

## **Dean's Newsletter**

### **October 20, 2008**

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#### **Science, Healthcare and the Presidential Elections**

Everyone's attention has understandably been riveted on the extraordinary events impacting the global economy in general and the United States economy in particular. The ups and downs (really downs) are affecting virtually every aspect of the world as we thought we knew it –institutions of higher learning, medical centers, businesses, homes and personal savings. Fears for the future are increasingly more commonplace, and most of the reassurances we have heard from public leaders have not been, in fact, reassuring. There now seems little doubt that the events now rapidly unfolding will reset our national compass and recalibrate our expectations at nearly every level.

While it would be foolhardy for any one of us to pretend we know when the current volatility will give way to some stability, I also recognize that each of us, in our own way, is looking for guidance and effective leadership. Throughout the medical school and medical center there are hundreds of faculty leaders who run research laboratories as well as clinical, education or administrative programs; there are students who lead societies or organizations; staff who lead units or support teams. Each individual and every leader play an extremely important role at times of uncertainty and crisis. From my vantage point, it is easy to lead when resources are plentiful. It is when a crisis arises or resources are constrained that leadership matters most. In those times, it is important that we serve as institutional stewards, doing all we can to preserve and support each other and the programs we are responsible for – which, by definition, are so important to our community locally and beyond.

In addition to our institutional responsibilities, we each have personal ones as well. And one of the most important of those responsibilities will be exercised on

November 4<sup>th</sup> when we vote for the President, Members of Congress and state and local candidates and initiatives. There seems little question that this is a time for measured, steady and well-considered leadership as well as change. And while we are all focused on the current chaos, there is of course much more at risk as well.

During the past nearly eight years we have witnessed a polarization of science and politics. This is true in the nation's Executive Branch, but it extends far beyond that. The USA has been a global leader in science and technology, including the biomedical and life sciences. But the erosion of respect for science, coupled with the real declines in federal support for the biosciences as well as the physical and engineering sciences, now seriously compromises our global leadership. This includes not only support for research but also the shrinking investments needed to fuel biotechnology and the industries so essential to translating new knowledge to application. We also face science and technology challenges in securing sustainable energy, protecting the environment, and reducing global warming – each of which not only have broad economic implications, but which also directly and indirectly impact human health. If you have not already done so, I would encourage you to review the positions of each of the Presidential candidates on the broad panoply of scientific challenges our nation faces. A review of some of their positions was presented in the September 25<sup>th</sup> issue of *Nature* (<http://www.nature.com/news/specials/uselection2008/index.html>). Obviously it is important to look at the positions that have been taken by these candidates during past years and not just those put forth during the throes of a political campaign. It should not escape notice that some of our nation's greatest scientific leaders, including 61 Nobel Laureates, have written a letter to American Citizens expressing their concerns and their recommendations (see: <http://sefora.org/wp-content/uploads/2008/09/nobelists-for-obama.pdf>). Of note, all three of the 2008 American Nobel Laureates have now joined this group of scientists.

Until the current dramatic economic downturns, health and healthcare were among the top issues on many voters' minds. Given the current expense of healthcare in the USA and the inadequacy of the system that supports it, it is critical that we not lose sight of addressing healthcare reform early in the next administration. Of course, this will be harder than ever because of the expenses that will be incurred – but not doing so will likely lead to further unraveling of medical care as well as the economy. Without wishing to sound too hyperbolic or overly simplistic, I would point out that we have already witnessed what happened when the finance and banking industries were unregulated and left to market forces for correction and resolution. Market based healthcare has been a mantra for many but seems unlikely to result in meaningful reform.

