

Local Health Care - Looking Down the Road

The Health Planning Council for Central North Carolina presented to the Durham County Commissioners this week a set of far-reaching recommendations concerning the total health care needs of the county.

The report is the product of nine months of exhaustive study by more than 100 people, including many from Duke.

It was prompted by the question of what to do with Watts Hospital and

Lincoln Hospital when the new Durham County General Hospital is completed in 1976. The council undertook the study last summer with financing from the County Commissioners.

What has emerged is a plan for a coordinated system of primary health care services that would be available to all county residents. The recommendations are practically all in the direction of ambulatory services rather than inpatient

services. They are also in the direction of health education, prevention of disease and health maintenance rather than on treatment after diseases have occurred.

The council believes, therefore, that in the long run these recommendations should not increase the overall per capita cost of personal health services in the county.

The major problems which the council found in Durham County are similar to

those found elsewhere in the nation. There are plenty of specialists, but few primary care physicians; inpatient care is excellent, but out-patient departments are geared to specialty programs; ambulatory care is fragmented and unsatisfactory. The council found that the Duke Hospital Emergency Room is still the major source of ambulatory patient care in the county.

Because of the finding that inpatient services in the county are more than adequate, one of the council's major recommendations is that acute inpatient care be phased out at Lincoln and Watts Hospitals when the new county hospital is completed. The study suggests a variety of primary care services as well as preventive care, health maintenance and health education services for which the two hospitals could be used.

Here are the major recommendations:

—Hospitals:

For Lincoln Hospital, the major recommendations are, that the Lincoln Community Health Center expand into the total usable area of the building and that community mental health services there be expanded. The present health center has an enrolled population of 14,000, and it is estimated that the expanded center could care for 20,000 to 25,000 persons.

For Watts Hospital, the committee recommends several community needs that could be met using the facilities. These include a neighborhood health center similar to the one at Lincoln; a wide range of special outpatient programs headed by the Durham County Community Mental Health Center; and retention of the School of Nursing.

The council has recommended that a building study be made of both hospitals to determine the practicability of renovating the structures to meet proposed uses.

—Durham Health Council: That a Durham Health Council be formed as a branch of the Health Planning Council for Central North Carolina to see that the recommendations of the report are carried out by the responsible authorities.

The council would also be responsible

(Continued on page 3)



Intercom duke university medical center

VOLUME 20, NUMBER 19

MAY 11, 1973

DURHAM, NORTH CAROLINA

Dr. Albert Heyman Cautions 'Pill' Users

The coordinator of a study linking oral contraceptives with an increased risk of strokes says the findings should caution physicians and patients regarding use of "the pill."

Dr. Albert Heyman, professor of neurology at Duke, said doctors prescribing birth control pills should "be aware of any previous blood vessel disease or clotting problems a patient may have had" and should be wary of prescribing the pills for women with high blood pressure.

Heyman also noted that since the estrogen content in the oral contraceptives has been thought to be related to increased risk of blood clotting disorders, the use of low-estrogen brands is important.

Heyman coordinated a collaborative study at 12 university medical centers in the United States which showed that women who use birth control pills face a nine times greater risk of strokes than women in the same age group who do not use the pills.

The study was published in the current issue of *The New England Journal of Medicine*.

Before the end of the year, Heyman said, more data from the study will be reported which should help to clarify the

risks involved.

This information will include findings on women who may be at greatest risk of a stroke. Heyman said the relation of clinical disorders such as hypertension, diabetes and migraine to pill-taking and



DR. ALBERT HEYMAN

the risk of stroke is being evaluated.

In the study the authors emphasized that strokes in women of childbearing age are still very uncommon even though the risk in those taking "the pill" is greatly increased.

In an editorial accompanying the report, it was noted that research in Britain has found that about one woman in 10,000 who take oral contraceptives may suffer a stroke because of them. An estimated six million married American women use the pills.

Other recent studies have linked the use of oral contraceptives with increased risks of other clotting disorders such as thromboembolism, in which a clot develops in a leg vein. When such a clot breaks loose and lodges in the lungs, it is called a pulmonary embolism. A relationship between pills and strokes had been suspected, but had not been defined or confirmed previously.

