



THE STATUS POST

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Health Headlines

Celebrities Use New Unorthodox Health Strategies



photo via thestorkfund.wordpress.com

Placenta pills are a new health trend among celebrities like January Jones of Mad Men.

The Sense about Science (SAS) publication, "Celebrities and Science 2012," debunks this year's claims by those in the public eye - from eating placentas, to taking oxygen shots.

Unusual celebrity health behaviors are a common topic in the media. An SAS dietician addressed actress January Jones' consumption of dried placenta pills. The dietician acknowledges that placenta is a good source of

iron, but states that there are numerous iron sources found within a traditional diet. She adds that placenta also contains toxins, as this serves as a barrier during pregnancy to prevent toxins from entering the fetus.

Voiding in pools? Yes, that is correct. Olympic swimmer Michael Phelps condones urinating in the pool because "chlorine kills it." An SAS Biochemist supports such a statement by pointing out that urine is essentially sterile.

And what about oxygen shots? Well, Simon Cowell may want to heed the warning that very high levels of oxygen can in fact be toxic when inhaling travel sized oxygen shots.

Before learning more about health from celebrities and what they have to say, the SAS advises the following: foods can contain just as many nutrients as placenta pills, cleansable body components are limited to the integumentary system, and your lungs are perfectly capable of oxygenating the body. *by Laura San Martin*

Boys Entering Puberty at a Younger Age

In 1997, a study was published detailing the increasingly early onset of puberty in American girls. Results demonstrated that female puberty was occurring as early as 7 or 8, earlier than it had in the past. Recently, Dr. Marcia Herman Giddons published a study in the journal of the American Association of Pediatrics to determine if there was a similar trend in boys. NPR reports that boys are experiencing puberty up to two years earlier than in the past, ...continued on page 10...



Boys are entering puberty two years earlier than before. photo via scitechdaily.com

Has Exercise Made Us Smarter?



photo via Sura Nualpradid
freedigitalphotos.net

Centuries of exercise has given our brains an evolutionary boost.

According to the New York Times' Well Blog, throughout evolution, physical activity may have made humans smarter. The author, Gretchen Reynolds, believes that humans used to be able to outrun their prey and that this essential physical activity fed and formed the brain. Millions of years ago, with endurance and athleticism, it was the humans that survived and passed along their genes to future generations. Now, an evolutionary theory is emerging, stating that this athletic movement not only shaped the body but sharpened the brain as well.

The theory is supported by biologists Daniel E. Liberman and Dennis M. Bramble, who wrote the article "Endurance Running and the Evolution of Homo." In their belief, *Homo sapiens* survived by becoming endurance athletes and hunting their prey with "sheer doggedness." Scientists have also bred mice and rats.

The animals that willingly ran the ...continued on page 10...

Nurses Speak Against Gun Violence



photo via www.breitbart.com

Nurses strive to towards the banning of assault weapons.

Like the rest of the nation, America's nurses grieve over the Newton, Connecticut shooting massacre. To many, this event served as a call

to action. More than 30 nursing organizations joined the American Nursing Association in the aftermath of the Newtown, Connecticut tragedy to discuss certain issues in order to present them to President Barack Obama, leaders of Congress, the National Governors Association, and the United States Conference of Mayors. The nursing organizations in the United States advocated for meaningful gun reform, as well as increased preventative measures.

Some of the issues discussed in the meeting included: restoring access to mental health services for individuals and families, increasing students' access to nurses and mental health professionals from the elementary school level through college, and banning assault weapons and enacting other meaningful reforms to protect society.

The nursing organizations stated that "The care and nurturing of children in their earliest years provides a strong foundation for healthy growth and development as they mature into adulthood." Further, societal issues such as bullying and mental illnesses are growing problems. Unfortunately, however, it was also noted that during the past decade, "ill-advised and shortsighted cutbacks within schools and community health systems have seriously impeded critical and needed access to school nurses and mental health professionals trained to recognize and intervene early with those who are at risk for violent behavior."

Political and community leaders across the country should address long-standing societal needs to help limit this endless cycle of senseless violence. *by Sasha Fe Chenet*

Fiscal Cliff Brings Changes to U.S. Healthcare

Before the start of the New Year, there was one big decision looming over the nation; it was referred to as the "fiscal cliff." Though it mainly affected taxes and spending, the decision would also have some major effects on our health care system. There were three possible effects: pay cuts for doctors, less funding for medical training programs and cancellation of the CLASS Act.

The first issue was that there was a possibility of a 26% pay cut for doctors who treat Medicare patients. The effects of such a cut would result in lower motivation for doctors to treat Medicare patients. It may even have resulted in the termination of existing patients; which would be devastating to the growing elderly population. However, this situation has been avoided because of the compromises made within the Senate.

Not only is the Senate deciding the future pays of existing doctors,

they're also debating whether to cut graduate medical education. This is a federal government program to train young doctors. As the baby boomer generation nears retirement, the nation needs more doctors, nurses, and other medical professionals. If programs like graduate medical education are cut, it would cause a shortage in the care available for people who need it.

