



GW Medicine Notes

A Monthly Publication of the GW Department of Medicine

Volume 18, Issue 10

October 2014

**James Finkelstein, MD,
Professor Emeritus**

Excerpt from the 9/17/2014 Memorial Service at Washington DC VA Medical Center:

What an honor to be able to say a few words on behalf of Dr. Jim Finkelstein who I recently described in the Washington Post as one of the great physicians in the history of DC and US medicine. Hard to top that and maybe I should stop here.

I was always taken by a quote of Jim's from an article he published in the year 2000. He stated that "our history should reassure us that even if we fail in the ultimate goal, we will generate significant information during our quest." It was the quest that Jim inherited and moved forward with brilliance over his entire academic career.

It began amazingly enough with the discovery of Insulin by Banting and Best in 1921 which became the catalyst for a series of remarkable discoveries over the next 75 years. Dr. Vincent du Vigneaud, chairman of the department of biochemistry at the George Washington University from 1932-38, desire to identify the chemical structure of insulin led to the synthesis of homocysteine from the recently discovered methionine.

(continued on page 3)

SAVE THE DATE
FACULTY/HOUSESTAFF
HOLIDAY PARTY
FRIDAY, DECEMBER 12TH, 2014
WESTIN GEORGETOWN
WASHINGTON DC HOTEL

From the Chairman

In September, we had a terrific Grand Rounds presentation from one of our newest OB/GYN faculty. He described the year he spent working with Doctors without Borders in northern Nigeria providing emergency obstetric care for women where the mortality from complications of childbirth are among the highest in the world. Although initially unprepared for this experience, he gained expertise and assurance as time went on and was able to deliver a major service to this needy population. Because of the lack of pre-natal care and diagnostic equipment, he learned to adapt to the situation at hand. He probably saw more difficult cases and complications in the time he spent in Nigeria than he will if he spends the remainder of his career in the United States. He has already become the "go to" person for unusual or difficult cases here at GW even though he is a junior faculty member.

The fact that he spent a considerable amount of time in this environment resulted in him becoming an asset to patient care. But what about the overwhelming majority of students and physicians who participate in short term medical missions? Who benefits; the patient population, the practitioner, neither?

Medical missions have proliferated over the last 20 years. The Association of American Medical Colleges estimates that only 6% of medical students took an overseas medical elective in 1984 compared to 30% who will travel in 2014. Most of these missions last from one to four weeks providing free care, usually through established organizations (which have also proliferated). Are these missions cost effective? Do they deliver adequate care?

There is no easy answer here because one size doesn't fit all. A University of Colorado physician involved in Global Health argues, in a recent op-ed, that the money spent on the majority of these ventures could be better spent by improving the infra-structure in many third world countries. She also argues that the non-familiarity with regional problems and diseases leaves most practitioners unprepared to provide adequate medical care. The lack of available lab or X-ray results also proves a disadvantage to those accustomed to diagnosing with such testing available. And finally, short term visits leave no room for appropriate follow-up or preventive care.

However, I have a hard time accepting this as a universal truth when I look at what our Cardiology group accomplishes each year in Honduras. With appropriate pre-screening through a local agency, our cardiologists see a significant number of patients with rhythm problems and place as many devices (pacemaker, defibrillators) as they can in a 10-day period. While they aren't providing ongoing treatment, it is hard to argue that those individuals, who receive these devices and would otherwise have no treatment options, do not significantly benefit. The same could be said for short-term surgical teams who often concentrate on one area of need.

On the other hand, even with the procedure-directed missions, how terrible is it for the patient who was next in line after the last pacemaker was implanted? Or for the patient who didn't make it to the clinic before the surgical group returned to the States? Could the donations and money be better spent by establishing permanent on-site clinics, hospitals, etc.?

Don't you hate it when things that seem so black and white turn out to be a little murky? This is not the first time that well-meaning individuals may not be accomplishing what they set out to do. In this unregulated global health environment, is it time to re-evaluate what is going on? It is nice that students return feeling good about themselves but is this just a waste of resources? How many hospitals could be built with the money spent on all the airplane tickets that are purchased by students going on their life-changing medical mission? Then again, what would students put on their CV?

Alan G. Wasserman, M.D.

Department of Medicine October 2014 Grand Rounds

Oct 2 "Learning Environment"

Jo Shapiro, MD

Associate Professor
Division Chief, Otolaryngology
Department of Surgery
Brigham and Women's Hospital

Oct 9 "Cardiac Imaging"

Mohammad Zgheib, MD

Assistant Clinical Professor
Division of Cardiology
Department of Medicine
Mount Sinai

Oct 16 "AAMC and NBME electronic portfolio"

Joshua Jacobs, MD

Senior Director, Electronic Portfolios
Association of American Medical Colleges

Oct 23 "Advances in Aesthetic Plastic Surgery"

Michael Olding, MD

Professor of Medicine
Division Chief, Plastic & Reconstructive Surgery
Department of Surgery
GW Medical Faculty Associates

Oct 30 "Accountable Care Organizations"

William Borden, MD
Associate Professor
Division of Cardiology
Department of Medicine
GW Medical Faculty Associates

The George Washington University Medical Center (GWUMC) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. GWUMC designates this continuing medical education activity on an hour-for-hour basis in Category I of the Physician's Recognition Award of the American Medical Association.

