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88

# Ra

## Radioactive

Volume 1. Issue no. 1. February, 2014

La	Ce	Pr	Nd	Pm	Sm	Eu	Gd	Tb	Dy	Ho	Er	Tm	Yb	Lu
Ac	Th	Pa	U	Np	Pu	Am	Cm	Bk	Cf	Es	Fm	Md	No	Lr

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## LEBANON PARTICIPATES IN WHO-EMRO FAT ELIMINATION AND SALT REDUCTION WORKSHOP

Mohamad Musbah Almedawar - Managing Editor

"The current estimates of salt intake indicate that the amount of sodium in the diet of most countries in the Eastern Mediterranean Region is higher than the recommended level of <5 grams of salt/person/day; ranging from 7.2 grams in Lebanon to 19 grams/person/day in Jordan" explained Dr. Ala Alwan, Regional Director of the World Health Organization Eastern Mediterranean Regional Office (WHO-EMRO). (Continued on page 4)

## A CALL FOR STRONGER PRIMARY HEALTHCARE

Sara Moufarrij - Contributing Writer

Lebanon is a dynamic nation that has experienced many feats throughout its history. These feats, infamously political and sectarian, didn't leave the healthcare sector untouched. Despite its reputation as a medical hub in the Middle East, the country's public healthcare system still suffers from the plagues of the Civil War, during which the sector's infrastructure was completely demolished. (Continued on page 5)

## RADIOACTIVE: A PORTAL FOR ALL

When two strong forces collide, their nuclei emit radioactivity. Similarly, when the two forces of medicine collide (i.e. the arts and sciences), a spark is ignited. The symbol "Ra" stands for Radium, a chemical element with an atomic number of 88 possessing several isotopes, all of which are radioactive.

## GET YOUR WEIGHT IN GOLD

*Zeinab Zorkot, Jessica El Asmar - Assistant Editors*

It is a common saying in our region in times of crisis: "at least you have your health" and "the most important thing is being in good health." However, could money be a stronger incentive than good health?

Obesity is one of the major public health challenges of today. It has reached epidemic proportions, whereby 1.5 billion adults are either overweight or obese. This sky-high number is expected to further increase to 3 billion by 2030, according to statistics by the Harvard School of Public Health. Obesity has tremendous health consequences, and a huge economic burden. The healthcare costs of obesity in the United States were estimated to be as high as \$190 billion in 2005. Many obesity prevention strategies were adopted but none as effective as the new programs: paying people to lose weight. Dubai decided to include the financial incentive in its strategy to combat obesity. Therefore it launched a 30-day weight loss challenge. The city offered 2 grams of solid gold (equivalent of \$90) if the participants lost at least 2kg. Thereafter, the prize got fatter with every kilogram the participants dropped: for every 1kg they lost they got 1 gram of gold. And the top 3 winners each got a gold coin worth \$4000. Participants signed up at local parks and were weighed at public scales by trained dieticians.

The UK National Health Services (NHS) has a similar weight loss scheme. It is run by the external firm 'Weight Wins' where the winner gets 1800 British Pounds. However, the participants enroll in the program for a monthly fee. So they could end up losing money by the end of the program if they don't lose weight or if they gain weight. This strategy employs taking the financial incentive to the next level. We are no longer bribing people to lose weight but also scaring them with a penalty if they fail to reach their goal weight. More than 600 people in Britain have signed up for the program. This controversial scheme is thought to save the NHS money on weight-related surgeries and obesity-related diseases (the costs of which are estimated to be billions of pounds). However, more data is needed to confirm the result of such programs on the long run.

Dietician Lyndel Costain said, "while this scheme did show a positive outcome in the short-term, who knows how effective it would be in 2-5 years time for example. We have to question whether people would be making mind set changes required for long term weight management or if they are just focusing on short-term rewards".

At the Mayo Clinic, a recent weight loss study was done where employees were asked to volunteer for the test. They were split into two groups. One group was offered a financial incentive and the other was not. Those in the financial incentive group had the opportunity to win \$20 if they met the goal of losing 2 pounds per month, or to pay \$20 per month if they failed to lose 2 pounds. The study duration was 12 months, which was longer than other studies. The average weight loss recorded was 9.1 pounds for the financially-motivated group, while the other group lost on average 2.6 pounds.

Such weight-loss programs are promising, with good results emerging from the numerous weight-loss schemes. However, the long-term results have yet to be studied. And the question remains, will such programs be cost effective if they were to be implemented for a longer duration and on a nationwide basis?

## OUT LOUD

What advice would you give to new medical & graduate students at the Faculty of Medicine?



“Do your Steps exams early. If you plan to work in the hospital setting, then be sure to apply early for residency outside.”

*Rami El Helou, PGYII, OBGYN*



“Try to enjoy it. It's not going to get any easier. The friends you make in medical school will be different from the friends you make throughout your life. It's always good to have a group of friends you can rely on.”

