see him, concerned about possible procedures, but even more so about the possibility of cancer. “The best way you can assure someone about a worrisome sign or symptom is to do a specific, directed diagnostic test,” says Cello. “You assure them that you are going to take their complaints seriously and evaluate them as thoroughly as possible. Everybody wants an answer. We can give that answer to them with a very high degree of reliability.”

When Cello entered the field of gastroenterology more than 30 years ago, endoscopy and colonoscopy were mainly diagnostic tools. Over the last three decades, he helped develop some of the state-of-the-art tools and therapies that have revolutionized the field. Today, open surgeries for ulcers and gallstones are rare, with progress in laparoscopic surgery, interventional radiology, pharmaceutical treatments and endoscopy.

Cello encourages people entering the field to take a multidisciplinary approach. “The name of the game is not ‘The Lone Ranger,’” he says. “Dealing on a daily basis with the surgeons, the radiologists – that’s clearly the wave of the future.”

Cello revels in the stimulating environment at SFGH and UCSF. “It’s intellectually extraordinarily satisfying, because you are constantly learning,” he says. “By conferencing on a regular basis, you yourself are learning through your colleagues. And that’s one of the fun parts of medicine.”

When he's not teaching, researching or practicing medicine, Cello enjoys raising koi and tending to his 40-vine vineyard at his home in Tiburon.

The Art of Listening

“My greatest satisfaction is helping people, whether that's curing, prolonging their lives, relieving their symptoms, or helping them in the dying process,” says Lloyd Damon, MD.

As a hematologist specializing in blood malignancies, Damon gets to know many of his patients quite well, since they are often in the hospital for a month for leukemia treatment or bone marrow transplants. “You have to listen well,” he says. “I think the listening part is, in this busy world, a bit lacking. So taking the time to chat with people is essential.”

He also thinks it’s critical to listen to other members of the health care team, especially the nurses, who spend 12 hours a day caring for patients. “Our
Damon became interested in hematology during his third year of residency at UCSF, when he was doing a hematology rotation at the Veterans Affairs Medical Center. “It was really my first exposure to it, and it immediately clicked,” he remembers. “What struck me was how much you could do for people – both to cure them and to improve their quality of life.

“I really think the science of hematology has been a real leader in medical science in recent history,” he says. “The results are new therapies to approach cancer treatment.” Part of the reason for hematology’s success in research is because the tumor tissue – blood and bone marrow – is easy to obtain, unlike a liver or lung biopsy, for example.

In addition to his clinical work, Damon also continues on his own research work, as well as serving on several committees working on quality assurance.

Working seven days a week doesn’t leave much time for hobbies, though he does enjoy skiing. He lives in Burlingame with his wife, Teresa De Marco, MD, medical director of heart transplantation at UCSF, and their daughter.

A Joyous Profession

“Dr. Nora Goldschlager is nationally recognized as an expert in cardiac arrhythmias,” says Leila Alpers, MD, MS, residency and medicine clerkship site director at San Francisco General Hospital. “What makes her a truly great master clinician, however, is her approachability and her genuine joy at answering a challenging clinical question.”

Alpers remembers trying to interpret a difficult EKG when Goldschlager happened to walk by. “She literally perked up her ears, walked in still with her coat, umbrella and bag, gave her interpretation, shared her excitement in the process, and set off for her office, all within three minutes,” says Alpers.

Goldschlager, who has been on staff at SFGH since 1978, attends on the cardiology service, and also sees patients in the Pacemaker and general cardiology clinics. She has won many teaching awards. Her style is to get straight to the point when teaching students and residents.

“I tell them, ‘What are you doing on the left side of the patient?’” says Goldschlager. “‘You feel for the liver on the right side, and you start in the pelvis – you don’t start at the rib cage.’ Their eyes light up when they feel the enlarged liver, and they don’t forget it, because they’ve gotten to do it correctly themselves.”

Goldschlager has worked with some of her patients for more than 20 years, and they often show her family pictures, give her Christmas gifts, and cry when they move away. “Cardiology is such a happy field these days,” she says. “Seventy-five percent of my patients feel better because of the therapies and the drugs we can now offer.”

