HEALTH & WELLNESS

Healthbeat

Medical schools not teaching students to combat obesity

Few U.S. medical schools are providing adequate, effective training on how to address weight issues in obese patients, according to researchers at Wake Forest Baptist Medical

"Medical students are surrounded by the

same environment that everyone is in this country, a culture of idealized images of physical attractiveness in which thin is good and fat is bad," said Dr. Mara Vitolins, professor of public health sciences at Wake Forest Baptist and lead author of the study that was published in the July issue of the

journal "Teaching and Learning in Medicine."
"We just aren't doing a good enough job of teaching our students evidence-based methods of intervention and care for our obese

The purpose of the study was to provide a systematic review of the literature examining obesity-related educational programs. In an effort to gauge the amount and effectiveness of medical school training related to obesity, the researchers reviewed literature from the National Institutes of Health's PubMed database from 1966 through 2010.

Of the 208 articles found, only five addressed ways to increase medical students' knowledge, attitudes and skills regarding overweight and obesity treatment. Only two of those five addressed medical student bias toward obese patients, and just one dealt with attempting to change this bias.

Triad agencies to receive GSK grants

GlaxoSmithKline (GSK) has announced the five recipients of its annual GlaxoSmithKline IMPACT Awards. In total, the North Carolina and Philadelphia-area healthcare nonprofit organizations will

receive \$200,000 grant funding (\$40,000 each) for providing access to healthcare for the underserved in their communities.

The following organizations

receive their awards at a ceremony on Dec. 11 in Research Triangle Park: the Piedmont Health Services and Sickle Cell Agency in CHRONICLE STAFF REPORT Greensboro; Restoration Place Ministries, Inc. in Greensboro; The Servant Center, Inc. in Greensboro, the Triad Health Project in Greensboro and the Institute for Safe Families in Philadelphia, Pa.

In North Carolina, GSK works in partnerwith Durham-based Triangle. Community Foundation (TCF), a grant making organization that connects resources with needs through community-based philanthro-

N.C. child deaths remain at lowest level in history

Data released last week by NC Child Fatality Task Force show that child death rates in North Carolina ticked downward slightly in 2011 to the lowest rate yet recorded. The child death rate has been cut almost in half over the past two decades.

"Growing the prosperity of our state

depends on assuring that our next generation grows up healthy, safe and strong. Maintaining lowest child death rate on record shows the value of focused public policies and sus- Our Children, Our Fu tained and strate-Our RESPONSIBILITY

gic investments for improving outcomes for our children. Knitting together a variety of evidence-informed policies has effects across the spectrum to prevent child death and promote well-being," noted Elizabeth Hudgins, Child Fatality Task Force executive

Official figures gathered by the State Center for Health Statistics and the Child Fatality Prevention Team Research Staff show a rate of 57.4 deaths per 100,000 children from birth through 17 years of age, compared to 57.5 deaths per 100,000 children in 2010 and 67.0 deaths per 100,000 children in 2009. When North Carolina developed the Child Fatality Prevention System in 1990, the rate exceeded 100 deaths per 100,000 children. In total, about 10,400 child deaths have been prevented- about the equivalent of averting 8 years of child death - than if the 1991 child death rate had pre-

helps meet nursing

SPECIAL TO THE CHRONICLE

The Division of Nursing at Winston-Salem State University (WSSU) will be supporting advanced nursing education through two new

The program was awarded a \$699,000 grant from the U. S. Department of Health and Human Services' Health Resources and Services Administration to assist with tuition and fees for students enrolled in the family nurse practitioner option. A special focus of the grant is on recruiting applicants from the military services, veterans and their families. The long-term goal of the two-year Education Nursing Advanced Traineeship (AENT) grant is to encourage students to work in underserved areas after graduation.

"This funding can increase the number, the diversity and the regional

See Nurses on A10



New and Improved



Gov. Bev Perdue hands eight-year-old Angelina Hilos a pair of oversized scissors so that she could cut the ribbon last month to officially open the newly expanded Ronald McDonald House in Durham. Angelina, a cancer survivor, and her family stay at the House when they travel to Durham so that Angelina can receive treatment at Duke University Hospital.

Local man will be honored on Donate Life Rose Parade float

A tribute to Danny L. Bost, whose organs

were donated by his family after his death, will be featured on the Donate Life float entry in the 124th Rose

Parade on Jan. 1, 2013.

Bost, a caring and loving 62year-old Winston-Salem husband, father and grandfather, died in September 2010. His organs, bones and corneas were donated by his family, including his three daughters, whom Bost had always taught to care for others as you want them to care for you.