Another effect of this fiscal cliff on health care was the elimination of the CLASS Act. The CLASS Act was designed to make health insurance available to the public for a modest cost. With such a task, the republican representatives decided this program would cost more than they could afford. Currently, the program is being remodeled by a bipartisan commission.

The three issues mentioned above have not been resolved, merely delayed a year. Ever since 2003, there

hasn't been a clear answer to the issue of the payment formula for doctors and Medicare. The potential cuts to doctors' pay and the training programs would lower incentive for students to get into the professions. The redoing of the CLASS Act may take longer and take a long time to be put into effect. The start of the year calls for Congress to make some serious decisions about our nation's health care system.

by Carmen Chan



photo via utahinsfaqs.blogspot.com

The decision over the fiscal cliff may bring big changes to healthcare.

Flu Season 2013: The Worst One Yet

According to the Center for Disease Control (CDC), this year's flu season is shaping up to be one of the worst in 10 years. With three months left of the season, the highly contagious virus has been reported in 41 states with 29 of these states reporting high or severe levels.

In New York State alone, there has been a sharp increase in the amount of reported flu cases. Last year, there were a total of 4,400 cases reported. In stark contrast, there have been more than 15,000 documented cases this year- which equates to a 250% increase, a staggering difference and the cause of much concern within the population. Additionally, the number of hospitalized patients has increased by 169% in the past year, leaving hospitals without the proper amount of equipment to care for their patients.

The virus has been identified as H3N2, a common strain that has lead to the death of 18 children nationwide. Manhattan pediatrician, Dr. Shulamite Kon, offers advice to parents of young children: "Don't send your kids to



Persons of all ages are feeling the aches and pains of this year's flu season.

photo via www.theparentreport.com

school if they are sick. And get them vaccinated," she says, "The kids who have been immunized and still get the flu have lighter symptoms, [the vaccine] seems to give protection."

Despite recommendations to get vaccinated, there are still some who remain skeptical, even when they are severely affected by the illness. Orlando Leyba, a 44 year-old Manhattanite, characterizes himself as a fit, strong man. However when

describing his experience with the flu, he said, "I feel so sick, my body aches. I have a fever and I'm trembling." Despite these symptoms, when asked if he was planning on getting the flu shot this year, he replied "maybe." Dr. Feltheimer, Leyba's doctor, says that you can run from the flu but you can't hide. However, some good news remains, for those who haven't already done so, "it's not too late to get a flu shot now." *by Erica Sanchez*

GLOBAL

Comparing Sepsis Care in U.S. and Europe

Dr. Mitchell M. Levy and his colleagues analyzed 25,375 patient records, 18,766 patients from the United States and 6,609 patients from Europe in order to research the discrepancies between mortality rates in the United States and Europe related to sepsis. According to research report on medscape.com, their goal for this study was to observe the different hospital standards and policies related to sepsis control related care. One major finding was that the mortality rate was considerably higher in Europe than it was in the United States.

With this study, the research conductors were also attempting to

see whether hospitals in both the U.S. and Europe were complying with worldwide acceptable and evidence-related protocols and resuscitation/ administration under the SCC (Surviving Sepsis Campaign). Research findings demonstrated overall that United States hospitals were 3.2% more compliant under the different SSC guidelines in sepsis control measures when compared to Europe hospitals. The only area where European hospitals seemed to score higher under the SCC was in the area of management.

Based on the patient records from European hospitals, however, the

most concerning finding is that sepsis related raw mortality rates in Europe were 51% to 65% higher than those in the United States. The adjusted mortality rate difference remained higher in European hospital settings. With pneumonia being the top sepsis mortality culprit, one major reason for these differences may be because most patients in the U.S. are automatically be taken to the ICU whereas in Europe, most patients are first be placed in other less intensive care units before going to ICU. It has been deduced that different administrative measures must be taken to improve mortality rates. *by Ashley Gonzalez*

Interview with a Nursing Student Yogi: Jen Perez



Jen Perez, a senior in the Generic Pathway program offered free yoga classes to all nursing students.
all photos on page by Jason Leung

Extended work shifts of twelve hours or longer are common amongst staff nurses but studies have revealed that these longer shifts are coming at a price. More and more we are hearing about “burn out” which not only affects nurses but his or her patients indirectly as well.

There are a number of outlets for stress relief. Jennifer Perez, a senior at the Hunter-Bellevue School of Nursing, has found her antidote: yoga. With well over a decade’s worth of instruction and knowledge in yoga philosophy she has been generous enough to offer free classes to nursing students starting the Fall semester of 2012. She plans to continue this into the Spring 2013 term as well.

Danica Dorlette: When was your very first introduction to yoga?