She balances honesty and realistic hope when talking with patients. “Some of our heart failure patients are so sick,” Goldschlager says. “I say, ‘We can do this, this and this. If everything else doesn’t work, we’ll recommend heart transplant. But we’re not there yet –

continued on next page
She loves the arts, and has season tickets to Berkeley Rep, ACT, the ballet and the symphony. She and her husband (also a cardiologist) have two adult daughters.

“I went into medicine to have a good time,” says Goldschlager. “If you don’t see it as fun, and enjoying problem solving, then what are you in the field for?”

Communicate and Build Trust

“Trust involves being able to talk about the difficult stuff in a way that puts people at ease,” says Stephen McPhee, MD. “Like bringing up erectile dysfunction, death, dying, abuse. Doing it in ways that are tactful, but almost routine.”

He says that some doctors may avoid talking about difficult subjects, because it may open up a Pandora’s box of issues. “The fear may be, I’m going to have to deal with this sobbing person, who’s finally revealed to me something they’ve hidden,” he says. “When in fact, all you have to do is sit there and listen. Console. At the most profound level, it’s overcoming your own fears.”

For the last seven years, McPhee has been very involved in palliative and end-of-life care. McPhee came to UCSF in 1980, in the early years of the AIDS epidemic. “I took care of several hundred AIDS patients, all of whom died,” McPhee says. “I didn’t know squat about how to handle death and dying. That was my crucible experience, professionally.”

In his personal life, McPhee experienced the loss of his second son, David, who died of a malignant brain tumor at the age of 1½. Also, McPhee’s mother died in an intensive care unit. “Both of these experiences were handled badly, by very good doctors,” McPhee says. “Which got me thinking: if that’s happening to me, by very good doctors, it’s probably happening everywhere, and by doctors not nearly as good as these. So I got very interested in changing the culture of death and dying at UCSF.”

Caring for the Whole Person

Ken Sack, MD, is a fan of the big picture, whether in medicine or in life. His computer has a screensaver of different galaxy images, and he loves to get away from the city lights to look at the Milky Way. As a rheumatologist, he enjoys caring for the whole person.

“A lot of our diseases [in rheumatology] involve so many different organ systems,” Sack says. “And some of the clinical characteristics of rheumatologic disorders resemble so many other diseases that you have to be a detective when a patient has unexplained symptoms or signs.”

One of Sack’s particular interests is mimickers of vasculitis, an inflammation of the blood vessels. There are other conditions that look exactly like vasculitis, but giving powerful immunosuppressant drugs would be ineffective and potentially dangerous. “That’s what keeps me excited about medicine,” says Sack. “Never putting on blinders, and always looking for mimickers of the condition you’re suspecting. We frequently get called upon to be a detective when a patient has unexplained symptoms or signs.”

Sack spends time with his patients to get a complete description of their symptoms, and then performs a meticulous physical exam. Then he sits and thinks. “You use the best diagnostic tool you have: your brain,” he says. “Think broadly about all the different possibilities, then use the laboratory to refute or confirm one of these diagnostic possibilities. Then be willing to change your mind if you seem
to be going down a path you thought was right, but it's not turning out as expected.”

“Ken is a wonderful physician and teacher,” says Arthur Weiss, MD, PhD, chief of the division of rheumatology at UCSF Medical Center. “He’s my doctor: so, he’s a doctor’s doctor. He’s good at solving puzzles – putting complex observations together and synthesizing them. He’s a very humble, warm person who really thinks carefully about patients and their situation.”

Working with patients who often live with chronic pain, Sack offers them empathy and a range of support, beyond just prescribing medication or antidepressants. “It may be an exercise program or simple reassurance,” he says. “It may be looking at family issues. Sometimes, I send them to a psychotherapist or psychiatrist to develop coping skills. There’s a whole new field of cognitive behavioral therapy that’s exciting, and in many respects, effective.”

Sack, a wiry man with a big smile, loves to run. He jokingly notes that at one point, he was the fastest rheumatologist in the country, as the winner of a 5K race at a national rheumatology meeting. With that comes a runner’s personality. “I’m always struggling to do better,” he says, adding that he’s a little embarrassed to be honored as a master clinician. “I see all these brilliant minds around me. I’m a fingerpainter, and there are all these Rembrandts around, and somebody thought my fingerpainting was good.”

