

# HEALTH MATTERS

## New Doctors Skip Primary Care

### Raising worry about looming shortage

(AP) -- Only 2 percent of graduating medical students say they plan to work in primary care internal medicine, raising worries about a looming shortage of the first-stop doctors who used to be the backbone of the American medical system.

The results of a new survey suggest more medical students, many of them saddled with debt, are opting for more lucrative specialties.

Just 2 percent of nearly 1,200 fourth-year students surveyed planned to work in primary care internal medicine, according to results published in the Journal of the American Medical Association. In a similar survey in 1990, the figure was 9 percent.

Paperwork, the demands of the chronically sick and the need to bring work home are among the factors pushing young doctors away from careers in primary care, the survey found.

"I didn't want to fight the insur-



Dr. Alexis Dunne talks with patient Michael McCoy at Northwestern Memorial Hospital, in Chicago.

ance companies," said Dr. Jason Shipman, 36, a radiology resident at Vanderbilt University Medical Center in Nashville, Tenn., who is carrying \$150,000 in student debt.

Primary care doctors he met as a student had to "speed to see enough patients to make a reasonable living," Shipman said.

Dr. Karen Hauer of the University of California, San Francisco, the study's lead author, said

it's hard work taking care of the chronically ill, the elderly and people with complex diseases — "especially when you're doing it with time pressures and inadequate resources."

The salary gap may be another reason. More pay in a particular specialty tends to mean more U.S. medical school graduates fill residencies in those fields at teaching hospitals.

## Mixed Bag on Illegal Drug Use

Cocaine and methamphetamine use among young adults declined significantly last year as supplies dried up, leading to higher prices and reduced purity, the government reports. Overall use of illicit drugs showed little change.

About one in five young adults last year acknowledged illicit drug use within the previous month, a rate similar to previous years. But cocaine use declined by one-quarter and methamphetamine use by one-third.

Drug use increased among the 50-59 age group as more baby boomers joined that category. Their past month drug use rose from 4.3 percent in 2006

to 5 percent in 2007. "The baby boomers have much higher rates of self-destructive behavior than any parallel age group we have data from," said John Walters, director of the White House Office of National Drug Control Policy.

Overall, about 20 million people 12 or older reported using illicit drugs within the past month. Marijuana was the most popular by far, with 14.4 million acknowledging use of marijuana in the past month.

Among adolescents, age 12 to 17, drug use dipped from 9.8 percent in 2006 to 9.5 percent last year, continuing a five-year trend. Their use of alcohol and cigarettes also fell

## Study Questions Knee Surgeries

(AP) — Two studies call into question whether many people with arthritis are needlessly undergoing one of the most common operations in America: arthroscopic knee surgery.

One finds that surgery is no better than medication and physical therapy for relieving the pain and stiffness of moderate or severe arthritis. The other reveals that tears in knee cartilage — which often prompt such surgeries — are very common without causing symptoms.

Experts said the new studies and

other evidence show arthroscopic knee surgery still has a place, such as after a recent injury, but shouldn't be done routinely for osteoarthritis.

"A lot of people would prefer physical therapy and their doctors would as well," said Dr. E. Anthony Rankin, spokesman for the American Academy of Orthopedic Surgeons.

Nearly 27 million Americans have osteoarthritis, a top cause of disability. Symptoms usually begin after age 40 and progress as a breakdown of cartilage on the end of bones causes them to rub together at joints, leading to stiffness and pain and limiting movement.

### Cardiac-Rehab Exercise Classes

-- A medically supervised exercise program for people dealing with heart conditions. For more information, call 503-251-6260.

**Osteoporosis Screening** -- An ultrasound bone density screening with personalized education; fee \$30. To schedule an appointment, call 503-261-6611.

**Stroke Alert Screening** -- Check your carotid arteries with a painless ultrasound to assess your risk. Fee \$40. To schedule a screening, call 503-251-6137.

**Chronic Pain Support Group** -- meets the first Wednesday at 4 p.m. to 5:30 p.m. and the third Wednesday of each month, from 7 p.m. to 8:30 p.m. For more information, call 503-256-4000.

## HEALTH WATCH

### Expectant Couples, New Parents

-- Legacy Good Samaritan Hospital offers the workshop Lasting Relationships for New Parents, helping couples keep their relationships strong and happy in the transition to parenthood. Presented by Northwest Family Services, upcoming sessions are scheduled Oct. 11 and Oct. 18. To register, visit the website at lastingrelationships.org.