From my point of view, I don't think either of the Presidential contenders offers a truly innovative healthcare plan – but they do offer differences. There are two excellent sources you might turn to for additional information and insight. One is the latest issue of our own **Stanford Medicine** on *Politics and Health Reform*. You can access it at <http://stanmed.stanford.edu/2008fall/>. Secondly, a side-by-side comparison of the McCain and Obama healthcare proposals is presented in the October 9<sup>th</sup> issue of the **New England Journal of Medicine** (<http://content.nejm.org/cgi/content/full/359/15/1537> and

<http://content.nejm.org/cgi/content/full/359/15/1537-a> ). In addition to the narrative descriptions, there is also an excellent video on health care reform that discusses the strengths and differences in the healthcare proposals of Senators McCain and Obama which is also available at: <http://www.nejm.org/perspective/health-care-reform-video/>

Ironically, the current economic crisis may actually catalyze and accelerate more meaningful healthcare reform than might otherwise have occurred – but only if we have a President in the White House who is truly prepared and ready to move this agenda forward.

## **Hospitals' Designs Unveiled**

On October 20<sup>th</sup>, the proposed designs for the replacement and expansion of Stanford Hospital & Clinics (SHC) and the Lucile Packard Children's Hospital (LPCCH) are being shared at a special event being held at the Garden Court Hotel in Palo Alto. These designs are part of the overall medical center master planning that includes both hospitals and the School of Medicine. This event follows the unanimous approval from the Stanford University Trustees on Tuesday October 14<sup>th</sup> to submit an application to the City of Palo Alto to rezone University land in the Medical Center to create a new hospital zone, along with the application to carry out the replacement and expansion plans.

You will recall that the Medical Center is divided between the City of Palo Alto and the County of Santa Clara. Both hospitals and some of the school's facilities in the original Grant, Alway, Lane and Edwards (GALE) buildings are located in Palo Alto. The rest of the school's research and administrative facilities, including the Li Ka Shing Center for Learning and Knowledge and the Lorry I. Lokey Stem Cell Research Building, both of which are now under construction, are in the County of Santa Clara. The Trustees' approval to apply for rezoning focuses on both hospitals and the School's GALE Buildings, the latter of which will be replaced by the Foundations in Medicine (FIM) 1, 2 and 3 buildings.

Among the driving factors mandating the replacement and rebuilding of SHC is California Senate Bill 1953, which requires hospitals to retrofit or replace facilities that do not meet strict safety (and seismic) guidelines; it specifies deadlines in 2013, 2015 and 2030. According to SB 1953, the hospital beds located in the original 1959 complex cannot be used for patient care after 2030 – an important factor driving the hospital's plans for replacement and expansion. In addition, current hospital utilization, demographic projections and clinical programmatic planning have led to the conclusion that SHC will need an additional 144 hospital beds above the currently available 456 beds.

To accomplish this, SHC has pursued a design concept that addresses flexibility and a modular design for the delivery of complex and functional care that is patient and family-centered. To optimize flexibility, the hospital will employ a modular design supported by a technology platform that aggregates diagnostic, treatment and emergency services as well as mechanical infrastructures; it will occupy 1,100,000 gross square feet. The evolving design by world-renowned architect Raphael Vinoly presents a unique

facility in which the patient care towers surround a central courtyard that is sloped with prominent water features designed to promote references to healing and nature.

From my perspective the design is excellent and will facilitate the concentration of patient services and supportive care (including ICUs) around thematic centers that will enhance state-of-the-art treatment, as well as promote and facilitate innovation and translational research. The contiguity of medical school faculty with the community and the patients they serve will further promote care that can be delivered with the highest quality and best service possible. It will also foster the teaching missions of the medical center for health professionals and for the community. While not complete, a current rendition of the SHC design follows:



The Lucile Packard Children’s Hospital, built in 1991, is currently undergoing a number of renovations that will expand the number of ICU beds, operating rooms and other modifications and will result in 257 beds by the end of this year. The proposed further expansion will result in an additional 104 beds, for a total of 361 beds. This further expansion will consist of new construction totaling 521,300 sq ft (it will, in fact, be larger than the existing hospital). The overarching goal is to create an integrated center of excellence that connects nature to a healing environment, harmonizes with existing buildings, and promotes a nurturing child and family experience that maximizes privacy while also enhancing a sense of community in a manner that is flexible, sustainable and supportive of LPCH’s academic mission. The new LPCH addition will surround an inner courtyard garden that will feature an Explorer’s Pavilion and will have single patient rooms, “tree houses” that provide alcoves for family respite and a warm color palette.



