AMERICAN PSYCHOSOMATIC SOCIETY

Dedicated to the Integration of Biologial, Psychological and Social Factors in Medicine

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President's Letter

Matthew F. Muldoon, MD, MPH

As I write this column in early September, the summer's events and activities are fresh yet fall is beckoning me forward. I sincerely hope that each of you had opportunities to enjoy summer's offerings and periods of relaxation even when the world's activities continued unabated.

In the broad world of psychosomatic or biobehavioral medicine, mainstream medical journals published notable findings. For example, the *New England Journal* (vol 358, pp 2468-81) reported that socioeconomic strata predict total mortality across 22 different European countries, further establishing the importance of local environment, personal resources and social factors in the most definitive of health outcomes. The *Archives of Internal Medicine* (vol 168. pp 728-34) published evidence that an individual's perception of cancer risk varies by culture and race, and results in differences in participation in proven cancer screening programs. Finally, according to a report in *Circulation* (vol 188. 947-54), the multiplex "healthy lifestyle" that has been associated with fewer coronary events appears to also substantially low the risk of stroke.

Our own publishing activities advance as well. With an expanded team of associate editors, *David Sheps* handles an ever increasing number of manuscript submissions to *Psychosomatic Medicine* and, this summer, dispatched an entire special issue on HIV and AIDS (guest edited by *Jane Leserman* and *Lydia R. Temoshok*).

Now a year-round activity, planning for the upcoming Spring Annual Meeting in Chicago has been vigorous. Led by *Christoph Hermann-Lingen* and *Scott Matthews*, the Program Committee will feature symposia on psychosomatic medicine "across the lifespan" with invited talks by *George Kaplan, Carol Ryff and Tom Boyce*, among others.

Our Annual Meeting costs several hundred thousand dollars and we regularly seek outside funding to lessen the burden of those costs on individual members and the Society's resources. About 5 years ago, *Paul Mills* wrote and received a meeting grant on behalf of the APS from the US National Institutes of Health. This summer, *Tica Hall* spent many hours writing a new 5-year meeting grant proposal. Paul's and Tica's belief in the mission of our Society and personal contributions to its success are examples to us all.

Finally, during the summer many of us have been busy studying potential changes in our internal governance as well as developing a 10-year strategic plan for the APS. The Task Force on Leader Selection has sampled the nomination and election procedures of similar organizations, collected the ideas and suggestions of our members through web-based questionnaires and a blog, and heard the recommendations of senior APS members (see Op-Ed pieces in this issue). Possible revisions to leader selection and election will be forwarded to the Council for consideration this Fall.

The current state and future of the APS were examined from 360° by 28 individuals on June 18th-19th. This dedicated Strategic Planning Retreat, last held in 1998, considered the Society's successes and vulnerabilities, resources and opportunities. Concrete ideas for programmatic improvement as well as new goals and a revamped professional identity were topics of discussion. Those suggestions and nascent proposals have been distributed to Committee chairs and Council to carefully consider in the ensuing months. So, please watch for new developments as we adjust and grow as a society in relation to the world around us.

Call for Abstracts

The American Psychosomatic Society's online abstract submission program for the 67th Annual Scientific Meeting, to be held in Chicago, Illinois from March 4-7, 2009, is now available at www.psychosomatic.org

This year's theme is:

Psychosomatic Research and Care Across the Life Course

The submission deadline is October 20, 2008 for papers, posters and symposia.

Meeting Highlights:

Plenary and Paper Sessions, Posters, Workshops, Roundtable Breakfasts & Lunches, Special Interest Group Meetings, Mentoring Program, and Awards and Travel Assistance Opportunities: * Young Scholar Awards * Cousins Center Global Outreach Awards * Minority Initiative Awards * Medical Student/Medical Resident/ Medical Fellow Travel Scholarships *

To submit your abstract online, please visit http://www.psychosomatic.org/events/events_annual_meeting.htm We look forward to seeing you in Chicago !