Medicine Team Contacts

WHITE TEAM	(202) 715-5669
YELLOW TEAM	(202) 715-6041
GREEN TEAM	(202) 715-6062
RED TEAM	(202) 715-6039
BLUE TEAM	(202) 715-6156
SILVER TEAM	(202) 715-6040
PURPLE TEAM	(202) 715-6042
GOLD TEAM	(202) 715-6044

ADMITTING RESIDENT 741-0161 pager

Cardiology Grand Rounds

5:00 PM, Ross Hall, Room # 104

- Oct 1 **Mortality & Morbidity Conference**
- Oct 8 **William Zoghbi, MD**
William L. Winters Endowed Chair,
Cardiovascular Imaging
Methodist DeBakey Heart Center
Director, Cardiovascular Imaging Institute
Chief, Division of Cardiac Imaging
Houston Methodist Hospital
President, American College of Cardiology
- Oct 15 **Brian Lewis, MD**
FDA Advisor
The Role of the FDA in Cardiac Device Approval
- Oct 22 **Allen Solomon, MD**
Professor of Medicine
Division of Cardiology
Department of Medicine
GW Medical Faculty Associates
TBA
- Oct 29 **Allen Solomon, MD**
Professor of Medicine
Division of Cardiology
Department of Medicine
GW Medical Faculty Associates
TBA



Resident Lecture Series October 2014 Noon Conference

- Oct 1 **GME Core Lecture**
- Oct 2 **Medicine Grand Rounds**
- Oct 3 **"Stroke"- Dr. Kathleen Burger**
- Oct 6 **"Physician Financial"- Perry Lazerus**
- Oct 7 **Journal Club**
- Oct 8 **"Diabetic Foot"-Dr. Michael Stempel**
- Oct 9 **Medicine Grand Rounds**
- Oct 10 **Chairman's Rounds**
- Oct 13 **"Acid/Base Disorders"- Dr. Sara Wikstrom**
- Oct 14 **"Cancer Screening- Dr. Adam Possner**
- Oct 15 **GME Core Lecture**
- Oct 16 **Medicine Grand Rounds**
- Oct 17 **"Lipid Management"-Dr. Brian Choi**
- Oct 20 **"Wound Care"- Jaime Aristizabal**
- Oct 21 **"Abnormal Liver Function"- Dr. Aamir Ali**
- Oct 22 **"Multiple Myeloma"- Dr. Khaled El-Shami**
- Oct 23 **Medicine Grand Rounds**
- Oct 24 **Chairman's Rounds**
- Oct 27 **Recruitment**
- Oct 28 **TBD**
- Oct 29 **Recruitment**
- Oct 30 **Medicine Grand Rounds**
- Oct 31 **Recruitment**

**...(continued from page 1) James Finkelstein, MD,
Professor Emeritus**

Homocystinuria was reported as an inborn error of metabolism in 1962 in a seven year old girl with mental retardation and subluxation of the ocular lenses whom was referred to NIH. Part of the team of physicians at NIH was Dr. Harvey Mudd and Dr. Jim Finkelstein who had just completed his training in gastroenterology at Columbia and had an interest in inborn errors of metabolism.

The challenge was to identify a single defect that could explain the increase concentration of both methionine and homocysteine in the urine and plasma. The NIH team favored an enzyme defect going against the more accepted explanation of impaired membrane transport. Unfortunately only by having liver tissue could this hypothesis be verified. Writing years later Dr. Finkelstein noted that "the courage and trust of those first families were essential and made a unique contribution." I am sure that the families trust was because of Jim. Liver biopsies were performed and the defect in metabolism (in cystathionine synthetase) was identified.

This breakthrough was the model for future studies in patients and animals. Dr. Finkelstein shortly thereafter now at the VA hospital here in Washington, DC began a series of studies identifying the nature of the regulatory control of the integrated pathway for methionine metabolism. These studies have had a major impact on clinical medicine. Abnormalities of metabolism have been implicated in a variety of disease states including, neoplasms, neuropsychiatric disorders, liver disease and what totally endeared me to Jim, arteriosclerosis. When new methodologies and technologies were discovered in the late 1990's this field once again exploded with citations in the literature for methionine and homocysteine increasing 10 fold to 100 fold over a 5 year period. It was almost as if the Jim's brilliance was rediscovered.

How many of us can say we stood on the shoulders of giants, such as Banting, Best, Du vignaud and Mudd and then added to the betterment of mankind by expanding the knowledge base in an area of such wide importance.