Of course, we all recognize that we are in the midst of a very challenging economic time and that all plans will require continuous reassessment. But given the time required to construct new hospitals and the lead-time required for approvals, entitlements, etc., it is imperative that the current approval process continue as planned. The cost of construction of the hospitals is significant and helping to ameliorate those costs through fundraising must be one of the highest priorities of our faculty. It will certainly be mine.

We also recognize that what will make Stanford unique in the 21<sup>st</sup> century is not just the beauty and excellence of our facilities but, even more importantly, the quality and skill of the work that is carried out in them. This means putting the care of patients first and creating a focused commitment to assuring that patient care is not only outstanding and innovative but that it is rendered with the highest quality and service in a truly patient-centric environment. That too must be among our highest priorities as we seek to shape Stanford Medicine in particular, and academic medicine more generally, for the decades ahead.

### **Board Approvals for Medical School Projects**

On Monday October 13<sup>th</sup>, the Land & Buildings Committee of the Board of Trustees approved the next phase of construction of SIM1, the Lorry I. Lokey Stem Cell Research Building, which is currently under construction. The foundation is nearly complete and the steel structures will be rising from the ground in the next weeks. The official “groundbreaking” will take place on Monday October 27<sup>th</sup> at 3pm (see below). When the construction of SIM1 and the LKSC are completed in 2010, the new master plan for the medical school will be fully underway. As seen from Academic Walk, a new walkway that will help unite the campus, the Lorry Lokey Stem Cell Research Building will provide a wonderful new addition to our evolving campus.

## The Lorry I Lokey Stem Cell Research Building



The evolving master plan for the School of Medicine will feature architectural harmony among the current and future buildings along the axis that connects east to west to the Clark Center and the future Biology and Chemistry Buildings. To the south the medical school campus will connect to Engineering and the new Science and Engineering Quad (that will house the Bioengineering building). To the north, the new SHC and LPCH will create new facilities for patient care. This physical connectedness is one of the features that make Stanford Medicine unique and that help to facilitate the integration of interdisciplinary research, education and translational research that is becoming our trademark. A partial rendition of the master plan is shown below, highlighting not only east-west and north-south connections, but also the future construction of the Foundations in Medicine (FIMs 1-3) that will replace the GALE buildings (see below). Missing are SIM 2 and 3 that will be housed west of SIM1.

## Campus Planning - School of Medicine



Master Plan- School of Medicine

We are also currently beginning architectural planning for Foundations in Medicine 1 (FIM1), which will be an 185,000-gsf (gross available square feet) building just north of CCSR. By way of reference SIM1, now under construction, is 200,000 gsf. The programs that will be housed in FIM1 are currently being developed, some of which will come from the Fairchild Science Building (which will be repurposed or replaced) and the Edwards Building (which will be demolished pending the entitlement approval from the City of Palo Alto). In designing FIM1 we are using many of the unique features that are currently being employed in SIM1. We have also made it a priority to blend FIM1 into the new architectural landscape that is defining the future of the medical school as well as the very prominent features of SHC that will be to the north. Some early renditions of FIM1 seen from across Pasteur Drive or from the Academic Walk follow:

*From Pasteur Drive looking at FIM1 from SHC*



*From Academic Walk looking at FIM1 in relation to CCSR*



While the planning of these buildings will continue, the timeline for the construction will almost surely be modified in light of the current economic situation. But those details will be further defined over the months ahead.

### **October 27<sup>th</sup> Groundbreaking Celebration for the Lorry I. Lokey Stem Cell Research Building**

On Monday, October 27, we will celebrate the groundbreaking of the Lorry I. Lokey Stem Cell Research Building. Beginning at 1:00 pm. there will be a symposium in

the Clark Center commemorating the 20<sup>th</sup> anniversary of the first isolation of an adult stem cell—done here at Stanford by Irving Weissman, MD—and exploring the future of stem cell research. Following the symposium, at 3:00 pm, we will have a ceremony and reception at the building's construction site.