The collaborative study involved 598 young women who were admitted to 91 participating hospitals in 12 cities after suffering strokes in the two-year period from 1969 to 1971. Each stroke victim was matched with two controls—one a woman with an illness other than stroke who was admitted to the same hospital, and one a woman from the same neighborhood as the stroke victim.

The stroke patients ranged in age from 15 to 44, although well over half were 35 to 44 years old.

The data showed that the risk of a thrombotic stroke—one involving a clot in an artery of the brain—is nine times greater among women using oral contraceptives than among non-users. Approximately 9 per cent of the patients who suffered thrombotic strokes died as compared to about 44 per cent of those with brain hemorrhage.

The study also found that pill users developed hemorrhagic strokes, in which an artery in the brain bursts, twice as frequently as nonusers. The researchers said "no explanation for this finding is apparent at present." But they noted that it could be explained by the increase in blood pressure which is sometimes associated with pill use.

Interviews with women included in the study also indicated a possible relationship between cigarette smoking and pill-induced clotting disorders.

"One of the striking findings in this study is the high proportion of women with stroke (73.8 per cent) who currently or at one time smoked cigarettes regularly," the study said. Only 43.4 per cent of the neighbor controls smoked.

(Continued on page 3)

'Acting Dean?' More than That

In a recent issue of "Intercom," Professor Ann Jacobansky of the School of Nursing was referred to as having been an "acting dean" of the school.

That was true as far as it went, because Miss Jacobansky was acting dean for a year and a half in 1970-71.

But "Intercom" failed to point out that Miss Jacobansky earlier had served as dean for nearly 13 years—the longest period of service of any dean in the School of Nursing's history.

Here is a list of the deans of the School of Nursing and their years of service:

—Miss Bessie Baker (who organized the School of Nursing), April 29, 1929 to July 1, 1938. Miss Baker died June 23, 1942.

—Miss Margaret I. Pinkerton, Oct. 1, 1939 to Oct. 1, 1946. She died Jan. 31, 1973.

—Miss Florence K. Wilson, Oct. 1, 1946 to Nov. 6, 1954. She died May 6, 1960.

—Miss Ann Jacobansky, Jan. 1, 1955 to Aug. 31, 1967.

—Dr. Myrtle Irene Brown, Sept. 1, 1967 to Jan. 31, 1970.

—Miss Jacobansky, acting dean from Feb. 1, 1970 to June 30, 1971.

—Dr. Ruby Wilson, dean since July 1, 1971.

Commencement Exercises

(This is not the complete commencement program for the university, but relates only to events involving students from the medical center.)

Saturday, May 12

11:00 A.M. Hippocratic Oath Ceremony. Graduates in Medicine. University Chapel. Speaker: Dr. Thomas D. Kinney, director of medical and allied health education.

1:00 P.M. Recognition ceremony for graduates in nursing. University Chapel. Presiding: Dr. Ruby L. Wilson, dean. Speaker: Dr. Lois Pounds, assistant professor of pediatrics and assistant professor of nursing. A reception will follow the service. Union Ballroom.

3:30 P.M. Baccalaureate Service for the graduating classes receiving advanced degrees. University Chapel. Sermon delivered by The Rev. Professor Hugh Anderson, B.D., Ph.D., D.D., New College, University of Edinburgh, Edinburgh, Scotland.

6:00 P.M. Outdoor reception in honor of all graduating classes. East Duke Lawn. East Campus. (In case of rain, the location will be the East Campus Union.)

Sunday, May 13

10:00 A.M. Baccalaureate service for the graduating classes receiving Bachelor's Degrees. University Chapel. Sermon delivered by The Rev. Hugh Anderson, B.D., Ph.D., D.D., New College, University of Edinburgh, Edinburgh, Scotland.

3:00 P.M. Graduation exercises. Cameron Indoor Stadium. Presiding: President Terry Sanford. Commencement address. Conferring of degrees.

5:30 P.M. Presentation of the Graduate School doctoral diplomas. Paul M. Gross Chemical Laboratory. Presiding: Dr. John C. McKinney, dean. Remarks by President Terry Sanford.