*Afif Harb, Med IV*

## NEW CURRICULUM JUXTAPOSITION

*Rayan Sibai - Contributing Writer*

As a supplement to AUBMC's well known 2020 vision, members of the AUBFM committee responsible for the medical school curriculum have implemented radical changes to the current curriculum so as to resemble medical school curriculums of the United States. New changes include classes such as art and history, less emphasis on didactic teaching, and earlier introduction of patient interaction. Medical education in the western world has been undergoing a paradigm shift. Although lagging slightly behind, AUB is making drastic changes to catch up. As a second year medical student, I am in a particularly unique situation. For better or worse, I am the last generation to graduate under a curriculum that has been established for decades. At times, I lament that my friends under the new curriculum will never experience medical school as I did, yet at other times, I wish my class had the benefits of something new and exciting.

Professors have grown used to teaching the old curriculum and some students seem to be happy with it. Second year medical student Ziad Adas elaborates, "I'm perfectly happy with the old system. I'm just glad we're not the lab rats", arguing that the old system has been tried and tested for years and is thus significantly less risky than the latest one. The new curriculum however, also comes with its drawbacks. A first year student, Karinia Khoury expressed her concern that the new curriculum is "too compact" such that she "barely has time to catch up." Furthermore, some courses and lectures constituting the new curriculum are regarded as squandered time - a commodity that many will agree medical students at AUB tend to lack.

Nonetheless, the new curriculum also has its benefits. First and foremost, the new system seems to focus less on science and more on interpersonal and communication skills to name a few. Some first year students have set foot in the hospital before any of us second year students. "We don't get as much clinical exposure as compared to other students in countries abroad," Reem Akel, a second year medical student gripes. Many new students like Karinia prefer the new curriculum for precisely this reason. "I actually like the new curriculum, especially the fact that they introduced clinical skills courses," says Karinia. Moreover, some subjects have been combined in an effort to follow a modular based teaching system. First-year students enjoy the means by which the new curriculum combines different subjects. Fragments of Histology, Cell Biology, Embryology and others are given in one course called CMM. Karinia says, "medicine is all interrelated, and it makes more sense to take the courses together. It gives us a more thorough understanding."

There aren't any assurances as of yet that the system will benefit our students but only time can tell for sure. It is quite apparent that AUBMC is trying to ensure the competitiveness of its future students. However, at this moment in time, some beg the question, what is being done to ensure the competitiveness of its students now? Many, especially myself, are proud that AUBMC is investing in the future of its medical students and for the university's reputation over the long run. Nevertheless, some are fearful that long term investments come at a price: neglect of the students who aren't under the new curriculum. One thing is for sure, all students, both Med II and Med I, are dreading their exams, whether they are NBME or not.

## OUT LOUD



“Always be true to yourself. Stick to your ethics and don't be afraid to express your opinion and point out your observations.”

*Edith Hanna, Med III*



“Train in as many labs as possible and contact as many Principal Investigators as possible to find out about their projects before committing to any one lab or investigator.”

*Sally El Sitt, Biomedical Sciences  
PhD Student*

# LEBANON PARTICIPATES IN WHO-EMRO FAT ELIMINATION AND SALT REDUCTION WORKSHOP

Mohamad Musbah Almedawar - Managing Editor

Dr. Alwan's opening address was part of the "Regional workshop on salt and fat reduction and setting up protocols for measuring salt and fat intake and content in food" held by WHO in Amman, Jordan. This workshop is the third of a series of meetings and workshops WHO-EMRO is holding with officials and experts in the region to offer support in reducing the spread and impact of non-communicable diseases (NCD), as part of the global voluntary NCD targets set to be accomplished by 2025. These targets include halting NCD incidence such as Diabetes and Cardiovascular disease, reducing exposure to risk factors such as smoking and salt intake, and providing drug and treatment cost coverage.

Dr. Alwan continued saying, "in all countries, bread alone is estimated to contribute to around 20% of dietary salt intake." This can be attributed to that fact that bread is a staple in our region, and although other food products have much higher salt content, bread and bread-like products are the most widely consumed. He also stated the objectives of the workshop which included guiding member states in developing guidelines and protocols for "trans-fat elimination and saturated fat reduction," in addition to "salt reduction in bread and other specific food categories." Objectives also included "train(ing) participants on salt measurements with a focus on the 24-hours urinary collection method." Accordingly, specialists from Europe, such as the renowned Dr. Graham MacGregor and Dr. Phillip James from the UK, Dr. Heli Kuusipalo from Finland, and Dr. Francesco P Cappuccio from Italy, also presented their experiences in salt and fat reduction programs in their countries, and conducted the training sessions.

Each of the 23 delegations representing EMR countries including Lebanon presented their case story. The Lebanese speaker, Dr. Haya Hamade, an AUBMC physician in the Pediatrics and Adolescent Medicine department, presented the progress of Lebanese Action on Salt and Health (LASH) group, Lebanon's sole task force for salt reduction. LASH was conceived in 2012 at AUB by Dr. Hussain Isma'eel and Dr. Hamade under the umbrella of the newly formed Vascular Medicine Program at AUB. Dr. Hamade presented that LASH group has already determined the main contributors of salt in the Lebanese diet, determined a rough estimate of average Lebanese intake of salt, and conducted questionnaires about knowledge, attitudes, and behaviors of Lebanese consumers regarding salt intake. What Lebanon is facing difficulty with is basically getting all the stakeholders in this program including the government and the industry to agree on a plan to gradually reduce salt in bread and other high-sodium processed foods that are widely consumed. Difficulties lie in product reformulation without affecting taste, texture, and shelf life and in policy making in a country known to make laws only to bend or break them.