The Lokey Stem Cell Research Building will house the Stanford Stem Cell Biology and Regenerative Medicine Institute and will gather together scientists from multiple specialties and disciplines including cancer, neuroscience, cardiovascular medicine, transplantation, immunology, bioengineering, and developmental biology. The Stanford Cancer Center will have a major presence in the building, including researchers studying human cancer stem cells.

This facility will be one of the world's largest centers dedicated to stem cell research, and I look forward to the opportunity to celebrate with all those who have helped to make this project possible. Stem cell research and regenerative medicine are among the most exciting areas in medical science today, and I would like to once again express my heartfelt appreciation of the incredible generosity of Lorry Lokey for his naming gift. I also want to thank the California Institute for Regenerative Medicine for the extraordinary role it has played in fostering stem cell research in California. And of course I want to thank the other remarkable donors and supporters who have enabled Stanford to become a true leader in this most important field of science and medicine. For more information, or to RSVP to the symposium and/or groundbreaking ceremony, please contact Sandra Handy at 650.234.0618 or email [sandra.handy@stanford.edu](mailto:sandra.handy@stanford.edu).

## **Update on Support for Graduate Students**

In my April 21, 2008 newsletter, I announced additional sources of funding to address the NIH-imposed cap on graduate student tuition for students on NIH training grants. These sources include additional funding from the Provost from Stanford Graduate Fellowship (SGF) funds and School of Medicine financial aid endowment income. Sam Zelch, CFO and Assistant Dean, Fiscal Affairs, has set up procedures for accessing these new funds, and the Directors of Finance and Administration (DFA) in each department have the instructions and forms to complete. If there are any questions regarding how graduate programs can access these funds for their students, please contact the department DFA.

## **New eProtocol Biosafety System**

I have been informed that the procedure for submitting research protocols requiring an Administrative Panel on Biosafety (APB) approval is changing in the Fall of 2008. Whereas in the past submission and review was done on paper, the new procedure will be accomplished entirely online, using the new eProtocol Biosafety system. This will also allow researchers to access their approved protocols on line and allow for improved communication with Biosafety program staffers.

eProtocol systems are already in place for Institutional Review Board (IRB), Administrative Panel on Laboratory Animal Care (APLAC) and Stem Cell Research Oversight (SCRO) submissions. While each system is separate at present, the university anticipates merging them in the future.

The new system is designed to streamline the review process, improve and centralize record creation and maintenance, provide automatic reminders, and reduce use of paper. It will allow PIs to check a protocol status at any time, as well as providing for immediate updating and convenient communications with documented histories.

Existing active protocols are presently being transferred into the new eProtocol system. When they first use the eProtocol system, PIs should check their protocols to ensure that they have been copied correctly.

A website is being constructed at <http://eprobio.stanford.edu> to support users of the system. The site should be available this Thursday, October 23. Downloadable documents on the site will help guide new users through the eProtocol Biosafety workflow. Specific procedures for submitting new protocols, communicating with panelists, and accessing all online information will also be available at the above URL.

In-person presentations to faculty and staff on the new system will be available on Thursday October 23 from 10:00 am to 12:00 noon, and Thursday, October 30 from 2:00 pm to 4:00 pm. Those who would like to attend either session should contact [rbarron@stanford.edu](mailto:rbarron@stanford.edu) to reserve a space.

For further information on eProtocol Biosafety, check the eprobio website, or contact Robyn Barron at 724-0798.

### **Patient Confidentiality and HIPPA: A Reminder**

As you know, respect for our patients' privacy and compliance with HIPAA regulations as well as state law requires that, as physicians and health professionals, we remember and comply with the rule of "minimum necessary access" to medical records. This means that none of us are allowed or authorized to review patient records unless there is a clinical reason to do so, or where you have specific consent or other allowable legal reason for doing so. Accessing patient records - including those of your family members, friends, and others – for personal reasons is prohibited. While you might think that being a physician provides an entrée to review the medical records of colleagues, friends and family, even when you think this permits you to be helpful to them, this is forbidden by HIPPA and can result in serious consequences. I am aware of situations where this practice has not been followed and, based on guidance I have received from our Office of the General Counsel, I need to inform you that violations of this rule can result in very serious consequences – even termination. These regulations apply to all physicians, including trainees, and thus it is imperative that we each recognize these patient protections and that we all model an appropriate standard of practice and respect for patient privacy and confidentiality.