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From the Editor

Mary-Frances O'Connor, PhD

I couldn't be happier that our next annual meeting, March 4-7, 2009, will be in Chicago, Illinois. Not only is it easily accessible by plane (for our international members especially), but it has a wealth of attractions for our off-hours. I was an undergraduate in Chicago, and I can tell you that it is a wonderful place to visit. Some of my favorite hours were spent in the world-renowned Art Institute of Chicago, staring at the amazing Georgia O'Keefe piece that hangs in the stairway, or at the wide Monet or Picasso collections. The Shedd Aquarium and the Field Museum are two additional unbelievable sites, and all are within range of each other.

Important websites include http://www.transitchicago.com/, which has bus schedules, but also the "El" map. The elevated train (affectionately called the "El" or "L") does go underground in the parts of the downtown, and services the whole city, including a line out to Chicago O'Hare's airport. Additional site seeing can be planned at www.choosechicago.com, or www.explorechicago.org.

If it is cold in March in Chicago, never fear. I warmed my bones many times at the Lincoln Park Conservatory. Attached to the Lincoln Park Zoo, the conservatory offers visitors a chance to meet the direct descendents of the great Azaleas that once bloomed at the World's Columbian Exposition of 1893. The many climate zones are represented in different building areas. It is only 5 minutes north of downtown, at the Fullerton El stop. For those who want to sit down inside, I recommend anything playing at the beautiful downtown Orchestra Hall. Home of the Chicago Symphony Orchestra, check out www.cso.org to see what is playing. For a warmer day in the very early spring (or for those who come from a cold region), the new Millenium Park should not be missed. Even those who have been to Chicago before may not have seen this new crown jewel in the city. It is right in the heart of downtown, near the shopping at the Magnificent Mile.

"Even those who have been to Chicago before may not have seen this new crown jewel in the city."

Another joy in Chicago is the wide variety of restaurants. Two of my personal favorites are Reza's, which has the best Middle Eastern and Persian cuisine I've had. It is in a fun neighborhood called Andersonville, at the Berwyn "El" stop. It caters to vegetarians and meat lovers. And of course, there is famous stuffed Chicago pizza, delicious at Carmen's at the Loyola "El" stop.

Finally, no discussion of Chicago could be complete without discussion of its jazz. Buddy Guy's Legends has been rated best blues club by multiple publications, and is at the Harrison "El" stop. My personal favorite is the Green Mill, with its art deco/art nouveau décor and fabulous jazz. The front is for serious music listening, while the back is for cool velvet booths and conversation. It is only a block from the Lawrence "El" stop.

Oh, and there will be fantastic science as well! Don't forgot that abstract submissions are due in October, and this year's theme will be "Psychosomatic Research and Care Across the Life Course".

APS 67th Annual Scientific Meeting

"Psychosomatic Research and Care Across the Life Course"

March 4 - 7, 2009
Marriott Downtown
Chicago, IL USA

Roundtable and Symposia suggestions are encouraged. Please visit www.psychosomatic.org for details

The Eternal Promise of the Electronic Health Record

Jessie Gruman, PhD, President
Center for the Advancement of Health

Almost every store I go into takes my Visa card. Every CVS drug store has a record of all of my prescriptions there, allowing me to refill them at a moment's notice.

So I might think that my medical information would be available to every doctor who cares for me in every hospital in which I've stayed.

But I would be wrong.

A study in the *New England Journal of Medicine* found that less than one in five physicians are using electronic health records (EHRs). The main reason that doctors gave for not converting to them was the lack of financial incentives for investing the time and money required.

The promise that a transportable electronic health record will be in every doctor's office and hospital has been described as "right around the corner" since the early 90s. The lack of progress is discouraging and both the costs of the failure and the frustration of physicians and health administrators receive considerable media play. Some of the costs for failing to adopt EHR's include increased opportunities for medical errors, poor coordination of care information between providers and duplicative administrative burdens. But many physicians believe that most of the benefits accrue to insurers or patients and that they are burdened with not only the financial investment of equipment and staff training, but also the cost of conversion from paper to computer records and valuable time with patients during the transition.

Less frequently acknowledged is that many of the administrative tasks that EHRs eventually will perform now fall to patients. If we are to be certain that our doctor has all our health information, we have to keep a cumulative medical record at home. We are responsible for gathering and organizing all test results and records of vaccinations, diagnoses, visits, prescriptions and devices. Then we must present this information in a format that is easy for a doctor or nurse to read quickly and we must select the relevant portions to bring to any physician visit. Doing this may not be a burden for some healthy people, but for those with complicated medical histories, more than one disease or condition or an aging parent on the other side of the country, these administrative responsibilities can be overwhelming.