Jen Perez: In high school I elected to take an Eastern Religions course where we read all these yoga texts and I just loved it so much. In my senior year we got to do apprenticeships and I was student teacher for the class. So



Jen Perez assisted students with proper alignment as they practiced yoga poses.

I didn’t start off in the sense of poses but more with philosophy.

DD: What was it that made you look towards instruction?

JP: I originally did the yoga teacher training because I thought of it as a commitment to immerse myself in it. I also wanted to do service through it. It has been so helpful to me for my internal peace of mind and balance that I wanted to offer it to people who would not otherwise have access to it like those in prisons or teenagers in inner city schools.

DD: What would you say are some basic principles of yoga that you try to instill?

JP: I really try to teach the philosophy through the physical part in a way that allows you to experience it yourself in a way that you’re ready to. I see myself as a facilitator that is there to create a space to allow you to go inside yourself.

DD: How do you implement what you’ve learned from yoga into your nursing practice?

JP: I feel very strongly that to have a job like nursing that you have to have something that replenishes and nourishes you. I can see how burnt out some nurses seem. I feel like people who are motivated to go into a profession like this often do so because they are present and caring people. This is all the more reason

to need a refuge. The whole thing with yoga is that you’re creating that refuge inside yourself and can carry everywhere you go. This refuge I feel is the most crucial and important to have in nursing.

DD: I definitely agree. Is that what motivated you to offer free yoga courses for nursing students?

JP: Yes, I feel really strongly that it is something that has the potential to influence not only the nurse but the patients he or she encounters. I also know that people don’t always have the money to take a class. If I can give these nursing students a way to have a nursing career and not be spent why would I not do that? I am a total collectivist. Whatever I have, I share.

DD: What do you say to those thinking about starting yoga this semester?

JP: Anybody who wants to start should just come but all I ask is to treat it like a course. It can be more of a group experience if we are consistent and build on it together. My intention is for my students to be able to just put down their mat in their dorm, home, or even in a nursing lounge and be able to do a little bit of yoga practice without having to spend money.

This interview has been paraphrased for the purpose of formatting.

Having a difficult week?

“...Maybe you can take a moment to sit still and take 10 or 20 slow breaths or you can do the first 3 movements of a sun-salutation (reaching up on the inhale, folding down on the exhale, lifting the chest on the inhale, folding back down on the exhale, reaching up overhead again on the inhale, and standing tall. Repeat.) It may shift your sense of the space outside and inside a bit.” – Jen Perez

Project VALOR & HIV/AIDS Awareness

On Tuesday, December 4, 2012, the Community Health Committee of the Hunter-Bellevue School of Nursing organized an HIV/AIDS awareness day, which was held at the 68th street campus. Here, committee members set up a table located on the 3rd floor of the West building with the mission of implementing Project: Veterans Awareness and Learning Opportunity Resource (VALOR). With this, committee members attempted to educate and share pertinent information with veterans and students alike.

Each month, the Community Health Committee has developed a plan to bring awareness to a certain health-related issues by tabling within the school. By hosting these tabling events, the Community Health Committee hopes to spread as much information regarding the topic as possible while providing preventive measures and ways to treat issue at hand. Since World AIDS day is recognized each year on December 1st, the committee decided it would be appropriate to feature this matter. In order to effectively distribute facts and



Hunter nursing students promoted HIV/AIDS awareness by distributing condoms and pamphlets at the Main Campus
photo by Cynthia Somma

data about HIV/AIDS, the committee created brochures that included crucial information with the hope of dispelling many false beliefs and ideas about these illnesses. The brochure included the four modes of transport of HIV/AIDS which are through semen, vaginal fluids, blood, and breast milk. Then, it was important to acknowledge that these viruses cannot be spread through kissing, sharing drinks, sharing toilet seats, and several other ways that people incorrectly assume that the viruses can be spread.

To address the aspect of preventing the spread of HIV/AIDS, free condoms were provided on the table as well as pamphlets containing information on how to correctly use the prophylactics. Lollipops were also distributed with the available date and times that free HIV/AIDS testing is held at Hunter College. *by Cynthia Somma*

Look out for upcoming Community Health events. Heart Disease awareness will occur on Wednesday, February 20th, at the 68th street campus!

Volunteers with a Whole Lot of Heart

Throughout the Fall 2012 semester, students from the Hunter-Bellevue School of Nursing (HBSON) joined their fellow health care colleagues to lend a helping hand to a number of underserved communities. Along with volunteer doctors, medical students, and administrators from the Weill-Cornell Medical College, Hunter nursing students were able to assist in the initiative known as the Heart-to-Heart clinics. The initiative was founded by Jonathan Moreno, a medical student from Cornell, with the intention of teaching Heart Healthy behaviors to the communities most affected by cardiovascular disease and diabetes.

