

# CONTENTS **Annals of Internal Medicine**

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## ARTICLES

### **Sildenafil Increased Exercise Capacity during Hypoxia at Low Altitudes and at Mount Everest Base Camp. A Randomized, Double-Blind, Placebo-Controlled Crossover Trial** 169

H.A. Ghofrani, F. Reichenberger, M.G. Kohstall, E.H. Mrosek, T. Seeger, H. Olschewski, W. Seeger, and F. Grimminger  
Fourteen mountain climbers received sildenafil and placebo in random order at low altitude while breathing hypoxic gas and again at an elevation of 5400 m. Sildenafil reduced hypoxic pulmonary hypertension at rest and with exercise and increased maximum exercise capacity and cardiac output.

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### **Physician Reports of Terminal Sedation without Hydration or Nutrition for Patients Nearing Death in the Netherlands** 178

J.A.C. Rietjens, A. van der Heide, A.M. Vrakking, B.D. Onwuteaka-Philipsen, P.J. van der Maas, and G. van der Wal  
Terminal sedation precedes a substantial number of deaths in the Netherlands. In about two thirds of most recent cases, physicians indicated that in addition to alleviating symptoms, they intended to hasten death.

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### **The Effect of Routine, Early Invasive Management on Outcome for Elderly Patients with Non-ST-Segment Elevation Acute Coronary Syndromes** 186

R.G. Bach, C.P. Cannon, W.S. Weintraub, P.M. DiBattiste, L.A. Demopoulos, H.V. Anderson, P.T. DeLucca, E.M. Mahoney, S.A. Murphy, and E. Braunwald

After acute coronary syndromes, older people have a larger risk for poor ischemic outcomes than younger people. Despite this increased risk, a routine early invasive strategy can significantly improve ischemic outcomes in elderly patients with unstable angina and non-ST-segment elevation myocardial infarction.

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## IMPROVING PATIENT CARE

### **The Impact of Peer Management on Test-Ordering Behavior** 196

E.G. Neilson, K.B. Johnson, S.T. Rosenbloom, W.D. Dupont, D. Talbert, D.A. Giuse, A. Kaiser, and R.A. Miller, for the Resource Utilization Committee

The authors studied the effect of a computer-based medical order entry system on unnecessary test ordering. Two strategies reduced test orders: computer prompts that questioned repetitive orders for routine tests and unbundling the tests in a metabolic panel. The system did not affect patient readmission rates, length of stay, transfer to intensive care units, or mortality rates.

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## ACADEMIA AND CLINIC

### **Compensation and Advancement of Women in Academic Medicine: Is There Equity?** 205

A.S. Ash, P.L. Carr, R. Goldstein, and R.H. Friedman  
Female medical school faculty do not advance as rapidly and are not as well compensated as similar male colleagues. Deficits for female physicians are greater than those for nonphysician female faculty. Compared to men, deficits are greater for female faculty with more seniority.

## UPDATE

### **Update in General Internal Medicine** 213

K. Kroenke and L. Logio

This year's Update in General Internal Medicine incorporates articles on thromboembolic disease, imaging, hypertension, combination therapy versus single-drug therapy, preventive medicine, pain, and physician satisfaction.

## PERSPECTIVES

### **From Unequal Treatment to Quality Care** 221

R. Lavizzo-Mourey and J.R. Lumpkin

The American College of Physicians' position statement on racial and ethnic disparities is comprehensive and can be a model for other specialties and disciplines. The emphasis on enhancing cultural competency is important because such competency can improve outcomes.

### **The Patient's Role in Reducing Disparities** 222

S.H. Kaplan and S. Greenfield

We must not let the call for action to reduce disparities in health get lost in niggling debates over the details of implementation. Yet the details are precisely where the difficulties lie. The leadership of U.S. medicine must question whether some of the proposed solutions will actually produce better health care for minorities.

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**Diversifying the Racial and Ethnic Composition of the Physician Workforce** 223

**N.R. Powe and L.A. Cooper**

The direct evidence that increasing the diversity of the physician workforce improves health status is not ironclad, but, on balance, the American College of Physicians is right to support action to diversify the health professional workforce.

**Will Racial and Ethnic Disparities in Health Be Resolved Primarily Outside of Standard Medical Care?** 224

**T. Pincus**

The American College of Physicians' position paper presents a largely "physician-centric" perspective on how to improve health of minorities. This "biomedical model" is spectacularly successful in high-intensity, acute medical care but plays a much smaller role in the outcomes of general health and chronic diseases.

**POSITION PAPER**

**Racial and Ethnic Disparities in Health Care. A Position Paper of the American College of Physicians** 226

**American College of Physicians**

This position paper provides ample evidence that compared to nonminorities, minorities do not always receive the same quality of health care, do not have the same access to health care, are less represented in the health professions, and have poorer overall health status. This statement sets forth specific actions for reducing these disparities.

**EDITORIALS**

**Sildenafil for Enhanced Performance at High Altitude?** 233

**L.J. Rubin and R. Naeije**

In this issue, Ghofrani and colleagues report on a study that is a technical and logistic tour de force. We must nevertheless ask the following questions: How do their results fit into the current understanding of how hypoxia limits exercise capacity? Are there plausible alternative explanations for their findings?

**Terminal Sedation: An Acceptable Exit Strategy?** 236

**M.R. Gillick**

Rietjens and colleagues' description of physician behavior near the end of their patients' lives can help us decide whether the ethical concerns raised by terminal sedation are merely theoretical or whether they lead to harm. The data are not reassuring.

**Unequal Pay for Equal Work: The Gender Gap in Academic Medicine** 238

**C. Laine and B.J. Turner**

An article in this issue provides the most recent evidence that, despite near-equal representation of women and men in medicine, equal compensation eludes us. Physicians should be mortified that no other profession in the United States exhibits greater salary disparities by sex.

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**A.J. Chiaramida**

**ON BEING A DOCTOR**

**Of Ears and E-mails** 241

**J.H. Stone**

The news came via e-mail: "Well, the day has come. I am now profoundly deaf. . . . I'm O.K. with that—as much as one can be." With that Internet message, Stacey informed us that our efforts to preserve her hearing had failed. Feeling utterly powerless in the wake of her e-mail, I realized then that my admiration for her had only begun.

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Cover photograph by **A. Ross Hill**

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