Google, Microsoft and other commercial vendors have released electronic personal health records that they say are designed to solve these problems. Filing one in can help us get organized. But as long as our physicians can't or won't use it, the exercise isn't near as helpful as it could be.

It is not clear to consumers or patients that we have to be in charge of organizing and communicating our own personal medical information. We may get little help and even meet resistance from our providers who are reluctant to share the results of services we pay for.

These administrative tasks also require considerable sophistication to determine what's relevant to each up-coming visit. For example, do I bring all a record of the attempts I have made to control my allergies to this appointment with a new specialist or only those from the last six months? Which of the many allergy tests I have had are relevant now?

Every newspaper article and professional presentation of EHRs includes a long list of the problems they will solve and the high risk of not solving them. In the meantime while we are waiting for the commercial and professional stakeholders to align, we patients are the ones—with little meaningful direction and support—solving many of them—or not—as best we can.

The Professional Education Committee Experiences a Leadership Change

Herb Ochitill, MD

After providing outstanding leadership for the Committee in her role as co-chair, Shari Waldstein has been tapped by the Society as the President-elect. Though Shari has stepped down from the co-chairpersonship, she continues to provide inspiring leadership for the textbook development project. The Committee is very pleased to announce that Jason Satterfield, Ph.D. has agreed to assume the co-chair's position, effective immediately. Jason is Assoc. Prof. of Clinical Medicine in the Division of General Internal Medicine, Dept. of Medicine, UCSF School of Medicine and director of the Behavioral Medicine program. Jason brings a strong background to the position, given his career interest in medical education.

The textbook subcommittee's work continues. See Shari's specific update of this project in the last newsletter. Committee members' submission for a panel presentation on the factors shaping the development of a behavioral science curriculum in undergraduate medical education has been accepted for the Oct. annual meeting of ABSAME. Initial contact has been made to explore opportunities within the AAMC's Inst. for Innovation in Med'l Education's grant program. The Committee has made initial approaches to the Chairs of the APS website and Membership Committees to explore the feasibility of possible collaborative projects.

Memorial program planned...

Julius B. Richmond, M.D.
September 26, 1916 – July 27, 2008

Please join us for a memorial program honoring the life of

Julius B. Richmond, MD

Monday, October 27, 2008
At ten o'clock in the morning

Harvard Club of Boston
374 Commonwealth Avenue
Boston, Massachusetts

Psychosomatic Medicine Update

David Sheps, MD, MSPH

Thanks to our publisher, LWW, *Psychosomatic Medicine* authors have an easy way to comply with the National Institutes of Health Public Access Policy, which was implemented earlier this year. Under the policy, scientists must submit final peer-reviewed journal manuscripts that were supported by NIH funds to PubMed Central upon acceptance for publication. LWW will handle the task of transmitting the papers to PubMed Central, provided authors have identified the source of funding on the manuscript's cover page and on the copyright transfer form.

"Thanks to our publisher, LWW, Psychosomatic Medicine authors have an easy way to comply with the National Institutes of Health Public Access Policy, which was implemented earlier this year."

The copyright form, available through a link from our Editorial Manager home page at http://psymed.edmgr.com, lays out further details about the arrangement. The deposited articles will be "post-prints," which are the accepted, peer-reviewed articles, but which are not in the final copy-edited and formatted form that appear in the journal. The copyright agreement also permits, 12 months after publication, deposits of post-prints to meet requirements of funding agencies such as the Wellcome Trust or Howard Hughes Medical Institute. Authors can also deposit such post-prints to institutional repositories or post them on personal web sites. Authors are required to provide a link to the journal web site and meet other conditions outlined in the copyright form.