The Heart-to-Heart clinics are set

up in different locations in the five boroughs on a monthly basis. During the clinics, clients would come to the administration desk and were assigned a student escort to guide them through the entire process. The first step included filling out a basic health data sheet and questionnaire concerning their current health status, frequency of visits to their primary health care providers, insurance coverage, education level and range of income. Questionnaires were answered on a volunteer basis, meaning clients were not required to answer any questions that they were not comfortable with.

Student escorts were a great help to the clients during the data collection

process. They would help by reading the questions aloud to clients who were blind or illiterate, and bilingual students were able to translate for clients who did not speak English. During the core diagnostic step of this initiative, students took the height, weight, BMI, blood pressure, fasting glucose, A1C, and lipid panel readings. The final step included a heart healthy consultation from one of the volunteer health care providers. Heart-to-Heart Clinics are just one of the many examples of the Hunter-Bellevue School of Nursing's collaboration with the Weill Cornell Medical College in order to bring the best community care to our fellow New Yorkers. *by Kiana Piedrahita*

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Making the Flu Vaccine Compulsory

Numerous sources have declared this flu season to be the worst in over a decade. Every year, the same question comes up: Should it be mandatory for health care providers to receive the flu vaccine? The answer would appear to be obvious to most: since doctors, nurses, and other physicians have direct contact with patients, they should be vaccinated to prevent the spread of the flu. While this rationale seems logical, there are several other factors to take into consideration before making it mandatory for health care workers to have the vaccine.

The truth is that there is very little evidence that shows the efficacy of the flu vaccine. The University of Minnesota's Center for Infectious Disease Research & Policy issued a report that showed that existing vaccines are seriously inadequate in providing "herd immunity" to the populations they are meant to protect. The report also showed that calls for universal vaccination "have not always used state-of-the-art scientific data." Pamphlets and other documents that have been published to support

universal vaccination have used exaggerated statistics, claiming that 70% to 90% of adults who receive the vaccine are protected against the flu.

Actual evidence about the effectiveness of the flu vaccine does not quite match what is being told to the public. Due to the exact genetic makeup of the flu strain not being known while the vaccine is being developed, only about half of the people who receive the vaccine are given immunity. In a report released by the Centers for Disease Control and Prevention, the flu vaccine is working less effectively among the elderly – a population that is one of the most vulnerable to the flu. This year, the vaccine has been effective in only 9% of those who are 65 and older.

While I acknowledge the value and purpose of healthcare workers receiving flu vaccines, I do not believe that they should be compulsory to the point that employees may be fired upon non-adherence. Nurses, doctors, and other healthcare workers should be given the freedom to exercise their professional ...continued on page 10...

Patients Demand Brand Name Drugs

A recent survey of 1,900 doctors across several medical specialties revealed that, when requested by their patient, four in ten were willing to prescribe the brand-name version of a drug over the more economical generic version. The survey's main author, Eric Campbell of Harvard Medical School, states that this practice "is, by definition, a wasteful expense." Several culprits may be responsible for this costly trend. Doctors who belong to small practices and those who accept free lunches from drug representatives are more likely to push brand-name drugs. Television, radio and print advertisements can also lead patients to favor brand-name versions. Is this preference in fact a reckless

practice leading to rising healthcare costs or are there legitimate reasons for favoring brand-name versions of drugs over generics?

The New York Daily News published a January article discussing several differences that exist between brand name and generic drugs. According to the article, "The U.S. Food and Drug Administration (FDA) requires generic drugs to be identical to their brand-name versions in active ingredients, dosage and strength." They go through a rapid process of approval when the brand-name patent expires and the resultant generic drugs cost an average of 80 to 85 percent less than the brand-name versions in production. Brand-name medications

have undergone a more stringent and lengthier evaluation process than their generic competitors, suggesting that certain brand-name types are worth the cost since they may be more consistently effective than the generic analogues. Although the active ingredients in a generic drug must be identical to its brand-name version, the inactive ingredients, additives and binding agents may be completely different. As a result, the FDA reports that the adverse effects of generic drugs sometimes vary from the adverse effects of brand-name versions.

Should doctors still supply expensive brand name drugs over generic when requested?... *continued on page 10...*

Blaming NYU for Laboratory Research Animals Loss

The New York University Langone Medical Center housed thousands of research animals, along with tissue samples, larynxes, and other biological tools. It was also the home of ongoing research of brain development and interpretation, autism, schizophrenia, and epilepsy.

As part of a major flood zone in the Lower East Side neighboring the East River, NYU took a hit during super storm Sandy. Scientists who lost years of work and research praised the university for their organized rescue efforts, including a team of graduate students who shoved ice into freezers in an attempt to preserve tissue samples. The hospital was able to evacuate over 200 patients when it lost power, without anyone being injured. Animal-care staffers spent the night watching over their furry charges. The next morning, a brigade of scientists hauled dry ice up 15 flights to save tissue samples and human organs kept on ice for research. Although the animal rescue staff was on site continuously to mitigate the damage from the storm, the speed and force of

Sandy led some of the animal rescue attempts to be unsuccessful.

