Perspectives on Medical Education

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This issue of Pediatric Annals includes another group of excellent articles on several aspects of pediatric education.

Fisch and colleagues provide a series of firsthand perspectives on pediatric residencies that have incorporated community pediatricians as an integral part of the residency program structure.

Hanson, Siegel, and colleagues review the increasing involvement of the parents of pediatric patients in teaching medical students and residents at two prominent medical schools. They argue persuasively that parents and older children with chronic illnesses and disabilities can play important roles in medical education.

Swartz and colleagues tackle the consequences of behavioral health screening in primary care offices, when it becomes clear that a child needs referral to a mental health professional.

Megli and colleagues focus on continuing professional development, a more interactive form of continuing medical education (CME), as emphasized in a recent White Paper of the Institute of Medicine.¹

CAP AND TRADE

I wish to bring to your attention a recent perspective in The New England Journal of Medicine titled “Individual Responsibility or a Policy Solution — Cap and Trade for the US Diet?”² The authors highlight that routine overconsumption of foods with excessive salt, high-caloric sweeteners, and unhealthy fats poses a serious public health threat, contributing to chronic diseases, including diabetes, hypertension, and obesity. Besides the proposed strategies of better food labeling and taxing sugared beverages, they suggest another mechanism to reduce the intake of high-salt, high-calorie, and high-fat foods: the use of a cap-and-trade policy.

Cap and trade has succeeded in reducing US sulfur dioxide emissions by half, leading to improved air and water quality. This policy caps the total amount of sulfur dioxide emitted by industry and allows individual companies to trade (buy and sell) pollution rights. The authors propose using the same general strategy for reducing the salt, fat, and calories in foods.

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The 2010 stamp from Moldova shows a syringe injecting a heart, and celebrates 30 years in the fight against AIDS (SIDA). SIDA also stands for the Swedish International Development Coopera-
tion Agency, which partners with Moldova.
produced in the US. For example, “the government could use proceeds from the sale of permits to subsidize healthful food options or cover medical costs associated with chronic disease.”2

This is a complex issue and represents an innovative proposal for tackling the serious health issues we see in our increasingly obese society; beginning, of course, with our pediatric patients. I urge you to review this very interesting proposal, and I predict that you will hear more about it in the future.

THIS MONTH’S STAMPS
I have chosen three stamps to accompany this column. The gray 2010 stamp (see page 583) from Moldova (part of the former Soviet Union), showing a syringe injecting a heart, celebrates 30 years in the fight against AIDS (SIDA). SIDA also stands for the Swedish International Development Cooperation Agency, which partners with Moldova. The red and black 2010 Belgian stamp with a woman’s face honors organ donors. (“Leguez la vie! Devenez donneur” translates to “Bequeath life! Become a donor.”) The blue and green 2011 Romanian stamp honors World Down Syndrome Day, an annual observance on March 21 (3/21 — trisomy 21, get it?) since 2006. Efforts are under way to establish this as a United Nations Observance Day next year.

REFERENCES