This past spring we said a goodbye of sorts to *Psychosomatic Medicine* Associate Editor J. Richard Jennings, PhD, and Statistical Editor Michael A. Babyak, PhD. They have given up their editor titles but remain as valuable members of the Editorial Board. For any of you lucky enough to have submitted a paper that Dick handled, you probably are aware of the care he took with each submission to ensure its scientific integrity and overall clarity. He demonstrated the most gentle, but firm "bedside manner," delivering even bad news to authors with kindness and constructive criticism that was likely to result in improved manuscripts for whichever journals the papers landed in. Dick had served as Associate Editor for more than a decade. Mike has been a driving force to improve data analysis in biobehavioral medicine and put his stamp on the journal through his part in crafting *Psychosomatic Medicine's* statistical guidelines, handling and reviewing numerous articles, and writing the highly influential article "What You See May Not Be What You Get: A Brief, Nontechnical Introduction to Overfitting in Regression-Type Models."

We are fortunate to now have on board several new editors: Eco de Geus, Willem Kop, Gregory Miller, and Viola Vaccarino, as Associate Editors, and Babette Brumback as Statistical Editor. Ken Freedland and Robert Golden are continuing to serve as Associate Editors; Maria Llabre continues in her role as Statistical Editor.

I regret that I must report to you that our Impact Factor dropped somewhat in 2007, down to 3.109 from 3.857 from the previous year. I suppose I am like a lot of other journal editors in proclaiming the Impact Factor from the rooftops when it is rising and inclined to point out the measure's shortcomings when it falls. The Impact Factor calculation is a simple math problem: Count the number of times in a given year that references are published to journal articles that appeared during the previous two calendar years and divide by the number of research and review articles the journal published in those two years. It is a formula that rewards articles that hit big soon after they are published but doesn't credit articles whose significance is recognized more slowly. Sometimes that calculation works in our favor: Our strong 2006 score had a lot to do with the high number of citations to three articles (Barth et al., "Depression as a risk factor for mortality in patients with coronary heart disease: A meta-analysis," van Melle et al., "Prognostic association of depression following myocardial infarction with mortality and cardiovascular events: A meta-analysis," and Lett et al., "Depression as a risk factor for coronary artery disease: Evidence, mechanisms, and treatment.")

I hope the downturn in our Impact Factor is a one-year blip because the measure, imperfections and all, is one way in which journals are ranked again each other. I want to continue to strive to widen our readership audience, which I hope will in turn increase our citations and increase the impact of the journal in mainstream medical circles. As one step in that direction, I am advocating the addition of a subtitle, the Journal of Biobehavioral Medicine, to the journal's name to try to better define the journal's contents for audiences that may have misconceptions about the term psychosomatic medicine. The APS Council will be discussing this idea, so stay tuned for updates.

I would like to take this opportunity to thank Jane Leserman and Lydia Temoshok for serving as guest editors for the journal's special issue on psychosocial influences in HIV/AIDS, which was published in June. They worked diligently to assemble a world-class group of scientists to contribute review articles, shepherd them through peer review, and edit the papers to their exacting standards. I would also like to thank George Degnon, the APS Executive Committee, and the APS Journal Committee for supporting an initiative to print extra copies of the issue for distribution to HIV researchers and to make this important issue available for free on the Web.

The HIV special section was the second themed issue in the past year. Thank you to Joel Dimsdale for putting together the collection of 14 papers on somatic presentations of mental disorders. The papers will no doubt help shape the agenda for related revisions to the Diagnostic and Statistical Manual of Mental Disorders.

Sid Hart, Distinguished Scientist

When I was invited to write this column I had the same reaction I'd had in 1994 when I was invited to serve on the council of APS: "Why me?" I believe I am the only active member of the society who for the past twenty-five years has operated a full-time private practice of psychiatry unconnected to any academic institution. (My community hospital is a member of the Yale New Haven Health System and I was a Lecturer in Psychiatry for Yale for a number of years.) I have a scant list of publications and have never participated in any research projects. I am told the answer to both questions is the very reason I thought I should be excluded from these invitations: my relationship to the reality of medical practice outside of an academic environment at a time when managed care – for profit medical insurance – was altering the practice of medicine. How I came to be involved with and have functioned in C-L psychosomatic medicine (the leadership has spent years trying to find another word to replace "psychosomatic" but can never reach a consensus) however, is the subject I was asked to address in this report.