## **Bike Safety on Campus – Again**

The opening of the school year brings thousands of new students to Stanford who energize the campus with excitement. But it also brings new challenges – not the least of which is personal and public safety. While Stanford students can be praised for their athletic as well as intellectual prowess, these skills do not always converge when it comes to bike safety. Despite many warnings and even the increased scrutiny by the Stanford Police, I remain shocked and disappointed by the neglect of personal safety for the bike riders themselves and others who are affected by their sometimes-reckless behavior. I am shocked by how few students wear helmets or have any lights or reflective devices on the bikes at night – including cyclists on the medical school campus! As I drive home each night I am always struck by the numerous close calls and near misses I observe with cyclists who are barely visible, dashing across streets along campus drive, assuming they have a right of way or that, because they can see on-coming traffic, they too can be seen by motor vehicles. I, as well as others, have called for greater enforcement of bike safety on campus for many years, and while I know there has been an effort to improve safety, it seems clear that we still have a long way to go. It will be a tragedy when another student, faculty or staff member is seriously injured or even killed because of a cycling accident, especially since such an injury might be prevented by better attention to simple safety rules. We all need to do better in enforcing bike safety and calling on our community to be more responsible in preventing unnecessary injury and harm.

## **Remembering Sabine Kohler**

Dr. Steve Galli, The Mary Hewitt Loveless, M.D. Professor and Chair of the Department of Pathology informed our medical center community that Dr. Sabine Kohler, Professor of Pathology, died on October 9th following an eight-year battle with cancer. Dr. Kohler was an enormously courageous individual who, despite her illness, continued to mentor and teach residents and students, carry out research, publish papers, give lectures around the world, dedicate herself to family and friends and serve as a role model of inner strength, intelligence and personal humanity. She will be deeply missed by everyone who had the good fortune to know, admire, and love her. Our deepest condolences go to her family, colleagues and friends.

Arrangements are being made for a "celebration of life" which will take place in the near future. Details will be posted on her website, <http://www.caringbridge.org/visit/sabinekohler>

## **Another Reminder of When Doctors Became Marketers**

I have written all too frequently about some unfortunate connections between medicine and industry – particularly when doctors take on the role of marketing drugs or devices to the public. Although it is easy to forget now, one of the more egregious transgressions arose from the 1920s through the early 1950s when tobacco manufacturers engaged doctors to market cigarettes and tobacco products. While smoking has declined

considerably in the USA and in many parts of Europe, it is on the rise in Asia. The negative impact of tobacco on human health stands as one of the great tragedies of avarice and greed (themes resonating today in the financial industry), and, while we might be quick to point the finger at the tobacco industry, physicians played a role in giving credibility to smoking. This sad chapter has been thoughtfully detailed by Dr. Rob Jackler, Edward C. and Amy H. Sewall Professor in Otorhinolaryngology and Chair of Otolaryngology-Head & Neck Surgery. The exhibit that he and his colleagues prepared on this topic is now being shown at the New York Library and has received wide acclaim (see:

[http://www.nytimes.com/2008/10/07/business/media/07adco.html?\\_r=1&scp=1&sq=new%20york%20public%20library%20tobacco%20exhibit&st=cse&oref=slogin](http://www.nytimes.com/2008/10/07/business/media/07adco.html?_r=1&scp=1&sq=new%20york%20public%20library%20tobacco%20exhibit&st=cse&oref=slogin)) You can also review the exhibit through the Lane Library (see:

<http://lane.stanford.edu/tobacco/index.html>). We owe Dr. Jackler our thanks and respect for bringing this sad but important history of how human health can be adversely impacted when doctors market products – some of which may prove to be dangerous. Unfortunately, it is not only a reminder of our past but also warning of some of the all-too-recent infractions by members of the medical profession who violate our pledge, as physicians, “to do no harm.”