As other Eastern Mediterranean Region countries have yet to start developing programs for salt and fat reduction, countries such as Kuwait and Qatar have already reduced salt by 10% in their bread products though without any baseline research to investigate the current status, and other countries such as Tunisia have already completed 24-hour urinary sodium measures representative of their country.



Photo courtesy of Mohamad Musbah Almedawar

## A CALL FOR STRONGER PRIMARY HEALTHCARE

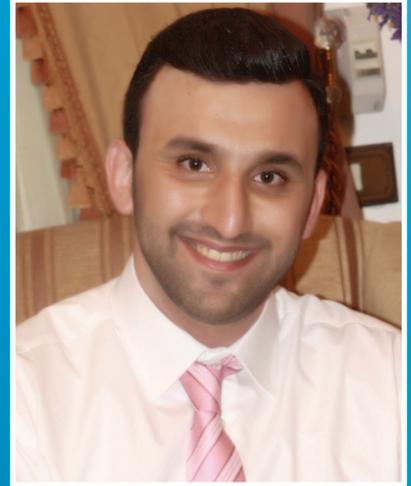
Sara Moufarrrij - Contributing Writer

The Lebanese government had established an efficient healthcare model for the country prior to the outbreak violence in 1975. Major reforms such as the National Social Security Fund (NSSF) in 1963 were aimed at strengthening social programs such as maternity and child health according to the 2012 National Health Statistics Report in Lebanon. Nevertheless, the aftermath of the war proved detrimental to the healthcare sector as many public health facilities were destroyed, causing a sharp increase in healthcare expenses. The NSSF was largely hit and proved too weak to resume its pre-war tasks. However, during the 1990s, the Ministry of Public Health presented a healthcare strategy that emphasized new medical technologies while simultaneously containing costs through the rationalization of expenses. The Health Care Reform Project of 1993 did generate more investment for the private healthcare sector, but proved unsuccessful in bettering the debilitated public sector according to a 2010 report released by the World Health Organization (WHO) entitled Country Cooperation Strategy for WHO and Lebanon (Country Cooperation Strategy, 2010). As a consequence, Lebanon's public healthcare framework has become largely buttressed by non-governmental organizations (NGOs).

The debilitating results of the war worsened the quality of care in the nation, leading to a tremendous disparity in healthcare administration. According to the WHO, 90% of hospital beds are limited to private hospitals, demonstrating the continual weakness of the Ministry in prioritizing the funding of public health centers (Country Cooperation Strategy, 2010). Ever since the end of the Civil War, no major changes seeking to heal the divide have taken place. The public sector is still prioritizing the private one, with 30% of income for the latter generated from the Ministry alone (Country Cooperation Strategy, 2010). However, it is important to recognize that this relationship is not symbiotic: the public sector has no access to databases from private healthcare centers due to fragmentation in the administration as well as lack of transparency. Additionally, private doctors lack the lucrative incentive to join the public health sector. The scarcity of primary care centers in the country prompted various NGOs to step in and fill the gap, and their role as healthcare providers became more prominent as governmental institutions crumbled. By 1990, NGOs (including WHO, Caritas, and the United Nations High Commissioner for Refugees) became crucial providers of basic healthcare: 60% of the current primary healthcare centers scattered across the country are run by such organizations (Country Cooperation Strategy, 2010).

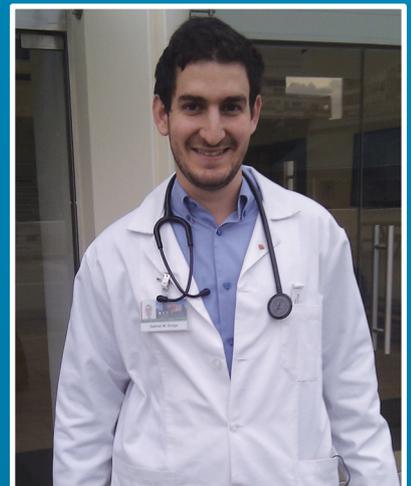
A temporary solution to these pertinent issues lies in the strengthening and centralization of the public-private partnership between the MOPH and NGOs, a relationship that, up till now, has only been applied on the superficial level. Partnerships between the MOPH and NGOs are available throughout Lebanon but remain decentralized. The sharing of expertise and fieldwork experience between the NGO community and the government should be institutionalized and organized through the creation of national databases, permitting for the establishment of standardized and transparent primary healthcare services across the country. Creating a national safety net that addresses emerging healthcare concerns should be a priority for the government. Since most NGOs have been present in the country for more than three decades, a stronger and more defined working relationship with them would prove tremendously beneficial to solving the healthcare crisis.

## OUT LOUD



“Quoting Dr. Seuss, You have brains in your head. You have feet in your shoes. You can steer yourself in any direction you choose. You're on your own. And you know what you know. You are the guy who'll decide where to go.”

Moustafa Al Hariri, Biomedical Sciences PhD Student



“Do your Steps exams as early as possible and enjoy your medical school experience.”

Gabriel Dunya, Med IV

## OUT LOUD



“Keep a balanced lifestyle. Don't complicate matters and all will go well.”