After graduating from the Albert Einstein College of Medicine in 1964 I interned in internal medicine at Jacobi Hospital (Bronx Municipal Hospital Center), the medical school's primary teaching hospital and the most precious jewel of the New York City municipal hospital system at that time. The departments of medicine, neurology, psychiatry and pediatrics were among the best in the country and obtaining a residency in one of these programs was a highly competitive process, but now it is a very different place. A patient reading "Jacobi" on my CV cringes when seeing that hospital on the list. It is a sad relic of its former self; you can add "change" to "death and taxes" as the things you can rely upon always to be with us. Visiting Jacobi hospital in its present state would be like going to your 25th high school reunion hoping to reminisce with your first girlfriend only to find out she's become a Scientologist and was hoping to bring you to a recruitment meeting that night.

Upon completion of my internship I joined the U.S. Public Health Service in order to be assigned to the Peace Corps as a Peace Corps Physician. I was posted to Liberia in West Africa where my role was to spend a part of my time doing volunteer work in the community but primarily to provide medical care to the volunteers and staff of the Peace Corps. It was in that capacity that I became very familiar with the interface of psychiatry and medicine. The majority of the volunteers were healthy young people in their early twenties and with the exception of the occasional psychiatric decompensation, traumatic injury or rare case of malaria, most of them came to see me or waited for me to visit them for their vague GI complaints, muscle tension headaches, and other nonspecific somatic symptoms that were usually the result of homesickness, culture shock or loneliness which they could not express as stress or psychological distress; they could not because either it never occurred to them or because it embarrassed them to feel so "wimpy." That was my introduction to the symptom as a ticket of admission to the doctor's consulting room and the relationship of psychosocial issues to illness behavior.

After completing my tour I returned to Albert Einstein for a year of medical residency and negotiated my switch to psychiatry. In my second year of psychiatric residency my rotation on the consultation service rekindled my interest in the psychological aspects of the medically ill, and as I finished my training I applied for a fellowship in psychosomatic and consultation-liaison psychiatry at Montefiore Hospital, another teaching hospital of the Einstein medical complex. My fellowship supervisors were Dr. James Strain, who has become one of the pre-eminent C/L psychiatrists, and Dr. Edward Sachar, a researcher in the field of affective disorders who later became chairman of psychiatry at Columbia University medical school, only to die a premature and tragic death following a stroke.

That fellowship also re-introduced me to Dr. Herbert Weiner, Chair, Department of Psychiatry, Montefiore Hospital, our lecturer in psychiatry during my freshman year of medical school. He made an impression on all of us because, contrary to what we expected, Herbert lectured about the courting rituals of the male stickleback fish rather than the libido driven super-ego ridden seductions of the human species. Herbert was a gracious, brilliant and inspiring mentor. At that time he was the president of the Psychosomatic Society and had just become the editor of the journal, Psychosomatic Medicine. His invitation to contribute to a chapter he was writing for The American Handbook of Psychiatry, "Promising Interactions between Medicine and Psychiatry" proved to be a most promising interaction for me personally. We spent many hours together during my fellowship years, hours discussing the received wisdom of the medical establishment which upon thoughtful examination was only occasionally wise, and everything from the putamen and Parkinson's disease to posadas in Portugal; I will always cherish those hours. It was at that time Herbert encouraged me to join the Psychosomatic Society and my affiliation has continued ever since. My clinical work was as a consultation-liaison psychiatrist with the neurology service at Montefiore Hospital, a fascinating clinical service in the time before the CAT scan and the MRI. It encouraged, indeed demanded a level of clinical skill for the neurology residents and for me that no amount of radiological testing can replace. The writings of the Russian neuropsychologist A. R. Luria allowed us to develop bedside tests that were tantamount to our psychological reflex hammer, brush and pin. One could not train with Herbert Weiner without studying the brain, that nest of the mind, and its effects by either neural connection or hormonal secretion on every aspect of human function.

Over the years attendance at the annual meeting of APS has provided me with exciting information that has application in my practice with colleagues in other medical specialties. The work of Nancy Frasure-Smith and Francois Lesperance, for example, has allowed me to heighten the interest of the cardiologists and internists I consult for in diagnosing depression in their patients, cardiac patients in particular. There remains a certain skepticism, however, about what is new and interesting and unconventional. After hearing Bob Ader's paper describing the use of flavored beverages in association with immunosuppressant medications to produce a behaviorial conditioning of the immune system to a taste stimulus, I contacted two rheumatologists at my hospital to suggest it could be interesting to use this method with patients who might achieve a boost of immunosuppression just by a drink of juice or Kool Aid when not receiving active medication. A knowing smile and an arched eyebrow was the most polite response I received.