### **Doing More to Engage Our Alumni**

Doug Stewart, Associate Vice President, Medical Development and Alumni Affairs, has updated me on two recent events that illustrate the School’s efforts to better engage our alumni in meaningful ways.

On Thursday, September 25, the School of Medicine Career Center hosted a successful Open House and Wine Reception to celebrate its new location in the Grant building and to foster greater student-alumni interaction. More than 50 alumni and 125 School of Medicine students and trainees attended to network, socialize and learn about the office’s resources. The event was sponsored by the Stanford University Medical Center Alumni Association and Boston Consulting Group, and featured two guest speakers, Thomas Fogarty, MD, and Benjamin Berk, MD '07.

On Friday, October 10, our alumni association presented three “Classes Without Quizzes” in conjunction with Stanford University’s Homecoming Reunion Weekend. More than 150 medical and other Stanford alumni gathered to hear sessions on innovations and research milestones presented by Professors Carla Shatz, Russ Altman and Bill Newsome. All three sessions were “standing room only” and received the highest ratings in a follow-up survey.

Thanks to all who made these events so successful, and I look forward to more such occasions in the future.

### **Awards and Honors**

- **Dr. Irv Weissman**, Virginia & D.K. Ludwig Professor for Clinical Investigation in Cancer Research *and Director of the Stanford Institute for Stem Cell Biology and Regenerative Medicine* has won the 2009 Rosensteel Award from Brandeis University. This award was established in 1972 to honor individuals who have made pioneering contributions to science. Congratulations to Dr. Weissman on another important honor for his groundbreaking work in stem cell biology.
- **Dr. Sam Gambhir**, *Professor of Radiology and Bioengineering and Director of the Molecular Imaging Program at Stanford*, is one of 65 newly elected members of the Institute of Medicine of the National Academy of Sciences. Established in 1970, the IOM is recognized as a national resource for independent, scientifically informed analysis and recommendations on issues impacting human health. In the IOM press release announcing Dr. Gambhir's new membership, it was noted that "election to the IOM is considered one of the highest honors in the fields of health and medicine and recognizes individuals who have demonstrated outstanding professional achievement and commitment to service". That description fits Sam Gambhir quite well. Please join me in congratulating him.
- **Dr. Jennifer Cochran**, *Assistant Professor of Bioengineering*, has been named one of 15 young investigators to receive a V Foundation for Cancer Research 2008 Awards. The V Scholar grants are designed to identify, retain and further the careers of young investigators. Dr. Cochran's proposal is entitled: Engineering a new class of tumor-targeting peptides for cancer biology, imaging and therapy. Please join me in congratulating Dr. Cochran.
- **Dr. Glenn Chertow** has been appointed the first incumbent of the Norman S. Coplun/Satellite Healthcare Professorship in Medicine. We had the privilege of honoring Dr. Chertow for his many important accomplishments and for thanking Dr. Coplun and the Satellite Healthcare that he founded at a reception on October 6<sup>th</sup> at the Arrillaga Alumni Center.

## Upcoming Events

### **Stanford Health Policy Forum: "How War is Changing Medicine"**

Wednesday, October 29th

11:00 am – 12:00 pm

Clark Center Auditorium

Space is limited, so if you are interested in attending please RSVP to:

[Lucy.Wicks@Stanford.edu](mailto:Lucy.Wicks@Stanford.edu).

## Appointments and Promotions

- **Eswar Krishnan** has been appointed to Assistant Professor of Medicine (Immunology and Rheumatology), effective 10/01/08.

- ***John B. Sunwoo*** has been appointed to Assistant Professor of Otolaryngology – Head and Neck Surgery, effective 10/01/08.
- ***Atul Butte*** has been reappointed to Assistant Professor of Medicine (Medical Informatics) and of Pediatrics, effective 11/01/08.