*Fadi Ghieh, Med III*



“During your clerkship give your best to each department you rotate in so you can truly find your area of interest. Choosing your specialty is the true foundation of your career. Don't rush your training and never count years of residency and fellowship; try to get the most advanced training you can.”

*Dr. Bernard Abi-Saleh, MD,  
FACP, FACC, FHRS Cardiology/  
Cardiac Electrophysiology*

## OPD AT FIRST SIGHT

*Dina Mahmassani - Associate Editor*

No words can sufficiently express the relief of becoming a third year medical student, when medicine finally comes to life. A significant part of our training in several clerkships takes place at the Outpatient Department (OPD) clinics, where the patient is first examined by a medical student and the case is finalized with an attending physician. OPD patients pay a fee of 20,000 LL or 13,000LL for first or follow-up visits respectively, and are eligible to conduct their laboratory and imaging studies at AUBMC at discounted prices.

At first sight, OPD was not a fancy place to be. On one hand, the clinics where we receive patients are too small. On another hand, it feels perplexing to know that patients will be waiting for two or three hours for the sake of completing our learning process. Moreover, one can never deny how awkward it feels for patients to discuss intimate issues with the attending physician in front of a crowd of medical students.

However, as we got to spend more and more days at OPD, my first impression began to develop. I started realizing that a huge number, if not the majority of patients commute all the way from Northern and Southern Lebanon. In other words, some patients choose to travel for two or three hours instead of resorting to a local physician or clinic. Furthermore, we had the chance to witness and experience the magnitude of the Syrian crisis from a pure humanistic perspective, whereby we got to listen to the stories patients tell about losing their homes, belongings, sources of income, and becoming disadvantaged in our country. These experiences render us helpless and in distress at many instances.

OPD staff members have been dealing with OPD patients on a daily basis for years, and thus their perceptions and challenges were explored. Interestingly, Ms. Rana Kaissi, an OPD clerk since around 20 years, prefers to come to OPD if she were a patient because, according to her, one gets to encounter two healthcare providers and receives a complete assessment. Mr. Muheiddine Chbaro, a clerk at the Pediatric OPD since 13 years, agrees that the most difficult issues they face are financial ones. According to Mr. Chbaro, when a patient is ordered too many studies that he cannot afford, they try to find them support via the AUBMC Social Services Department, or certain non-governmental organizations. Mr. Chbaro mentioned that patients come all the way from north, particularly Akkar, due to poor healthcare in that area, or after seeking the care of many local doctors in vain. Ms. Hanadi Masalkhi, nursing policy and OPD coordinator, has been working at OPD for 10 years now. Ms. Masalkhi proudly states that they provide the best patient care because OPD is an educational setting, and a full physical exam of the patient is required. She narrates how often a patient presenting for one chief complaint gets another serious problem unveiled. What most affects Ms. Masalkhi is the degree of poverty she encounters as she recalls how some patients would not have enough money to commute back home if they had to pay the full OPD visit fee. According to Masalkhi, OPD needs to have access to a fund to support the ancillary services and medications for needy patients, in addition to having more attending physicians committed to serving OPD patients.

The novel IMPACT curriculum now requires first year medical students to shadow OPD patients throughout their entire visit. I truly believe that this is a very important step that will draw the attention of medical students early on to the anticipated challenges as well as the population to be served. Yet a big question remains unanswered: what is the purpose of a medical encounter when the laboratory tests won't be carried out and medications cannot be afforded?

## WHAT MAKES YOU STAY?

Amer Bechnak - Contributing Writer

As a medical student or graduate, it must have crossed your mind at least once every few days. Some rugged mornings — or shall I say very late all-nighter marathons — will suck up all that ambition you've always had to push through the mind-numbing couple of years and make it to the clinical wards. That dream of a freshly pressed white gown and a high and mighty chin running around the surgery unit saving lives and all just doesn't sound too appealing after a long day of lectures. You've been deceived. There is this distinction between the dream and the work required to get to it. But what keeps you going? Why are you putting yourself through all this?

Your family is basking on the golden beaches of God-knows-where, and your friends from undergrad are staying up all night too — partying that is (and they sure like to flaunt it on Facebook and Instagram). You know that come next month, most of them will be starting new jobs and earning money, buying houses and meeting people, and you're missing all of it. You hear that Med II is torment and that you should enjoy this first year, but how could you possibly?

Maybe it was a bad move. Maybe you weren't meant to graduate with a hundred grand in loans. Yet you're still here. You might have heard about that halfwit that breezed through Med I last year, and you think if they could do it then so can you.

— But that's not it.

You're in it because being a doctor is all you wanted to do since your first [conscious] doctor's visit, and you cannot imagine yourself doing anything else.

Many times you feel you want to quit. Then suddenly you're in the anatomy lab, and you realize the effort pitched in by everyone to make you become a self-respecting doctor. You build a relationship with the body donor with every tendon you pull on and every nerve you follow. It hits you then and there that you have always been a doctor. The sinister voices that were trying to weaken your determination are silenced.

This is my story. Today I feel like I belong here more than I ever thought I would. My infrequent encounters with real patients at AUBMC and the cancer center show me that life is chaste and health is fickle. I brush up on tomorrow's biochemistry exam. The wards shall be waiting.

