I predict that if an Ebola vaccine or treatment is developed it will cost pennies. Marked contrast to the new treatment for Hep C which costs $1,000 a pill. Of course the alternative to treating Hep C in many cases would be a liver transplant which could run into the hundreds of thousands of dollars. The cost of an alternative to treating Ebola (if one existed) would be inexpensive. The patient would just die.

Is the lack of any monetary incentive on behalf of pharmaceutical companies the reason we haven’t heard about any urgency to develop either an Ebola treatment or vaccine? Or did it take the illness of two American workers who were infected with the virus to spur interest?

From 1976 (when it was first identified) through 2013, the World Health Organization reported only 1,716 confirmed cases all in the tropical regions of Sub-Saharan Africa. In March 2014, the World Health Organization (WHO) reported a major Ebola outbreak in Guinea; it is the largest ever documented. By mid-August, 2,127 suspected cases including 1,145 deaths had been reported, however the World Health Organization has said that these numbers may be vastly underestimated. Tens of thousands of people in Liberia, Guinea, and Sierra Leone have been under quarantine in an attempt to quell this outbreak.

In July 2014, an experimental drug, ZMapp (three humanized monoclonal antibodies), was first tested on two Americans who had been infected with Ebola. Prior to this many argued that making unproven experimental drugs available would be unethical, especially in light of past experimentation conducted in developing countries by drug companies. After these two were treated, the WHO released a statement “that the use of not yet proven treatments is ethical in certain situations in an effort to treat or prevent the disease.”

Much has been published illustrating the paradox of a pressing need for new antimicrobial agents in general against the declining interest in discovery by major pharmaceutical companies. Antibiotics work so well and so fast that they produce a low return on investment for manufacturers. The current focus is on medications for the treatment of chronic diseases.

My point is not (even though it may appear to be) that there was a bias against active work on an Ebola treatment as long as it was confined to the third world. If it took more publicity to illicit a greater scare of the spread of this scourge, then let’s go with the positive. The process to reverse the decline in antimicrobial development is going to take innovative solutions.

It’s not Ebola that most of us have to worry about, but pathogens resistant to multiple antibiotics; multidrug resistant (MDR) or superbugs. Who is going to have to become infected or die from one of these to spur interest? Can we really maintain and rely on a drug producing system based on profit? How many more epidemics will it take to reverse the decline in public funding of drug development? Taxes don’t kill people, virus and bacteria do.

Alan G. Wasserman, M.D.
Department of Medicine
September 2014 Grand Rounds

Sept 4 “Global Health and International Medicine”
Amr Madkour, MD
Assistant Professor
Department of Obstetrics & Gynecology
GW Medical Faculty Associates

Sept 11 “Impaired Physician”
Charles Samenow, MD
Associate Professor of Psychiatry and Behavioral Sciences
Department of Psychiatry
GW Medical Faculty Associates

Sept 18 “Genomics, Biomarkers and Translational Research”
Victoria Shanmugam, MD
Associate Professor of Medicine
Director, Division of Rheumatology
Department of Medicine
GW Medical Faculty Associates

Sept 25 Cancelled

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.

Cardiology Grand Rounds
5:00 PM, Ross Hall, Room # 104

Sept 3 Mortality & Morbidity Conference

Sept 10 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

Sept 17 Theodore Abraham, MD
Associate Professor of Medicine
Director, Hypertrophic Cardiomyopathy
Center of Excellence
Johns Hopkins Medicine
Hypertrophic Cardiomyopathy

Sept 24 Rosh Hashanna

Resident Lecture Series
September 2014 Noon Conference

Sept 2 Journal Club
Sept 3 GME Core Lecture
Sept 4 Medicine Grand Rounds
Sept 5 Chairman’s Rounds
Sept 8 “Radiology Ordering”- Drs. Michael Burke and Myles Taffel
Sept 9 Clinicopathologic Conference- Drs. Shalenee Singh and Tyler Basen
Sept 10 “Glomerulonephritis”- Dr. Scott Cohen
Sept 11 Medicine Grand Rounds
Sept 12 “Superinfections/Resistance”- Dr. Angelike Liappis
Sept 15 “Common Dermatologic Cases”- Dr. Brandon Mitchell
Sept 16 “Chronic Myelogenous Leukemia”- Dr. Tony Finianos
Sept 17 “CHF/ECHO”- Dr. Jannet Lewis
Sept 18 Medicine Grand Rounds
Sept 19 Chairman’s Rounds
Sept 22 “Nutrition in the Hospital”- Mary Baginsky
Sept 23 “CKD Management/treatment”- Dr. Ashte Collins
Sept 24 “HTN Management”- Dr. Tulsi Mehta
Sept 25 Jeopardy
Sept 26 Chairman’s Rounds
Sept 29 “Aortic Diseases”- Dr. Ramesh Mazhari
Sept 30 “Morbidity and Mortality”- Drs. Katie Miller and Nathan Punwani

Medicine Team Contacts

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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
...(continued from page 1) A Sad Goodbye to Susan Hasselquist, MD

Much later in life, she continued to learn, becoming board certified in sleep medicine, an interest that dated back to her pulmonary fellowship. She also had a special interest in ALS and was part of the MFA’s ALS clinic. One thing that typified Susan was her devotion to patients. When the MFA converted to digital medical records, and Sue would stay up late to complete her notes, Michael often asked why don’t you type your notes in clinic during the exam. She always responded: “patients hate that.”

Sue loved gardening and home decorating. The family spent many days over the past two years exploring granite, tile, and lighting stores for their kitchen and bathroom remodeling.