While an NYU statement noted "a vast majority of our animals used for biomedical research were unharmed during Sandy;" thousands of animals, mostly mice housed in one of the basements of the NYU Langone Medical Center on the East River died during the storm. The biomedical center facility lost 7,760 cages of mice and 22 cages of rats, each cage housing between one and seven animals.

People for the Ethical Treatment of Animals (PETA), long opposed to the use of animals for research, has called for an investigation into the animal deaths of NYU. Justin Goodman, PETA's associate director of laboratory investigations commented on the case stating, "NYU knew for days that the storm was coming but still left 10,000 terrified animals trapped in fine cages in basement laboratories as waters rose... this is probably a violation of federal animal welfare policy, and it also shows once again that experimenters view animals as disposable equipment who can

carelessly be left to drown during a disaster." Although it did not comment on whether or animal safety guidelines were breached, a statement issued by New York University noted that the lab where thousands of animals died was built according to code, to withstand a storm surge 20 percent above the worst flood of the past century.

The Guide for the Care and Use of Laboratory Animals does not prohibit housing lab animals in basements and does not specifically address the threat of floods. The natural dark of the basements setting allows the animal caretakers to control the animals day and night cycles. Housing the animals in the basements also has less impact on the main air-circulation system, helping control the spread of possible disease-causing microbes carried by the animals. Further, while the loss of research animals is a tragedy, New York University prioritized patient safety and ensured that all patients made it out safely, setting a good example for patient care and transfer during emergency situations.

by Alisa Jagajac

Banning Thimerosal from Childhood Vaccines



The United Nations is considering a ban on the preservative thimerosal, which is often used in hepatitis B and other vaccines in developing countries. *photo and story via npr.org/blogs/health*

Debate in the UN has resurfaced regarding the potential banning of Thimerosal in childhood vaccines. Thimerosal is a vaccine preservative that has been widely used in developing countries for over 70 years to prevent the growth of bacteria in the event that a vaccine is accidentally contaminated. It is used in parts of the world where other options such as refrigerators or single-dose vials are neither affordable nor practical.

The proposal of the ban is part of a larger effort to reduce children's exposure to mercury, which can have a negative effect on brain development. In 1999, Thimerosal was removed from all childhood vaccines in the United States and Europe in the fear that Thimerosal contributed to the onset of autism. Over the last decade, many studies have been conducted, enabling doctors and scientists to form new opinions and reach new conclusions about this issue, but at the time of the ban scientists did not fully understand the negative effects mercury could have. However, recent studies have shown that the form of ethyl mercury in Thimerosal is far less dangerous than the mercury most commonly found in seafood, otherwise known as methyl mercury and therefore, the health concerns with the drug are seemingly alleviated.

Dr. Walter Orenstein of the Emory Vaccine Center at Emory University, an opponent of the ban, said "lives

would potentially be lost if we banned Thimerosal from vaccines," and "diseases like whooping cough or Pertussis could resurge in these areas."

Yet, despite what studies have shown, many groups in developing countries remain incredulous and are not convinced by the studies. They believe it is wrong that children in developing countries are receiving the preservative, while children in the U.S. and Europe are not. Eric Uram, the executive director of the U.S.-based group SafeMinds, claims that this practice is "egregious, offensive, and unacceptable." Uram states that SafeMinds has contacted officials from Uganda and Nigeria and found that they are concerned, but that they are hesitant to speak up because the World Health Organization has deemed Thimerosal safe. Since these countries "defer to WHO for [health] guidance... it becomes inappropriate for them to say that they are incorrect."

However, Heidi Larson of the London School of Hygiene and Tropical Medicine, suggests there is no alternative to Thimerosal and banning it would simply be "bowing to public pressure." Without the preservative, the cost of each dose will rise and make it more difficult to transport the vaccine, leading to fewer children receiving the vaccines they need.

The United Nations Environment Program is hoping to reach their decision this month. *by Ashley Decter*

Parents Explain Why "Bad" Drugs Are Now Legal

The legalization of marijuana in Colorado and Washington is making it harder for parents to talk to their children about drugs. Most young children have a hard time understanding why marijuana is legal if drugs are bad. Some parents try to tell their children that marijuana can be used for medicinal purposes such as to alleviate the side effects of cancer treatments, which can be a difficult concept for young children to comprehend. Parents have to be cognizant of the message they send to their children. If children see their parents using marijuana, even legally, they may start to see drugs as an appropriate way of dealing with stress.