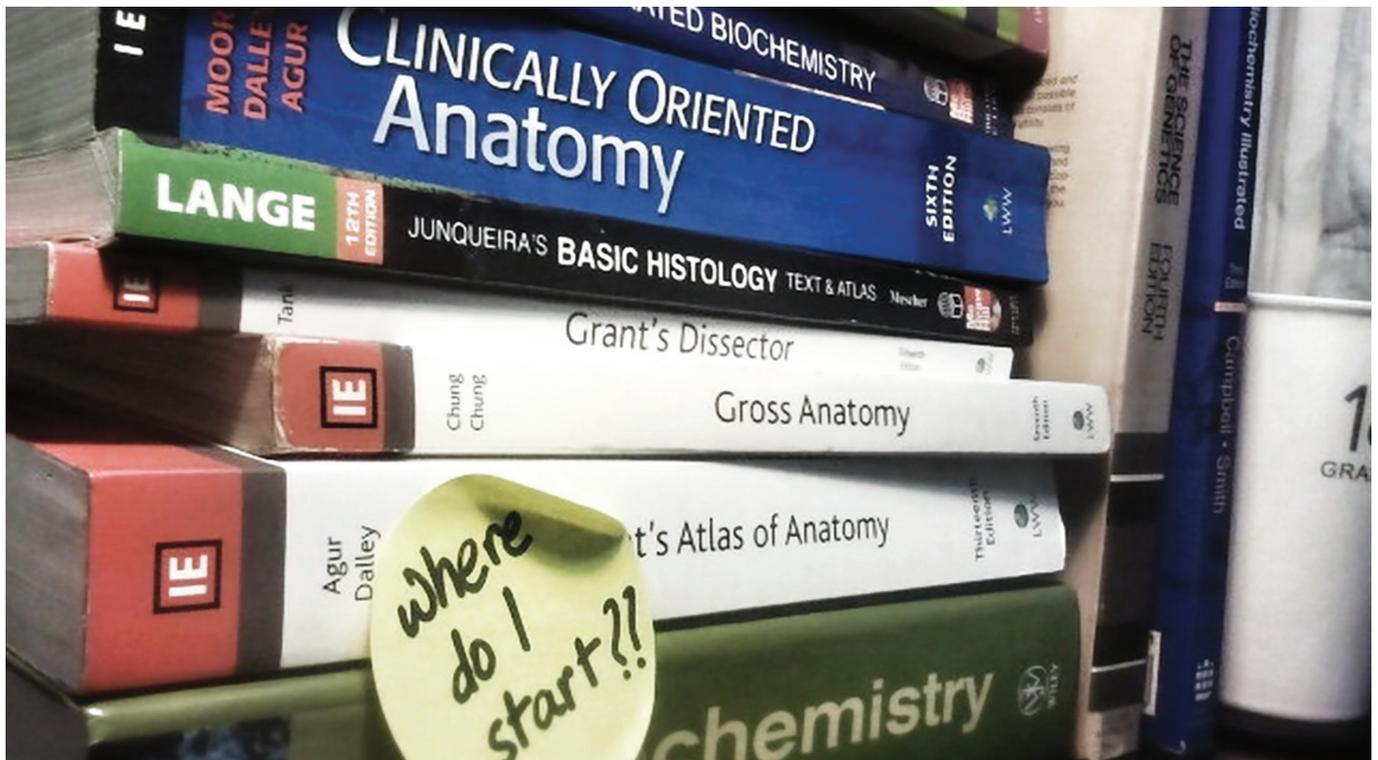


Photo courtesy of Amer Bechnak

## OUT LOUD



“Don't obsess over grades. Focus on growing as a person. Think long-term not short-term. Above all, sustain a balanced lifestyle.”

*Hassan Moulkhadder, Med III*



“Saab Medical Library (SML) has some very useful and great resources available. Take advantage of them! The librarians are great and Miss Aida Farha specializes in information seeking. Take the IDTH course offered by her should your schedule allow. It saves time and helps with efficient literature research.”

*Zaynab Jaber, Biochemistry Graduate Student*

## SUMMER WITH LEMSIC EXCHANGE PROGRAM IN SLOVAKIA

*Rana El Jarrah - Med II Representative*

Every year, first year medical students are excited to be active members in the LeMSIC family. The more active they are, the more points they earn, the higher their chance to choose where they want to go during summer on their LeMSIC exchange program. The exchange is a wonderful experience where students get to see medicine from a different point of view. Not only do medical students get to go to hospitals, shadow doctors, and see different medical procedures, but they also get to meet medical students from all over the world. It is an amazing cultural blend where individuals are connected by their medical knowledge and their passion for medicine.

This summer, I had the chance to be a part of this exchange program. I went to Bratislava, Slovakia and spent my time in the neurosurgery department. I must admit, at first I was reluctant to go because I didn't know what to expect. I do not regret going because it was a truly unforgettable experience. I met medical students from Lithuania, Brazil, Spain, Russia, Montenegro, Turkey, Slovakia, and even Taiwan. It was exciting meeting fellow students from different parts of the world. The greatest thing was connecting with them on a medical basis and knowing that we were all going through the same thing: medical school.