And of course the warm collegiality of other members I have known for many years makes this society unique and very special. The close interaction with first class researchers and clinicians is possible because APS functions with hundreds, not thousands, of members. The familiar faces at every meeting, even if a name cannot be applied, makes it feel like a homecoming. And there are no Scientologists.

APS Leadership Selection - Member Viewpoints

Editors note: At the March 2008 APS Council meeting, a task force was created to examine our leadership selection process and includes: a) Edith Chen, University of British Columbia; b) Martica Hall, University of Pittsburgh; c) Daichi Shimbo, Columbia Universityl and d) Matt Muldoon, University of Pittsburgh. To enhance the group's historical perspective and experience in leadership positions, the task force was rounded out with the addition of Don Oken, past APS-president and editor of *Psychosomatic Medicine* 1982-1992.

The APS has also been soliciting the views of its members, through an email survey and also through a web-based blog (http://apsleadership.blogspot.com). The blog is still open for posting comments by any and all members. This edition of the APS newsletter also contains the views below of three of our members.

The task force will use all these sources of information in its discussions, and will submit a report and set of recommendations to Council this fall. If Council chooses to revise our leadership selection procedures necessitating a change in the bylaws, such changes would require ratification by the general membership.

If It Ain't Broke, Don't Fix It

Richard D. Lane, MD, PhD

Skillful leadership is crucial to the success of the American Psychosomatic Society. In 2006, the APS Executive Committee, Nominating Committee and Council unanimously voted to continue the current system of choosing leaders. As someone who served as Council member, Secretary-Treasurer and President, I believe I know why: our current system of choosing leaders produces leaders who are deeply invested in maintaining and enhancing the strength and prosperity of APS.

Advocates for elections hold that APS needs to become more democratic in the way it chooses its leaders. At first blush, many of us would likely think, "The more democracy, the better." To suggest any system other than democracy is almost a form of heresy. However, consider this question: Is APS more like a country or a university? It has been said that democracy is a deeply flawed system of government but it's the best there is. That is true when it comes to country governance, but what about a university? Are university presidents elected by a vote of all members of the university community including students and staff? No, they aren't. Why not? Because the university has particular needs that require that its leaders be carefully vetted and selected. APS is a relatively small organization with its own culture and tradition. An argument could be made that the best way to choose a leader for such an

Ain't Broke, continued on page 7

Reforming Our Leadership Selection Process

Kenneth Freedland, PhD and Redford Williams, MD

APS has been blessed with many outstanding leaders over the years, but our antiquated leadership selection process is no longer serving the best interests of the membership. It is opaque and undemocratic. It allows a small group of current leaders to select like-minded successors without any requirement to heed other voices.

The Nominating Committee (NC) is in charge of selecting candidates for president and other leadership positions. The NC includes the immediate past president, the current president, and the president-elect, and its other members are chosen by the Nominating Committee itself. As members of APS, all of us are allowed to suggest nominees for positions of leadership, but the NC is free to ignore our suggestions. The NC chooses one candidate per office, and then presents its slate to be rubber stamped by the minority of APS members who attend the annual business meeting. This is an election system that is unbecoming for a contemporary organization of scientists and professionals, and it gives our leaders more power than they should have.

Our bylaws permit members to nominate alternative candidates by petition, but no one had ever attempted this before this year. The petition drive almost succeeded. It failed primarily because there are a number of barri-

***Reform**, continued on page 7*

RFA-HL-08-013, Translating Basic Behavioral and Social Science Discoveries into Interventions to Reduce Obesity: Centers for Behavioral Intervention Development (U01) has just been published in the NIH Guide for Grants and Contracts:

http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-08-013.html

This FOA solicits cooperative agreement (U01) applications from institutions/organizations that propose to translate findings from basic research on human behavior into more effective clinical, community, and population interventions to reduce obesity and improve obesity-related behaviors. This FOA will support Centers for Behavioral Intervention Development (CBIDs) in which interdisciplinary teams of basic and applied behavioral and social science researchers develop and refine novel interventions based on basic research findings to reduce obesity and alter obesity-related health behaviors (e.g., diet, physical activity).