That alone would make it an honor to speak today. But I didn't know Jim when most of that work was ongoing. I met Jim when I became Chair of the Department of Medicine at GW in 1997. Gary Simon, who is Vice Chairman of Medicine, and I made a pilgrimage to the Washington, VA to sit at the foot of the master and learn. I vividly remember that first meeting that Jim and Gary and I had. I remember leaving that meeting and turning to Gary and asking "did you understand any of that homocysteine stuff?"

What I didn't realize at the time was what a wonderful friend and mentor Jim would become to me over the next 17 years. He never seemed to be in a hurry. Always had time for a phone call or a visit and taught me much of what I know about interacting with faculty and keeping the important issues in perspective. And that nothing came before family.

After Jim stepped down as Chair, I looked forward to our meetings which became less frequent but after Hy Zimmerman passed away and we established a yearly lecture in his honor I would see Jim at least twice a year. Once at the lecture and once at the annual AOA banquet which Jim never missed. I would always have Angie reserve one table in the front to be sure I would get to sit with Jim and Allan Goldstein to get my annual Biochemistry fix for the year.

I had the honor of nominating Jim for Emeritus status at the University and one of my favorite pictures of him is when he received that honor. The smile on his face says it all. And it is that smile and that sense of humor and goodness that I will always remember.

To his wife, Barbara and his children and grandchildren, I can only say that I know I am a better person for having known Jim and that his contribution to medicine through his research, his teaching, his clinical work and his mentoring is an amazing legacy. I miss him and was worried in May when Jim wasn't sitting at his guest of honor chair at the AOA banquet that something was wrong. No one could tell a joke like him and after 17 years I was just starting to understand most of them.

He left us much too soon but his accomplishments will live forever.

REMINDER: MFA Annual Physician Meeting

When: Thursday October 16th

Where: Westin Hotel, 2350 M St

Time: 5:30-6:30pm cocktails

6:30-8:00pm Meeting



Chairman's Rounds
GWU Hospital Auditorium, 12:00 Noon
All Faculty Invited to Attend

Oct 10 Dr. Julie Camba
Dr. Aundrea Tunstall

Oct 24 Dr. Ashlee Metcalf
Dr. Meena Hasan

Rheumatology Academic Conference Schedule October 2014

***Please note new conference locations:**

ACC Building 6B-411B (8:00 am - 9:00 am)
Questions? Call (202) 741-2488

- Oct 2 **Journal Club**
Dr. Dareen Almanabri
- Oct 2 Rheumatology Divisional Meeting
1:00 - 3:00 p.m., **Ross Hall, Conference room 201 C**
- Oct 9 **Musculoskeletal Ultrasound**
Dr. Nora Taylor
- Oct 9 Didactic Sessions
1:00 - 3:00 p.m., **Ross Hall, Conference room 201 C**
- Oct 16 Intra-City Rheumatology Grand Rounds
NOTE LOCATION: NIH
NOTE TIME: 7:30 AM
- Oct 16 Didactic Sessions
1:00 - 3:00p.m., **Ross Hall, Conference room 201 C**
- Oct 23 **Radiology Conference**
Dr. Kathleen Brindle, Associate Professor of Radiology
Chief, Musculoskeletal Radiology
- Oct 23 Didactic Sessions
1:00 - 3:00 p.m., **Ross Hall, Conference room 201 C**
- Oct 30 **Systemic Lupus Erythematosus**
Dr. Erin Drew
- Oct 30 Didactic Sessions
1:00 - 3:00p.m., **Ross Hall, Conference room 201 C**

Kudos & Congratulations

Congratulations... to **Dr. Mohamed Houry**, PGY3, on being selected to present his abstract for a poster presentation entitled, "*Case Report: Atypical Presentation of Pyelonephritis in a Crohn's Disease Patient on Adalimumab*" at the American College of Gastroenterology's 79th Annual Scientific Meeting in Philadelphia.

More Congratulations... to **Dr. Tulsi Mehta**, Renal, on being invited to present at the 11th annual "Living WELL with Kidney Failure" Patient Education Conference on October 26th. Her presentation is entitled, "Staying Alive: Treatments available now and in the future." Way to go!

Kudos... to **Dr. Robert Kruger**, Internal Medicine, for taking on as *lead physician* over at the 2300 M Street location.

More Kudos... to **Dr. Andrea Flory**, Internal Medicine, on receiving a patient note thanking her "for listening, for guiding her at times when she didn't understand what was happening."

More More Kudos... to **Drs. Jeanny Aragon-Ching, Tony Finianos (PGY 5), Nihar Patel**, Hematology/Oncology and **Dr. Kristen Whitaker (PGY 3)**, on their recent publication in *Therapeutics and Clinical Risk Management* titled, "Advanced prostate cancer- patient survival and potential impact of enzalutamide and other emerging therapies."

Also Kudos... to **Lynette Craney** in Cardiac Testing for receiving a patient compliment, "she made the whole procedure downright enjoyable."

See you next month! *The Editor*



The George Washington University Medical Faculty Associates
Department of Medicine, Suite 8-416
2150 Pennsylvania Avenue, NW
Washington, DC 20037