The hospital experience was greatly enriching. I would go four to five times a week and watch surgeries. The best part of the experience was interacting with the neuro-anesthesiologist. Every day he was excited to see us and brief us about the case because he got the chance to practice his English. On the first day, we were welcomed and led directly to the operation room. That day I witnessed the surgery of a patient with a tumor near Broca's area. On the second day, there was a patient with a tumor in the posterior fossa. Another day there was an operation to fix a defected skull because of multiple brain surgeries. The surgeon explained to us how the prosthetic piece inserted was molded using advanced imaging techniques to fit precisely in the open space in the patient's skull.

Neurosurgery is tough and many surgeries are now possible because of the advancements in research and surgical equipment. One day during a tough operation, the surgeon told me that in neurosurgery, even with all the advancements in imaging techniques, no one fully grasps the complete effect of the tumor until they open up their skull and see what the tumor has done.

I thought I would be scared to be inside an operating room, but to my surprise I was very excited. I found myself fascinated by the surgeries taking place and by how advanced medicine was. The best part was that I understood what was going on the whole time. Thank you neuroscience course! The experience was amazing. I got to observe several neurosurgeries and see how things work in a hospital. At the same time, I met different people and we were connected by our passion for medicine. This was a strong factor we shared, and it strengthened our friendships. Medicine was our common ground and common language.



*Photo courtesy of Rana El Jarrah*

# COLUMBIA UNIVERSITY MEDICAL CENTER VS. AUBMC A COMPARISON AND CONTRAST

*Khoudor Abu Daya - Associate Editor*

While wondering through Columbia University Medical Center (CUMC), it was hard to ignore the similarity to AUBMC despite the major differences. For example, AUBMC is considered one of the largest medical institutions in the region and hopefully in 2020 it would compete with larger medical institutions such as CUMC. But even in 2013, if size is compared in relation to the population benefiting from the institution, one would be modest in saying that AUBMC might compete with CUMC in that ratio. It also competes in other aspects.

Both institutions have a long history of service and achievements relative to their region of the world. This can be inferred from the photographic portraits of successive physicians in the different departments in AUBMC. Although this is a tradition also found in CUMC but there you would come across painted portraits of physicians who have left a mark in their respective departments and in the field of medicine. When it comes to reputation, AUBMC and CUMC share a solid reputation of professional service. Academically, all associate professors in the medical school have done their residency training in the best medical facilities abroad. Most of them are also actively working in research. Yet, the research in most cases does not attract high impact factor journals when compared to research coming from CUMC. Multiple reasons can be attributed to this difference such as: discrepancy in the amount of funds, resources, and facilities available for research in both institutions, the bias that articles coming from our region of the world face, and the lack of large sample size when research is conducted in a small country. Nevertheless, research from AUBMC is still being published in well known journals and making a difference in the world of medicine.

Although the comparison of the two institutions does not stop here, it is important to note that no matter how objective one might attempt to be, he/she cannot avoid the bias he/she has to his/her institution. The mark left by AUBMC in anyone who actively participates in the flux of daily activities that make AUBMC come alive does not dissolve at the sight of the world's best institutions.

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## FROM CLASSROOM TO REAL LIFE

*Jacqueline Atallah - Contributing Writer*

He was dragging his left leg and clutching the left side of his abdomen. Pain drew creases on his face. The old man could barely move; nevertheless, he held on to the modest bouquet of roses he was carrying.

Meanwhile, I was walking with my two friends out of a satisfying pharmacology lecture. Everything seemed pretty logical and coherent. We were cracking around jokes and laughing our hearts out.

And then we saw him. His pain drew our attention almost magnetically. It hit a sensitive nerve, the nerve that drove us to study medicine. I can only describe it as a feeling that connects you to a complete stranger who just happens to be a suffering human being.

This was his second stroke. When asked whether he saw a doctor, he simply answered, "I'm 78 years old; nobody lives life twice." He didn't want to seek medical care, not because he couldn't prolong his life and ease his condition, but because he simply wanted to die.

Here, the previous serotonin upsurge we had experienced was washed away. It was as if years, not just minutes, had passed since we stepped out of class. The words continued falling on me like bombs, heavy and merciless...

"My son died in the war, and my grandson is an orphan. That is why I am here selling roses." And he cried. The cry of this old man, this stranger, just shattered the coherence that I convinced myself life followed, and broke the rules that pure scientific theories deceived you to think were the norm.

We gave him some money and refused to take any roses, yet, he insisted. True, he did not want his life -the scientific definition of his life, yet he wanted something deeper, something that touches on what it means to be human.

That is what the "new" Impact Curriculum is all about. Human beings are not defined by a set of rigid physical and chemical rules. The process of becoming a doctor is more than just memorizing the scientific concepts that make up life, but rather involves understanding the subtleties lying behind the human psyche, touching them, and being touched by them.

The Impact Curriculum is the bridge that links the lectures to the real world. By increasing the amount of time we spend shadowing patients and studying humanities, our transition from classroom to real life becomes smoother. The red rose I took from the old man, like this curriculum, is just the beginning of our careers as future doctors. The way we bloom is for the future to unravel.