Applicants to this RFA are strongly encouraged to speak with NIH program staff before submitting their application. Please read the announcement in full before contacting program staff (these persons are listed in Section VII as Scientific/Research Contacts).

"The APS has also been soliciting the views of its members...through a web-based blog...The blog is still open for posting comments by any and all members."

***Ain't Broke**, continued from page 6*

organization is to openly and actively seek nominations from the entire membership and then a group of members carefully vet the nominations and propose candidates to the organization's Nominating Committee for consideration. This is the selection process that APS has now. Similarly, it is customary for universities to widely seek nominations from all sources, vet those nominated, and propose candidates to the Regents for consideration. Perhaps the unique culture and scholarly mission of APS dictate that its governance procedures emulate those of a university rather than a country.

Clearly many organizations have open elections. However, these tend to be larger organizations that are very different from APS (e.g. American Psychological Association, Society of Behavioral Medicine). Here are five reasons why choosing leaders for APS through open elections is problematic. 1) The culture of APS is unique and marked by warmth and collegiality. To hold elections will introduce a strong element of competitiveness, with candidates staking out positions and lobbying for votes. 2) Individuals assuming leadership positions, particularly in the role of president, must have a demonstrated willingness to contribute many hours per week to APS for no personal gain. 3) The incoming officers, particularly the president, need a deep knowledge of the history and workings of the Society (e.g., organizational structure, committee responsibilities, policies and procedures, working relationships with our administration and sister organizations). Since the president's tenure is just one year, there is no opportunity for "on the job training," even with the year as "president-elect." A president cannot advocate for improvement without substantial forehand knowledge and experience. 4) In a relatively small organization such as APS those who run for office and are defeated may have reduced enthusiasm for contributing to APS in the future. To alienate such leaders would potentially diminish the pool of excellent leaders available for service in the future. 5) The number of people who actually vote in elections of this type is quite variable and for some organizations has been less than 10%. A strong argument can be made that without a large proportion of members actually voting (ideally a third to a half), the goal of having leadership that is representative of membership will not be achieved. A nominating committee of experienced, diverse, active APS members who represent a full range of perspectives will have greater knowledge of the essential attributes and characteristics of nominees than will most members. Moreover, such a committee can be attentive to issues of diversity in leadership over the years.

Anyone considering changing how leaders are selected should ask, "Is there a problem?" Are our leaders not representative of the membership? Does the current system not address issues that arise? Is a fix needed? What has changed in two short years to require reconsideration of an issue that is so fundamental to how APS functions? Given that the current system has served the organization well for many years, APS members should consider the possibility that requests to change the system may be based on aims that are ultimately not in the Society's best interests.

We need to keep in mind that unintended consequences of "obvious" choices are the rule rather than the exception. Reflexively choosing a more democratic process may well have some of the unintended negative consequences described above, as well others yet to be anticipated. Our Society is precious and is in great shape scientifically and financially. Let's not tamper with the way it functions without very specific evidence that there are significant problems that really do need to be fixed.

***Reform**, continued from page 6*

ers to success in the current system. The biggest one is that many members are reluctant to sign a nomination petition without knowing who the NC is going to nominate. They have no way to find out because the NC's nominees are not announced until after the due date for petitions.

We believe the current system should be replaced by a transparent, democratic nomination and election process. It should be much easier for members to nominate anyone they want, including themselves. It might be reasonable to require nominees to demonstrate some support – e.g., by having at least 20 or 30 members sign a petition nominating them — in order to make it onto the ballot, but the number of required signatures should be achievable by any serious candidate. The NC should manage the nomination and election process, but they should not be in the business of choosing candidates. The only exception should be if fewer than two nominees make it onto the ballot for any given position. The committee should then step in and make sure there are at least two candidates, in order to guarantee that the election is competitive. Before it gets to that point, the committee should make every effort to ensure that the membership nominates at least two candidates. If the NC does have to intervene, it should send out an open call for volunteers who are willing to serve; they should not just pick their own favorites. The committee should be given a new name in line with its new role, such as the Elections Committee.

