

OBAMA'S PELOSI PROBLEM THE BUFFETT PROGNOSIS

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الإسلام الراديكالي حقيقة من حقائق الحياة. كيف نتعايش معه.

(RADICAL ISLAM
IS A FACT OF LIFE.
HOW TO LIVE WITH IT.)

by FAREED ZAKARIA



MEDIA

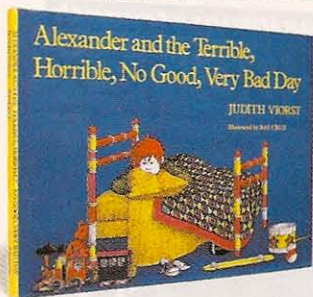
A 'Terrible, Horrible, No Good' Trend

THE WAVE BEGAN IN THE spring of 2007, as then-Attorney General Alberto Gonzales prepared to face an inquisition over the U.S. attorney firings scandal. The licking of liberal chops was so heavy that Salon.com predicted in advance a "terrible, horrible, no good, very bad day" for Gonzo. (And so it was.) Since then, according to Nexis, that same "terrible, horrible" string of words has appeared in news stories nearly 50 times.

They're all allusions to Judith Viorst's classic 1972 children's book about a hard-luck boy named Alexander, a kid based on the author's young son. In the past year, convicted senator Ted Stevens, Treasury Secretary Tim Geithner and doomed cabinet nominee Tom Daschle have all received the "horrible, no good, very bad" treatment.

The weird part? Go back just a few more years, to 2005, and "no good, very bad" references all but disappear. Nexis turns up just a handful, most related to the original book itself. Asked if she has any theories about what gives, Viorst, now 78, first asked for the inquiring reporter's age, then noted that kids raised on the book have hit adulthood. "You're all running the world now!" she said. Well, maybe not the world, but evidently a newsroom or two.

—SETH COLTER WALLS



ALEXANDER THE GREAT: *The top reference for politicians in peril*

The Nurse Will See You Now

THE FIRST NURSE WHO SAVED MY SON'S LIFE WAS ACTUALLY A doctor—a first-year pediatric resident who had been called to the obstetrics floor for another delivery, and so was right outside the door when the obstetrician scooped up my son in his arms and ran from the delivery room, yelling as he went. My son, born with a malformed and undersize jaw, was unable to get air through his mouth, and his life

depended on how quickly someone could snake a breathing tube up his nose and into his trachea. You don't have to be an M.D. to do this, but by the same token it's not a skill to which they devote much time in medical school. In fact, a senior resident attempted it and failed. But the younger doctor had been a pediatric ICU nurse before medical school. Just then, that experience and training was more valuable than anything you could learn at Harvard Medical School.

For years afterward, my son, who had been given a tracheotomy within an hour of birth, needed a great deal of nursing care. Nurses saved his life on several other occasions, usually when the plastic trache tube became dislodged from the opening in his throat. Admittedly, this sometimes was necessary because they had dislodged it accidentally themselves. But over the years we saw firsthand the truth behind a new book, "Saving Lives," by Sandy Summers and Harry Jacobs Summers: that nurses, in fact, perform much of the direct patient care that the media, especially hospital shows on television, routinely attribute to the much more glamorous profession of doctor.

It is an age-old problem, the clash of cultures and tug of war over credit between two professions working in close quarters toward an identical goal. No doubt there are paralegals who feel shortchanged by all the lawyer shows on TV, too. But "Saving Lives" has a serious point, that the devaluation of nursing—both by overlooking nurses' contributions to positive outcomes for patients, and more subtly by emphasizing their devotion, compassion and self-sacrifice over their lifesaving skills—discourages students from the field and contributes to a critical nursing shortage.



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As a test of their thesis, I picked up another book, "The Soul of Medicine," a forthcoming anthology of doctors' accounts of their most interesting cases, compiled and edited by the surgeon-essayist Sherwin Nuland. Nurses make only fleeting appearances in this book, and almost never do anything that makes a difference to the patients. An operating-room nurse has her (unscrubbed!) breast fondled by a surgeon with bipolar disorder; another surgeon has a series of trysts with student nurses, then contrives to ruin the career of "the maiden-lady night nursing supervisor" who finds him out. While doctors clench their jaws manfully at a patient's heartbreaking account of his life with uncontrolled diabetes, the nurse wheels him away "with a faceful of tears and snot dripping onto the collar of her starched blue uniform." There is no suggestion that Nuland shares these attitudes, but little notice is taken of the third person in the room when the godlike physicians offer their ministrations to the humbly, if suitably, grateful patients.

So I offer this small tribute to the nurses who kept my son alive for so long. He survived more than 40 significant surgeries, most of them at the Institute of Reconstructive Plastic Surgery at New York University Hospital. After each of them, nurses in the recovery room, in the ICU and on the pediatric floors tended to his urgent, daunting needs with skill and compassion. The head of IRPS, and the lead surgeon for most of my son's operations, was Dr. Joseph McCarthy, one of the most honored and accomplished surgeons in the world. I know he would agree that the institute's success would not have been possible without its coordinator: Patricia Chibbaro, R.N., M.S.