## INTERACTIONAL MEDICINE

*Khalil Chahine - Med II Representative*

This small pamphlet comes in response to a statement supporting the idea that the great umbrella of medicine is social medicine, that it is "social medicine" which is the great godfather of what we know as Medicine. The discussion took place on April 4, 2013.

Well, I think it's best to start by saying that from the start I am a staunch believer in the idea that Medicine (capital M) is par excellence a social profession. You might frequently thus see me contesting how premedical education has not much relation to what Medicine actually is and how the selection criterion is not fully representative. However, this being said, saying that Medicine has deep roots in social life does not mean that Medicine with all its physiology, psychology, biology, all the "logies" can be summed up in what some are trying to term "Social Medicine." Why?

In Psychology, despite its relatively early foundation as a science in 1879, we have many fields and many disciplines. Of these, we have what is ironically also called social psychology! This field however is clearly defined as the branch of Psychology dealing with social interactions. Are we defining social medicine as the branch of medicine dealing with social interactions? No. We are trying to define social medicine as the ultimate form of Medicine. With its capital "M," Medicine has a large social component, and yes, it strongly depends on individuals in society, and on society's influence on individuals, but it is by all means not restricted to these types of phenomena. The same applies to saying that the physiology and biology of Medicine is Medicine. Medicine is all these and not one without the other. I repeat, medicine is all these at once. You might argue that some components seem more important than others, that disease by definition is something more physiological than social. However, by taking sides and not assembling both concepts, we tend to either digress away from what truly makes us human - our humanity - or forget that at the end of the day, we're also living creatures driven by complex interactions of micro and nano constituents. In short, social medicine is not Medicine as much as physiology is not Medicine either. So what is Medicine?

The obvious link between physiology and sociology is interaction. You interact and based on this interaction you change, stay the same, or become healthy or sick. Whether this interaction involves a virus or a certain situation in life, it is first and foremost an interaction. It is how we - the humans and the cells - interact with these triggers that ultimately define our health and status quo. You ask now, how may we find the right way to interact? The answer will and must lie at the finish line of medical education.

### SNAP SHOT

*AUBFM  
(Photo Courtesy  
of Mohamad Sakakini)*



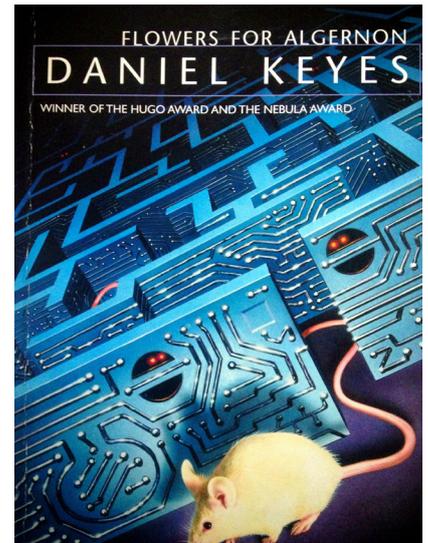
*College Hall  
(Photo Courtesy  
of Mohamad Sakakini).*



## BOOK REVIEW: FLOWERS FOR ALGERNON

Cesar Yezbeck - Contributing Writer

George Martin once said, "a reader lives a thousand lives before he dies." In the age of excessive technology, rare are the people who still enjoy reading for the sole purpose of entertainment. This is understandable because the key to enjoying reading is choosing the right books. Considering the plethora of works published on a yearly basis ranging from ridiculous to just plain depressive, it's understandable to feel overwhelmed by the colossal selection of writings to choose from just stacking up on library shelves. Nevertheless, every once in a while we take a book off a shelf, dust it, and as we read it we realize that we just can't put it down no matter what, and begin to reflect on how much providence has favored our choice. The book "Flowers for Algernon" written by Daniel Keyes, transcends beyond that pinnacle.