### Bereavement Support Groups

-- Free, safe confidential group meetings for those who have experienced the death of a loved one offered on various nights and locations. For information and registration, call 503-215-4622.

### Hospice Volunteer Training

-- Providence offers a free comprehensive course of training to prepare people who are interested in becoming hospice volunteers. No previous experience is required. For more information or to request an application packet, call Melinda Smith, hospice volunteer coordinator, at 503-215-5774.

### Mammography Screening

-- Early detection is a key factor in the prevention of breast cancer. Call 503-251-6137 to schedule your high-tech, soft-touch mammogram.

### Leg Alert Screening

-- Check for peripheral arterial disease with this safe, simple screening using ankle and arm blood pressure.

The fee is \$40. To schedule an appointment, call 503-251-6137.

### Managing Chronic Hepatitis C

-- Third Wednesday of each month at 5 p.m., the informative session led by a registered nurse to help manage side effects of medications and dosage preparations and administration; doctors referral required. To register, call 503-251-6313.

### Cancer Resource Center

-- Providence St. Vincent Medical Center and the American Red Cross have joined forces to create the first in-hospital resource center providing books, printed material, computer access and more for individuals and families dealing with cancer. The center is open Monday through Thursday, 9 a.m. to 4 p.m.

## For Your Health

Women's intuition can be a powerful thing: Every time I squeeze in a round of golf instead of running errands, my wife knows it by the time I've walked in the front door! This kind of sixth sense isn't just useful to your marriage, but also to your health. It's important that we all listen to that little voice that whispers, "Hey, something isn't right here." For women, it could save your life when it comes to ovarian cancer.

Ovarian cancer causes more deaths than any other cancer of the female reproductive system. The reason is because many women aren't catching it early. This is particularly true in the African American community -- in general, people in our community are diagnosed with various cancers at later stages than our white counterparts due to lack of screenings and other obstacles.

Put it this way: If ovarian cancer is found and treated before the cancer has spread outside the ovary, the 5-year survival rate is over 90 percent. Unfortunately, less than 20 percent of all ovarian cancers are found at this early stage.

Early symptoms of ovarian cancer include abdominal swelling or bloating, pressure or abdominal pain, difficulty eating or feeling full quickly, and having to urinate urgently or often.

Sound familiar? These are the same symptoms you might have when you eat too much spicy food, or have an easy-to-treat (and common) urinary tract infection. But when the symptoms are caused by ovarian cancer they tend to be more severe and are a change from how a woman usually feels. And that's the critical

point: knowing and listening to your body close enough to distinguish a difference.

When it comes to ovarian cancer, it's important to know your risk factors. The most significant risk factor for ovarian cancer is having an inherited mutation in one of two genes called breast cancer gene 1 (BRCA1) and gene 2 (BRCA2). In addition to causing

*...that's the critical point: knowing and listening to your body close enough to distinguish a difference.*

some breast cancers, they're also responsible for about 5 percent to 10 percent of ovarian cancers. Other risk factors include your age, whether or not you've had children, a history of infertility and childhood obesity.

Few things cause patients more fear and uncertainty than a cancer diagnosis. But today ovarian cancer increasingly can be managed and even beaten, especially when it's detected early.

## Listening to Your Body

BY LARRY LUCAS

Patients who need help accessing their prescription medicines for ovarian cancer and other conditions can turn to the Partnership for Prescription Assistance for information. Since its launch in April 2005, the program has helped connect more than 5 million patients in need to programs that provide either free or nearly free medicines. For more information about how to apply, call 1-888-4PPA-NOW or visit [www.pparx.org](http://www.pparx.org).

Barack Obama's mother died of ovarian cancer at age 53. Gilda Radner, the beloved "Saturday Night Live" comedian, died of the disease in 1989 at the age of 43.

Learn from these women: Visit your gynecologist regularly and alert him or her to any changes you've noticed, and to any important facts about your family health history.

Lastly, listen to your body when you're feeling a little "off" -- it might just be telling you something.

Larry Lucas is a vice president for Pharmaceutical Research and Manufacturers of America.



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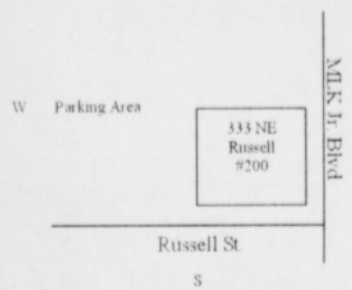
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