Frank Vogler & Sons, a local Dignity Memorial funeral home,

is honoring Bost with a floragraph - a portrait made of floral and natural materials - that will be decorated by his family and friends and featured on the float. The Tournament of Roses Parade, held every New Year's Day in Pasadena, Calif., will be watched by millions around the world.

The Dignity Memorial network of funer-

is joining Donate Life's national campaign to including celebrate and honor the lifesaving gifts of resuscitation and mechanical organ, eye and tissue donation as part of

Float, "Journeys of the Heart."

Bost is remembered as a caring man who was full of love. His loved-ones say that if anyone was stranded or needed something, he would stop to help them out. He was a good listener and gave sound advice. Upon his untimely death, his family decided to donate Bost's organs so that his spirit could live on in others.

"Danny would be happy to know that he helped save many

lives in his passing," said Jean Bost, Danny's wife. "My daughter says that is what makes feeding tube, and 3) a mechanihim a hero.'

The "Journeys of the Heart" float features a colorful pathway of looping hearts lined with 72 memorial floragraphs of deceased donors who gave life to those in need.

physician. The key is to have the conversation before a crisis occurs. Talk about what you would like to happen in sudden

situations such as an automobile accident, a heart attack or a stroke. Become familiar with and state your opinion concerning life-sustaining technology, cardiopulmonary ventilation. Most importantly, Donate Life's 2013 Rose Parade understand that verbal communi-

Dignity and End of Life

Care

Consider this situation: you

are driving home in a rain storm; you lose control of your car and

hit a tree. You are taken to the

hospital and need emergency

medical attention. After the sur-

gery, they determine that there is

no hope of recovery, and you can

only be kept alive by machines.

What happens to you now? Would you choose to be kept

alive artificially, or would you prefer to die with dignity? Unless you make your wishes

known beforehand, you will not

have a say. Your family will

decide your fate without know-

done for the certainty of death.

In the absence of documents stat-

ing someone's preference regarding end-of-life issues, the

person is vulnerable to the will

of the physician, family, friends

Alarmingly, only 11 percent of African Americans express their

wishes regarding end-of-life care, compared to 38 percent of

How Can I Ease the Burden

on My Family?

decision-making. Each adult should first decide what he or

she would want to happen in the event that they are too ill to

speak for themselves. Next, this

decision should be clearly com-

municated to the family and

Planning is required to protect your loved ones from uncomfortable situations and

acquaintances.

other

Unfortunately in our society today, very little planning is

ing what you wanted done.

What is a Living Will?

cation is not enough in all situa-

A living will is a written legal document that outlines your wishes related to end-of-life care. It allows you to direct healthcare providers regarding what you do and do not want them to do for you. The standard living will discusses your choice to be kept alive by: 1) intravenous fluids and nutrition, 2) a ventilator (breathing machine). It addresses situations in which a person is terminally ill (has no hope for survival) or in a persistent vegetative state (is unable to communicate). If the physician certifies that you meet one of these conditions, then it is reasonable to rely on the living will as a statement of your wishes. If you are unable to speak for yourself but your situation is not terminal (there is hope for recovery), most living wills do not apply. This latter situation apply. This latter situation demonstrates why a living will alone is sometimes not enough to ensure that your wishes are honored; sometimes a healthcare power of attorney is necessary as well.

Medical condition related to bed-making

SPECIAL TO THE CHRONICLE

What do a tight, fitted bed sheet and a blood clot in the wrist have in common? Both are associated with a condition called sheet fitting palsy. True to its name, the palsy is reported in those who spend a long period of time

repeatedly trying to pull a fitted bed sheet over the corner of a mattress. But it has also been-reported in basketball players and in those who do push-ups as exercise.

The injury is caused by the continuous flexing movement of the wrist and results in a tiny stroke in the artery to the hand. The resulting clot cuts off blood flow to the median nerve and produces symptoms that include numbness or weakness.



A case study was described recently by Wake Forest Baptist Medical Center neurologist Dr. Francis O. Walker and his colleagues and published in the September edition of the journal, Clinical Neuromuscular Disease.

The case involved a fit and active 73-year-old woman, who was a bit miffed last fall when she had to depend on her granddaughter to help her with some housework. No matter how hard she tried, she couldn't slip the last corner of a fitted sheet over a mat-

decistons concerning end-of-life care with a person with whom you feel comfortable and trust to make medical decisions on your behalf. Appoint this person as your Health Care Power of Attorney (HCPOA). He or she will make healthcare decisions for you (the patient) whenever you are unable to make your own lecisions or state your own opinion. While many people feel that

What is a Healthcare Power of

Attorney?

You should discuss your

See Dignity on A7