According to Dr. Leslie Walker, a pediatrician and chief of adolescent Medicine at Seattle Children's Hospital, marijuana is the number one drug that sends teenagers to her substance abuse clinic. Adolescents are especially vulnerable to drug abuse. "You put something like marijuana into the mix of a developing brain and, for some kids, it's going to be the first time they've had a drug that's going to cause lifelong addiction for them," says Dr. Walker. For these reasons, it is imperative for parents to talk to their children about drugs and the implications behind the recent legalization of marijuana, even though it may be a difficult notion for children to understand. *by Hoi Wong*



Parents should discuss with their children the difference between appropriate and inappropriate drug use. *photo via lifetimemoms.com*

Annual Check Ups Don't Get a Clean Bill of Health

Medical professionals base their practices on quantifiable evidence; when the basis of their practice was quantifiably called into question, it left primary care providers reeling. A new research study conducted by Cochran Collaboration is challenging the well known necessity of the “annual check-up” with the position these visits have seemingly no significant effect on prolongation of life or the death rate, with regards to common diseases.

The annual general check-up is a yearly, all encompassing, visit that the primary care provider uses to address the patient as a whole. The patient in question has a family history, blood tests and lifestyle choices all scrutinized under a magnifying glass, with the hopes of preemptively predicting and preventing any major diseases, such as diabetes and hypertension. The goal here is to eliminate the disease before it even has the chance



Studies question the necessity of annual physicals. *photo via healthcare.utah.edu*

to attack an unassuming patient, but does this incredible attention to detail impact morbidity or mortality in any way? The Cochrane Collaboration ascertains that is does not.

Specifically, “the study was a meta-analysis...with 16 randomized trials in which one group of patients had general checkups and the other group did not. Two-thirds of the trials, covering more than 150,000 patients, followed the patients long enough — nearly a decade — to track actual death rates.” Though the patients who received annual checkups were often recipients of greater than 20 % more diagnoses, they did not live any longer than those without check-ups and actually died of cancer and heart disease at the same rate as their peers.

Study aside, doctors assert that the value of the doctor–patient relationship that is established during these visits, prior to any life-threatening diagnosis, is not quantifiable by any study; continuing to educate the public to care for their own well-being is the goal across the spectrum and will forever remain a priority. *by Leah Riggs*

Coping With Cancer Risks

Genetic testing is now readily available for a wide range of genes which provide clues about disease risk. Several websites and a growing number of doctors offer testing of saliva or blood samples. Certain genetic mutations signal an increased risk for developing diabetes, hypertension, and a range of cancers. Most notoriously, BRCA 1 and BRCA 2 have rare mutations associated strongly with breast and ovarian cancer.

Many consumers wonder if knowing ones genetic predisposition is helpful, or if it may end up being more stressful than ignorance.

Emma Pierson, blogger for the New York Times, explored her own misgiving in the piece “Knowing You Carry a Cancer Gene”. A strong family history of cancer lead Pierson to testing at age 18, revealing BRCA 1 mutations. Cancer began to feel like an inevitability, the knowledge of her gene status

induced nightmares and stress about the future. “You can never know whether you want to know until you already do”, wrote Pierson, who now faces her reality with curiosity and conviction.

Genetics are a constant, but they are not an absolute, especially for cancer and other diseases impacted by environment, lifestyle, and treatment. Epigenetic research tells us that gene expression can be altered by environmental factors. This may effect the way that those with cancer genes understand their risk and cope with life decisions. Patients who know their gene status might be inspired to seek preventive strategies: exercise, nutrition, supplements, and exposure to sunshine to raise vitamin D levels are among the common cancer-fighting advice. Patients may also wish to gain knowledge and help others by participating in advocacy, fundraising, and

research for cancer.

Knowledge about disease risk is an opportunity for more effective primary care, access to frequent screening and early interventions. BRCA1 impacts many major life decisions: whether and when to have children, when to start routine mammogram screening, whether to undergo a prophylactic mastectomy, hysterectomy, or ovary removal. Knowledge might empower a young woman with a BRCA1 mutation to have children in her 20s and then have preventive surgery to ensure she is around to raise them.

Knowledge can empower people to take action, but only if meaningful support is available. If resources and care are inaccessible, knowledge of one’s genetic status may only increase anxiety. As genetic testing becomes more popular, it is important people can access medical care and preventive programs. *by Cassandra Burrows*

Does Exercise Make Your Brain Smarter?

...continued from page 1...

most were interbred and created from generations of mice and rats with impressive running skills. After multiple generations, these animals developed high levels of substances, specifically brain-derived neurotrophic factor (BDNF), which promote tissue growth and health. According to Anthropologist David A. Raichlen, excessive amounts of

BDNF can move from the muscles to the brain, thereby increasing brain mass and capacity.