Name That Tune

Behind an amiable exterior, Lawrence Tierney, MD, has the keen eye of a sleuth. He often takes students into a patient’s room at the Veterans Affairs Medical Center (VAMC) for a few minutes, where they’ll chat about baseball. “When we go out into the hall, I’ll say, ‘What do we know about this man now?’” says Tierney.

Students are inevitably stumped. With a laugh, Tierney explains how the get-well cards taped to the wall indicate a supportive family network. And by looking at the first digit of the patient’s social security number, printed on his wristband, Tierney knows the region of the country he is from. (The social security numbers of most New Englanders like Tierney, for example, start with “0.”)

He credits a lot of his skill as a clinician to watching his father, who practiced out of the family home as Tierney was growing up. “He was an extraordinary physician who instinctively was right all the time,” Tierney says. “A lot of it is how you care for patients, and make them feel like they’re the only person on earth. If you have a good way with people, they’ll give you everything. They’ll tell you their story.”

“As a skilled physician, world class internist, respected teacher, and charitable human being, he has inspired an entire generation of medical trainees at UCSF and throughout the world,” says Gurpreet Dhaliwal, MD, a colleague at the VAMC.

Tierney started at the VAMC in 1971, and has been on the faculty since 1974. He is nationally renowned for his talent in successfully diagnosing complicated cases during grand rounds, based on evidence presented to him on the spot.

He says the process is not unlike the “Name That Tune” final exams he took as a music major at Yale. One tricky question included an excerpt by Hector Berlioz, who was fond of weaving in passages that sounded like other composers’ work. “If you listened carefully, you’d realize it was a more modern piece,” Tierney says.

Tierney readily admits to being stumped often in his career – the early cases of HIV/AIDS were a perfect example. “I would just love to be around 100 years from now, and look at these patients with what will be the knowledge that accrues in the next century – wouldn’t that be a blast?” Tierney says with a laugh. Failing that, Tierney quotes Sir William Osler, considered by many to be the father of modern medicine, who said, “Cure a few, help most, but comfort all.”

He recalls a Christmas sermon he once heard as an altar boy, which the priest ended with these words: “Joy – that’s the key word. Don’t muff it.” Says Tierney, “It was a lesson quite applicable to the practice of medicine. Do you realize how lucky we are to be doing this? You are earning a living doing something you would do for free.”
Dr. Eliseo Pérez-Stable wins Martin Luther King, Jr. Award

Chief of the Division of General Internal Medicine at the Parnassus site, Eliseo Pérez-Stable, MD, received the 2008 Martin Luther King, Jr. Award for his work to increase ethnic diversity within the UCSF community.

Since the start of his UCSF career as an intern in 1978, Pérez-Stable has worked to promote diversity in his research, patient care and teaching and mentoring. “Eliseo is widely recognized as one of UCSF’s most important career mentors for underrepresented trainees and faculty,” says Robert Baron, MD, associate dean and chair of the Chancellor’s Advisory Committee on Diversity.

Pérez-Stable believes it’s important that the medical profession reflect the demographics of the patients they serve. “We can’t have 33% of the population who are Latino, and less than 5% of physicians who are Latino,” says Pérez-Stable. “It’s beyond language issues… Just as 50 years ago, there were very few women in medicine. Now, women like the fact that they can go to women doctors.”

Pérez-Stable’s research has focused on health and health care disparities by race and ethnicity in the areas of tobacco use and cessation, cancer prevention and aging. In 1993, Pérez-Stable co-founded the Medical Effectiveness Research Center for Diverse Populations (MERC), a multidisciplinary center which promotes health in racially and ethnically diverse populations and trains investigators – many of them minorities – to conduct research on health disparities.

Pérez-Stable traces his passion for diversity and social justice from coming of age in the 1960s and 70s, and also growing up for the first part of his childhood in Cuba. “I was very interested in social political movements in Latin America,” he says. “Once I became a physician, I realized I couldn’t do both – be a physician and be active in political groups. But in a way, this is channeling this energy from within, in a profession that generally welcomes that.”

“We can’t have 33% of the population who are Latino, and less than 5% of physicians who are Latino. It’s beyond language issues… Just as 50 years ago, there were very few women in medicine. Now, women like the fact that they can go to women doctors.”

Frontiers of Medicine
News from the UCSF Department of Medicine