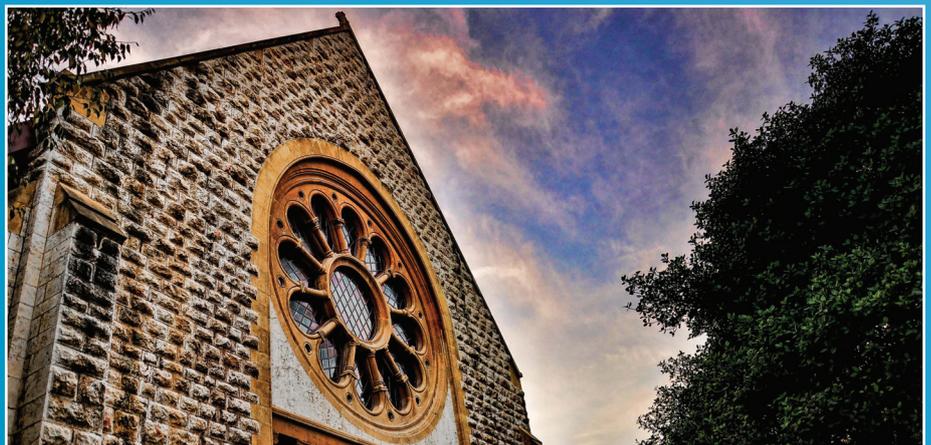


The 1964 Hugo award winning book by Keyes is a captivating medical centered science-fiction novel that depicts the story of a mentally challenged 32 year old man living a simplistic life. He delivers goods for a bakery while attending afternoon classes to learn how to read. One thing does set him apart though, and that is his dedication - the sheer will power portraying him as a unique individual making up for lack of IQ with boundless energy and dedication. Noticed by his teacher and the doctors he works with, he is selected to undergo the 1st intelligence enhancing medical operation in human history aiming to make him the smartest man on earth. Charlie, our protagonist is asked by his doctors to write a daily log in order for them to monitor his mental and intellectual improvement, and this log constitutes the book itself. The book's events are brought to us by Charlie himself in poignant first person, holding us by the hand, guiding us through his daily life. The book vividly portrays the days preceding the operation, when happiness seems to radiate from his life, to the ones following the operation as things start taking drastic turns to the unexpected. The way the log goes is far beyond compelling, starting off almost incoherently as Charlie, with a mediocre IQ of 68 barely manages to string some words together. Then, as the pages go by, we start getting attached to the plain, ever smiling character. Then, albeit implicitly at first, correct grammar-use sneaks into his writing, as well as correct sentence structure, and use of imagery. Gradually the log changes as the person writing it metamorphoses. Accordingly, we get to observe Charlie growing as a person, mentally, psychologically, and emotionally; we get to live the torturous moment where Charlie first realizes that his so called "friends" had been laughing at him not with him all along the sleepless, disillusioned nights. Afterwards, we follow him as he mends himself back when he falls in love for the first time. At one point, he starts to recover his childhood memories recalling the abuse he went through.

The beauty in "Flowers for Algernon" lies in its alternate perspective, written as a patient's log from the way Charlie experienced it. It shows the opposite end of the spectrum from where doctors usually stand. We stand watching how he struggles, trying to cope and understand this situation that is entangling, changing his whole life. It gives us a window into a unique patient's mind sneaking a peek at how, across his intellectual evolution, Charlie looks at his doctors (especially considering the fact that he's growing at an accelerated pace, going through all the intellectual phases from childhood to adulthood, passing by adolescence in just a few months) allowing us to observe how patients view doctors across the age brackets. It is one of the most gripping stories of change and adaptation ever written. To put it in simple terms, it is a must read, re-read and re-re-read. For no matter when you crack this book open, you will always rediscover the pages in a completely different light.

## SNAP SHOT

Assembly Hall  
(Photo Courtesy  
of Mohamad Sakakini).



# RADIOACTIVE: A PORTAL FOR ALL

*Rami Diab - Editor-in-Chief*

Since before a handful of us undergraduate and medical students applied to the graduate, medical, and residency programs at the AUB Faculty of Medicine (AUBFM) and AUB Medical Center (AUBMC), word on the street was that substantial changes were soon to take place in that particular portion of our university. From newly erected graduate programs, to recently revised medical school acceptance criteria, to a modified medical curriculum, and finally to a vehement and monumental new AUBMC 2020 vision, all destined to catapult our institution to an unparalleled stratum of excellence. Little did we know at the time however, that we would one day become the students to weave our own set of changes into this fine tapestry of advancements.

Amidst the many aforementioned changes underway, the time is ever ripe for their documentation through stories, reflections, and critical appraisals by and to our target audience. AUB boasts a variety of esteemed publications from the ever-popular university magazine MainGate, to the classic university newspaper Outlook, to the timeless AUB Bulletin university events compendium apart from a number of minor department, club, and society-based publications. To this day however, in an establishment dating back more than 145 years since the inception of the AUBFM in 1867, and having graduated over four thousand medical and graduate students currently holding key positions around the world, it is almost unthinkable to continue to acknowledge the absence of a dedicated publication tailored to the interests and preferences of the AUBFM's graduate and medical students and professors as well as the AUBMC's residents and attending physicians.

The opportunity through which this melting pot of diversity can voice its concerns, expectations, and contemplations is now here; a new and unified portal to carry our voice. A voice that can reach out and mend our weary spirits, a voice that can bring new and exciting abstractions to the fore, and a voice that can challenge the status quo in illuminating the flaws of our thinking and filling the voids in our judgment. This is the opportunity we now call Radioactive - yesterday a dream, today a reality. The founding of such a publication is hoped to ignite greater cross talk between students and professors of the AUBFM and residents and attending physicians of the AUBMC concerning the many exhilarating developments that are in the process of redefining the way we teach, practice, and connect with medicine. Currently in its incipient stages, the publication has been carefully crafted to embody a vast spectrum of topics. It has been allocated a section labelled "News and Highlights" for the documentation of events as well as contemporary yet controversial topics in medicine, a section labelled "Student Life" to reflect on the thoughts and emotions of our student body's day-to-day experiences, dispersed "Out Loud" and "Spotlight" sections illuminating a targeted audience or theme respectively, a section labelled "Reflections" aimed at critiquing a wide array of subjects, an "Entertainment" section for leisure reading, and finally a "Viewpoint" section to harbour opinion pieces and/or editorials.

In closing, we invite all subscribers to send in their feedback, and welcome the submissions of newly selected and prospective applicants. Aboard this budding initiative, we trust our journey together shall be as awe-inspiring as it shall be enduring.

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