This research can have important implications on societies with increasingly sedentary lifestyles. If physical activity helped create our current brain structure, then it remains vital to its function and continued development. So get out there and start moving! *by Corinne Kohrherr*

Patients Demand Brand Name Drugs

...continued from page 10... Yes, they should. Doctors are paid to provide quality care. Despite economic considerations, patients may have unique reasons for requesting brand name over generic medication including food and drug allergies. When a patient asks something of their doctor, the doctor owes it to their patient to fulfill such a request to the greatest degree possible, despite personal bias. Healthcare professionals owe it to their patients to be knowledgeable about

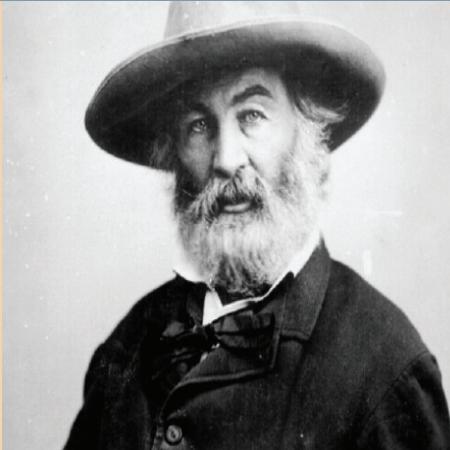
prescriptions and to provide brand name alternatives, without passing judgment, when requested. Patients should be encouraged to communicate their concerns openly and doctors should provide honest responses. Although the patient may not disclose a reason for requesting the brand-name medication, it should be the doctor's responsibility to respect the patient's right to determine treatment, while ensuring that they are informed about costs. *by Kristen Ricci*

Portrait of a Nurse: Edward L.T. Lyon

Paid nursing was traditionally a male profession as they were considered the only ones "pure" enough to be nurses. However, after the 1500s, male nurses were not sought after and even faced discrimination. Thanks to many notable male nurses from the past, the profession is now making a comeback for today's men.

Edward L. T. Lyon made a major breakthrough for male nurses in the military. He was the first man to receive a commission as a reserve officer in the U.S. Army Corps and joined 3,500 commissioned women as a nurse anesthetist, overcoming the objection to male nurses.

Resultantly, this led to the growth of men in various military nurse



Edward Lyon made history as the first man to be commissioned in the U.S. Army Nurse Corps in 1955. *photo via nursingschools.net*

corps and by 1990, about thirty percent of registered nurses in the military were men, higher than the percentage of male nurses in the public sphere.

by Maria Jamelo

Making the Flu Vaccine Compulsory

...continued from page 6... judgment in deciding whether or not to receive the vaccine.

Instead of mandatory vaccination for health care workers, maybe hospitals can instate programs or campaigns that promote healthy behaviors and reinforce the importance of basic actions like hand washing to prevent the spread of disease. The flu vaccine is an adequate means of preventing the spread of the disease, but it is certainly not the best. Alternative means of flu prevention can be emphasized without ordering ultimatums to employees.

by Vanessa Buyo

Boys Entering Puberty at a Younger Age

...continued from page 1... the average being between ages 9 and 10.

The increasingly early onset of puberty in both genders remains unexplained. However, theories center around modern environment and excessive caloric intake. While being overweight has previously been linked to an early-onset in girls, it has not been linked in males.

Quoted by NPR, Giddon states "just because the child's body is developing sexually earlier, that doesn't mean their cognition, judgment, and other mental abilities...are becoming earlier. They are not," which is why we must respond to children experiencing early puberty.

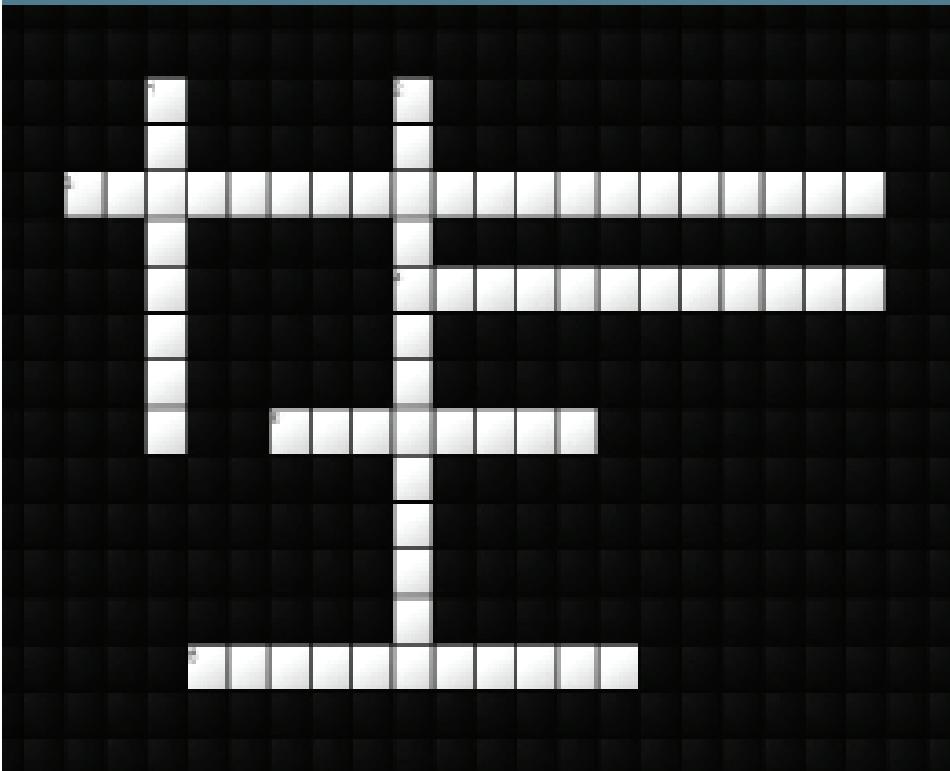
While females endure visible physical changes during puberty making it easy to determine what they are experiencing, male puberty on the other hand is "nearly invisible" as Vermont Pediatrician Richard Wasserman states.

