

Attitudes differ on exam permission

Medical students commonly perform pelvic examinations in the operating room when the patient is under anesthesia.

This educational practice poses no physical harm to the patient, and research shows that most women are willing to allow medical students to perform the examinations, but with the proviso that permission is asked for — and granted. Nevertheless, many OB/GYN departments do not regularly inform women when they will be undergoing pelvic examinations by medical students while under anesthesia.

Against this backdrop, researchers wondered, "Is completion of an OB/GYN clerkship associated with a decline in the perceived importance of securing permission from patients before conducting pelvic examinations under anesthesia?"

According to a Philadelphia-area study published today in the February issue of the *American Journal of Obstetrics and Gynecology*, researchers at the University of Michigan Health System believe the answer is YES.

"We found that medical students who have not yet done their OB/GYN clerkship place more value on securing consent than do medical students who have completed the OB/GYN clerkship," says author Dr. Peter Ubel, director, U-M Medical School's Program for Improving Health Care Decisions, and associate professor of internal medicine. "The OB/GYN clerkship seems to be a defining event in this erosion, as opposed to gradual erosion throughout students' many clerkships or rotations."

The study looked at questionnaires that were distributed in 1995 to all 4,511 medical students at five Philadelphia area medical schools. Students were asked how important it would be for a patient to be told that a medical student is going to perform a pelvic examination under anesthesia. Researchers tested for associations between completion of an OB/GYN clerkship and attitudes toward pelvic examinations using linear regression to adjust for gender and total amount of clerkship experience.

"Something clearly happens during OB/GYN clerkships that is associated with students placing less importance on consent for pelvic examinations under anesthesia," says Ubel, who was on the faculty at the University of Pennsylvania's Center for Bioethics at the time the study was conducted.

The experiences of two of the authors as medical students suggest that consent is either not routinely obtained for educational pelvic examinations performed by medical students in the operating room or, at best, somewhat murky.

"In our medical student experiences, we were unclear whether the patients were asked to examine had given explicit consent to be examined. The study suggests that similar experiences are associated with a decline in the importance students place on seeking permission for such examinations," Ubel says.

At the U-M Health System, however, policy and practice are in unison, and patient consent is the norm.

When weight goes up, so do costs for employers

Effective worksite weight control programs could bring about substantial savings in medical costs for employers and help prevent overweight- and obesity-related diseases, University of Michigan Health Management Research Center research shows.

The study of 177,971 employees, retirees and adult dependents of General Motors Corp. showed a consistent relationship between medical costs and progressively higher categories of overweight and obesity, according to HMRC lead author Fei-Fei Wang and senior research analyst Shirley Musich.

"The median medical cost for healthy weight people was \$2,225, compared with \$2,388 for the next category of overweight and \$3,753 for the most extreme obesity category. Except for the underweight group, medical costs gradually increase as weight increases," Musich said.

The study, published in January's *American Journal of Health Promotion*, is the first to examine the relationship between median medical costs and the six weight groups defined by the national Heart, Lung and Blood Institute in 1994. The NHLBI weight guidelines use body mass index or BMI, which calculates weight in kilograms, divided by height in meters squared.

According to BMI measures across gender and age, 55 percent of American adults, or 97 million people, are classified as overweight or obese, Musich said. In the General Motors study population, 40 percent were overweight and more than 21 percent were obese. Healthy weight employees made up

37 percent of the population, and less than 2 percent were underweight.

"Being overweight was more prevalent in men than women in this study: 46 percent of the males were overweight compared with 33 percent of the females. However, in the obese category, the prevalence was approximately the same: 22 percent for females and 21 percent for males."

"For the most part, the median costs increased as BMI increased regardless of age or gender," Musich said. "The relationship between BMI levels and costs was only unclear for the oldest males in the study, ages 75 and older."

The data as collected over two years ended in 1999.

"While there is a concern that some people — especially those who are overweight — tend to underestimate their weight, a cross-check of those who had follow-up screenings showed that the margin of error was minimal," Musich said. Further, an underestimation of BMI would put even more people into the high weight/high cost category.