The candidates who make it onto the ballot should be given an opportunity to provide the membership with information about themselves, their qualifications, and their goals or plans. Every voting member should have an opportunity to cast an informed vote, either electronically or by mail; voting should not be limited to the relative few who are able to attend the business meeting.

There are those who fear democratic elections because poorly qualified or otherwise unimpressive individuals might get elected. That is one of the risks of democracy. It is also one of the risks of the present system. If you fear democracy, we ask you to consider whether you believe that you are personally incapable of making good, informed choices in an election, or whether you think that you have to rely on the leaders of this organization to make these sorts of decisions for you. And if you do believe that you are capable of casting sensible votes, what makes you think that the rest of us are incapable of doing so? In an open, competitive, democratic election, most of us will want to vote for individuals who have made outstanding contributions to their field, who have been involved in APS, and who seem well qualified in other respects for the position they are seeking.

We urge you to support these democratic reforms. They will make APS an even better and stronger organization than it has been. And if you still have doubts, consider Winston Churchill's famous maxim: "Democracy is the worst form of government except all the others that have been tried."

Welcome New Members!

Judith E. Andersen, PhD
Syracuse, NY

Bengt Arnetz, MD
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Akihiro Asakawa, PhD
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Elizabeth G. Balbin, BS, MS
Coral Gables, FL

Massimo Biondi, MD
Rome, Italy

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Rochester, NY

Marius Marcel Commodore, MD
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Emily Dolan, PHC
Seattle, WA

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Orono, ME

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West Hartford, CT

Omer El-Rufaie, MBBS, DPM, FRCPsych
Al-Ain, U.A.E

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Syracuse, NY

Miriam Feliu, Psy. D
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Andrea Fowler, BA
Tempe, AZ

Ronald Glaser, PhD
Columbus, OH

Robin Green, Psy.D
Jersey City, NJ

Peter Hall, PhD
Waterloo, ON, Canada

Imed Harrabi, MD, MPH
Tunisia

Robert John Holt, BA
Belair, SA, Australia

Megan Hosey, BS
Baltimore, MD

Abdel-Sattar Ibrahim, PhD
October City, Giza, Egypt

Leah Irish, MA
Kent, OH

Anthony King, PhD
Ann Arbor, MI

Andy Kit Ying Cheung, MA
Hong Kong

Margaret Kuwata, BA
San Francisco, CA

Amaro J. Laria, PhD
Brookline, MA

Daniel A. Nielsen, BA
Belleville, MI

Eliza M. Park, MD
Jamaica Plain, MA

Laura Irina Poanta, MD, PhD
Cluj-Napoca, Romania

Elizabeth Pradhan, PhD
Baltimore, MD

Daniel M. Purnell, BA
Berkeley, CA

Sanjai Rao, MD
San Diego, CA

Rebeca Rios, BA, MA
Tempe, AZ

Orsolya Szent-Imrey, MA
Budapest, Hungary

Guido Urizar, PhD
Long Beach, CA

Chia-Ying Weng, PhD
Fremont, CA

Amanda Wheat, BA
Morgantown, WV

Claire Wheeler, MD, PhD
Portland, OR

Mary Wieners, BA
Phoenix, AZ

Caroline Wright, PhD
New York, NY

Denniz Zolnoun, MD
Chapel Hill, NC

Calendar

November 19-23, 2008 in Miami, Florida, USA ~ **Academy of Psychosomatic Medicine 55th Annual Meeting. For information please contact** Norman Wallis at 301-718-6539 or nwallis@apm.org.

March 4-7, 2009 in Chicago, Illinois, USA ~ 67th Annual Scientific Meeting of the American Psychosomatic Society. For information please contact info@psychosomatic.org or 703-556-9222.

April 22 - 25, 2009 in Montreal, Quebec Canada ~ 30th Annual Meeting & Scientific Sessions of the Society of Behavioral Medicine. For information, please contact Holland Marie LaFave at 414-918-3156 or visit www.sbm.org

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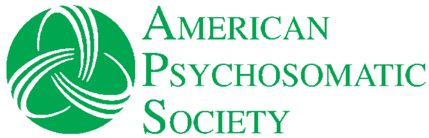

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