Both Dr. Giddons and Dr. Wasserman stress the importance of parental involvement. They urge parents to discuss the changes of puberty in detail with their children so that kids can know what to expect.

by Sarah Horan

Promoting Quality of Life Crossword

by nursing.jbpub.com

**Across**

3. Behavioral, social, and physical environments; personal, economic, and social service systems (3words)
4. A person's ability to direct or carry out his or her own decisions and act autonomously
5. A person's right to choose and make independent decisions
6. A program with suggestions from the WHO about how to remain independent and active while aging (2words)

Down

1. State of being active
2. How a person rates his or her life as satisfactory or not; best done in a continuum (3words)

Nursing Fun Facts

Saint Camillus de Lellis established a Catholic order called the Fathers of a Good Death in 1584 to tend to the terminally ill, and is also reputed to have designed the red cross on a white background symbol and to have developed the first ambulance (b. 1550 d. 1614).

Around nine million children visit emergency rooms in the U.S. each year due to injuries.

There are more nurses than any other workers in the health profession.

Previous Crossword Solution**Across**

1. Regular

4. Artery

7. Clara Barton

9. ABG

10. Crackles

Down

2. Gait Belt

3. Iron

4. Aspirin

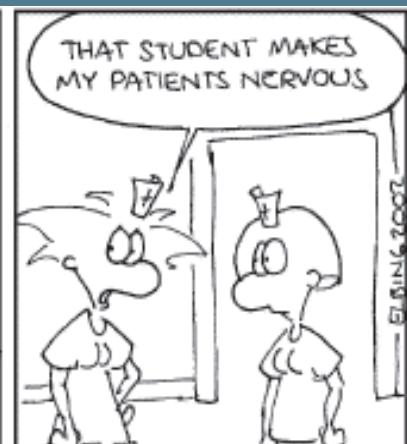
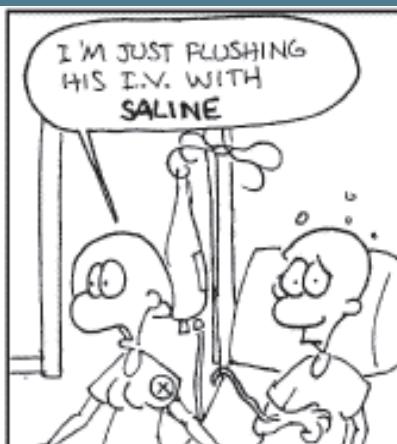
5. Ketorlac

6. Abdomen

8. Rectal

Nurstoons www.nurstoons.com

by Carl Elbing



NSANYS 61st ANNUAL CONVENTION



Nursing Students' Association of New York State

Save the Date!

Saturday, February 23, 2013 & Sunday, February 24, 2013
 Crowne Plaza White Plains Hotel
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Learn how to prevent burnout and keep loving what you do, promote interprofessional healthcare, prevent bullying in the workplace, and the roll of nutrition in the medical setting during our informational breakout sessions.

Attend the Hurst NCLEX Review and Kaplan NCLEX Review.



HBSOM's very own Dr. Todaro-Franceschi, Dr. Griffin-Sobel, and Dr. Mahon will all be hosting sessions at this year's convention.

Join us for our Interview and Resume Workshop and Career Building Seminar to get insider tips on how to stand out in the job market and leave a lasting impression on potential employers during job interviews.

There will also be an all day one-on-one Resume Consultation.

To register and for more details, visit their website at www.nsany.org
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NCLEX REVIEW

1. A 65-year-old patient with pneumonia is receiving garamycin (Gentamicin). It would be MOST important for a nurse to monitor which of the following laboratory values in this patient?

- (A) Hemoglobin and hematocrit.
- (B) BUN and creatinine.
- (C) Platelet count & clotting time.
- (D) Sodium and potassium.

2. A patient is to receive 3,000 ml of 0.9% NaCl IV in 24 hours. The intravenous set delivers 15 drops per milliliter. The nurse should regulate the flow rate so that the patient receives how many drops of fluid per minute?

- (A) 21
- (B) 28
- (C) 31
- (D) 42

Solution

2. (C) $31 - 3,000 \times 15 \text{ divided by } 24 \times 60$
 increased BUN, decreased creatinine clearance — oliguria, hematuria, first nephrotoxic; will see proteinuria.
1. (B) BUN and creatinine —