In 1994, researchers conservatively estimated the direct medical costs of obesity in the United States at over \$61 billion. Obesity has been clearly associated with many diseases such as type II diabetes, coronary heart disease, hypertension, stroke and some forms of cancer.

The authors conclude that, "Helping people control and even lose weight could improve their health status and reduce risk of disease, and in the process reduce the overall burden of health care costs for corporations and other payers."

Coalition asks U.S. to withdraw from tobacco treaty talks

BY CLARE HUNTER
ASSOCIATED PRESS WRITER

GENEVA (AP) — A coalition of U.S. medical advocacy groups said Tuesday that the United States should withdraw altogether from negotiations on a sweeping new international anti-tobacco treaty and accused Washington of trying to sabotage the accord.

With three days remaining before talks on the so-called Framework Convention on Tobacco Control conclude, the chief executive officer of the American Cancer Society accused U.S. President George W. Bush's administration of being beholden to cigarette multinational.

"At this critical juncture, the United States government is working methodically to weaken virtually every aspect of this treaty," John Salfiron said. "We call on the U.S. government to observe the first rule of the Hippocratic Oath: Do No Harm."

"I am ashamed of the role my government has played in the negotiations," said Alfred Munzer of the American Lung Association.

U.S. officials rejected the criticism, saying that the team was negotiating in good faith.

"We are making a very sincere effort to bring home a

treaty which can be signed and ratified," said Terry Peacheck, of the U.S. Centers for Disease Control and Prevention.

Thailand, Saudi Arabia and other developing countries also complained that the U.S. delegation was using strong-arm tactics and financial threats to force through its will.

Representatives from at least 180 countries attending the talks have until Friday to agree on an accord in order for the 192-nation World Health Assembly to approve a deal at its annual meeting in May.

Officials decline to speculate on what would happen if no agreement is reached.

"The vast majority of countries want to introduce sweeping restrictions, including a total ban on tobacco advertising and requiring tobacco companies to put graphic images on their products — such as pictures of diseased lungs."

Most also want cigarette companies to stop marketing cigarettes as "mild" and "light" and also want the protections against potential U.S. trade sanctions or retaliation if they try to impose restrictions on cigarette imports.

The United States — home to the world's biggest cigarette exporter, Philip Morris — has flatly rejected an advertising ban, saying it would violate

constitutional principles of free speech.

Negotiators are expected to agree on terms that would allow countries with constitutional objections to impose restrictions, while other nations would introduce a complete ban after three years.

A senior Thai government negotiator said the U.S. delegation had told the meeting that the U.S. government would stop funding international anti-tobacco programs if it didn't get its way on exemptions.

"It's very arrogant," Int Chittonondh said. "The United States has the technology and sophisticated tobacco control programs and yet they are behaving like this toward the rest of the world."

David Holmann, U.S. health attaché in Geneva, said Washington had made no threats to withdraw funding for anti-tobacco programs, which he said totals about \$2 million annually.

American health campaigners said the talks would be much easier without the United States government's involvement.

The World Health Organization estimates more than 13.3 million people have died of cancer, heart disease and other smoking-related ailments while dying since 1999, when the talks began.

Irene's Myomassology Institute offers scholarship

Irene's Myomassology Institute in Southfield, a nationally accredited school of therapeutic massage, is now accepting scholarship applications for its May 2003 program. This full tuition scholarship is designed for those in need of financial assistance who wish to pursue a massage career.

Irene's 600-hour program includes classes in Swedish and sports massage, reiki, shiatsu and polarity.

Scholarship applicants must demonstrate need, proof of high school completion or equivalent, good character, a desire to be of service to the public and a commitment to health and wellness.

Applicants must also write a two-page essay describing why they deserve the scholarship, why they are interested in a massage therapy career and why they feel that Irene's Myomassology Institute is the

right choice for their education.

Application deadlines for the May scholarship is April 1. In addition, full tuition scholarships are also available for the September 2003 or February 2004 programs.

Irene's Myomassology Institute also provides financial aid to qualified students. For an application, contact Irene's Myomassology Institute at (248) 350-1400.

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