Her greatest job came from her family and her children. She spent many happy hours watching David sing and act, and Matthew and Steven play viola, although she was thankful that they all choose good “day jobs” with benefits over an itinerant artists’ life. That she raised three such accomplished and wonderful children will remain her greatest testament.

It was Sue’s idea to start this newsletter and 17 years later we are still publishing much to everyone’s chagrin I am sure. Sue also had an amazing knack for evaluating house staff and deciding on how much of a problem we had or not. For over 15 years she was the go to person when a problem resident was on the scope. I remember countless meetings where the final words were, “let Sue evaluate him/her first.” I don’t remember her ever being wrong.

Her patients, her students and most of all her family were her life and she brought wisdom and joy and comfort to them all. I can’t help of thinking of that old refrain, “only the good die young.” This was much too early and she had much too much to give. How could an academic physician be so cared for and loved by her community? Think for a second, have you ever heard anyone utter one bad word about Sue. Never happened. My email box has almost doubled in quantity since I released the news about Sue’s passing. Everyone has reached out to express their sorrow and sadness. The outpouring of love and affection is overwhelming. Think of all the patients, and students and residents and fellows and co-workers who carry with them a piece of her goodness. What a better legacy could anyone want? I am privileged and a better person for having known Sue for these past years and now she will live on in our hearts and in our minds. She has touched so many people in so many ways with her unassuming warmth and caring. I only hope that our collective love and admiration can be some small comfort for her family.

Please Join Us In Welcoming Our Newest Additions to the Medicine Faculty

Ginger Winston, MD, MPH joins the Division of General Internal Medicine. Dr. Winston received her medical degree from the New York University School of Medicine. She completed her internal medicine residency which included an additional Chief year at New York University School of Medicine, followed by a research fellowship in General Medicine at Columbia University. While completing her fellowship she obtained a Masters in Public Health degree at Columbia University Mailman School of Public Health.

She has been an Assistant Professor at Weill Cornell Medical College since 2009, and a staff physician in primary care at Weill Cornell Internal Medicine Associates in New York, NY since 2009. In 2010, Dr. Winston was the awardee of a four year Investigator Research Supplement from the National Heart, Lung and Blood Institute (NIH). She is an active investigator with 2 manuscripts under review at peer-reviewed journals. She has published 8 articles, 5 of which she is first author.

Dr. Winston is board certified in Internal Medicine. Her special interests include weight management.

Appointments can be made with Dr. Winston by calling 202-741-2222.

Dr. Timothy Dougherty joins the Division of Gastroenterology this month, or rather returns as a faculty member, since he completed his internal medicine residency and gastroenterology fellowship training here at GWU in June 2014. Dr. Dougherty earned his medical degree from University of Maryland School of Medicine in Baltimore, Maryland.

Dr. Dougherty is board certified in Internal Medicine. His interests include colon polyps, colorectal cancer screening, eosinophilic esophagitis, and gastroesophageal reflux disease.

Appointments can be made with Dr. Dougherty by calling 202-741-3333.

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

Sept 5 Dr. Mayssam Nehme
Sept 19 Dr. Laura Billiet
 Dr. Reda Shams
Sept 26 Dr. Sheliza Lalani
 Dr. Victoria Trendafilova
Rheumatology Academic Conference Schedule
September 2014

*Please note new conference locations:

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

Sept 4  Journal Club
       Dr. Jonathan Miller

Sept 4  Rheumatology Divisional Meeting
       1:00 - 3:00 p.m., Ross Hall, Conference room 701

Sept 11 Radiographic features of chronic arthropathies. Part I
       Dr. Kathleen Brindle, Associate Professor of Radiology
       Chief, Musculoskeletal Radiology

Sept 11 Didactic Sessions
       1:00 - 3:00 p.m., Ross Hall, Conference room 701

Sept 18 Intra-City Rheumatology Grand Rounds
       NOTE LOCATION: Navy/Walter Reed Campus
       NOTE TIME: 7:30 AM

Sept 18 Didactic Sessions
       1:00 - 3:00p.m., Ross Hall, Conference room 701

Sept 25 Radiographic features of chronic arthropathies. Part II
       Dr. Kathleen Brindle, Associate Professor of Radiology
       Chief, Musculoskeletal Radiology

Sept 25 Didactic Sessions
       1:00 - 3:00 p.m., Ross Hall, Conference room 701

Kudos & Congratulations

Congratulations... to Dr. Scott Cohen, Nephrology, who will be co-investigator in the PCORI grant “Treatment Options for Depression in Patients Undergoing Hemodialysis”. Way to go!

More Congratulations... to Dr. Christina Puchalski, Geriatrics, on being the recipient of the American Academy of Hospice and Palliative Medicine (AAHPM) 2015 Humanities Award.

Kudos... to Dr. Brian Choi, Cardiology, on a patient complimenting him on the care he gave her while she was in the ICU. "He presented the information clearly... seemed to listen to me... and the care he gave me was clearly successful!"

More Kudos... A patient wrote on Dr. Kelli Copeland's, PGY2, care in the hospital as 'fantastic'.

More more Kudos to... Drs. Aneesha Hossain (PGY1) and Raza Yunus (PGY2) on a patient's husband calling to express his extreme gratitude for the care provided to his wife. He appreciated their thoroughness, compassion and excellent care; He felt that she was always in competent and caring hands.

Also Kudos... A Blue Team patient wrote to thank Dr. Jalil Ahari, Pulmonary, and Dr. Tina Chee (PGY1) for their "very effective" care that "certainly contributed to my fast recovery."

See you next month! The Editor